

# The Effects of Trauma

Santa Molina, LICSW  
Director of Counseling & Advocacy  
DC Rape Crisis Center  
Washington, DC  
202-232-0789 x 1202  
Smolina @ dcrc.org

# Expectations and Outcome

- Common Truths and Givens
- What Constitutes a Trauma
- Trauma affects Body, Brain and Nervous System
- Uniqueness of Trauma Work
- Basics of Somatic Experiencing Model
- Self Care - Caution to Service Providers

# Some Basic Truths

## About Human Beings:

- We have the innate ability to heal ourselves by self regulating and consistently re-establishing a sense of homeostasis
- We experience life on Physical, Emotional, Mental, Spiritual, Behavioral levels
- We are affected by all aspects of our environment; social, political, racial, class, culture, sexual and gender identity and ability

# Some Basic Truths

## About the Body:

- It has incredible wisdom and holds all of our memories, it is a historian and a teacher
- It serves as a container for our sensations and feelings
- It separates us from the environment and others
- It belongs to us
- It is the “temple of the soul”
- It defends us against unbearable affect
- It is an Armor and always speaks the TRUTH

# What Constitutes a Trauma?

- An incident perceived to be life-threatening, that startles, stuns and /or overwhelms us, leaving us altered or disconnected from our bodies
- A incident that ruptures the body's stimulus barrier, an individual's range of tolerance
- It is defined not by the incident or the event, but by how the individual responds to the incident or event

# Common Responses to Trauma

- Hyper-arousal (activation)
- Constriction (tightness/tension)
- Dissociation (leaving/fleeing)
- Feelings of numbness (or freeze) resulting in a sense of helplessness and hopelessness

# Time Limitations

- The common responses to trauma are involuntary, psycho-physiological reactions to overwhelm, they are intended to be time limited
- When the nervous system is not restored to balance, “secondary symptoms” can develop weeks, months, or years later
- 75% of clients have traumatic symptoms that remain dormant for years
- Onset usually 6-18 months

# Neo-Cortex

- “New” part of brain
- Frontal Lobe
- Responsible for inhibition of actions
- Complex, rational thinking; planning; perception
- *Speaks the language of Words*

# Limbic System

- The “midbrain,” the mammalian brain
- Amygdala, Hippocampus, Thalamus
- Responsible for emotions
- Processes memory and emotion
- *Speaks the language of feelings*

# Reptilian Brain

- “The Primitive Brain”
- Brain Stem and Cerebellum
- Most instinctual part of brain
- Controls basic survival
  - Fight, flight, freeze
- *Speaks the language of sensation*

# **Neurobiology of Trauma**

## **Central Nervous System**

### **Sympathetic (SNS)**

#### **Fight/Flight**

- Increased heart beat, blood pressure
- Muscular Tension
- Fast and shallow respiration
- Blood flow moves away from digestive and skins organs and into large motor muscles of flight
- Pupils dilate
- Muscle fibers become excited
- Verbal ability decreases

### **Parasympathetic (PNS)**

#### **Relaxation Response**

- Slower heartbeat, blood pressure and muscular tension
- Slow and deep respiration

**If Fight/Flight is not successful  
than the PNS goes into  
FREEZE**

- Immobility
- Shock
- Shutdown

# **Post Traumatic Stress Disorder: a Threatening Event takes place**

- Amygdala (limbic brain)  
Senses threat and fear
- Reptilian Brain (brain stem ) activates the fight/flight survival mode
- Emotion from the original event leaves an imprint
- Bypasses the Neo-Cortex (rational brain)

**With PTSD – the Fight and Flight response is not completed, consequently the Neo-Cortex is held hostage by the limbic brain, unable to access a sense of safety, rendering this process incomplete.**

# Trauma Symptoms

## Fight/Flight

- Anxiety, abrupt moods
- Sleeplessness
- Nightmares, flashbacks
- Digestive problems
- Hyper-vigilance
- Muscle ache and pains
- Sensitivity to light/sound

## Freeze

- Dissociation
- Depression, isolation
- Hopelessness
- Numbness, lethargy
- Forgetfulness
- Fatigue, aches, pain
- Head, stomach aches

# The Process of Healing from Trauma

- Focus on moving the survivor towards completing the traumatic process
- Trauma symptoms are the result of a highly activated, incomplete biological response to threat, frozen in time
- By enabling the response to thaw and complete itself, trauma can be healed
- To Thaw, it is necessary to work with built-up energy activated in the body and help it to gently discharge – allowing the experience to complete

# The Goal of Trauma Work

- Re-stabilize a highly activated or shut down nervous system by balancing trauma symptoms and resources
- Discover, and re-cover missing, strong, instinctual parts of being
- Reclaim our bodies, minds, spirits, and emotions
- Relate to ourselves and those around us with more vitality
- Help prevent future trauma symptoms

# Experiencing Healing

- Balance sensations with resources
- Locate and deepen place of well-being in the body or outside of it
- Sense into activation, constriction/traumatic material in the body
- Move back and forth from sensing activation to sensing well being
- Build more resiliency
- It is not enough to image or think it, the well being must be felt, tracked in the body, recognized , reorganized and assimilated

# Caution:

## A new way of Telling the Story

- Nervous system cannot tell the difference between the original event and the telling of the event
- Be mindful when client re-tells story, pace it between activation and resource
- Notice client's nervous system response

# Strategy of the Work:

To create awareness of increased capacity to tolerate trauma

- **Grounding, Centering and Containing**
- **Resourcing:** internal and external
- **Tracking:** Sensations and emotions
- **Pendulating:** moving from activation to resourcing
- **Discharging Activation:** letting go of build up energy
- **Orienting and Integrating:** returning to a place of homeostasis – Time is of essence here

# Self Care: Preventing Compassion Fatigue

## Key Awareness

- Our body, brain and nervous system responds the way our client's do
- Secondary Post Traumatic Stress is measurable
- Somatic Transference and Counter- Transference exist  
(client's somatic responses will evoke ours and vice versa)

## Key Questions:

- Do we have our “own” traumatic experiences to track? (what internal dialogue may we be having?)
- How is the survivor’s trauma affecting us?
- What are we sensing and feeling, and can our somatic experience be of service to the survivor?
- Are we staying regulated?

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