

# Trauma and Dissociation: Neurological and Spiritual Perspectives

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## Abstract

The traumatic events of the past decades have touched each of us in either primary or secondary ways. The effects of trauma are experienced physically, mentally, emotionally, socially and spiritually. Many who have been touched by natural disasters or human atrocities view their spiritual distress as the most intense of these responses. While many of the therapeutic models used today all but fail to address this important aspect of humanness, a growing number of psychotherapists are exploring alternate methods of healing in an effort to address the spiritual distress experienced by their traumatized clients. As they being their study of spirituality and spiritual interventions as different from religion and religious models, some of these therapists are revisiting ancient methods of soul healing, including the time-honored teachings and practices of Shamanism. In this discussion article, the relationship between triggers, flashbacks and dissociation are explored from both a neurological perspective and a spiritual (rooted in Shamanic knowledge) perspective. These two worldviews are compared and contrasted. Questions are presented which invite psychotherapists to ponder the need for an increased understanding of spiritual distress and spiritual interventions in order to provide to their trauma clients a more balanced and holistic approach.

**Keywords:** Spiritual distress; Trauma; Traumatic event

## Trauma and Dissociation: Neurological and Spiritual Perspectives

Few would deny that the enormity of natural disasters and human atrocities of the past decades have impacted us on individual, communal, national and international levels. These frequent reminders, that trauma can happen anywhere and at any time, have heightened awareness of trauma and its far-reaching effects, and have escalated the search for the best treatment methods for those who are traumatized.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR (2000) defines trauma as “an event involving actual or imagined threat of death or serious injury to self or others, or a response to intense fear, helplessness or horror, in reaction to a traumatic event” [1]. A traumatic experience triggers the fight-flight response [2]. If the emotional terror is severe, the autonomic nervous system can become overwhelmed, resulting in a freeze response [3]. In these cases the physical body loses its ability to respond; the senses dull and the mind dissociates from the body, reducing the physical and emotional distress. Dissociation at the time of the trauma is the primary predictor for the later development of Post Traumatic Stress Disorder (PTSD) [4].

The traumatic past invading into the present is a major symptom of PTSD [5]. The intrusive experiences can be triggered by a sight, a sound, a smell, a taste, or even a bodily function [6]. These triggers instantly, and often subconsciously, remind the traumatized person of the trauma. If the trigger is significant enough the person may experience a flashback. A flashback is more than a memory; it is a re-experiencing of some portion of the original trauma [7]. During a flashback the person is forced to involuntarily relive that aspect of the trauma, seeing the same sights, smelling the same smells and feeling the full range of emotions that took place at the time of the original trauma [7]. Flashbacks are distressing because the traumatized person has no ability to control them, nor stop the reliving of the frightening events, thus adding to the feelings of disempowerment described by Herman [5].

Those who actively dissociate at the time of a traumatic event have a greater potential to dissociate after subsequent exposure to traumatic stimuli [8,9]. Through dissociation, contact with reality is broken as the mind separates from the body. When this happens there is also

a separation from the emotional and mental distress caused by the flashback.

Dissociative reactions vary from mild to extreme. A mild dissociative reaction can include a temporary “zoning out.” If the dissociative reaction intensifies, the senses and body numb, the eyes look glazed and the person’s ability to see, hear, focus or respond dulls. If the dissociation becomes severe, the traumatized person may collapse physically.

## A Neurological Perspective on Trauma and Flashbacks

The study and pursuit of best practices for treatment of posttraumatic stress disorder, including treatment of flashbacks and dissociation, have focused on the effects of trauma on the human brain. The findings have helped to explain at least in part, the physical, mental and emotional symptoms experienced following trauma.

The amygdala and hippocampus, both parts of the limbic system have major functions in the processing and sequencing of the life narrative. During the normal course of life, together the amygdala and hippocampus process both the event and the emotions attached to the event [2]. The amygdala registers emotions and bodily sensations. After the amygdala has registered the emotion and bodily sensations, they are accessed by the hippocampus. The role of the hippocampus is to add cognitive meaning and place the information into the appropriate context [2]. Once the hippocampus has registered the context, the information can be permanently stored in the cortex as explicit memory [7].

During trauma this often does not happen. The amygdala records

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the highly charged emotions and sensations but if the trauma is severe enough the hippocampus can become overcharged and shut down [7]. The traumatic event is then not recorded as explicit memory but is instead only recorded as implicit memory, and in the form of highly charged emotions and sensations [7].

When the images and sensations of an experience have not been integrated by the hippocampus they remain in implicit-only form [7]. Implicit-only memories are unassembled neural disarray, remaining as though frozen in time, never integrating into the life narrative [7]. When an implicit-only memory surfaces, it is experienced in full consciousness, but without the sensation that something from the past is being recalled [7].

Now that neuroscience has determined the roles played by the amygdala and hippocampus in creating memories and the differences between explicit and implicit memories it seems plausible that flashback may be the activation of an implicit-only memory [7]. If the flashback causes intense fear the person may dissociate from the experience in a way similar to that which occurred at the time of the original trauma, creating more implicit only memories.

### **A Spiritual Perspective of Triggers, Flashbacks and Dissociation**

Trauma has been referred to as spiritual disconnection [10-12]. It is well recognized that crises, such as those experienced during and following trauma, can drive a traumatized person inward, there to experience the "dark night of the soul" [13]. Many who have been traumatized describe the soul pain they experience during their time in this spiritual cocoon as the most intense of their traumatic responses [14]. During this time, long-held beliefs can be challenged as the traumatized person faces the deeper questions of life - its meaning and purpose. Questions regarding these two spiritual needs are often voiced [15], in terms of "Why did God allow this to happen to me?" and "What am I to do with the rest of my life?"

Some believe the trauma has broken their spirit. Others feel that a large part of them has remained at the scene of the trauma, and because of that they no longer feel whole and complete. Some use symbolic language indicative of these or similar sensations, including: "I feel so empty," "I feel broken." "I no longer feel whole." "Something is always missing [16]" Following trauma, dreams of searching and longing can also contain messages of spiritual brokenness. One such dream, common to those who have been traumatized, is for the dreamer to be moving through a house, searching from room to room, to empty room. A Jungian interpretation of such a dream is that the house is symbolic of where soul lives while in consciousness [17]. In searching through the rooms, the soul may be looking for the soul parts that cannot be located [16].

Questions of meaning and purpose, symbolic expressions of soul brokenness, and dreams of searching, are of an existential nature, begging for a spiritual exploration. Yet numerous approaches to trauma care in use today do not address the spiritual aspects of trauma whereas in most societies, previous to the past five decades, those who attended to the ill, regardless of the causes of the illness, were spiritual specialists [18]. In these cultures, the healer most often held a Shamanic view of reality [19]. From this perspective, illness is viewed as a disharmony between the ill person's body, mind, emotion and spirit and between the

ill person and the larger environment. Healing requires a restoration of the harmonies of body, mind, emotion and spirit and includes a rebuilding of relationships with the Creator, the ancestors, other human beings and with all aspects of the environment [20].

During the last two decades, spiritual practices of healing based at least to some degree on ancient Shamanic teachings, have resurfaced in the Western world [21]. The reasons for this may be two-fold. In ever increasing numbers, clients are requesting holistic and complimentary methods of healing and more therapeutic helpers are acknowledging their responsibility to address the deep soul concerns of their clients [22,23]. Those therapists who do so recognize, as did their Shamanic fore bearers, the detrimental effects of trauma on the body, mind, emotion and spirit and on the interconnections of these aspects of the self. In Shamanic belief, when the mind separates from the body, as happens during dissociation, the human soul can fracture. When this happens, a part or parts of the soul can remain at the scene of the trauma, as though frozen there in that space and time [20,24]. From within this perspective, a trigger is viewed as a signal to the person to pay attention to an unhealed soul wound. A flashback is acknowledged as a step on the healing journey, for it takes the traumatized person back to the traumatic scene where the fractured-off soul parts remain. Dissociation is viewed as an opportunity for the traumatized person to reclaim the soul parts and to experience a tremendous feeling of healing and wholeness. In Shamanic cultures, it is believed that during dissociation the spirit helpers place the traumatized person in an altered state. In this trance-like state, the person witnesses the soul part or parts in their frozen state. With the assistance of spiritual guides and helpers, the soul parts are removed from the trauma scene, taken to a safe place, offered a healing, and then reintegrated back into the larger and now more complete and whole soul.

Shamanic healing practices are based on the premise that all illness is rooted in spiritual distress [21]. Traditional Shamanic healers, and present day therapists trained in similar spiritual practices, believe that all healing begins first at the soul level. Once the soul parts have been reclaimed and reintegrated, the traumatized person has an easier time working through the remaining mental and emotional anguish. For such practitioners, the retrieval and reintegration of the fractured-off soul parts is an important early step in the trauma treatment regime. To this end, the trauma specialist trained in the spiritual practice of soul retrieval will often initiate the work rather than allowing it to take place spontaneously during dissociation [10].

In an Initiated Soul Retrieval the traditional Shaman or therapist trained in these methods, uses a hypnotic technique to safely and gently guide the traumatized person back to the scene of the original trauma. During a Spontaneous Soul Retrieval the therapist will follow, as closely as possible, the same steps as when guiding an Initiated Soul Retrieval process.

Through the use of magnetic resonance imaging to measure brain activity, Lanius et al. [25] confirmed that persons who experience a traumatic event and are suffering from posttraumatic stress replay their traumatic memories through the sensory and imaging storage area of the brain's right hemisphere. The therapist guiding initiated soul retrieval, or when helping the client reclaim a soul part during a dissociative experience, will recognize that during both these times the traumatized person has likely lost most connections with the brain's left hemispheres and will therefore not be able to speak or answer questions. In these cases the therapist provides as much information prior to any possibility of conducting soul retrieval. During the process

the therapist requests only a nod as a response to questions. There are four main steps to the process.

### **The first step: safety and healing**

The traumatized person is told beforehand that when the trauma happened they were in a position of powerlessness. Now they must reclaim their personal power. The person is reminded that when the soul part left it did so because it experienced terror and left believing it was no longer safe within the body. The traumatized person is told to now face this situation from a position of here and now, from a place of personal empowerment, rather than from the place of disempowerment felt at the time of the trauma.

The person is informed that the fractured soul parts will be mirror representations of them, as they were at the time of the original incident. The therapist reminds the traumatized person that during the experience, when a first contact is made with a part of them at the scene of the original trauma, they are to do whatever is necessary to make that soul part feel safe. The traumatized person is encouraged to invite their spirit guides and helpers to be present and to request their assistance when they are trying to make the traumatized soul part feel safe. The traumatized person is also encouraged to request the spirit guides and helpers to do a healing for the soul part so that when it returns and is integrated it is no longer traumatized, but as healed as possible.

A therapist who approaches trauma processing from a spiritual perspective recognizes the power in working with the archetypes. Jung [26] taught the need to draw on the wisdom and strength of the archetypal characters when guiding people out of dark and fearful places.

When working with an archetype, the soul or psyche draws on images from the individual's history and culture. In some cultures the spirit guides will be in the form of ancestors. Greek Gods and Goddesses may be powerful archetypal guides for those of Greek heritage. In other cultures, spirit guides may appear as animal helpers. Archetypal helpers such as Bear, Eagle and Raven are common with some indigenous peoples of North America, whereas the Reindeer is a more common spirit guide for those living in Siberian regions. For those with a strong religious background, the spirit guides and helpers can represent figures more closely associated with those of their organized religion and can include angels, Jesus or the Buddha.

### **The second step: updating and encouraging return**

When the traumatized person indicates with a nod that the soul part is safe and that the spirit guides have completed the healing, the therapist encourages the traumatized person to update the located soul part. The traumatized person is reminded that this soul part went away long ago and has no idea of what has happened since that time. The person is encouraged to tell the soul part all the good things that have taken place since the time of the trauma. The person is also encouraged to let the soul part know that everything possible will be done to keep it safe from now on. The traumatized person is then encouraged to make a clear statement about how much the soul part is wanted back so that life can be even better, more whole and complete.

### **The third step: soul and body integration and welcoming**

When the soul part is ready to return, the therapist guides the traumatized person through a process of bringing the soul part up various layers of consciousness. The person is then helped to breathe the soul part in and seal it into the crown of the head and the heart energy centers. The therapist helps the person welcome the soul part home.

This is often accompanied by a song or with humming. The person is then encouraged to move in a rocking motion as a way to initiate bodily integration. The rocking motion is also often accompanied by a song or soft humming as a further way to enhance the welcoming home process. The desire to integrate the soul part into the body is based on the belief that soul inhabits every part of the body.

### **The fourth step: Processing and mental integration**

When the traumatized person has completed the reintegration of the soul part they are called back from the trance state and reconnected with the present reality. The therapist then engages the person in a conversation about the experience and how the experience and its effects were perceived. This important step is done based on the belief that not only does soul inhabit every part of the body; soul inhabits every aspect of human existence, past and present. The goal of the verbal processing is to integrate the past into the present. Having healed the soul the person is now more ready to address the emotional, mental and social effects of their traumatic past.

### **Blending the Perspectives**

In Western methods of treatment, if and when dissociation happens, there is a great amount of energy spent on immediately bringing the person back in touch with reality. No attempts are made to do any healing during such times. From a traditional Shamanic and soul healing perspective each time dissociation happens and the person is not given the opportunity to heal and reintegrate the fractured-off soul parts, other soul parts may also fracture off and remain trapped in the terror of that time and space.

Is it possible that during the soul retrieval experience the person flashes back to the intrinsic-only memory of the amygdala? When the soul part is made safe, healed and freed, is the fear and terror stored in that intrinsic-only memory also released?

Rothschild [27] noted that once implicit-only memories are released and made explicit, left brain friendly strategies can be more effectively employed to process and integrate those memories as part of the life narrative. Does the release of the emotions of fear and terror, along with the verbal processing after the experience, enable the hippocampus to make cognitive sense of the experience? Does the process of making cognitive sense of the experience allow the implicit-only memory to then be stored as an explicit memory and become a part of the life narrative?

The amygdala appears to be the limbic structure through which sensory information travels on its way to the right hemisphere. The hippocampus is much more closely associated with functions of the left cerebral hemisphere [6].

Each of the brain's hemispheres has its own way of knowing, its own way of perceiving reality. The left hemisphere is associated with cognitive and analytical functioning, reason and logic, and the development and use of language skills [7]. The right hemisphere is more closely associated with things more linked to the heart and of a spiritual nature than to the cognitive mind. As noted earlier, Lanius et al. [25] confirmed that persons who experience a traumatic event and are suffering from posttraumatic stress replay their traumatic memories through the sensory and imaging storage area of the brain's right hemisphere.

For generations, following a traumatic life event, healers used experiences that engaged more fully the brain's right hemisphere than the left, including drumming, dance, and the use of symbols that

appeared in the person's dreams, art, and imagery. They used ceremony and sacred rituals to heal the soul pain and call back the spirit energy that had left at the time of trauma [28]. In using soulful strategies, they were addressing the needs of the brain's right hemisphere. In speaking the language of the soul, were they unknowingly (or perhaps knowingly) going to the very seat of the trauma, into the intrinsic only memories and healing the stored trauma.

From a neurological perspective, dissociation is seen as the body and mind's attempt to escape the pain caused by the situation. Therapists trained in soul healing methods and many trauma clients view dissociation from the original trauma as a spiritual experience. Those who have experienced trauma often speak of how during the trauma they were lifted away by angels. Some speak of being in a cloud, watching the abuse or trauma taking place, all the while being absent from the physical and emotional pain. Others recall being removed from the scene by a spirit guide or being surrounded by ancestors.

The dissociation that happens when a traumatized person is triggered back to the traumatic event is generally viewed in psychological terms as pathological. From a spiritual perspective the dissociation that results from a sensory or somatic trigger is seen as a call from soul to reclaim the soul parts that have remained frozen in the time and space of the original trauma.

These parallel but separate views of dissociation emerge from two distinct paradigms for managing the symptoms and for healing the dissociative responses. The psychotherapist trained solely in Western methods of helping focuses on the application of strategies to mainly gain the attention of the brain's left hemisphere and thereby attempts to heal the cognitive mind. The traditional Shaman, and the therapist trained in spiritual healing practices believe the soul, like the body, has self-healing capabilities and offers strategies to assist the soul in reclaiming its wholeness. To combine the methodologies from these two distinct world views is to offer the trauma client an approach aimed at healing body, mind and spirit.

## Conclusion

Trauma caused by natural disasters and human atrocities surrounds us. Many who have been touched by such events view their soul pain as the most intense of their responses. To respond to spiritual distress, and offer strategies for soul healing, practitioners require advanced knowledge of the effects of trauma on the human spirit, and on how to incorporate spiritual approaches into their client care.

In our multicultural and mobile world, many who are attempting to reorder their lives following a traumatic life event may come from countries and cultures that resonate more completely and comfortably with spiritual approaches to healing than they do with cognitive-based approaches. Is there room within psychotherapeutic practice for an intentional blending of the methods for soul healing as described since ancient times, along with the scientific methodologies in use today?

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