Frozen by Fear - When Too Much Happens Too Fast

by Lynne Parsons, Psy.D., Hendersonville Family Health Center

A friend I know flipped her car against the side of a mountain road while reaching for her cell phone. She lost consciousness, but miraculously was pronounced unharmed after a visit to the emergency room. Within the week, she had flashbacks, irritability, headaches and problems sleeping. She was puzzled. "The doctors said I was fine," she wondered aloud to me.

Every human being has been confronted with trauma during their lifetime in the form of violence, accidents or the sudden death of a loved one. Talking about the event can heal a part of the person, but many people have symptoms that remain after the event. Understanding how different parts of our brains process shocks can help us to cope and recover from traumatic events.

The autonomic nervous system (ANS) is in charge during sudden shocks. It is our primitive brain, not our smart Neocortex, which decides whether if our chances of survival are better with a "fight or flight" response or to "freeze." The freeze response is common in situations of inescapable shock and the after effects can last long after the event has passed. With ANS hyper-arousal, the body can respond with emotional numbness. Because normal verbal memory can shut down under extreme shock, a person may be left perplexed about why they have physical or emotional symptoms. A person may look okay, though may not be functionally okay. The most common statement people say after trauma is, "I don't feel like myself."

Two new therapy approaches to support healing after trauma is Somatic Experiencing and eye movement desensitization reprocessing (EMDR). To get an idea of this type of treatment, think about a dog whose brain functions similar to our primitive selves. A dog is totally comfort-focused when petted (sensation) and with (image) a bowl of food. Image and sensation are the language of the primitive parts of our brain and are the tools needed to help the body heal.

Big traumas are so frightening for us that they often require professional help. Little traumas may be given emotional first aid using a simple exercise. Begin by getting comfortable and recognizing your sensations such as cool hands, tingly feelings, tension, pain, headache, etc. Now, focus on an image that brings sensations of relaxation to your body, a pleasant memory or a much loved place. You will know that you have found the right resource when you feel your body begin to relax. Now, try moving back and forth between the feelings of discomfort in your body and the pleasant image you have identified. Do this slowly, as the primitive brain moves seven times slower than our smart Neocortex. This body-focused exercise can help metabolize some of the sensations that we were too numb to experience during the actual shock. According to a noted authority on trauma, Dr. Bessel van der Kolk, "fighting against and/or hiding from unpleasant or painful sensations and feelings will generally make things worse." After a traumatic experience sometimes people can refocus their brains themselves, although often times professional assistance is required.

In this post 9/11 world, where traumatic situations are commonplace, these new approaches to shock can help make a difference in how your body interprets and responds to those situations.

Join Lynne Parsons, Psy.D.

for a free presentation

Emotional First Aid:

Tools for dealing with Shock

and Traumatic Events.

Thursday, March 17, 7:00 P.M.

Pardee Health Education Center.

For reservations call 692-4600.