



Case Study: Trauma, Implicit Memory, and Suicide Risk

(©Copyright 2001 K.D.Lehman MD, New 2001, Revised 12/21/2024)

My experience with suicidal ideation is a good example of how triggered implicit memory from underlying trauma can be both invisible and *very* costly. And this case study is also an example of how healing trauma can provide increasingly profound benefits as one persists with a lifestyle of ongoing healing.

Implicit memory packages from several key traumatic events tremendously increased the stress and pain of my entire academic career, and also the first ten years of my psychiatric practice. One of these implicit memory packages came from a near drowning experience when I was about eight years old. I was wading in a river on the edge of a fishing hole. There was a strong channel current through the middle of the fishing hole, and just as I realized that I should turn around because I was getting in too deep, the current pulled me into the deeper water. I almost drowned, and the panic in the middle of this memory is still dissociated (I'm working on it). Since that experience, whenever I am in a situation that feels like more than I can handle, I start to have the thoughts from this eight year old memory: "I'm going to get sucked in over my head and drown," with the accompanying emotions of helplessness, feeling overwhelmed, and intense anxiety.

I can see now that one of the tools I use to cope with the negative beliefs and emotions from this near-drowning memory was to be over-prepared for everything. In school, for example, I could feel safe and in control if I was sure I knew everything – the opposite of "over my head" and drowning. Unfortunately, the toxic content from this drowning memory would still get triggered if I had anything less than complete mastery. The only time I really felt good about a test was when I could walk into the room knowing that I could answer any question on the subject, and this was extremely hard to do. I studied like crazy, but still felt anxious most of the time. I would routinely go into tests feeling anxious and unprepared, but then get the highest score in the class. The final exam for my cellular biology class in college provides an especially good example of my irrational thoughts and emotions regarding test preparation. By the night before the exam, I knew the class notes pretty well but there was still a lot of material in the text book that I had not mastered. I remember being seriously afraid that I would fail the exam – I was so anxious that I could not get to sleep until two or three o'clock in the morning. And after this excruciating anxiety that kept me up half the night, I ended up scoring 102% (there was an extra credit question).

Triggered thoughts and emotions from this near-drowning incident also made the actual process of taking tests much more stressful. The worst experience I can remember is a pathology exam in medical school that triggered a full blown panic attack. In the middle of the exam I noticed that half of the four-hour exam period had elapsed, but that I had only completed a quarter of the essay topics on the exam. I immediately felt intense anxiety – not proportional to the realistic fear that I might get a 50% or 60% on this exam, causing me to get a "B" in the course, but rather panic that one would expect in a life-threatening situation. I started to hyperventilate, my heart was pounding, I was sweating and shaking all over, I felt dizzy and nauseated, and I could feel

my urinary sphincter starting to spasm. I remember thinking, “If I don’t get this under control in the next thirty seconds, I am going to vomit on my desk, pee my pants, and then faint and fall on the floor.”¹ Needless to say, this kind of experience only reinforced my fear that something terrible would happen if I was not over-prepared and in control.

In addition to the toxic content from this near-drowning trauma, I also collected several very expensive lies from other aspects of my childhood. From being a white, middle-class American in a radical-discipleship church in the 1960's, I got “All of the problems in the world are my fault, and therefore my responsibility to fix.” From other childhood memories, I got “Nobody (including God) is going to help me if I get stuck” and “Nobody (including God) is going to protect me from those who want to hurt me.”

These lies exacerbated each other in a way that made my medical training especially horrible. I felt like it was ultimately my responsibility to care for my patients, and that it would be ultimately my fault if anything went wrong. I felt that at any time I could be confronted with a patient-care situation that would be “over my head.” And I felt like the Lord wouldn’t help me, guide me, or protect me if I got into patient-care situations that I couldn’t handle.

My usual primary defense was disabled, since there was no possible way to feel adequately prepared, let alone over-prepared. This was especially true with medical school clinical rotations – every three months I would get transferred to a new service, where I felt like I didn’t know anything. I would scramble desperately to get back in control, and just when I was starting to feel half-way comfortable, I would go to a different service. I always felt like something could happen at any moment that I wouldn’t be able to handle (a seizure, heart attack, or other crisis that I wouldn’t be able to handle correctly), so I felt like I was one step away from being swept in over my head all day every day. I felt relief for about 30 minutes immediately after leaving the hospital each night, but then I would start dreading the next day and/or worrying about all of the unresolved situations with my patients.

Part of the craziness of my triggered reactions was that I was just a medical student. I might get a poor grade if I did not know what to do, but the residents were the ones actually responsible for immediate patient-care decisions. Unfortunately, this really important detail did not seem to prevent the toxic content from my traumatic memories from constantly getting triggered forward and feeling true in the present.

My psychiatric residency program was even worse. The night-call situation was especially stressful – it seemed to have been designed to trigger my negative thoughts and emotions as intensely as possible. The resident on call was responsible for any problems that arose on any of the three psychiatric units at the University hospital, and also for any problems on either of the two units at the VA hospital. In addition to this, we had to deal with any psychiatric emergencies in both the University hospital and VA hospital emergency rooms. This situation was incredibly effective in triggering the toxic content carried in my near-drowning memory. When several

¹“But what happened?” you may be asking. I somehow got my panicking nervous system under control and finished the exam. I only completed two-thirds of the questions, which should have gotten me a score of only 65% (a D-), even if I answered correctly for every single question that I actually completed. But it turned out that this test was graded on a curve, and my 65% was one of the highest scores in the class. (Nobody liked that exam very much.)

problems would arise at once, I would not just feel stressed as an adult, but would get at least partially triggered into a child ego state on the edge of panic. I would feel like I was on the edge of the fishing hole, about to be “sucked in over my head and drown.” Even when things were quiet, I knew that it would only take a minute to get calls from both emergency rooms and a couple of the psychiatric units. I felt like I was on the edge of something terrible happening every minute I was awake while on call, and I was just about as tense even during the occasional hour I would sleep. When I got called, I would be wide awake, sitting up, feet on the floor, and with the phone in my hand before the second ring. I was so tense when sleeping that I felt like you could have punched me in the stomach and it wouldn’t have hurt me. I felt a lot like what my combat vets described about being in the jungle – feeling like they could die at any moment (which is exactly the lie I was believing internally). The result is that for the one to two call nights every week, I would spend the entire night with little sleep and constant intense anxiety while awake.

And here’s more craziness with respect to my triggered reactions – the reality was that I had unlimited back-up if I needed it. If too many patients came into the ER, I could call for more help. And I knew this was true because I had tested it. On one particularly horrible call night, things just kept getting more and more intense. I called both my medical students. Then I called the third year “back-up” resident. Then I called the senior resident. Finally, we called the back-up staff physician. And we could have called the program director and the rest of the residency faculty if we had needed to. Furthermore, if I didn’t know how to deal with a medical problem on one of the psych units, I could call the internal medicine team.

The reality was that it was *not* ultimately my responsibility to take care of my patients (and the whole world) – it was my responsibility to do my best, and God’s responsibility to take care of the rest. The reality was that the Lord was with me, guiding me and protecting me every day (I have many amazing stories). The safety-net of others that I could call was there – I had actually used it -- I fell and it caught me. But even though it provided real protection for me and my patients, it did not help my chronic anxiety because *I could not hold onto the truth* that it was there and that it would catch me. My trauma-anchored lies made it impossible for me to “use” this truth experientially. I “knew” all of this in my head, but emotionally I still felt that everything was my responsibility, that it would be my fault if anything went wrong, that I could be overwhelmed at any moment, and that nobody would help me if I got stuck/in trouble. My thoughts and emotions were often coming from the underlying traumatic memories, instead of from what was actually true in the present.

One of the most amazing pieces of this whole picture is that this triggered content could be so huge, but at the same time so invisible – it’s hard to find words to describe how “invisible” the implicit memory content was, and how valid and reasonable my perspective on the world seemed to me at the time.² Most of the time it just seemed totally reasonable that anybody in my situation would be equally stressed – “Somebody’s gonna die if I make a mistake;” “Of course I’m feeling overwhelmed, I’m responsible for psychiatric care for the entire medical center!” During these

²Part of why triggered thoughts and emotions feel so valid, reasonable, and real because they are coming from a memory where they actually *were* totally valid, reasonable, and real (accurate realization and feeling that I was overwhelmed and helpless as I was drowning), or they are coming from trauma-anchored lies that we totally believe are true (“God is not with me and will not protect me, so I am going to die”). And this profound feeling of subjective validity and reality comes forward as a part of the triggered implicit memory package.

years of medical school and residency, I never realized that my perceptions were distorted.

Occasionally I could see clues that something didn't fit. For example, I noticed that others weren't as crazy stressed as I was. Mostly I figured they just weren't as conscientious, careful, responsible, etc., but sometimes this didn't quite fit. Some of the other doctors were incredibly competent, careful, and responsible – they did their jobs very much like I did mine as far as any observable results were concerned – but they just didn't stress out about everything and they didn't seem to worry all the time. The test-taking thing also made me wonder if something were the matter with me, but I couldn't see or sense the faintest clue regarding what the problem might be. So I would usually eventually decide, "I guess this is just the way I am. I guess I'll just have to live with it."

I had used the expression "I'll get sucked in over my head and drown" for most of my life, but had always thought it was just a figure of speech. I had NO awareness that my intense anxiety was often coming from the near drowning memory. I had always remembered the autobiographical story aspect of the event, and I can remember thinking, "Isn't it strange how I was so unaffected by such a scary near-death experience – isn't it strange how calm I was within seconds of being rescued by the guy with the boat." But I had NO awareness that "I'm going to get sucked in over my head and drown," along with its associated panic, had been cut out of the middle of the memory, and that I was carrying this toxic trauma content as dissociated implicit memory. In fact, I had no awareness that the near-drowning memory was affecting me in any way at all until I was forty years old.

In the summer of 2000, one of my patients was in crisis, and the whole situation was making me incredibly anxious. I was experiencing intense anxiety/mild panic one morning thirty minutes before this person came for an appointment, and somehow my emotional reaction was exaggerated enough that I realized I was being triggered. I asked Charlotte to pray with me, and we asked the Lord to lead me to the source and origin of my panic. Within seconds I was thinking about this near drowning memory, but it seemed so unimportant that I almost didn't mention it.³ The light bulb finally came on as I was trying to explain, "I know this is the image that's coming to me, but I don't think it's important. It can't be the source of my panic because it doesn't feel upsetting at all. In fact, when I think about this memory, I don't feel anything."

Pause. Silence. "Did I just say what I think I just said?"

In summary, triggered toxic content from these underlying traumatic memories made my medical training and psychiatric practice much, much more stressful and painful than it needed to be, and the underlying trauma source was completely invisible because the triggered content just felt so true and valid in the present.⁴

³Yes, I was having that common healing-session experience of not being able to feel the importance or recognize the meaning of mental content: "I am having a thought, but it doesn't feel connected or relevant or important in any way. This is so unimportant that I don't think it's even worth mentioning. I'll just wait until something more important comes to me." For additional discussion of this phenomenon, see chapters sixteen and seventeen in the *The Immanuel Approach: For Emotional Healing and for Life*.

⁴An inherent aspect of triggered implicit memory is that it feels so true and valid in the present that you don't realize it's actually coming from underlying trauma. For additional discussion of this

The pain of the stress and dread every day, and of the sleep-deprived near-panic nights on call, got so bad during my residency that I began to think about suicide. Since I didn't have any insight regarding how triggered trauma content was making things much worse than they needed to be, I thought this was just the way residency was. I was certain that it would feel this bad for at least my whole four years of residency, and on bad days I was afraid I might experience similar stress and dread and pain for my entire medical career. (Not to worry – only forty more years.) The thought of living with this kind of stress and dread and pain for even four years seemed unbearable. As my first year progressed I lived with dread all day every day. I could not imagine any way that I could survive to the other end – it seemed impossible, infinite, and hopeless. I thought seriously about suicide every day for six months. Every morning as I walked past the bank on the way to the hospital, I would think “I have three options: I can take all my money out of the bank and go to Mexico (I might live for five years before my money ran out?), I can commit suicide, or I can go to work.” I remember thinking about different patients who had survived suicide attempts because the medication they took made them sick and they threw it up before it could kill them. I remember thinking about which medications I could use to make suicide painless and also make sure that I didn't survive. Being a physician with easy access to all of the medications in question, the details would be simple.

I spent many hours seriously considering the pros and cons of suicide. I knew that killing myself would be devastating for my friends and family, but on the bad days the dread and the hopelessness seemed bigger than even this reason to not commit suicide.

I didn't want to tell anyone about how miserable and suicidal I was for fear that they would hospitalize me involuntarily. And the reason I was afraid of being hospitalized involuntarily was that I knew I was more dangerously suicidal than many of the patients I had committed for involuntary psychiatric care. I remember being on call one night and realizing that I was much more suicidal than the patient I was in the process of admitting to the inpatient psychiatric unit for suicidal risk. I can remember thinking about what would happen if I told someone how bad things were and they tried to have me committed – what I would say, whether I could talk my way out of the situation or whether security officers would escort me to the psych ward and lock me up against my wishes. My honest assessment was that getting hospitalized would just make the situation worse. I would come out of the hospital after a couple weeks, and all the stressors would be the same or worse. There was no slack in our residency program. Everybody else was miserable, and there was no one to provide relief as far as I could see. (At least half the residents in our program were on antidepressants.) Furthermore, I feared that psychiatric hospitalization could seriously damage my career. Every form you fill out for a medical license or position asks “Have you ever been hospitalized for psychiatric care?” I can't remember the details now, but I was under the impression that there could be lifetime restrictions of medical privileges depending on what kind of psychiatric care was required. I was also afraid that I might be dropped from the residency program.

This may seem silly compared to the alternative of suicide, but I felt like I couldn't face the shame of simply dropping out of my medicine. I felt like I couldn't survive the shame of facing all of my family, friends, and colleagues who thought of me as the golden boy, the national merit scholar, the straight “A” student, the vice president of the medical honors society, etc. I felt like it

really important aspect of triggered implicit memory, see chapters two through four in *Outsmarting Yourself*.

would be saying to the whole world “I am a failure, a weakling, and a coward. I couldn’t do it.” I felt like I would rather die than admit to the whole world that I was a failure, a weakling, and a coward. I can now see sinful pride, and also that I was being triggered back to failure and humiliation wounds and lies from my grade school playground, but at the time it just seemed like a reasonable position.

I had read a story about a near death experience written by someone who had attempted suicide. He described “waking up” in a “room” with all of the problems and pain that he had attempted suicide to escape from. An angel at the door said “You can’t go anywhere or do anything else until you deal with everything you are trying to run from.” His conclusion was “No matter how bad things are, suicide will only make it worse. In this life, you can at least take a break. If you want to be locked in a room with all the pain and problems in your life, commit suicide.” On the worst days, this story was the biggest reason I did not kill myself. I can’t honestly say that I wouldn’t have committed suicide if I had thought I could “get away with it.”

Somehow, with God’s grace and protection, I hung on and survived one day at a time.

The stress and pain were much less intense once I finished medical school and residency, but this same triggered toxic content from the underlying trauma continued to increase the impact of stressful events in my psychiatric practice. All of the same amplification dynamics were still present, but they just weren’t as bad because the triggers weren’t as constant or as intense. For example, every time our office phone would ring, I would have the thought, “What if it’s something I can’t handle?” and I would experience a brief flash of anxiety. This wasn’t as bad as being on call at the medical center, but it certainly made every day much more stressful than it needed to be.

As all of this became clear, I realized that for most of my life the first thing I had been aware of each morning was an anxious dread that something would happen that day that I wouldn’t be able to handle. Just realizing the true source of this anxiety and dread helped some – I would see it immediately for what it really was, and then talk to the Lord about the triggered thoughts, anxiety, and dread. And the whole packaged has steadily decreased as I have steadily worked away at the underlying trauma.

Again, this case study is a sobering example of how expensive triggered traumatic content can be. But *the good news* is that if much of the stress and pain in our lives comes from triggers, *then we can dramatically reduce the stress and pain in our lives by resolving the underlying trauma*. This has certainly been true in my own experience. Every time I have resolve a significant piece of trauma, some aspect of my life has gotten less stressful, less painful, and more joyful. During the first forty-five years of my life, even during times when I wasn’t thinking about suicide, I had often wished that I could just die in my sleep to escape this difficult and miserable world. But now (2024) I am actually glad to be alive, and I would be disappointed if the Lord “took me in my sleep.” Now I enjoy my life, and I am excited about the work the Lord has given me to do.