





Working with Trauma
Webinar Series

Episode 4:
Working with
Trauma Memories


by **Carolyn Spring**

WEBINAR 4: PART 1  **CAROLYN SPRING**
reversing adversity

- I have struggled my whole life with traumatic memory
- Trauma and memory are intimately linked
- At the moment of trauma, the brain switches to **implicit** rather than **explicit** memory
- Flashbacks: 'too much memory'
- Amnesia: 'too little memory'

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- Traumatic memory is qualitatively different from everyday memory
- I had amnesia for all my childhood trauma
- It was as if I had two 'photo albums' of memories from my life (normal, trauma)
- I started to open the 'trauma photo album' in therapy following a breakdown in 2005

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- Before pandemic, I was violently attacked and raped
- I developed amnesia for this too
- The trauma cried out instead through somatic symptoms
- I couldn't afford as a child to have awareness of being abused by an attachment figure
- I also couldn't afford to know about the rape

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- I needed to be **safe** to process traumatic memory
- Trauma is a response to perceived life-threat: to a total lack of safety
- The answer to trauma is always safety
- The precondition for working with traumatic memory is always safety

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- Is traumatic amnesia a new concept for you? Do you think it makes sense, or do you think it's somewhat fantastical? Why?
- What would be the consequences for a child who is being abused by an attachment figure if they weren't able to put the abuse out of mind?
- What kind of safety do you think we need to be able to process traumatic memory?

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- In general conversation 'memory' most often refers to the verbal/visual story of something that happened to us
- This is **explicit** memory – and a subset called **autobiographical memory**
- This is not the principal realm of traumatic memory

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- The memory of everyday events is mediated by the **hippocampus**
- Evolutionarily it developed to remember the location of threats and resources
- It gives memories context – when and where
- Explicit memory is formed into a verbal narrative that we can share with others for group survival benefits

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- During life-threat (trauma), this detail is a luxury
- Our threat response involves a shutdown of our front brain and of autobiographical, explicit memory
- Our back brain takes over with a corresponding neurobiological response of flight, fight or freeze

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- Implicit memory dominates during trauma
- Implicit memory is mediated by the amygdala
- The amygdala is the fear and emotions centre of the brain
- Trauma memories are often not 'integrated' into one whole autobiographical incident
- Traumatic memory is raw and fragmented

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- The priority during trauma is to store the memory of threat as an aversive trigger that prompts us in future to avoid it
- Unconscious gut/body memory
- Trauma memory is stored not as a narrative that we can share easily with others, but as symptoms


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- Our attachment system also drives what we remember
- Is it **adaptive** for us to know about and remember this trauma?
- Jennifer Freyd: 'Betrayal Trauma'
- False Memory movement was a defence against allegations of child abuse

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- Explicit memory is fallible
- Implicit memory never lies – but only ever gives us the gist, not the detail
- We develop traumatic amnesia when faced with the impossible paradox of needing to stay close to an attachment figure that we also need to avoid

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- During trauma, explicit memory is deprioritised while implicit memory is prioritised
- All of my symptoms of trauma were and are my implicit memory of trauma
- We may not remember with our heads, but we always remember with our bodies

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- Without explicit memory, our symptoms often don't make sense
- Tuning in to our implicit memory can be the way in to developing a clearer narrative
- 'Just noticing, just being curious'
- Remembering is not recovering
- We need to **process** the memory too

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- What are the advantages and disadvantages of traumatic amnesia? How does what was once adaptive become maladaptive?
- What current-day circumstances in the life of a trauma survivor might prevent them from being able to 'go there' to piece together what happened to them?
- How does reframing symptoms as implicit memories change the way you might approach treating trauma?

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- I couldn't have told anyone about my abuse while it was happening due to the amnesia
- When the memories came back, I wanted to push them away
- I wanted a miracle cure instead
- I persisted in avoidance
- It was only when I felt **safe** to listen to my memories that I began to make progress

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- Some experts believe that it's unnecessary and possibly even harmful to focus on developing a narrative of 'what happened'
- I have benefitted hugely from piecing my story together:
 - Development of self-compassion
 - Boundaries against people who abused me

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- Understanding which facilitates change
- Living in reality, not the unreality of amnesia
- Understanding of dissociation and its purpose – to develop a roadmap to resolve it
- A narrative for my life that makes sense
- Reframing of myself from simply 'mad'/'bad'
- Re-regulating my nervous system and integrating the trauma into my life overall

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- Telling our story is common sense
- What does a securely-attached child naturally do if they fall off their bike?
- In trauma, mostly we didn't have anyone to run to for re-regulation and integration
- Trauma becomes stuck when we don't have a safe space in which to tell our story



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- Trauma recovery involves these two final stages of recovery (re-regulation) and integration
- We consolidate an event in explicit memory when we form and share a narrative of it
- If we have no explicit memory at all, often it's because we're rushing ahead to the integration phase before re-regulation

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- The main objective to remembering is the risk of re-traumatisation
- New wave of thinking: three phase treatment approach
- This tries to ensure that survivors have the resources and resilience (safety) before attempting to process traumatic memories

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- When we talk about what happened to us, it can trigger the same trauma reaction in us as at the time
- The brain is reminded of past danger and responds as if that danger is still current
- We end up reliving it in the present
- This can result in a triggered loop where we are reliving trauma rather than resolving it

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- Trauma is held in our back brain
.....
- Insight into trauma (front brain activity)
doesn't on its own resolve it
.....
- The amygdala, which drives fear and trauma,
doesn't respond well to words
.....
- Body-based approaches: Pat Ogden
(Sensorimotor Psychotherapy), Peter Levine
(Somatic Experiencing) etc

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- I believe that all counsellors and therapists
should be able to work safely and effectively
with trauma survivors
- Trauma is so ubiquitous that there simply
aren't enough super-specialists!
- Not being a super-specialist doesn't
automatically make you unsafe
- Being unsafe makes you unsafe!

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- Do you believe that working with trauma should only be handled by
specialists, or is trauma so widespread that it ought to be a core part of
therapist and counsellor training?
- How in essence can you be an empathic, safe 'witness' to someone telling
their story? What are the most important elements of this?
- What are the factors that would prevent a child (or adult) telling someone
that they've 'fallen off their bike'? What individual and societal factors might
play a part?

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- Trauma therapy invariably goes wrong when
there is an attempt to shortcut safety
- We have to have a reparative experience of
safety to heal the unsafety of trauma
- We need to know that the therapist can show
up without their own 'stuff' being in the way

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- We need to know that prior attachment dynamics won't be replicated of an overwhelmed attachment figure
- We need to know that you can cope with what we're saying
- We need to know that you won't abandon us
- We need to know that you'll work collaboratively, not coercively

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- We need to know that we'll have autonomy
- We need to know that you'll empower us, not take advantage of our powerlessness and vulnerability
- We need to be assured of confidentiality
- We're not looking for a solution
- We're looking to feel heard, and feel seen, and feel felt

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- We're looking for the compassionate, empathic 'witness' of another human being
- We need to see our experience mirrored
- We need you to be with us in our pain, not steering us away from it
- We need to know that you're not intimidated by our trauma


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- Avoidance is our default response to trauma
- But avoidance doesn't actually solve it!
- We need to assess the real cost of unprocessed trauma
- We can't play peekaboo with trauma forever
- We do need to avoid being 'retraumatised'
- Mostly by this word we simply mean 'distressed'

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- The difference between distress and re-traumatisation lies in the scaffolding and support from the therapist: not being alone with it
- Re-regulation must always precede integration
- Most therapy approaches implicitly start with or focus on integration

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- You can't get through to a sobbing child until they have calmed down
- Re-regulation over many sessions (building trust in the therapeutic alliance)
- But also re-regulation every session, and with every memory
- Focus on deep empathy and understanding for your client's story

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- The language of the two stages looks and feels very different
- Re-regulation:
 - Mirroring back, attunement
 - Affirmative, empathic noises
 - Intense 'witness'
 - Soft, gentle, caring, respectful
 - Not questioning or interrogative

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- Re-regulation:
 - 'That must have been so scary'
 - 'That must have been so painful'
 - 'Tell me more'
 - 'What was that like for you?'
 - 'Oh, I can't imagine ...'
 - Welcoming emotions **as they are**
 - Feeling heard and seen and felt

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- Integration:
 - Meaning-making, creating links, 'aha!'
 - Front brain, cognitive work
 - Logic, dialectic, questioning
 - Perspective-taking
 - Understanding the hows and whys
 - Challenge
 - More interrogative, even confrontational

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- Saying 'the wrong thing' is usually only a matter of timing
- Is there enough safety and regulation to challenge and **think**?
- Or is it still time for affirming **emotions** and unconditionality?
- We resolve trauma when we stop trying to fix it: by feeling heard, seen and felt

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- While processing trauma, the implicit memory will manifest in terms of symptoms
- Body memories, flashbacks, nightmares, distress, numbness
- Don't try to fix these symptoms
- Invariably, when I feel heard and seen and felt, I start to come up with my own solutions

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- Do you fear that if you just meet your client where they're at, they'll get comfortable and stay there forever? Why?
- Do you believe that you have the answers to your client's trauma and distress, or that they do? If the latter, how would this change the way you approach sessions with them?
- What are your objections to prioritising re-regulation in a session, maybe even to the point of there being no time for integration? What problems do you think it might cause?

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- There are numerous training opportunities for working with trauma: EMDR, Sensorimotor Psychotherapy, Somatic Experiencing, Internal Family Systems, Brainspotting, Comprehensive Resource Model etc
- What I can offer is an up-close and personal view of what was effective for me!

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- Everything rests on the quality of relationship between therapist and client
- We don't want to feel part of a 'protocol'
- We want a real, live human being to respond authentically, and uniquely to us
- Training should provoke curiosity and the development of your own dance, not dogma

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- Making the implicit explicit
- Breaking the shame and isolation of trauma
- Accepting the fallibility of explicit memory
- Not becoming overwhelmed by it
- Not becoming frightened of it
- Moving from generalisation to detail
- Autonomy to start and stop
- Autonomy of what to say and remember

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- Feelings, body sensations, impulses as clues
- All emotions are okay, and all are clues
- Memory is incomplete and gappy
- Being aware of implicit memory presenting not as narrative but as re-enactment
- Keeping my front brain online as much as possible, to let the hippocampus tag the memory as 'over' (record sessions if possible)

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- Two aspects of processing trauma:
 - The 'what happened' (explicit memory)
 - The 'how it impacted me' (implicit)
- Implicit memory often comes out through re-enactments
- How does the verbal narrative then play out in the room and in the relationship?

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- Journaling to identify implicit symptoms and figure out explicit facts
- Where was my strength and resilience during the traumatic event? How did I survive?
- Creating imaginal alternative endings
- 'Chronicling'
- It is empowering for the client to come up with these ideas for themselves

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- Sharing the narrative (after the sting has gone) outside therapy with one or two safe people helps to integrate it into my life
- It becomes 'just a story of something that happened to me' – rather than reliving it
- Integrating the two photo albums into one
- Our bodies know we're safe when we can tell our tribe

For many of us, the experience of trauma has been such a lonely one, so isolating, that the biggest shift for us is when someone is just present, and promises to remain present, while we work things through. The presence of another human being is transformative.