

Identifying Psychological Trauma

By Sara Illig

Psychological trauma is far more prevalent in society than once thought. While most people tend to think of psychological trauma as PTSD officially reserved for war veterans and those who have been in a car accident or some similar big event, what often gets overlooked are the small daily episodes of violence, including domestic violence and abuse, which over the course of time lead to PTSD. Much like the muscular system presents repetitive work injuries from its daily grind, eventually it adds up to a much larger injury and perhaps even becomes incapacitating.

Studies have shown that the brain can not tell the difference between a real and an imagined event. The neural network and chemicals associated with an experience are activated by even simply imagining it. Further, brain scans show that years after a stressful event, when the memory is recalled, the same parts of the brain light up as if the event were occurring in present time.

Lets take a look at the criteria for a traumatic event:

- The event is perceived as a threat to the person's physical survival.
- Their coping capacity is overwhelmed, leaving them with a sense of powerlessness.
- The event violates their sense of expectations.
- It produces a sense of isolation, aloneness.

(Psychological Trauma, Church 2015)

So what is the result of exposure to such an intense event or many repeated smaller events? Over the course of time, people suffering with PTSD have brain wiring that is a little different. Under real or perceived threat, the connection between the rational brain and the emotional brain goes offline. The hippocampus and the amygdala may become overactive and unable to communicate with the cortex for an appropriate context for incoming information. This results in chronic stress response. The person may overreact to small or unimportant events or become enraged at little to no provocation. They may



shudder at normal physical touch.

They often perceive the world as full of threats and have intrusive thoughts. The area of the brain associated with speech often goes offline under threat and they may not be able to articulate the intense emotions they are experiencing. PTSD or internalized trauma may also show up as physical pain and/or disease later in life. Without assistance, or a method to break the pattern, because of neuroplasticity (building of more neurons associated with the memory) the symptoms may worsen over time.

The good news is the brain is always pruning old unused neural connections as well as establishing new ones by neurogenesis. Neuroplasticity can work in our favor when needing to learn a new skill or in learning intentional techniques that help build new strong neural connections oriented toward a different state of being.

Under the right circumstances even a long consolidated memory may be susceptible to change. A thorough healing may be experienced after a vivid re-exposure and reframing of the experience. It is possible it may take several refrains for it to take permanently but often permanent results may be achieved.

My favorite techniques are Emotional Freedom Techniques (also called EFT or Tapping) and EMDR. These safe mind-body medicine techniques keep the person safely connected in their body and brings them back to present moment while recalling a trauma, which is key to healing.

