

# **I Can't Find Myself**

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So insidious, so powerful, the patterns of dissociation or absence last a lifetime in the aftermath of violence, trauma or neglect. The freeze part of the trio of fight, flight and freeze is the survival mechanism when all else fails; it's the only recourse for those too small, or vulnerable, to fight or flee. Like our animal relatives we "play dead" in a last-ditch hope for survival. Those well learned reactions roll in to protect us, but they don't often leave as quickly as they come. I was reminded of that recently by "a minor medical test." I can see now, my departure from myself began even before I arrived at the hospital. Fear, in anticipation, brought out that old standby of dissociation, so deeply entrenched through childhood experience.

The night before, I was already preparing for the invasiveness of a biopsy of the lump growing on my thyroid. I wanted to be sure my bicycle was ready for my trip to the hospital, so I pumped the tires rock hard. I planned my clothes ready to ride on the viciously cold day expected. For I know well that riding is my most effective way to stay present in my body, or to return to it faster, when fear sweeps me away. The next morning I mounted my trusty steed, ready, I thought. But my tire was flat: No! Why now, why today?!

A quick change from my bicycle gear, and I was out again, waiting at the streetcar stop while the Dundas car passed. I wanted the College car. I watched it turn up from Howard Park, trundle towards me, and I finally got on. I was totally mystified when a little later I

caught a glimpse of China Town. That meant I had to be on the Dundas car. How could that be? I was certain this was the College car. But no one else was shouting out, horrified by an unannounced reroute, so it must be me. My senses were already playing tricks in the face of fear – old, new, or both – before I even reached the dreaded site.

Too soon I am seated in the large examination chair, steeled, ready for my test. But there's a simple procedure that I must undergo first. "It will be a little uncomfortable," the young intern tells me. "It will only take a few minutes." I squirm like a kid, trapped in the big chair as she pushes the scope up my nose. It feels unbearable. I must get away. I can't get away, but I push backwards, against the hard seat and firm back of the huge chair behind me. I feel small and helpless.

"She lied," I think, as the young doctor tells me again and again to take a deep breath through my nose and pushes her tool further. I do as I'm told. I endure. I don't yell stop, NO! Nor does my friend watching, bearing witness. We are both frozen in place until the intern quickly removes the probe she has used to stab to the heart of me as old and new fear merged, and tears poured down my face. "Not uncomfortable," I mutter sulkily, thinking of better words for it, hand protectively holding my nose. "It usually is," she says as she leaves without a word of comfort or apology, with no acknowledgement she had even seen my pain, let alone caused it.

It is a moment before I leave the oversize chair and move beside my friend. We chat, but still in shock, I can only pretend to be present. Soon there's a conversation with the

specialist himself, but I have no knowledge of what he says, for I must return to that chair, where I revert to the proportions and confusion of childhood. Then there is more waiting. Eventually my friend drives me home. The biopsy I had expected, had been preparing for, still to be scheduled.

Ready to leave finally, I'm still shaken by this "tiny" procedure, so I am not sorry to be driven home. But with no bike to ride through the biting cold I am shocked to find I don't know how to return home to my adult self. I make soup and salad for my friend and myself. You might have thought I had a body for that, would be present to taste the warm soup, the fresh greens. But I put on a good face, talk about my work, become animated, passionate even, take refuge in my mind, only until my friend leaves. Then I slump in front of a TV show, absent, able to "leave" myself, when she leaves.

Later I try to repair that flat tire. I could understand now how in my night-before anxiety I had pumped the tire extra hard, to be sure everything was ready, and caused a piece of grit to do its work. So I set about fixing it. I've known how to repair a flat for 50 years or more, and fixed a good many over those years, but that night, following my "minor procedure," I failed. The next day I found my tire flat again.

Another repair, another flat. One inner tube blew up as I pumped it, something that had never happened to me before, so I bought a new tube. I couldn't get that tube correctly in place. It bulged right out of the tire, another first. I didn't even notice that problem until I was half way across town. I couldn't seal my bicycle inner tubes any more than I could seal

out my old fear that had seeped to the surface in those few powerless moments in the hospital. Fear had begun to slide me away from myself before I even left home.

All week I relived that body sensation of feeling trapped, trying to escape, unable to say “No! Stop.” Every night I tried again to cover the leak in my bicycle tire: take off the wheel, check for air bubbles in a bowl of water, hold that spot, glue, wait, patch, and put it together, but the air kept leaking out.

It took a day of meditation five days later to return me fully to myself. By then the tire had finally stopped leaking too, and I was able to ride home, thoroughly appreciating the feel of fully inhabiting my own body again. It had been a tough week, yet just the beginning of a very minor medical journey.

I could easily erase this detailed account of those moments, let my feelings of shame about making too much fuss about so slight an incident silence me. Such an insignificant interaction in the “grand scheme of things,” as I found myself saying to a friend—so minor a procedure, so successful an outcome. But it is the shame, the silencing, and the enormous reactions to “tiny” incidents that I want to register here as crucial impacts of trauma, and how those impacts live on, shaping our health, and our care for our bodies. They affect our actions, disintegrate our knowledge, leave us too absent to remember what we know well, or to learn new things, and too puzzled by what exactly happened, or too ashamed to admit to these effects, too ashamed to communicate with ourselves, let alone with others.

Writing about them helped me to make meaning of this cascade of effects. There was mastery regained in finding the words to express the feelings, paint the picture. I was able to see this chain of reactions not as simply foolish, but as richly revealing of the ways dissociation can rob us of competency, of a sense of a full presence in our lives. Writing helped to push the shame aside a little.

So I leave it to stand here, to invite the camaraderie of shared experience, the hope of shifting meaning for others that they, or you, may be less alone. I leave it to stand, even if revealing is a two-edged sword, returning me right inside that experience, raising the hazy spectre of incompetence again. Yet in naming that desire to stay silent, the yearning to hide behind pretense—"I'm fine, no problem"—in that removal of the mask, that fresh naming of my reality, there is again the possibility of shifted, and shared, meaning.

There are so many layers in such hiding that it is almost too hard to find a self to connect with others. Instead of shared meaning, there is too often a swift sharp dismissal. I have met that. "So much fuss about something so slight," listeners suggest. I can't expect to receive trauma-sensitive care in medical settings, because I "present well"—too well—I am told. I wonder, how is a survivor supposed to look? I wonder what it would take to be seen when one is not really there? I am left musing about self-exposure and self-protection, about absence and presence, about avoidance and turning towards, not only for myself, but for those professionals who hope to support health. The impacts of violence, in all their complexities, must be seen and attended to in each health care setting, or we lose too many

possibilities for learning to take care of ourselves and others. We are all lost if we cannot see these struggles, share them, move towards them—towards health.

Jenny Horsman, is a community-based researcher and educator passionate about understanding the ongoing impact of violence on learning, and sharing how educational interactions in any setting can be transformed when everyone acknowledges and addresses this issue.

Check out [jennyhorsman.com](http://jennyhorsman.com) and [learningandviolence.net](http://learningandviolence.net) to learn more.

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