

Triggers and Dissociation

Triggers are sensory stimuli connected with a person's trauma, and dissociation is an overload response. Even years after the traumatic event or circumstances have ceased, certain sights, sounds, smells, touches, and even tastes can set off, or trigger, a cascade of unwanted memories and feelings. When they do, the survivor might react with an adrenalin-charged fight-flight-or-freeze response or by dissociating. Dissociation separates a person emotionally from the trauma and, sometimes, from the current setting.

Triggers initiate an emotion reflex

Though triggers can be generalized, as in the case of a loud noise, they may involve specific qualities, such as a particular song or the scent of aftershave. These are some common triggers:

A sense of being ignored	Darkness	Odors
Aggressive behavior	Disorder/chaos	Requests to repeat one's story
Angry facial expressions	Impatient authorities	Signs and images
Anniversaries	Lack of choices or options	Small spaces
Bright lights	Long waits for services	Songs
Colors	Lost privileges	Tone of voice
Completing forms	Loud or abrupt noises	
Crowds	Not being believed	

It's not always obvious that traumatic stress has been triggered, and the resulting behavior can be off-putting. Thus, a trauma-sensitive approach makes no assumptions as to why a person might be rude, overly timid, argumentative, evasive, or manipulative. Signs of distress can take a range of forms.

Emotional	Physical	Behavioral	Cognitive
anger/rage	headaches	argumentative	forgetfulness
anxiety	holding breath	cringing, flinching	fragmented recollection
fear	increased respiration	crying	inability to relate history
helplessness	light-headedness	restless	unable to decide
powerlessness	nausea	spaced out, vacant stare	unable to focus/concentrate
sudden sadness	rapid heart rate	startle response	unable to speak/respond
worry	rise in blood pressure	stiffness/tension	
	stomach aches	suspicion	
	sweating	uncooperative	
	trembling	unresponsive	

Dissociation hides the feelings

Dissociation ranges from a conscious decision to postpone dealing with feelings to a complete loss of touch with the present. When something utterly overwhelming happens, some people detach from their emotions in order to function, perhaps even to survive. As a coping mechanism in the short term, this sort of dissociation can help a person carry on, do what needs to be done, get through the event, and even respond effectively to a threat. However, as a habitual response to stress, dissociation creates a wall between an event and its natural psychological consequences. Eventually, and often with the help of food or mood altering substances, people can become mentally detached from their feelings and their bodies. Most of the time, they seem normal, but there can be an unempathetic hardness about them.

In some extreme moments of traumatic stress, a person might suddenly “space out.” Whereas they seemed fully present, talking and participating, they suddenly became vacant, staring into the distance. At such times, they are likely to need help reorienting. It can help to prompt them to breathe slowly, look around the room, notice the feel of the chair or the floor under their feet. They may not recall what was happening or being said when they triggered, and they might need reminding.

Case study

Events	Trauma response
Until Jackie reached middle-school age her alcoholic parents frequently became violent with one another, though not with her. Many Sunday afternoons, Jackie hid in a closet and covered her ears against the shrieks and breaking furniture. However, she stayed close enough to be able to respond the time her mother screamed for her in an effort to jolt her father out of a blackout that had him holding a kitchen knife to her throat. Jackie obeyed and the sight of the terrified child in the doorway made him stop. Her parents divorced a few years later, and though her mother continued drinking heavily, Jackie was spared further drunken brawls.	An overwhelming situation in which the child’s supposed protectors were out of control elicited flight response to hide. And then she froze in the doorway.
She became very good at acting like the other girls at school whose mothers helped them shop for cool shoes and the confident heroines in the books she read incessantly. In high school, she became a cheerleader and was an excellent student. But she couldn’t shake the feeling that she was passing for normal and didn’t truly belong. Other girls could be catty about the shy girl’s need to perform and excel, but Jackie could never come up with a good response. After college, she moved out of state, thinking she’d put the past behind her.	The child learned to detach or dissociate from the her home life when she was with “normal” people. She used accomplishment as her tool for escape. In her case, performing was a way of manipulating approval. She froze when threatened with rejection.
One day Jackie left her apartment door unlocked and slipped downstairs to fetch her laundry from the dryer. In that short	A retraumatizing event awakens the frozen child and initiates a protracted period of terror.

Events

Trauma response

interval, an intruder slipped inside and hid behind her bedroom door. He grabbed her and shoved a pillow case over her head when she returned with the clothes basket. Before her brain could even make sense out of what was happening, the intruder threw her on the bed and yanked off her blue jeans. He growled at her to shut up as she whimpered and struggled to catch her breath. He put his hands around her throat and threatened to kill her if she didn't lie still, which she did. Unable to complete the rape, the intruder tied her bathrobe cord around her hands before he dashed out the door.

Freezing is a more common response to mortal danger than fight-or-flight.

Jackie called the police but declined to go to the emergency room. She couldn't give any sort of description other than a fragmented sense of his size and voice. The officers were kind and encouraged her to call them if she recalled anything more or thought she saw him again, to keep her door locked, and to go see a doctor if she noticed anything unusual. She didn't call her mother, but she phoned her best friend who'd been through a similar experience. Unfortunately, the friend hadn't much to offer but a detached sort of commiseration.

Limbic system conflicts kept Jackie from providing a coherent statement.

She'd learned not to go to her mother for support.

The flat affect of Jackie's friend reflects her own dissociation from a horrifying event.

Jackie moved from that apartment shortly afterward. In the eyes of her friend, she seemed a little dim-witted and became something of a scarey-cat constantly peering down dark alleys when they went clubbing, making a point of locking even the car doors, hesitating to step onto covered porches at night, and avoiding solitude to the point of latching on to one boyfriend after another. She found it easy to maintain a succession of lovers and to hole up with them in the evening, smoking pot. Sex seemed a reasonable trade for safety, and the pot quelled her anxiety and acid stomach.

The world, again, becomes a dark and terrifying place.

Adaptive responses to the fear and anxiety that comes with traumatic stress include withdrawal, losing track of conversations, substance abuse, digestive distress, and sex in exchange for a sense of security. Each response helps the person cope by dissociating or putting aside rising feelings of unease.

Within a couple of years, she married one of those men, though he unfortunately resembled her dismissive father who'd found himself a family he preferred. Oddly enough, the smell of laundry fresh from the dryer made her queasy.

Odors associated with the trauma can trigger traumatic stress.

Fortunately, the bad marriage led to therapy and rehab, all of which entailed considerable grieving for her lost childhood, lost trust, and lost self-reliance. Jackie wanted the pain to end and, better still, came to believe that she had a right to more from life. Hers was a painful but worthwhile process that ultimately led to a strong, equal marriage and the ability to raise children secure in her love.

In order to heal, Jackie had to feel all that she had tried to avoid feeling.

Competent therapy can provide the sense of safety and acceptance needed to do the work.

Resilience can come from accepting and giving love and from deciding that one truly deserves something better.