



Trauma and Resourcing



Resources: Importance of identifying them

- Traumatic experiences can affect our ability to identify and perceive strengths
- Trauma, neglect, and attachment difficulties can instead condition us to focus on flaws and mistakes
- Identifying what is positive about ourselves can itself bring up emotions if this is something we are not used to doing
- Today we are going to focus on identifying resources that we have and reframing what we may see as "negative" parts of ourselves as survival resources. Talking about trauma and resources can be difficult. I encourage you to approach today with an attitude of curiosity and also to take the space for yourself if you need support.



Resources: Identifying survival resources

- Certain resources that we have arose originally as instinctive responses to distressing situations, helping us to cope with whatever was happening to us.
- Fight, flight, and freeze are perhaps the most famous of these survival resources.
- Others exist as well. For example, if "talking back" was punished when you were younger, you might have instinctively learned to lower your voice, not express opinions, and physically lower your eyes.
- It is important to remember that these resources at one time helped us to survive. Identifying them can help bring them into awareness and begin to ascertain whether we need to continue to use this resource.



Resources: Identifying survival resources worksheet

- ▶ Somatic grounding
- ▶ Fill out the worksheet: Appreciating your strengths, recognizing your survival resources (from a modality known as Sensorimotor Psychotherapy)
- ▶ Somatic re-grounding
- ▶ On the back of the paper, write down what you learned from this exercise (e.g. resources, somatic response, emotional response, etc.)



Resources: Reframing a Survival Resource worksheet

- ▶ We are going to work on reframing a survival resource that we thought of a negative as something that allowed us to survive
- ▶ Fill out worksheet
- ▶ Group discussion of this and previous worksheet



Resources: Categories of resources

- ▶ Identifying resources that we have in different categories can help us to our repertoire to draw on when we need to. Having a wide variety of resources can help to regulate arousal, increase self-esteem, and counter negative self-thoughts.
- ▶ Resources may fall into several categories, including relational, somatic, emotional, intellectual, artistic, material, psychological, spiritual, and nature
- ▶ On the handout, Categories of Internal and External Resources, identify a few resources that you have in at least 3 categories.



Integrating Resources

- ▶ One way that being aware of our resource repertoire can help is that we can start to consciously integrate resources into our lives.
- ▶ Compare your worksheet on survival resources with the worksheet establishing your internal and external resource repertoire. Did anything surprise you? Does anything stand out to you?
- ▶ Consider whether you can integrate any of your internal/external resources in a place where you previously used a less conscious survival resource. Take a moment and reflect on this. Remember, we are trying to be aware, without judgment, of what is serving us and what is not.



Resources: Sharing

- In groups of 2 or 3, share resources that you found that you had through the categories of resources exercises. What was this experience like for you overall? Did you find anything surprising or new?



Phases of Trauma Recovery



Herman



Phase One: Safety and Stabilization

- ▶ There are several main objectives during this stage, which include:
 - ▶ working with the therapist to develop a personalized treatment plan
 - ▶ improving the client's sense of personal stability, security, and safety
 - ▶ understanding how to process and express emotions in a healthy way
 - ▶ distinguishing between healthy and unhealthy behaviors and tendencies
 - ▶ cultivating an effective routine of psychological and emotional self-care
 - ▶ practicing forms of self-love and self-appreciation
 - ▶ uncovering and exploring sources of inner strength
 - ▶ developing coping mechanisms and life skills that effectively manage "triggers"



Phase 2: Remembrance and Mourning

- Begins when you have developed a stronger sense of overall safety.
- Requires you to be resourced
- The idea of Phase 2 is to address any painful and/or repressed memories that the client may have and does so within a judgment-free, therapeutic setting.
- Not necessarily just about reliving the experience, which may not be helpful or may make it worse.
- Pacing and timing are critical to this phase, and being able to resource during times of feeling overwhelmed are essential.



Phase 2 (cont.)

- The main objectives of phase 2 include:
 - working with the therapist to evaluate painful and traumatic memories
 - redefining the role that certain events play in the client's life thus far
 - exploring and mourning any losses associated with the trauma in question
 - permitting the self to grieve as needed in a safe space
 - working through the grief with the therapist and identifying what caused it
 - Identifying any previously repressed unsolicited or abusive incidents
 - determining the impact that such incidents might have had on the client's life
 - mourning the loss of good experiences or opportunities due to trauma or trauma-related hindrances



Phase 3: Recognition and Integration

- ▶ Focus is on reinvention and reintegration of the self and movement towards a hopeful future.
- ▶ Client is able to recognize the trauma and the impact but not be beholden to it.
- ▶ Trauma is seen as part of the larger picture of the client's story.

Resiliency Building Skills to Practice for Trauma Recovery

1. Grounding

Feel your feet on the ground.

Feel gravity.

Feel the pressure of your body on what is supporting it.

Feel the texture of objects with your fingers.

Name details of what you touch, see, hear, smell and taste.

2. Tracking / Felt Sense

Place your attention on sensations in the body and monitor them for a period of time.

Describe them and notice when they change.

Stay with yourself even if something very uncomfortable comes up; be like Velcro.

Challenge yourself to stay present and in the moment.

3. Slowing / Titration

Deliberately slow down your emotions and disturbing body sensations, like slowing down the tempo of music.

Separate out and work on only a small bit of the emotions or sensations and leave the rest for later, like taking only one bite of the pie.

4. Resourcing

Create an imaginary Safe Place, or recall a safe, calming, comforting experience you had in your life.

Imagine you're there and notice what you feel.

Know that you can always go to this place in your imagination if you need to calm yourself down.

5. Pendulation

Be deeply present with an area of your body feeling activation, such as terror, anger, panic, tension. Then move your attention to a place of neutrality or calm in your body. Very slowly go back and forth. Build your capacity to stay with the negative. Also build your capacity to feel positive things again and to stay with the positive.

6. Contact / Self-Holding Exercises

Put your hands on the parts of your body that feel difficult sensations (tension, discomfort). Notice how the hands feel when on the body. Notice how the body feels under the hands. Notice how the space in the body located between the hands feels.

7. Community

Socialize and participate in your community. Human connection builds resilience.

8. Presence

Practice placing your awareness on any emotion or sensation coming up inside you. Say towards it, "You are welcome here." Stay with it in a loving, compassionate way.

9. Self-Acceptance

Work on reducing "should" thoughts about yourself. Allow yourself the space and time for your body, emotions and mind to embrace and pass through the processes they need to.

10. Self-Empathy

Practice being gentle with yourself. Practice self-empathy.



The Biology of Trauma



Trauma and the Nervous System

- Most of somatic therapy is based on the idea that our bodies are capable of processing emotions and events in a different way from how our minds process emotions and events.
- In fact, it is hypothesized (and evidence tends to establish) that the body may store emotions and memories of which the conscious thinking mind has no awareness.
- A key component of how the body understands trauma is through events that take place in the nervous system, which regulates us in daily life and also adjusts to respond to external events, including traumatic events.
- "Trauma originates as a response in the nervous system, and does not originate in an event. Trauma is in the nervous system, not in the event." (Levine). Just as the nervous system becomes dysregulated during trauma, so too can understanding and bringing the nervous system back to equilibrium help us move through trauma and return to wholeness.



The Nervous System: An Introduction

- The Autonomic Nervous System ("ANS"): The ANS regulates the basic functions of our bodies. This includes the internal organs (visceral system) and other bodily functions that happen automatically, without our control. The ANS takes care of these functions so we are able to use our mental energy for other life tasks.
- Within the ANS, there are two branches: the Sympathetic Nervous System ("SNS") and the Parasympathetic Nervous System ("PNS"). In general, you can think of these two as opposites: one acts as an accelerator, and one acts as a brake.




The Sympathetic Nervous System

- ▶ The SNS prepares our bodies for action; it revs our bodies up.
- ▶ The SNS becomes activated when we are alert, excited, or engaged in physical activity.
- ▶ The SNS causes certain physiological changes to take place when it becomes activated. These include:
 - ▶ Increasing heart rate, blood pressure, and respiration (breath)
 - ▶ Shifting blood away from our digestive system to allow our muscles to move more quickly in other parts of our bodies (that are more immediately helpful)
 - ▶ Constricting our blood vessels and draining blood away from the skin periphery (skin turns pale and cold) to prepare for injury
 - ▶ Dilating pupils, refracting eyelids, focusing eyes



Trauma and Memory



Before we begin

- We are going to talk about how trauma is stored in our memory.
- This group is intended to be educational and to present material objectively. However, any discussion of trauma carries with it the risk that traumatic memories or experiences may come up for you. Please take care of yourself and take a break if you need to.
- Somatic grounding exercise



The general idea

- ▶ Times of extreme stress can impair how memory is stored and recalled. The extreme stress contemplated here may include traumatic events.
- ▶ Traumatic memories may be incomplete. There may be parts that are unclear or forgotten.
- ▶ Some traumatic memories may have been completely forgotten, at least in conscious memory.
- ▶ And some traumatic events may have occurred at a time when someone was pre-verbal, and so storing the memory through words and thoughts was not available. |



Structure of the Brain

- The brain develops from the bottom up and the inside out.
- The lowest part of our brain is the primitive/reptilian brain. It is the basis of our instinctual, survival actions.
- The reptilian brain is involved with activating defensive stress reactions. It causes reflexive responses of startle, increased heart rate, quickened breath, and increased muscle tension in response to fearful events and stimuli.



Structure of the Brain (cont.)

- ▶ The middle area of the brain is called the limbic system or mammalian brain. This is the neural basis for emotions and memories.
- ▶ Within the limbic brain are two major players: the amygdala and the hippocampus. They work in conjunction with each other but have different roles. The amygdala is primarily responsible for emotion regulation, including the emotional component of memories. It also serves to scan the environment and assess for potential danger. If the amygdala senses danger, it relays the information to the hypothalamus which initiates hormones that show up as fear sensations or emotions.
- ▶ The hippocampus plays a role in storing facts. It helps the brain place a memory in the context of other memories and incorporates the sensory components of a memory into the memory.



The Triune Brain

- ▶ These differences in how memory is stored and where they are stored in the brain are conceptualized in something called the Triune Brain
- ▶ Essentially, the part of our brain responsible for cognitive thinking is separate and distinct from our emotional brain and survival brain. It is also slower, meaning that we can have an emotional or survival response *much more quickly* than we can have a cognitive response, and we can store memories non-verbally in parts of the brain that are not cognitive.

Triune Brain Theory

Lizard Brain	Mammal Brain	Human Brain
Brain stem & cerebellum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Autopilot	Decisions	Reasons, rationalizes



The Triune Brain in Evolution, Paul MacLean, 1960



How all this relates to memory -- video

- ▶ <https://www.youtube.com/watch?v=D77LhlEwc6M>



Traumatic Memory

- ▶ In traumatic events, there is often a high level of threat. In high levels of threat, the prefrontal cortex is less likely to be engaged. It is slow and not a first responder to threat.
- ▶ Instead, precognitive circuits (limbic brain, reptilian brain) tend to respond in these high activation states, and memory can stay there.
- ▶ How this functionally translates is that we may not be able to remember all parts of a memory, maybe only fragments (if any), and usually not in a linear order.
- ▶ Implicit memories involve the reptilian and limbic brain and are so-called because they are stored nonverbally – as motor patterns and sensations. You might feel suddenly nauseated or panicked without understanding why.
- ▶ Explicit memories include knowledge of facts and a sequence of events, which involves the prefrontal cortex.



Traumatic Memory (cont)

- The hippocampus is disrupted, meaning not all sensory elements of the memory may come through. Bursts of adrenaline may activate the amygdala, leading to isolated and vivid sensory experiences (e.g. the scent surrounding a traumatic memory may be heightened)
- Broca's area, associated with our language capabilities, may also be impacted in traumatic stress. This can make it harder to verbalize experiences, both immediately after the event and at later times.
- Prolonged exposure to traumatic stressors may impact the prefrontal cortex, which may be experiencing ongoing exposure to stress hormones. The result of this may be an impaired ability to reflect upon ourselves or regulate emotional stress.



Healing our memories

- Trauma is healable.
- Understanding that not only our cognitive, verbal mind responds to traumatic stressors gives us insight into a more complete way of healing trauma.
- Somatic therapies are meant to work bottom up, to work with the reptilian and limbic brains, which have a different access to traumatic memory.
- Other techniques such as EMDR and EFT are specifically designed to re-work a traumatic memory while incorporating more parts of our brain functioning into the memory.
- Even the consistent connection to a person with whom you feel safe can shift our traumatic memories – this attachment connection affects the limbic and reptilian brains as well.



Attachment Theory and Trauma



Before We Begin

- We are going to talk about something called attachment theory today, particularly as it relates to trauma.
- Although the focus today will be educational, it is possible that something may come up for you that is difficult for you to process. I encourage you to be aware of what you need, and if something does arise, for you to either take the space you need or to ask for support.
- Somatic Grounding Exercise




Attachment Theory: An Overview

- ▶ Attachment theory is a theory originating in developmental psychology that stresses the importance of "attachment," particularly (although not exclusively) early in life, to a person's overall health and well-being later in life.
- ▶ The idea is that our ability to "attach," i.e. form some sort of emotional and/or physical relationship with another person, is vital to our overall ability to develop as individuals.
- ▶ Attachment is fundamentally relational. It arises from being attuned to and interacted with, not necessarily from being housed and fed.
- ▶ Under this theory, if we are able to "attach" to others in a healthy way, we are then able to have the security and stability necessary for us to branch out and develop individually. We are able to take risks to become individuals because we know that we have others to support us if we need them to do so.



Attachment Theory: Harlow Studies

- Studies conducted by Harry Harlow on monkeys during the 1950s and 1960s set the background for attachment theory.
- Harlow separated infant monkeys from other monkeys but provided them with food and shelter; that is, their basic needs were taken care of, but not their emotional needs.
- Monkeys that were reared in isolation were, when later brought to interact with other monkeys, unable to do so. The isolated monkeys were scared of the other monkeys and behaved aggressively toward them. They clutched their own bodies and rocked compulsively. They also sometimes engaged in self-mutilating behaviors, such as tearing their hair out, scratching, and biting their own arms and legs.
- Certain monkeys had been provided with two “surrogate” mothers: one that was made of wire and provided milk, and the other that was made of fabric but provided no food. The monkeys strongly preferred to spend time with the fabric monkey, that provided comfort but no food.




Attachment Theory in Practice: Thought Experiment

- Some of the original studies associated with attachment theory concerned babies and young children observed in relation to their primary caregiver(s).
- Consider how an infant or young child first begins to understand the world. How does it feel to explore when you have a caregiver nearby? How does it feel to explore when you are less certain that the caregiver is present?
- This theory holds that, if our basic needs are met, we are more able to explore and to be curious about the world. This is true both when we are young and also when we are adults.



Types of Attachment

- **Secure attachment** – These adults are more likely to be satisfied with their relationships, feeling secure and connected to their partner without feeling the need to be (physically) together all the time. Their relationships are likely to feature honesty, support, independence, and deep emotional connections.
- **Anxious-resistant aka anxious-preoccupied attachment** – Long for attachment but become anxious to lose it because it is seen as so important to survival. Seek safety in relationships and seek reassurance that may require a lot of affirmation from partner.
- **Anxious-avoidant aka dismissive avoidant attachment** – Keep distance from others. Feel that human connection is not necessary to survival and may insist on maintaining independence and isolation. May tend toward "shutting down" when a relationship with another person becomes jeopardized. Also fundamentally long for attachment but expect rejection if seek it.
- **Fearful-avoidant aka disorganized attachment** – Manifests as ambivalence. May seek to avoid feelings because feelings are often experienced as overwhelming. These individuals are simultaneously drawn to a partner or potential partner and fearful of getting too close.
- **Caveat:** How we are attached is generally seen as existing on a spectrum rather than in compartments. That is, we may tend toward, for example, more anxious attachment but still be, more or less, securely attached. When you think of your own attachment style, it may make sense to consider it as part of the spectrum of attachment.



Attachment Theory: Exploring Your Attachment Style

- ▶ Take a moment to ground yourself in the present.
- ▶ Imagine a person in your life that you are close to. How secure do you feel in this person's presence? Do you feel safe sharing your feelings with this person?
- ▶ Write down some feelings that come up when you think about this person.



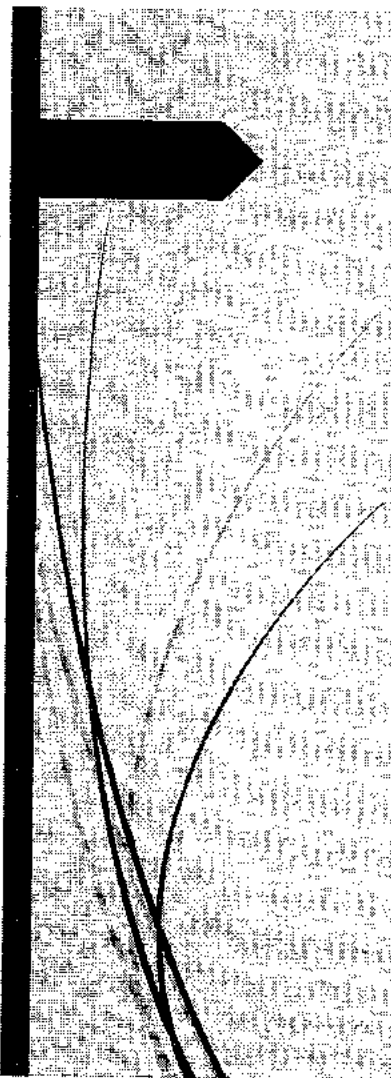
Attachment and Trauma

- So, if attachment relies on us having consistent attachment relationships wherein we are attuned to and cared for, what happens when we don't have these relationship, i.e., when there is relational trauma?
- We are driven toward seeking attachment, but the attachment figure that we are drawn to may not always be consistent and/or safe. This can be confusing for us both as children and as adults and may result in insecure attachment.
- We may develop patterns to try to maintain closeness and connection to others while also protecting ourselves from hurt and betrayal.
- The effects of relational trauma can include a decreased ability to trust others, an impaired sense of personal safety, an impaired ability to manage emotions, decreased effectiveness in navigating life changes, and heightened physical and emotional responses to stress.



Relational Trauma

- ▶ Relational trauma can impact our sense of self and our sense of worth.
- ▶ If we have inconsistent attachment figures, we may start to internalize the sense of being not good enough to have our needs met. We could start to view ourselves as unlovable.
- ▶ Alternatively, we could become angry at not having our needs met. We could view others as undependable.
- ▶ "Disrupted attachment may lead to impairments in three major areas for the developing child: Increased susceptibility to stress, excessive help-seeking and dependency or excessive social isolation, inability to regulate emotions" (Cook, 2005).
- ▶ Other effects include a "persistent fear state" (Perry, 2006), hyperactivity, anxiety, impulsivity, hypertension, sleep problems, dissociative state, etc.



Relational Trauma and attachment example: Feeling unsafe with caregiver

- ▶ Caregiver can be seen as no longer a reliable protector
- ▶ At the same time, still dependent on caregiver for certain needs
- ▶ Can be confusing and affect our ability to perceive who is safe in the world
- ▶ May be difficult to experience others who are safe as safe



Variables on impact of trauma

- Not all relational trauma will affect attachment to the same degree
- Variables exist such as your age during the trauma, the presence of supportive caregivers, adversities faced outside the relational trauma, your relationship to the person/people in question, and others.
- And not all traumatic relationships and events are created equally. What may be traumatic to one person may not be traumatic to another.



Earned Secure Attachment

- There is good news: Secure attachment can be earned, that is, attained later in life, even if we start from a place of more insecure attachment.
- Our attachment style can move towards being more secure in adulthood if, in adulthood, we can establish a "secure base," which typically means if we are able to have consistent, secure attachment figures that can attune to us and show us care.
- This person could be a therapist, friend, mentor, child, etc. The key is that the person makes you feel cared for and understood.
- The point is that our attachment style is not static—it can change if we have positive experiences that help us work through past trauma.



Earned Secure Attachment: Visualization

- ▶ Imagine a person in your life that you feel supports you: a friend, caregiver, partner, child, therapist, etc.
- ▶ Imagine how you feel when you are with the person. Do you feel cared for? How do you know? What sensations do you feel in your body?
- ▶ Internalize this "secure base": remember this feeling of being cared for and now imagine a slightly stressful scenario. Does it feel easier to get through when you have this feeling of being secure in your mind and body?



Visualization Sharing

- ▶ Write down what you experienced in your visualization
- ▶ In groups of 2 or 3, share what you experienced to the extent that you feel comfortable. If you do not feel comfortable sharing the specifics of your experience, try sharing your thoughts on attachment theory in general.




SNS: Experiential

- Let's try a visualization to help understand the SNS
- Lower your eyes to the extent you feel comfortable. Visualize yourself walking through a meadow, with the sun bright and no threat. Feel into the relaxation of your heart rate, breath, free blood flow, etc.
- Now imagine that you see a wolf. Imagine how your body would start to respond to this type of threat. Examples could be heart rate quickening, breath increasing, eyes focusing.
- Now imagine that you have gotten away from the wolf and are in a safe space. As the SNS starts to calm, your breath can return to normal, your heart slows down, your muscles relax. After a time, your appetite may start to return.
- Return to the room and re-orient



SNS and Trauma

- ▶ Take a moment and write down what differences you felt in your body as you imagined the calm meadow, seeing the wolf, and then calming down after escaping.
- ▶ In this example, the SNS was able to calm because you were successfully able to get to a place of safety where you had time and space to feel safe and let your body relax.
- ▶ But frequently, when we experience something traumatic, we don't have this time to feel safe and calm, and instead our SNS stays hyperaroused in a state of action. You may be familiar with this as the **Fight or Flight Response**.



SNS and Trauma (cont.)

- When we do not have the time and/or space to calm after we experience something traumatic, we may become stuck in SNS activation—i.e., stuck in the “on” position.
- This can result in certain responses to trauma, such as hypervigilance and hyperarousal. In essence, we respond as if we are still experiencing the threat, even though the actual threat has gone away.
- Notably, the stressor need not be a single event (although certainly, we can have this response to a single event). We can also become stuck in SNS activation with more chronic types of trauma, e.g. attachment and developmental trauma.



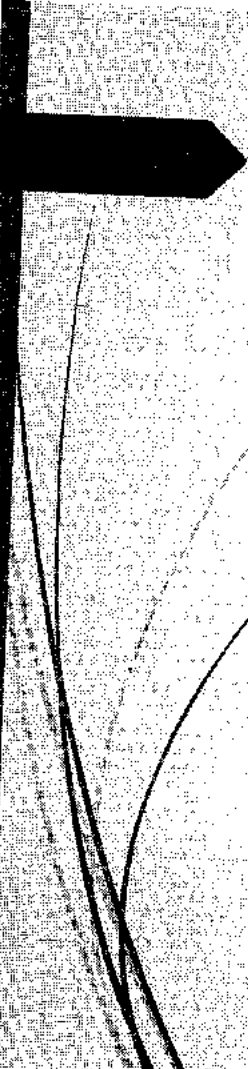
The Parasympathetic Nervous System

- The Parasympathetic Nervous System ("PNS") is the counterpart to the SNS. Whereas the SNS activates us, the PNS calms us down.
- The PNS calms the nervous system by:
 - Letting go of muscle tension
 - Lowering heart rate and blood pressure
 - Warming our skin and returning blood to the surface
 - Aiding in digestion
 - Slowing breath
 - Re-activating the immune system (which is non-"essential" in times of threat)



The PNS (cont.)

- The PNS often turns on when we are in the process of calming down after SNS activation. This happens all the time in our daily lives, no trauma necessary. Some examples are when we have just finished exercising, after we hear a sudden noise, or when we calm down after arriving late to a meeting.
- The PNS can also act more suddenly, like an emergency brake when we have sudden SNS activation, holding our bodies in place. We become unable to move and escape from the threat. This is known as the **Freeze Response**.

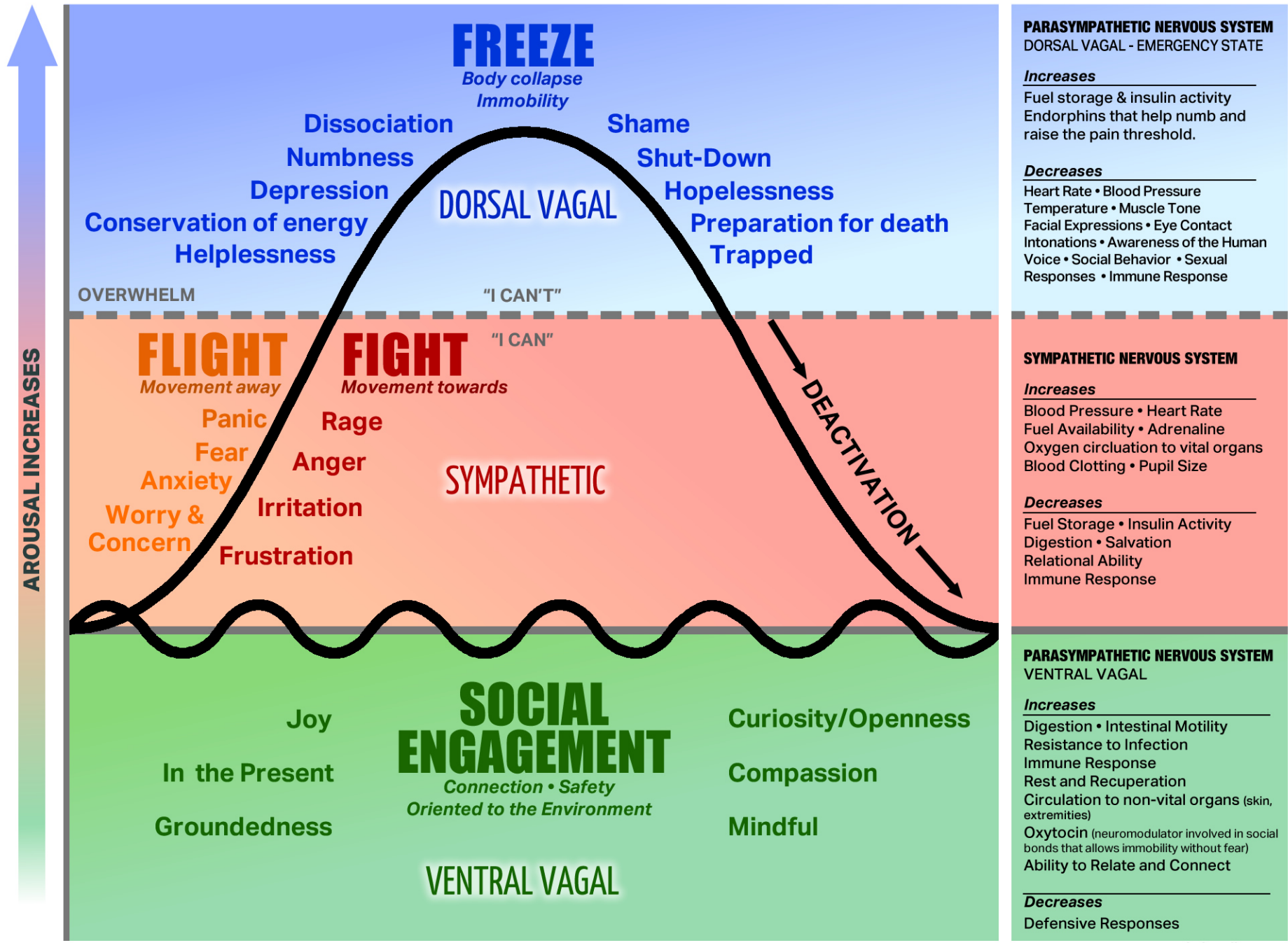


The SNS and PNS in action

- The ANS is not exclusive to humans; animals have autonomic nervous systems as well. For that reason, we can learn a lot about how our bodies respond by looking at how the ANS operates in animals.
- This video (created by Peter Levine) includes examples of SNS and PNS activation in animals (beginning at 6:44 through 14:13):
<https://www.youtube.com/watch?v=nmJDkzDMllc>
- When humans have somatic release following a freeze response, it can manifest as shaking, rocking, crying, or trembling. But humans are unique in that, because we have a developed cognitive mind, we may sometimes be inhibited from moving through the release. We instead may start to channel this built up stress into anxiety, depression, or other coping techniques.
- The difference between how humans and animals differ in this way is the subject of the book *Why Zebras Don't Get Ulcers* (Sapolsky)

Polyvagal Theory

- It used to be thought that, between extreme states of either SNS or PNS activation, we reside in what is known as the "window of tolerance." It has since been found that, in fact, fight and flight states represent activation, but lower activation than freeze states
- This is thought to be because of the vagus nerve. The vagus nerve connects cells that were originally in the PNS to the ventral vagal nerve, which is responsible for social engagement. In between that comes SNS activation, and then comes PNS activation in the dorsal vagal nerve.



Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

rubyjowalker.com



Somatic Grounding and Recap

- ▶ So far we have learned intellectually how trauma responses may take place in the body, through activation of the SNS and/or PNS, and how these responses may take place in parts of our brain that are not cognitive.
- ▶ There is a lot of significance to this, including understanding why a person may freeze in response to a trauma and not "fight back," or why experiencing muscular releases in a part of the body might bring back memories of which we were not previously aware.
- ▶ But another big way that this information can be helpful is that you can use it to track your own somatic responses, getting in touch with your own ANS responses.
- ▶ Somatic Experiential



Closing

- Write down your responses, your somatic cues, from the last exercise.
- Share with group and/or in dyad.

2

Procedural Learning

- ▶ We remember certain skills and behaviors in such a way that they become, essentially, automatic. This process is called Procedural Learning.
- ▶ An example of this could be brushing your teeth. Once you learned how to brush your teeth, you probably started doing this more or less automatically—that is, you don't think about the "how" of brushing your teeth while you are brushing them.
- ▶ So sometimes procedural learning can be really helpful and help our mind save its energy for things that we actually need to focus on.
- ▶ But sometimes we "learn" how to respond to an environment or a situation and then become stuck in that response, even when the environment or situation has changed.

5

Procedural Learning: Hypotheticals

- ▶ Imagine Jane. Jane grew up in an environment where speaking up was punished. Jane, therefore, learned not to speak up. A part of this learning could translate physiologically; for example, Jane learned to keep her head lowered, to drop her eyes, and/or to keep her arms crossed. These physical responses continued to exist even when Jane had grown up and no longer was in the same environment where speaking up was punished.
- ▶ Consider other environments that could cause physiological responses. An environment where emotions couldn't be expressed could translate to needing to tense your jaw and keep your chin up even if you were feeling sad. An environment where trying hard was discouraged could translate to having a sunken chest, shallow breath, or limp arms.

5

Procedural Learning: Worksheet

- Complete the Worksheet "The Language of the Body: Body Reading". After you complete the worksheet, take a moment to ground yourself, using one of your coping and grounding skills. Notice what sensations you may be feeling in your body and write those down on the back of the worksheet.
- Discuss your answers to the prompts in the worksheet in small groups. If you would like to, you may also discuss your own somatic responses.

Turn chin + neck and look 4 corners of room, listen to sounds, inside/outside
aroma, taste, where you are in relation. what feelings feel, ground,
temperature
Now notice what has happened in body. calmer. Brain stem registers no
threat and calms SNS
How much of awareness is internal and how much is external
Now orient aspect of self in body

4

Memories and the Body

Close your eyes

- ▶ Take a moment to ground yourself and start from neutral.
- ▶ Pick a memory that you found mildly distressing. This should be a memory that is not too distressing—maybe a 2 on a scale from 1-10.
- ▶ As you reflect on this memory, notice what sensations and/or movements happen in your body. Do you tense up? If so, where? Does your breathing change? What about your posture?
- ▶ Now choose a memory of something positive that happened to you. As you reflect on this memory, notice what sensations and/or movements happen in your body. Does anything relax? What about your breath? Your posture?



Orienting

- One way that we can start to unlearn certain conditioned responses that are no longer serving us is to pay attention to what we orient to.
- We orient to different stimuli in the world. For example, when we see a pretty picture or hear a noise, we orient toward the noise.
- Orienting can be a conscious action or an involuntary response. For example, you are orienting toward the sound of my voice as a conscious choice but would likely involuntarily look up if someone walked in suddenly.



Orienting and trauma

- When we find ourselves having conditioned responses, gained through procedural learning, that are no longer serving us, we can start to work on changing those patterns through what we choose to orient to.
- If we have undergone trauma, we may unconsciously orient toward things that remind us of the trauma. Although this might seem counter-intuitive, what happens is that we may think that orienting toward past reminders of trauma will help us to be better prepared and protect ourselves.
- We also might orient toward things that affirm filters we have about the world and/or about ourselves. For example, if we learned to view ourselves as unlovable, we might orient toward cues on our partner's face that could be viewed as confirming this (e.g. furrowed brows/unlovable or thinking)



Orienting Experiential

- Take a moment to look around the room and hear the different noises in the room. Find something that draws your attention.
- Explore: What is it about this stimulus that draws your attention? What sensations do you notice in your body as you continue to pay attention to this stimulus? Try consciously shifting what naturally draws you in in this room to something else, something you find positive. What changes?
- Now consider a stimulus in your life that you associate with feeling bad or unsafe (e.g. someone's tone or facial cue, a physical place). When you think about this, what about it seems bad or unsafe to you? What physical sensations do you notice?
- Again, try to re-orient. If you expand the scene in your mind, are there other things that you could orient toward that are more pleasant? If there are, what do you notice starts to shift?



Recap

- ▶ Get together in groups of 2 or 3 to share what you learned. This can have to do with procedural learning, orientation, or your own somatic response. Was there anything surprising? Or anything that you found you could consciously shift?
- ▶ Return to large group: sharing and somatic grounding exercise.



Trauma: Our learned responses and re-orienting

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The Body and Trauma: An Introduction

- Our bodies naturally adapt and respond to the environments that we are in all the time. For example, we might naturally become calmer when we see something pleasant.
- When something traumatic happens, our bodies will also respond. We may be consciously aware of these responses, and some may occur without our conscious awareness.
- Although this group is intended to be educational, any discussion of trauma could result in some dysregulation. Please take care of yourself, using coping and grounding skills or taking a break from the group, if you need to.
- Somatic Grounding Exercise