

A cognitive perspective on trauma and memory

[Experience](#), [Memories](#)



The human mind is a complex and marvelous mechanism. Like the operating headquarters of a huge corporation, its functional distinctions are based on information processing based on thought, language, meaning and imagery (Bruning, Schraw & Ronning, 1999).

In order to understand how trauma and cognition are related, we first need to acknowledge the workings of our memory (Bruning, Schraw & Ronning, 1999). Traditionally, theorists have divided memory processes into stages or models of the following: acquisition, storage, and retrieval (Bruning, Schraw & Ronning, 1999). These models came to be known as information processing models that govern the following: sensory, short-term memory and long-term memory (Bruning, Schraw & Ronning, 1999).

The sensory memory refers to the initial perceptual processing that identifies incoming stimuli. The information then passes to short-term memory before it is coded before deciding if it should be translated into long-term memory (Bruning, Schraw & Ronning, 1999). Thus, our cognition process tells us that meaning is constructed and it works hand in hand with our environment: behavior, visual register, and auditory sensors.

Together, we are given a fuller sense of meaning of our actions, thoughts and behavior. In the case of trauma, be it physical or psychological, our body is subjected to a form of shock, harm and hurt that leaves a lifelong effect which creates an unstableness of our perception and thoughts of life when factors in the environment reminds our memory of the trauma (Bruning, Schraw & Ronning, 1999). This paper will discuss the subject of cognition in relation to trauma and memory.

When we recall a bad episode it means the cognitive department of our brain has translated meaning from our surroundings. Our five sensors would have been involved in the incident (accident, abuse, etc) sending messages to our brain that the thought is unpleasant. This construction of meaning depends on three things in the act of our cognition: the nature of the stimuli, (2) our background knowledge, and (3) the context in which we encounter the stimuli (Marr, 1982, 1985).

For instance, visual perception cannot occur if nothing is seen, likewise with our other sensors. When someone has undergone trauma, a pattern recognition occurs in which the person's mind recognizes and stores the episode in his memory. Repeated series of trauma can be looked upon as someone being consistently hammered in the head influencing the mind to create side effects physiologically, mildly known as stress but if chronic, we know it as post-traumatic disorders.

Post-traumatic disorders can be damaging as it prevents the person from normal daily functions. In this situation, the functional processes we discussed earlier have been disrupted into a form of mutation where the body sends offending signals throughout the entire body weakening the entire human system. Once weakened, the person becomes subject to illnesses such as cancers, mental disorders such as manic depression and suicidal, through to even death (Bruning, Schraw & Ronning, 1999).

The mind, it is believed, is powerful enough to control the entire human body operated by its mental functions and processes. Thus, trauma, especially in children, cannot be easily dismissed as an episode that can be swept aside.

As Freud theorized, the human is like a storage warehouse. Everything that has been experienced are recorded and kept in the warehouse. These chunks of memories leak subconsciously throughout out life from subtle to severe activities such as dreams (or nightmares), Freudian slips, hysteria and flashbacks (Bruning, Schraw & Ronning, 1999).