

THE WISDOM OF TRAUMA

COMPANION
BOOKLET

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1. TRAUMA DEFINITIONS

Trauma is a psychic wound that hardens you psychologically that then interferes with your ability to grow and develop. It pains you and now you're acting out of pain. It induces fear and now you're acting out of fear. Trauma is not what happens to you, it's what happens inside you as a result of what happened to you. Trauma is that scarring that makes you less flexible, more rigid, less feeling and more defended.

— Gabor Maté



Trauma is an inability to inhabit one's body without being possessed by its defenses and the emotional numbing that shuts down all experience, including pleasure and satisfaction.

— Bessel van der Kolk


Trauma can be anything that happens too much, too fast, too soon, too long coupled with not enough of what should have happened that was resourcing

— Resmaa Menakem

2. TRAUMA SYMPTOMS

When trauma is triggered, we may regress into primal states of fear, aggression or we may become paralyzed and not be able to assess the level of threat. Below are examples of the way trauma symptoms can look like. (*)

- Hyper-arousal: Increased heart rate, rapid or difficulty breathing, cold sweats, tingling, muscular tension.
- Constriction in body and narrowing of perceptions.
- Disassociation or Denial
- Feelings of helplessness, immobility and freezing
- Hyper vigilance
- Intrusive imagery or flashbacks
- Extreme sensitivity to light and sound
- Hyperactivity
- Exaggerated emotional and startle responses
- Nightmares and night terrors
- Abrupt mood swings: Rage reactions or temper tantrums, frequent anger or crying
- Shame and lack of self-worth
- Reduced ability to deal with stress
- Difficulty sleeping
- Panic attacks, anxiety and phobias
- Mental blankness or spaced-out feelings
- Avoidance behavior: Avoiding places, moments, activities, memories or people
- Attraction to dangerous situations
- Addictive behaviors: Overeating, drinking, smoking, drugs, etc.
- Exaggerated or diminished sexual activity
- Amnesia or forgetfulness



When trauma occurs, “our automatic danger signals are disturbed and we become hyper- or hypoactive; aroused or numbed out.

— Bessel van der Kolk




- Inability to love, nurture or bond with other individuals
- Fear of dying or having a shortened life
- Self-mutilation
- Loss of sustaining beliefs (Spiritual, religious, interpersonal)
- Excessive shyness
- Diminished emotional responses
- Inability to make commitments
- Chronic Fatigue or very low physical energy
- Immune system problems
- Psychosomatic illnesses: headaches, migraines, neck and back problems, chronic pain, asthma, skin disorders, digestive problems
- Depression and feelings of impending doom
- Feelings of detachment, alienation and isolation (living dead syndrome)
- Reduced ability to formulate plans
- Re-enactment of the trauma

3. TYPES OF TRAUMA

SHOCK TRAUMA (PTSD) results from feeling overwhelmed usually by just one event. The event is usually sudden and unexpected with a distinct beginning and end, and it usually is over relatively quickly. It abruptly interrupts the flow of life and you feel frozen in the event. As a result, you feel as though your world has suddenly fallen apart or shattered.

Many kinds of events can lead to shock trauma. These include: falls, accident, assault, suffocation, acts of war, near drowning, natural disaster, invasive medical procedure.

Shock trauma can occur in children and adults who witness or experience these events. An intense shock



trauma or a series of shock traumas have the potential, however, of becoming developmental traumas in children.

While emotional trauma is a normal response to a disturbing event, it becomes PTSD when your nervous system gets “stuck” and you remain in psychological shock, unable to make sense of what happened or process your emotions.

DEVELOPMENTAL TRAUMA results from events that are so overwhelming to a child that her nervous system cannot mature in an age-appropriate manner. The disruption in her nervous system is often great enough to cause long-lasting changes and delays in her physical maturation, behavior and her capacity to think, handle emotions and to socialize with others. If the abuse is severe and depending on the age of the child at the time of the abuse, the child’s brain structure may be physically damaged.

Some childhood experiences that can lead to developmental trauma include: neglect, prenatal or perinatal trauma, loss of a significant person during the early childhood years, physical, sexual or emotional abuse.

The abuse, neglect or loss impairs how a child bonds or attaches to her caretaker and this may affect the child in two significant ways. A child is born wanting to be seen and understood by her caretaker. If this does not happen when the child is young, she may give up all attempts to reach out to others. She collapses inwardly, becomes emotionally numb or dissociated.

Second, a child’s nervous system, up until the age of two, does not have capacity to self soothe. She must rely on a caretaker to guide her to a calmer state. If the caretaker is unable to do so because she is too dysregulated and she is frequently angry, anxious or depressed, then the child’s brain may not develop properly. As a result, the child grows up with a decreased capacity to control her emotions and behaviors. To cope, the adult may either avoid situations, which provoke strong emotions or act them out impulsively. This can lead to social isolation or frequent conflicts with other. In conclusion, if the child cannot trust that the caretaker will be there consistently; be there at all; or without causing intense fear, the child will find ways to adapt to the abusive or neglectful behavior that can seriously impair her ability to function as an adult. [Maggie Kerrigan]

TRANSGENERATIONAL TRAUMA refers to trauma that passes through generations. The idea is that not only can someone experience trauma, they can then pass the symptoms and behaviors of trauma survival on to their children, who then might further pass these along the family line. Scientists have found that mothers who have suffered childhood trauma can pass this memory down to an unborn baby — scans showed altered brain circuitry in young children.

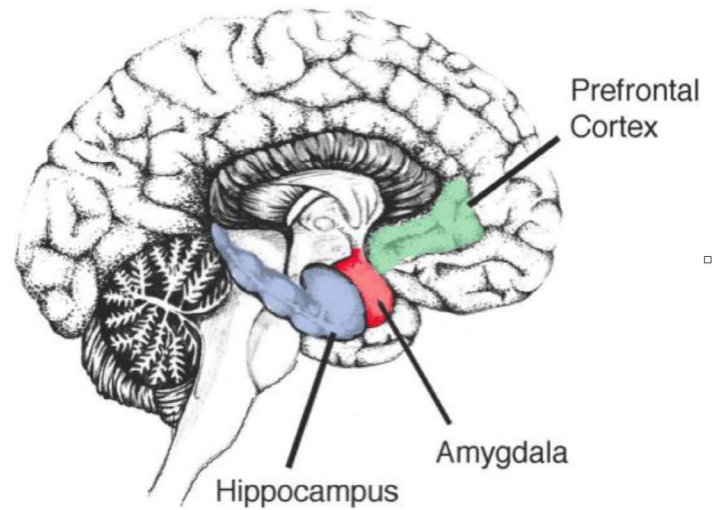
4. ACE QUIZ

The CDC-Kaiser Permanente's Adverse Childhood Experiences Study (ACE Study) links 10 types of childhood trauma with the adult onset of chronic disease, mental illness, and violence.

The 10 ACEs are: physical, sexual, emotional abuse; physical, emotional neglect; living with a family member who's addicted to alcohol or other drugs, is depressed, has other mental illness or who's imprisoned; witnessing a mother's abuse; divorce or separation.

For people who have four types of childhood adversity — an ACE score of 4 — alcoholism risk increases 700 percent; attempted suicide increases 1200 percent. Heart disease and cancer nearly double. People with high ACE scores have more marriages, more broken bones, more depression, more prescription drug use, more obesity.

FIND YOUR ACE SCORE HERE



5. HOW TRAUMA AFFECTS THE BRAIN/NERVOUS SYSTEM (**)

Many researchers have demonstrated that trauma has the power to alter the central nervous system. It impacts how we process memory and leaves us highly reactive to any stimuli that might mimic the original experience.

The way trauma influences brain development will be different for each person. The following regions of the brain are the most likely to change following a traumatic event.

The **amygdala** is designed to detect and react to people, places, and things in the environment that could be dangerous. This is important for safety and survival. After trauma, the amygdala can become even more highly attuned to potential threats in the environment, leading a trauma victim to closely monitor their surroundings to make sure they are safe and have strong emotional reactions to people, places, or things that might be threatening or that remind them of the trauma. This heightened attention to potential threats in the environment can make it hard to pay attention, go to new places, or interact with new people.

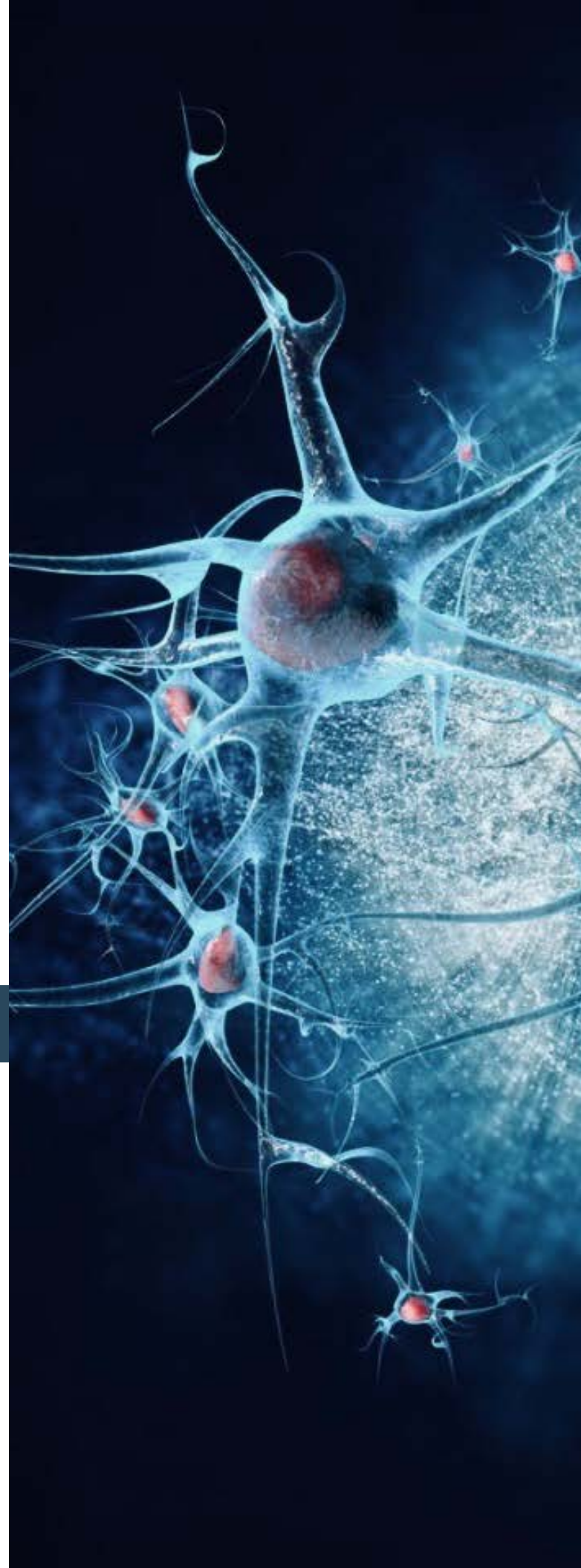


The **medial prefrontal cortex** (mPFC) helps to control the activity of the amygdala and is involved in learning that previously threatening people or places are now safe. Connections between the mPFC and amygdala are sometimes not as strong in people who have experienced trauma. As a result, the mPFC is not as effective at reducing amygdala reactivity to people, places, and things that are in fact safe and no longer predict danger. This can lead to persistent elevations in fear and anxiety about cues that remind people of the trauma they experienced.

The **hippocampus** is involved in learning and memory. Impairments in learning and memory have been seen in people who have experienced trauma. This suggests that trauma may affect how the hippocampus develops. Trauma likely impacts a variety of types of learning and memory, such as the ability to learn and remember information about the surrounding environment. As a result, people who experience trauma may not be able to retain information about how to tell if one situation is safe and another is dangerous, leading them to experience harmless situations as scary. For example, a person who has experienced trauma may have difficulty distinguishing between activities that are dangerous (e.g., walking down a dark alley) and safe (e.g., walking around a dark corner at home).

Critically, these changes in the brain are not permanent.

The brain is remarkably plastic, meaning that it changes in response to social and environmental experiences. This enables us to learn, form relationships with people, and develop new skills. Changes in the brain that happen after trauma can improve over time. This is particularly likely to happen when people experience safe, stable, and supportive environments after trauma.



A photograph of a person walking on a stone labyrinth on a beach. The labyrinth is constructed from smooth, light-colored stones arranged in a complex, winding pattern on the sand. The person, wearing a striped shirt and dark pants, is walking through the labyrinth. In the background, the ocean waves are breaking against a rocky cliff. The sky is overcast.

6. HEALING MODALITIES:

Below is a list of trauma-healing modalities. Many can be used by themselves or in conjunction with therapy. Body-based approaches are considered more effective than cognitive therapy. They do not focus on the past, but on present experience. They tap into trapped trauma energy and help process and integrate it. Our nervous system becomes better regulated and we no longer are not at the mercy of old reactive patterns. In many modalities, titration is an important concept: only go so far as the bodymind can integrate, so as not to trigger re-traumatization.

- **Somatic Experiencing**—for shock trauma and PTSD. The Somatic Experiencing® method is a body-oriented approach to the healing of trauma and other stress disorders. It is the life's work of Dr. Peter A. Levine, resulting from his multidisciplinary study of stress physiology, psychology, ethology, biology, neuroscience, indigenous healing practices, and medical biophysics, together with over 45 years of successful clinical application. The SE™ approach releases traumatic shock, which is key to transforming PTSD and the wounds of emotional and early developmental attachment trauma.
- **NeuroAffective Relational Model (NARM)**—for attachment, relational and developmental trauma. NARM is a cutting-edge model for addressing attachment, relational and developmental trauma, by working with the attachment patterns that cause life-long psychobiological symptoms and interpersonal difficulties. These early, unconscious patterns of disconnection deeply affect our identity, emotions, physiology, behavior and relationships. Learning how to work simultaneously with these diverse elements is a radical shift that has profound clinical implications for healing complex trauma.
- **Eye Movement Desensitization and Reprocessing (EMDR)**. A structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories.

- **Compassionate Inquiry.** Compassionate Inquiry® is a psychotherapeutic approach developed by Dr. Gabor Maté that reveals what lies beneath the appearance we present to the world. Client and therapist unveil the level of consciousness, mental climate, hidden assumptions, implicit memories and body states that form the real message that words both express and conceal. Through Compassionate Inquiry, the client can recognize the unconscious dynamics that run their lives and how to liberate themselves from them.

- **Emotional Freedom Technique (EFT tapping).** Emotional freedom technique (EFT) is an alternative treatment for physical pain and emotional distress. It's also referred to as tapping or psychological acupuncture. People who use this technique believe tapping the body can create a balance in your energy system and treat pain. Though still being researched, EFT tapping has been used to treat people with anxiety and people with PTSD.

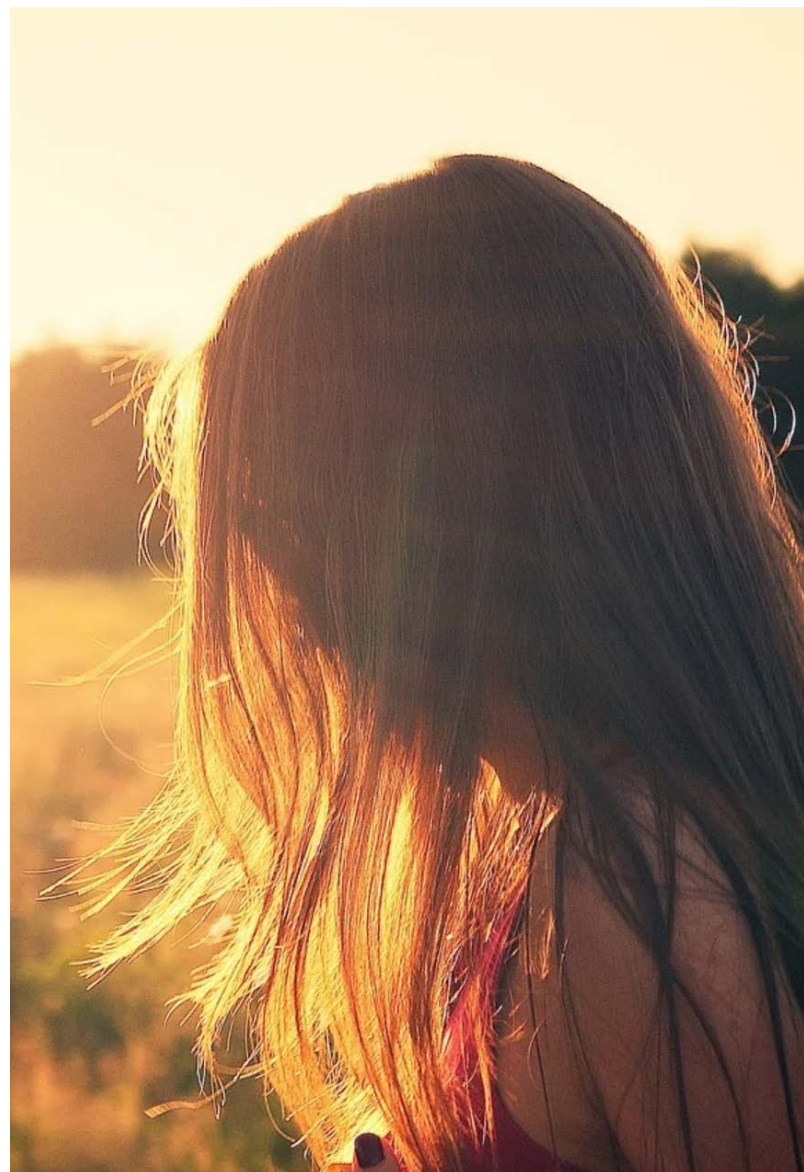
- **Internal Family Systems (IFS) therapy.** An integrative approach to individual psychotherapy developed by Richard C. Schwartz. It combines systems thinking with the view that the mind is made up of relatively discrete subpersonalities, each with its own unique viewpoint and qualities. IFS uses family systems theory to understand how these collections of subpersonalities are organized. IFS believes that our inner parts contain valuable qualities and our core Self knows how to heal, allowing us to become integrated and whole. In IFS all parts are welcome.

- **Brainspotting (BSP).** Brainspotting locates points in the client's visual field that help to access unprocessed trauma in the subcortical brain. The founder Dr. Grand discovered that "Where you look affects how you feel." It is the brain activity, especially in the subcortical brain that organizes itself around that eye position.

- **Psychedelic-assisted therapy.** It refers to therapeutic practices that involve the ingestion of a psychedelic drug (ketamine, MDMA, psilocybin, Ayahuasca...). Since the early 1990s, a new generation of scientists has revived the research.

Clinical trials have shown that ingesting a psychedelic in a carefully prescribed and monitored setting can induce an experience that is medically safe and that provokes profound, durable psychological and behavioral change.

- **Polyvagal theory** can be integrated with other modalities. Counselors who use polyvagal theory, picture a defense mechanism hierarchy. They recognize shifts from fight-or-flight to shutdown when clients feel trapped. They can also recognize the movement from shutdown into fight-or-flight that offers a possible shift into social engagement if and when the client can gain a sense of safety. Polyvagal theory deepens that awareness with the knowledge that playful arousal and restorative surrender have a unique nervous system influence.





7. TOWARD A TRAUMA-INFORMED SOCIETY

The longer trauma remains untreated, the more likely it is that our lives will become dominated by the symptoms it produces.

A trauma-informed society is the first step towards breaking the cycles of trauma and reclaiming our authentic selves.

The film has the intention of inspiring a movement towards a trauma-informed society where:

- We recognize the prevalence of trauma among all of us
- We learn to notice and feel the trauma symptoms in ourselves
- We acknowledge that whenever there is a reaction, there is an old wound
- We understand the imprint of trauma on our behaviors and its impact on our relationships
- We recognize the pain in others and understand how that pain might be driving their behavior
- We see the real person underneath the behavior and the trauma
- We support connection and compassion as the foundations of safety
- We know that the experience of safety is the beginning of healing
- We understand that all trauma is intergenerational

References

- (*) From Peter Levine's Healing Trauma
- (**) Adapted from Katie McLaughlin, Stress and Development Lab, University of Washington

