Trauma and the Body

Katie Dine Young, Psy.D Fall 2016

"Within the window of tolerance, we can stay present, grounded, oriented in space and time, and able to think, feel and communicate."

Window of Tolerance

Everybody has a range of physiological arousal that allows them to function effectively in day-to-day life.
Everyone's window is sized differently, based on their history and genetics. Trauma survivors often have narrow windows because of the frequency or time spent

in flight, fight, or freeze responses. Survivors are often hyper-aroused (panic, muscle tension, racing thoughts) or hypoaroused (numbed, dissociated, shut down). They have not spent a lot of time in their window and in fact often don't know how it feels to be



relaxed or have the ability to regulate when triggered. Fortunately, the plasticity of our brains makes it possible to expand the window of tolerance when we experience compassion from others and we learn to self-soothe (ICMHHR, 2013).

Contents

Window of Tolerance	2
Survival States & 3 Brains	3
S.I.F.T.	4
Implicit Memory	5
Neuroplasticity	6
Learning More	7
Katie Dine Young	8

For a different look at the window of tolerance see Elizabeth Dennison's The Window of Presence at www.clearingtrauma.com



The Window of Affect Tolerance

Panic attacks, Anxiety, Heart Racing, Anger, Jittery, Distracted, Racing Thoughts

Sympathetic Hyperarousal: Too much arousal to integrate

R
O
Window of Affect Tolerance:

Moderate, regulated arousal
In our Window of Tolerance we are self regulated or Integrated Dan Siegel (Siegel, 2001)
We are able to Play, Learn and Problem Solve. We can tolerate, think and feel.

Survival State of Flight/Fight

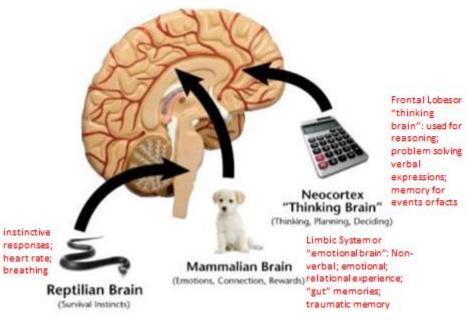
Parasympathetic Hypoarousal: Too little arousal to integrate

Hypoarousal is the survival state of Submit, Shut down and Play Dead. Clients report dissociation, numbness, the inability to say no, anhedonia, feeling shame, Disconnection from others, etc

Mammals move In and out of survival states when scared, overwhelmed, neglected, etc



The Three Brains



Laurel Mellin Wired for Joy, 2010

Finding the Unresolved Emotional Memory

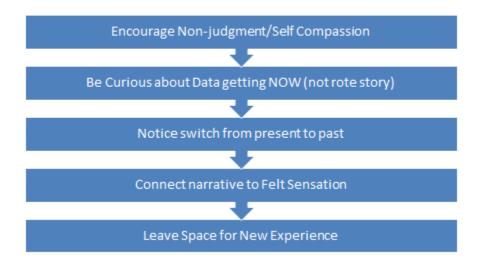
- S- sensations
- I- images
- F- feelings
- T- thoughts



- MINDFU

Siegel, D. (2010). The Mindful Therapist

Playing with SIFT



Implicit Memory

<u>Implicit Memories Are</u> <u>Triggered Body Memories</u>

Memory can be divided into two large categories: explicit and implicit. Explicit memory is what most people are familiar with—the narrative stories, details, and facts of our lives. However overwhelming experiences are stored as implicit memory. Implicit memories are unconscious and are triggered by reminders of the event. We can control retrieval of explicit memory but not implicit. Implicit memories are not words but rather felt memories, body

sensations, intense reactions, and emotions. This is a vital concept that can help shape treatment as clients come to understand experiences that are otherwise confusing to them.



"The heart has reasons of which reason knows nothing." Blaise Pascal

Self Compassion

<u>Self-Compassion Helps</u> <u>Us Soothe Ourselves</u>

Trauma survivors are often tempted to see their symptoms as weak, irrational or even twisted, and they have trouble forgiving themselves. Trauma treatment should help survivors develop a basic sense of compassion for their condition. Selfcompassion is composed of three qualities: selfkindness, a sense of common humanity, and mindfulness. Selfcompassion can help if we are triggered by creating a

sense of connection to others. It "turns off" the survival responses of flight, fight, and freeze (how we feel when we are under threat or unloved) and "turns on" the self-soothing system (how we feel when we are safe and loved) (Gilbert & Irons, 2005)



"In shorthand, neural plasticity means rewiring the brain."

The Importance of Neuroplasticity

Our brains are malleable. As people's behaviors change, their brains follow along. While is it scary how brain functioning can be disturbed by traumatic events, it is also encouraging for survivors to realize that through new, adaptive responses, their brains can be rewired. "Neuroplasticity refers to the ability of neurons to forge new connections ... even form new roles. In shorthand, neural plasticity means rewiring of the brain" (Schwartz & Begley, 2002).

Survivors are Burdened by Symptoms

When our bodies experience the shock of trauma, our nervous systems react in variable ways to help us survive. For example, the survival skill of "flight" can appear as anxiety, avoidance and attentional issues. The survival skill of "freeze" can appear as depression, dissociation and physical symptoms like

chronic pain. The survival skill of "fight" can appear as anger, irritability and paranoia. Therefore, conditions that are traumabased can be given many other diagnoses. When I explain to my clients that it is typical for survivors of abuse to experience an array of symptoms and medical conditions, they are

often surprised. As they learn that their symptoms are based on survival responses that make a lot of sense (for example, social anxiety helps people be vigilant of strangers, or drug addiction soothes the terror of flashbacks), my clients begin to feel "less crazy" and more hopeful about healing.

Dissociation is Adaptive

Dissociation Is Adaptive

The ability to disconnect from an overwhelming event is hardwired survival skill. Often survivors are unsure of why they find themselves "blanking" out. Explaining the necessity of removing ourselves from intensity can be helpful. Clients can begin to notice how they use this

survival skill when they are feeling overwhelmed.

Describing the spectrum of dissociation to clients is also reassuring to clients because everyone utilizes dissociation to some extent, from the experience of "flow" to "daydreaming" to "highway hypnosis" (Fisher, 2001). Normalizing dissociation helps trauma

survivors notice their own personal triggers and needs for safety.

Learning More

References:

Ecker, B., Ticic, R., & Hulley, L. (2012). Unlocking the Emotional Brain.

Fisher, J. (2001, May). Dissociative Phenomena in the Everyday Lives of Trauma Survivors. Paper presented at the Boston University Medical School Psychological Trauma Conference, Boston, MA.

Fischer, J. (Webinars Level 1-4). See janinafisher.com

Gilbert, P. & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.) Compassion: Conceptualisations, Research and Use in Psychotherapy (pp. 263-325).

International Center for Mental Health and Human Rights. (2013, February 16). Acute crisis and trauma prevention: Strategies for self-regulation. [Web log post]. Retrieved from www.icmhhr.org/ssr.pdf.

Mellin, L. (2010). Wired for Joy.

Ogden, P., Minton, K. & Pain, C. (2006). Trauma & the Body: A Sensorimotor Approach to Psychotherapy.

Panksepp, J. (2012). Archeology of the Mind.

Schwartz, J.M. & Begley, S. (2002). The Mind and the Brain: Neuroplasticity and the Power of Mental Force.

Siegel, D. (2010). The Mindful Therapist.

Siegel, D. (2010). Mindsight.

Van der Kolk, B. (2014) The Body Keeps the Score.

Additional information:

About Internal Family Systems www.selfleadership.org

About Sensorimotor Psychotherapy www.sensorimotorpsychotherapy.org

About Janina Fisher---more info on her webinars, flipchart and articles www.ianinafisher.com

Robin Shapiro's Trauma Blog http://traumatherapy.typepad.com

About Brainspotting http://brainspotting.pro

To Purchase Biolateral Music http://bilateral.com/products.htm

Guided Imagery---Bellaruth Naperstek www.healthjourneys.com



2325 LIME KILN LN, STE A LOUISVILLE, KY 40222 P 502.438.0506

On the Web!

See us at: www.drkatiedineyoung.com