Two days with Dr Bessel Van Der Kolk
Cork 2018

I am a doodler – I listen best with my hands in movement and as I sat in the warm conference hall in Cork last weekend, I wrote and sketched continuously. There is complexity and growth in this image, as there is in the understanding of childhood trauma. This is a distillation of my notes.

There is much we do not know about the impact of adversity, and what we do know is constantly evolving. As Van Der Kolk (herein known as VDK) says, we are very interested in all the ways we are f**ked up but the 'establishment' seems less invested in supporting efforts to find ways to deal with the consequences of trauma.

His description of trauma is concise: it is unbearable and intolerable and it usually begins at home (not out there). When we are under threat, we instinctively want to move – either towards the threat to fight it off or away from the source to escape. The enduring effects of trauma (as PTSD) tend to arise when these options are not available.

It is an illness of not being fully alive in the present.

Effects of trauma

Trauma changes what we pay attention to so we can avoid the threat in the future. It's an entirely sensible and logical response. In fact, many of the so-called problems that clinicians are looking to solve are in fact the solutions that people have found to deal with the trauma.

After trauma, the reward system of the brain is altered so there is an inability to find pleasure – one of the tasks in recovery is to access pleasure to bring us back to the present.

Trauma leads to a life lived in an alternative reality, where the world is seen through the emotional lens and the sense of the passage of time is disrupted. Essentially, we are stuck in a present where the trauma is ongoing and feels as if it is going to last forever.

When trauma is experienced in childhood, as the brain is developing, there is an impact on important areas of the pre-frontal cortex:

- *Orbitol pre-frontal cortex* which VDK described as the "finger-wagging receptor" of the brain. This area is about inhibiting behaviours which others see as unacceptable. There is a lack of receptors to receive information from our environment and relationships about how to behave so attempts to modify behaviour by warning of consequences are ineffective.
- *Dorsolateral cortex* is part of the internal clock of the brain and allows us to experience the passage of time. It is hard to notice what happens next, that something happened yesterday after trauma. This can lead to a lack of narrative – the ability to tell the story about what happened – literally dumbfounded after trauma.
- *Anterior cingulate* filters out what is relevant and what is irrelevant in terms of the information coming in from all the sensory information that we gather. After trauma, everything seems relevant because threat is ever-present.

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Certain parts of the brain are also more active – studies have shown that the *right precuneus* is constantly firing in the traumatised person. This is a part of the brain that deals with self-identity and what makes us feel ashamed. The *right interior insula* which is concerned with 'interoception' – being able to look at our experience of ourselves in the world and anticipate what we may need is also shown to be very active OR completely shut down, so there are no messages about what may be needed in any given moment.

The wolf that was eating me outside, is now eating me inside

This lack of ability to engage fully with the present, with the environment in which we are now in (rather than the place of threat and harm) is what needs attention.
VDK's assertion is that the solution to this is not just "butt therapy".
He talked about a lack of opiate receptors which can result in a lack of receptors for "the milk of human kindness" – so it's not that those who have experienced developmental trauma reject love and caring but rather there is a difficulty in taking this in.

So, what are the things that can help?

- Studies have shown that yoga can be more beneficial than medication. There needs to be something which allows a deep sense of physical safety in the body.
- A social support network – a group which can normalise the experiences
- A therapist who can support emotional regulation – who notices the arousal levels and enables someone to work at the edges of their window of tolerance. VDK talked about tapping, breathing techniques, chanting and the use of EMDR which shows promising results in clinical trials.
- Sensory stimulation – jumping up and down, physically having to find balance allows systems in lower brain to 'come online' which then has an effect on those systems in the prefrontal cortex. Brains are built from the bottom up.
- Creative arts like drama can take experiences and allow them to be transformed.
- Competency in a sport or activity can allow a sense of self-efficacy and can be a protective factor
- Mindfulness and meditation
- Dramatherapy where the questions of what we wished had happened can allow alternative experiences to be integrated into the trauma memory
- Neurofeedback – there are some remarkable results from recent trials which use computer games to prompt the experience of a different brain states to drive a rocket through space – allowing a felt sense of what calm and regulated feels like on a body level and enabling the intentional creation of this state.

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VDK described how hard it was to find support to develop the evidence base for potentially helpful treatments, but that there was much more to learn.

The medical model looks at us and says "you are messed up", the trauma model says "life is tough".

My attempt to condense the two days into a couple of pages misses much of the nuance and detail, Much of what I heard consolidated my existing knowledge and built on what I understand. We all come to the world with our unique lens and experience but can also find comfort from the universality of adversity and healing.