

ADOPTIVE FAMILI

What the * * * * was that about?

Some neuroscience linking the unconscious mind and memory to triggers and behaviour

By **Helen Oakwater**

ONE of the many challenges adopters face is not understanding the reason their child suddenly 'goes off on one', i.e. flips for no apparent reason.

Some years back, I was sitting round the kitchen table having a lovely time with my kids over juice, tea and cake. Something happened and I started laughing and laughing – almost hysterically. Once I had regained my composure it became clear that one of my children had shifted from a happy, contented state to an aroused, fearful and anxious state. The other two were fine and unaffected.

So what had happened? After some discussion and considerable self awareness from my daughter, we established that my laughter had triggered an unconscious fear that the mirth would be followed by a slide into depression, collapsing or an angry rage. My child's birth mother abused alcohol. The 'high' phase was all too often followed by scary scenes. My laughter triggered her unconscious response, conditioned through experience for her own survival. A laughing mother meant beware.

Parallels with phobic responses

These responses are from the unconscious mind and uncontrollable – similar to a phobic response. At least with a phobia, the phobic knows the triggers and may know the root cause.

Years ago my friend Sue and I were walking along when she unexpectedly veered away – to avoid a pigeon. She saw the waddling bundle of feathers and was able to divert her path before terror took over. Sue knew she had a phobic response to birds. In infancy a bird had flown down the chimney, flapped round her bedroom and into her cot. Very scary for baby Sue.

When older, her parents could tell her about the event. Hence Sue understood her trigger, her response and the root cause. If the bird had flown back up the chimney and left no

evidence, no one would have been able to explain her hysterical fear of birds. Fortunately for Sue, someone could identify the cause.

For adopted children the trigger and root cause is often a mystery.

"Memory is the way past events affect future functioning."

Dan Seigal

Danger signals

There is always a reason for traumatised children flipping. An external experience (auditory, visual, kinaesthetic, gustatory or olfactory) triggers an unconscious internal response which is received as a major 'danger, danger, danger' signal. The child reacts with the primitive survival part of the brain (flight, flight, freeze).

How many other triggers abound for our children? What smells, sounds, tastes, feelings and sights act as their triggers?

There are many, and they are different for each child. Plus, they are unconscious – primarily sensory, often installed before language, and so very tricky to uncover. One of the most powerful is smell. It is the most established sense at birth and the only sense that is directly connected to the limbic system, the part dealing with emotions. A fascinating fact (quoted by Professor David Howe) is that a baby can distinguish between the smell of its own mother's breast milk, rather than another mother's – even if bottle fed!

This early sensory acuity explains why reactions to smell are rarely neutral – you usually either like or dislike an aroma. Scents also leave long-lasting impressions and are strongly linked to your memories. A whiff of lilies transports some to funerals, others to weddings, others to romance.

Do you have certain smells that instantly cause a physical sensation? An aftershave that makes you smile? An aroma that instantly transports you to experimenting with alcohol or drugs?

The perfume Opium makes me gag but I don't know why.

Imagine the smells a neglected baby experiences. Stale urine, rotting food, etc. For many adopted children that was their norm in infancy. It could be a million things. Whisky laden breath being inhaled shortly before a ghastly somatic (body) experience or drinking lumpy sour milk. Either event could install negative sensory triggers.

The neuroscience

Linking this to neuroscience and brain development is enlightening. Daniel J Seigal in the *Developing Mind* explains the difference between implicit (early) memory: mental models, behaviours, images and emotions; and explicit (late) memory: facts, events and autobiographical consciousness.

Unlike explicit memory, implicit memory is present at birth and these forms of memory, "when retrieved are not thought to carry with them the internal sensation that something is being recalled...Implicit memory involves parts of the brain that do not require conscious processing during encoding or retrieval...we act, feel and imagine without recognition of the influence of past experience on our present reality".

"Implicit memory relies on brain structures that are intact at birth and remain available throughout life...including the amygdala and other limbic regions for emotional memory, the basal ganglia and motor cortex for behavioural memory, and the perceptual cortices for perceptual memory." (Seigal).

Bessel Van der Kolk in *Traumatic Stress* says that many traumatised children "like traumatised adults, are unable to integrate sensations and perceptions related to the trauma into explicit memories. Instead the trauma is often reproduced in actions, without conscious awareness that what is being played out is an actual representation of the past". This explains why play is such a clear window into a child's internal world.

PTSD and complex trauma

It's generally accepted that with Post Traumatic Stress Disorder (PTSD), a reaction is generated by an unconscious, implicit memory sparked by a sensory stimulus. The classic example – a loud bang, soldier drops to the floor and rolls undercover. This is a perfect response in a battle zone; an inappropriate reaction ten years later outside Tesco when a car backfires.

The brain imaging work with Vietnam veterans demonstrated how their brain perceived the threat to be real, in the moment, on the battlefield utilising implicit, unconscious memory – even if they were shopping.

Children were rarely diagnosed with PTSD. Fortunately shifts are occurring. In America the term 'complex trauma' is now being used to describe "the dual problems of children's exposure to traumatic events and the impact of this exposure on immediate and long term outcomes". (White Paper from the National Child Traumatic Stress Network, Complex Trauma Task Force).

(This highly readable document is fantastic. It incorporates much evidence and knowledge and is a must for any professional involved with children. To view it, go to www.NCTSNet.org and then 'Complex trauma').

Unconscious and conscious mind

Add to these ingredients the size and power of our unconscious minds and it helps us understand what is going on inside traumatised children's heads and bodies and why they can't control that sudden 'behavioural flip'.

The conscious mind thinks abstractly, about past and future and has limited processing capacity using short-term memory. It processes 40 bits per second.

The subconscious mind thinks literally, only in the present, has expanded processing capacity and long-term memory including past experiences, attitudes, beliefs and values. It can process some 20,000,000 bits per second of environmental stimuli. (Norretranders)

As Bruce Lipton, a pioneer in the 'new biology' and science of Epigenetics, says in *The Biology of Beliefs*, "the subconscious mind is our 'autopilot'";

the conscious mind is our manual control...Subconscious programming takes over the moment your conscious mind is not working".

Why triggers matter

So for a traumatised child some external trigger might spark a fight, flight, freeze response. It could be anything. In one specific case, her uncle's hand patting her knee was the signal for Gemma to go upstairs and be abused. How would, or could, her adoptive parents know this?

So you have a lovely quiet story sitting on the sofa before dinner, then say "Let's get dinner – you can help lay the table"; pat Gemma's knee as you stand up and she flips. You think she doesn't want to do the chore and suddenly it's yet another battle, the root cause of which neither of you understand.

Is it any wonder parenting traumatised children is so difficult? Often they can't and sometimes they won't. How do you distinguish?

Connecting all this information gave me permission to not know and realise that my children's response had nothing to do with me. It was not personal. It was old stuff outside their conscious awareness. However, it was worth getting curious about.

In school there could be many other triggers such as a sudden noise which could trigger the startled response and a primitive brain response.

I recall a hilarious yet tragic story told by the fabulous mother of a sexually abused girl. After months of explanations, the mother eventually made the very insensitive male teacher sit at a pupil desk and demonstrated with elaborate, dramatic, graphic detail with much hip gyration, why her daughter could not bear his presence next to her desk. His trouser zip at head height caused the ten year old to shriek and flee the classroom. Her unconventional approach resulted in him approaching her daughter from the front, then crouching a safe distance away and gaining eye contact horizontally before talking to her. Result!

Information is power

This data gives scientific reinforcement to the good practice of telling children about their past. All of it! Not just the fluffy stuff; the really grim, disgusting

stuff too. Pretty pictures of smiling people in a life story book do not accurately reflect a child's experience of their early world. Photos of the urine soaked mattress, unwashed clothes, piles of festering rubbish etc will confirm their somatic experience and implicit memories.

Yet another reason for passing all information on to adopters.

As a child grows, it is essential to make sense of their early life and untangle many confusing and often contradictory statements and memories.

How does the idea "your Birth Mum loved you" fit with the child's memory of an angry, dismissive woman who regularly told the child "I wish you hadn't been born"? My next article will examine how such apparently conflicting data can be reframed to form a more coherent narrative for a child.

So what?

One simple application of this knowledge is to ask yourself – which part of the brain is my child using right now? If the child is throwing a wobbly, they are in the primitive survival brain state. Logical, rational discussion won't work. They are overwhelmed by survival chemicals surging through their brain and body.

Calm them, hold them if you can, soothe, keep your voice and breathe low from your stomach (see 'Why don't they hear me', *Adoption Today*, June 2006, for why and how). Use simple calming positive words "you're safe", "it's okay", while you breathe.

You must keep yourself calm so you can teach them to self regulate. Your aim to replicate the good mother/infant bonding behaviour (much of which they missed). Reframe this emotional outburst as an opportunity for brain rewiring and installing the self-regulation software.

To be able to do this you need to manage your own state, be fully resourced. Not exhausted, frazzled and angry. Gosh – yet another reason to practice good self care!

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Her adoption and NLP credentials are on www.helenoakwater.com with previous articles and other useful links.