



WHAT MAKES EMOTIONAL TRAUMA? FEAR, DISCONNECT & SHAME

Here to shed more light on emotional trauma – how it happens and how to heal – is **Daniela F. Sieff, PhD**, author of *Understanding and Healing Emotional Trauma*, a unique and very valuable collection of her conversations with pioneering clinicians and researchers in the area of shame, through this interview with API:



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Attachment Parenting International (API): Can you tell us about your background? In your bio, you mention that you have a PhD in biological anthropology and "an active interest in the dynamics of the psyche". Please expand upon this.

Dr. Sieff: Whilst growing up, I was curious about what made us who we are. I was equally curious about the different types of lives that people might live. And so, as an undergraduate, I did a wonderful interdisciplinary degree in which we studied anthropology, evolution and psychology.

I found the evolutionary perspective particularly exciting; it encouraged me to think about being human in new ways. Keen to do my own research, I embarked on a PhD in which I explored how evolutionary processes contribute to shaping human social behaviour.

This research took me to a wilderness region of Tanzania to live with the Datoga, a traditional cattle-herding society. Living with the Datoga brought deep learning, both academically and personally. It gave me extraordinary insights into lives which were both profoundly different to my own, and which had significant underlying similarities.

However, in time I came to feel that the formal world of academia was not for me. I also wanted to start exploring how internal dynamics shape us. In particular, I wanted to understand what I carried inside my own mind and body. My life had been very rich in terms of what I'd done, but my emotional life had often been painful. Wanting to change that, I committed myself to a therapeutic process, participated in workshops and studied books about trauma and attachment. Bringing together my personal experience with what I was learning through study, is what I mean by having 'an active interest' in the dynamics of the psyche.

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API: *How do you define trauma?*

Dr. Sieff: Popular culture tends to define trauma as being the victim of harm, and it portrays trauma as being located in the harmful experiences themselves. This is a problematic misunderstanding which hinders healing. The word 'trauma' means a wound, shock or injury. Thus, trauma cannot be defined only by the negative experiences we suffer; equally important, is the impact of these experiences upon us. A painful and frightening experience might overwhelm one person and leave them with lasting emotional wounds, but not cause as much damage to another; it will depend on their age, innate sensitivity, unique personal history and whether they have support.

When we experience pain and fear which overwhelms us, we develop an unconscious conviction that our life is at risk. As a result, survival systems are activated in our minds and

in our bodies. These systems have evolved to protect us against dangers that arise both externally – from other people and the world in which we live, and internally – from within ourselves. With the activation of these systems, we move onto a different developmental path to the one we would have followed, had we not been traumatised. Once on this pathway, we live our lives from inside an altered biological and psychological reality.

I've called this altered reality a 'trauma-world'. It is the entry into a trauma-world that defines trauma, not the experiences we've suffered.

API: *What constitutes a 'trauma-world'?*

Dr. Sieff: That varies from person to person, again depending on our individual experiences and unique disposition. However, three systems form the core of all trauma-worlds:

1. **Fear:** We perceive the world through a veil of fear. We are intrinsically wary of the world around us and mistrustful of other people. We are equally uneasy about what lies inside us.
2. **Disconnection:** We disconnect from aspects of ourselves. We dissociate overwhelming emotions, we bury any parts of ourselves which attract disapproval, and we separate from our bodies.
3. **Shame:** Our identity becomes interwoven with shame. We live with a visceral and pervasive feeling of being fundamentally flawed and inadequate.

Fear, disconnection and shame distort both our inner and outer reality. They distort inner reality by compromising our relationship with ourselves, and they distort outer reality by compromising our relationships with others.

Moreover, if a trauma-world is created during childhood, these distortions become our 'normality' and we are unable to recognise what we are living. Then, we have little choice but to behave in ways that create repetitive and self-perpetuating cycles of trauma, both in ourselves and others.

Entering a trauma-world does not happen as a result of a conscious decision; it is what human brains and bodies have evolved to do in the face of overwhelming pain or fear. What is more, a trauma-world is not created in the relatively accessible cognitive systems of the brain; rather it is 'hidden' in the biological systems (muscles, hormones, nervous system and brain structure) which underlie our feelings and our ways of perceiving and engaging with the world.

API: *What kinds of experiences leave us at risk of creating a trauma-world?*

Dr. Sieff: The most obvious are those that cause acute pain or fear, such as overt abuse or neglect. Also, growing up amongst violence, experiencing war, or witnessing atrocities.

Less obvious, but equally damaging is the insidious, chronic and on-going pain and fear of growing up feeling unloved, unvalued or inadequate. The consequences of what we didn't have are often hard to identify, but they can be just as wounding as the consequences of what happened to us. From the perspective of attachment theory, this can be seen as growing up with an insecure attachment pattern.

Attachment research also shows us that trauma is triggered in infants and young children, when parents or care-givers are unable to attune to them sensitively – perhaps because the care-givers are themselves stressed, depressed, ill or carrying trauma.

Sometimes, trauma comes to us across generations. When our parents and grand-parents carried unresolved trauma, we inherit their fears and distorted perceptions, and our trauma-world is built around their experiences.

Research is revealing that it is not pain and fear alone that constellate trauma; rather trauma is constellated when we experience pain and fear AND there is nobody present to help us process these emotions.

An evolutionary perspective suggests why this might be the case. For our ancestors, being part of a social network was crucial to survival. In the environment in which we evolved, children and adults who had no social support were likely to die; consequently, we feel safe when accompanied but in very real danger when alone. Suffering trauma, and having no support, will heighten our fear and contribute to the sense that our life is at risk.

API: *Can you talk about the fear at the core of a trauma-world?*

Dr. Sieff: In response to experiencing overwhelming pain or fear, biological changes occur which leave our minds and bodies extremely sensitive to potential danger.

There are many harmful consequences to having a sensitised fear system. However, if we live in a dangerous environment, suffering these consequences is the lesser of two evils, because without being alert to danger we are likely to die young. In fact, the ability of minds and bodies to become more fearful in dangerous environments is the product of evolution, and exists in many different animal species.

We are particularly alert to danger around the original traumatising experiences. At the centre of a trauma-world is the imperative to avoid retraumatisation. Often, this imperative

is held unconsciously, so we don't know that it is driving us; all the same, it impacts our lives in ways that can cause as much, if not more pain than the original wounding.

Sometimes it is impossible to avoid situations that appear similar to the ones that traumatised us. When this happens, our old trauma comes back to life, not as a memory of the past, but as a fear-driven, knee-jerk reaction. I've called these, 'trauma-reactions'.

Trauma-reactions are generally built around the mammalian responses to danger: freeze, flight, fight, and submission, though in each of us they will take a unique form.

Trauma-reactions seem to come out of nowhere; that is because of the way that traumatising events are recorded in our memories. Normally, when we commit an event to memory, a tag is added to the event recording when and where it occurred. When these memories are activated, the tags inform us that the experience happened at a particular moment in our past. In contrast, overwhelming painful and frightening experiences are committed to memory without being tagged with a time and place. Consequently, when these memories are activated, we aren't aware that we're remembering the past; instead, we re-live the visceral feelings and reactions of earlier experiences as if they were present reality. This kind of memory is called 'implicit' or 'procedural' memory.

It is easier to get a sense of implicit memory if we think about riding a bicycle: when we get on a bicycle we don't consciously remember learning to contract this muscle, or to lean in that direction; rather what we learnt during childhood is implicitly written into our nervous system and muscles and that memory comes alive as a set of lived reactions.

The advantage of implicit memory is that it enables us to react almost instantaneously, and it is easy to see what that is valuable with a skill like bicycle-riding. Similarly, growing up in a dangerous environment, the ability to react virtually instantaneously can save our lives. However, with trauma-reactions this instantaneous response can also be problematic because the implicit memory will sometimes be activated when there is no danger. Worse, because we will be unaware that our traumatic memories have come back to life, we'll be convinced that what we are feeling is happening right now. As a result, we are likely to behave in ways that recreate the very situation we are trying to avoid.

When thinking about childhood trauma we need to be aware that throughout our evolutionary history, danger hasn't only come from predators and illness, it has also come from parents. In fact, anthropologists now know that for our ancestors, the greatest danger faced by infants was being abandoned to die by a mother who didn't have the resources to care for another child. It could be that the mother already had a nursing child, or she might be lacking in social support, or there could be a famine. Either way, for ancestral human

infants, an inattentive mother would have been implicitly terrifying because it would have indicated that the infant's life was at risk.

API: *Disconnection is the second system that you include in a trauma-world. Can you tell us more about disconnection and trauma?*

Dr. Sieff: Disconnection involves cutting off from some aspect of ourselves. There are different forms that disconnection can take. All provide us with some kind of protection, but all are ultimately harmful because they leave us cut off from our own internal reality and from the reality of the external situation.

Disconnection first occurs during the original traumatising experiences. In the midst of a terrible situation, the release of opiates from within us blocks the pain and fear coursing through our bodies, and we are numbed to the feelings. This is an adaptive response because it means that if we get a chance to escape we can take it, whereas escape would be impossible if we were incapacitated by pain and fear.

Once we are out of danger, and if we have enough support, we may be able to reconnect to our pain and fear, and process them. However, without support, our unprocessed emotions remain locked away in our unconscious minds and bodies. This is because we simply can't function if we allow overwhelming emotions into awareness.

There are many harmful consequences of remaining disconnected from the traumatising pain and fear we've experienced.

First, we are compelled to avoid anything that might bring our unprocessed emotions into awareness. This compulsion to protect ourselves from what was once overwhelming poison our relationships, create a desperate need for control and prevent us from taking new opportunities. It can also lead to attempts to sabotage the healing process.

Second, having locked the overwhelming pain and fear in our bodies, we must disconnect from our bodies to prevent these feelings from surfacing. This creates new layers of suffering and difficulties:

- Bodies that carry unprocessed pain and fear can become distorted; parts of our body may be chronically frozen, collapsed, tense or inflamed; our posture might be off-kilter, our breathing shallow, and we might stutter.
- We may be at risk of being drawn into addictions, both those that take us out of our bodies, and those which represent our bodies' desperate attempts to be noticed and nurtured.

- Needing to understand why we ended up traumatised, it is all too easy to blame our alienated bodies. Thereafter we try to perfect our bodies through compulsive dieting, obsessive exercising or an endless string of plastic surgeries. In so doing, we become further alienated from our bodies.
- We lose access not just to the original pain and fear, but to emotions more generally. Because emotions arise in the body, when we disconnect from our body we prevent all emotions from making their way freely into our awareness. As a result, we may feel flattened, dulled and lacking in vibrancy. Additionally, emotions evolved to guide our responses to the world, so when we can't access this information it is as though we have lost our compass, and the sense of danger that is already part of our trauma-worlds becomes more intense.

Third, in its most extreme form, the drive to separate from the pain and fear of the original trauma can, can result in a dissociative identity disorder.

Underlying the disconnection that I've just discussed is a deep fear of the unprocessed and overwhelming emotions that we experienced during the past, as part of the original trauma. There is another kind of disconnection too – one which is underlain by fear of being attacked or abandoned in the present. This typically occurs when certain parts of ourselves are unacceptable to our family, teachers or society; under these circumstances, we cut off or bury the unacceptable parts, in an attempt to protect ourselves from the possibility of being retraumatised.

The parts which we cut off might be 'so-called' negative emotions like pain, fear or anger, but we can just as easily bury our joy, passion, vulnerability, sexuality, intellect, ambition and creativity. We might also disconnect from our need for love and connection, or from our need for independence and self-expression.

Sometimes we try to bury the unacceptable parts of ourselves using self-control and will-power. Other times critical inner voices try to shame these parts into submission. Sometimes the 'unacceptable' parts are locked in our bodies, perhaps through clenching particular muscles, and by adopting a specific posture. But often this kind of disconnection occurs unconsciously; then are unaware of what we have lost.

Being cut off from parts of ourselves contributes to the underlying sense of loneliness that is inherent to trauma, because we are abandoning aspects of who we are. It also exacerbates the sense of danger that is built in to a trauma-world, because we are not rooted in the fullness our own reality.

API: *Shame is the third system that you say is intrinsic to a trauma-world. Can you expand on this?*

Dr. Sieff: Shame is a visceral and pervasive feeling of being fundamentally flawed and inadequate as a human being. Shame is primarily relational: although shame leaves us feeling absolutely alone, its roots lie in an implicit conviction that we are somehow unworthy of having meaningful relationships with other people.

Shame is often confused with guilt, but with guilt we feel bad about things we have done; with shame we feel bad about who we are. Guilt is about our actions; shame is about our being.

Shame is mediated by the emotional networks of the brain, so although shame is typically accompanied by self-critical thoughts like 'I am stupid/useless/fat/pathetic etc.', it is ultimately lived as an embodied experience that resides deep beneath our awareness, and sucks us into the psychological equivalent of a black hole.

Shame is a product of evolution and it is experienced as a passing emotion in almost everybody. It exists to tell us that we are at risk of losing important social relationships, or that we might be thrown out of our group. However, if we've been traumatised, then shame becomes indelibly interwoven with our implicit sense of who we are, whereupon our identity becomes 'shame-based'.

There are several routes to becoming 'shame-based'.

First, shame can originate outside of us. When we are made to feel inadequate by our family, care-givers, teachers, peers, culture or socio-political environment we absorb that shame and make it our own. In this case, being shamed constitutes the original painful and frightening experience around which our trauma-world is built.

Second, human infants need sensitive and responsive nurturing from care-givers. When this need is not met, children develop an embodied and non-verbal sense of being inadequate. They also develop an embodied and non-verbal sense of inadequacy around their actual need for nurturing itself – implicitly feeling that there must be something wrong with them for having the needs.

Third, shame can originate inside us as a response to more overt traumatising experiences. Painful and frightening experiences occur which have nothing to do with being shamed, however we have evolved a need to understand why these things have happened to *us*, and for various reasons we tend to believe that we are at fault. For example, children whose

parents divorce, commonly feel that if they had been 'better', their parents would have stayed together.

Fourth, once we've entered a trauma-world, shame can be created in response to our own behaviour. There are times when we know we are over-reacting, however, because we aren't aware that our fear system is hyper-sensitive, we take our behaviour as evidence of our own supposed inadequacy. In addition, when we bury parts of ourselves in order to make ourselves acceptable to others, we implicitly sense that we are being inauthentic which in turn creates shame.

Irrespective of how our shame originates, once we've become shame-based we can't recognise shame for what it is, thus we see ourselves through a distorted lens. As a result, we are likely to experience ourselves as contemptible and feel a victim to our own believed inadequacy.

In this state, we get sucked into a downward spiral of shame. We can become even more desperate to obliterate the parts of ourselves that we believe make us inadequate, redoubling our efforts to shame those parts into submission. However, when we use shame against ourselves, we retraumatise ourselves. Then, instead of fostering change, we reinforce the status quo and fortify the walls of our trauma-world.

At the same time, we try to cajole ourselves into success, believing that if we can force ourselves to become more than we are – or ideally perfect – then the gnawing pain of being shame-based will abate. However, if we are shame-based, then no amount of success will be enough. No matter what we do, we are never enough.

Being shame-based doesn't only poison our relationship with ourselves, it also poisons our relationships with others. When we are shame-based we will be terrified that if others get to know us, they will see us as the inadequate person we believe ourselves to be, and in an unconscious attempt to prevent that from happening we may put up barriers, push people away and sabotage relationships. Alternatively, we may try to control others, hoping that we can prevent them from doing anything that might bring our shame to the surface.

We are generally not conscious of what we are doing, or indeed why we are doing it, however, we are left with a murky feeling that our relationships lack authenticity, trust and intimacy. As a result, we feel increasingly isolated.

Also, because human beings are such a profoundly social species, when we don't have meaningful relationships we feel sub-human, and that in turn, exacerbates our shame.

In short, shame creates more shame. Shame also generates isolation and fear. And shame reinforces the need to disconnect. Ultimately, shame keeps us locked in our trauma-worlds.

API: *How can a person heal emotional trauma? What is the process?*

Dr. Sieff: One of the challenges for healing is that although trauma-worlds are created in response to external events, once established they form rigid and closed internal systems.

Locked inside these systems, our behaviour sets us up to be retraumatised by other people. Additionally, the ways that we behave towards ourselves are invariably retraumatising. Trauma-worlds are self-perpetuating.

Locked inside these systems, we also struggle to see trauma for what it is. That leaves us little choice but to focus on the visible symptoms and the chronic, deadening pain which they create. These symptoms include the fear, disconnection and shame which lie at the heart of a trauma-world; also depression, meaninglessness, addictions, self-harm, rage and unexplained physical pain and ailments. Additionally, we are likely to struggle in our relationships and to sabotage things we care about.

Focusing on such symptoms we, as individuals and as a society, put our resources into trying to alleviate them, perhaps through short-term therapy or psychotherapeutic drugs, or by pinning our hopes to something like success at work, a new romantic relationship, losing weight or cosmetic surgery. This can give us temporary respite, but it won't free us from the internal systems which were set up in the wake of the traumatising experiences, so, in time we fall back into our suffering.

Even when we can see beneath the symptoms to the underlying traumatising experiences we are unlikely to recognise the trauma-worlds in which we are living, so our first port of call is to blame whoever, or whatever, caused the original wounds and look for retribution.

That is a valuable first step and a necessary part of the process – for we do need to recognise what happened to us. We need to validate the experience and understand that it was not our fault. However, focusing on the traumatising experience or on punishing the perpetrators is not enough by itself to bring deep healing, because that won't change the embodied systems that form our trauma-worlds. It's akin to being hit by a drunken driver and having our leg broken. Focusing on the accident and jailing the driver won't heal our leg.

Healing trauma requires the courage to recognise that ultimately our lives are compromised not by the original traumatising experiences themselves, but by the trauma-world that is created by our own minds and bodies as a response to those experiences. And we need to

recognise this reality without blaming and judging ourselves; we need to understand that creating a trauma-world is what human beings do to survive.

At the same time, we have to take responsibility for our healing, and for moving out of our trauma-worlds.

API: *What do you understand by the phrase "taking responsibility for our own healing"?*

Developing a cognitive awareness of the original traumatising experiences, and of the systems created in their wake, is a good start to the process of taking responsibility for our own healing, but it is not enough.

To create lasting change, we have to enter into our emotional minds AND bodies and slowly become aware of what we carry from the *inside*.

That means opening to the original traumatising pain and fear, learning how to tolerate it, and integrating it into our sense of who we are. It is only when we find ways of relating to our buried pain and fear that our lives are no longer organised around the imperative to avoid anything which might trigger what we carry in our depths. However, this is an extremely challenging process; we need to do it slowly, taking one small step at a time.

Equally crucial is that we work with the fear, disconnection and shame that form our trauma-worlds. First, we must enter into these systems and become conscious of how we *feel* in both our minds and bodies when they are active. Then, we have to challenge our shame, reconnect to the exiled parts of ourselves, and learn to live with our sensitised fear system. Finally, we need to develop new, and healthier ways to protect ourselves.

It is hard, daunting and arduous work. Our trauma-worlds were created to survive overwhelming pain and fear; when we try to transform them, we are besieged with the conviction that we will be annihilated. That conviction leaves us at risk of sabotaging the healing process. Thus, we need patience, perseverance, determination and courage. It is also imperative that we have support and guidance from those who have been through the process themselves.

To heal trauma, we not only need an embodied consciousness of what we carry from our past, we also need new experiences. Real change happens in the present moment through lived experience.

This need for new experiences is one of the many reasons why we can't heal trauma alone. Emotional trauma arises because something has gone awry in our relationships, so a healing relationship is crucially important, if we are to learn how to connect to other people and to

ourselves in healthier ways. Similarly, we need support if we are going to approach the unprocessed pain and fear which was once unbearable, and we also need guidance if we are to transform the fearfulness, disconnection and shame which lie at the heart of our trauma-worlds.

A healing relationship can be provided by a therapist, counsellor, teacher, social worker, spiritual guide or healing group – the label doesn't matter. What does matter, is that whoever is accompanying us has worked deeply with his or her own trauma. Healing trauma is akin to learning to speak a language like Chinese: it is not enough that our teacher has a theoretical knowledge of the grammar and that she can recognise the characters when they are written on the page, rather she must speak the language herself.

API: *What does it mean to be healed?*

Dr. Sieff: When we embark on trying to heal trauma, we typically imagine that we will reach a place where our lives are free from the suffering that arises from our wounds, and where trauma no longer has any effect on our lives.

That is not what happens. We cannot change our past. Our trauma remains part of us. What can be changed is its impact. To achieve that, we have to find new and healthier ways of being with the pain and fear embedded in the traumatising experiences, and just as importantly, we have to transform the trauma-world which developed around them.

It is a challenging process. It takes time. Many people, and indeed most public health services, look for an easier and faster route. But there is no easy route. To address trauma in a meaningful way, we need to commit ourselves to this challenge. And I believe it is vitally important that we make this commitment, not only to help ourselves, but also because when we carry unaddressed trauma we have no choice but to relate to our children, family, neighbours and colleagues in ways which are likely to result in them becoming traumatised.

In contrast, when we transform our trauma-worlds, we break that spiral and start relating to ourselves, other people, and the world around us, in much healthier and more nurturing ways.

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