



Working Creatively with Trauma

With Pamela Gawler-Wright

Course Overview

Monday – Safety First, The Threat Response,
Introduction to S.O.S. Model of Recovery,
First Contact, Re-Humanising after Traumatic Event

Tuesday – Complex Post Traumatic Stress, The Trauma Cycle,
The For F's Sake Model, The Therapeutic Self and “Other Self”

Wednesday – Understanding and Working with Loss,
Bereavement and Life Limiting Illness - With Gordon Urquhart

Thursday – Common Features of 3 Successful Models of
Recovery from Acute Symptoms of Post Traumatic Stress

Friday – Post Traumatic Growth, Resilience and Responding,
From Reactions to Responses, Closing the Story Loop

Boundaries and Agreements

- Punctuality – Morning Process
- Take Responsibility for Yourself
- Respect of Difference
- Acceptance and facilitation - not interrogation and fixing
- Confidentiality
- Supervision conditions for discussion of client cases
- Respect the shared environment
- What Else?

“Safety First”

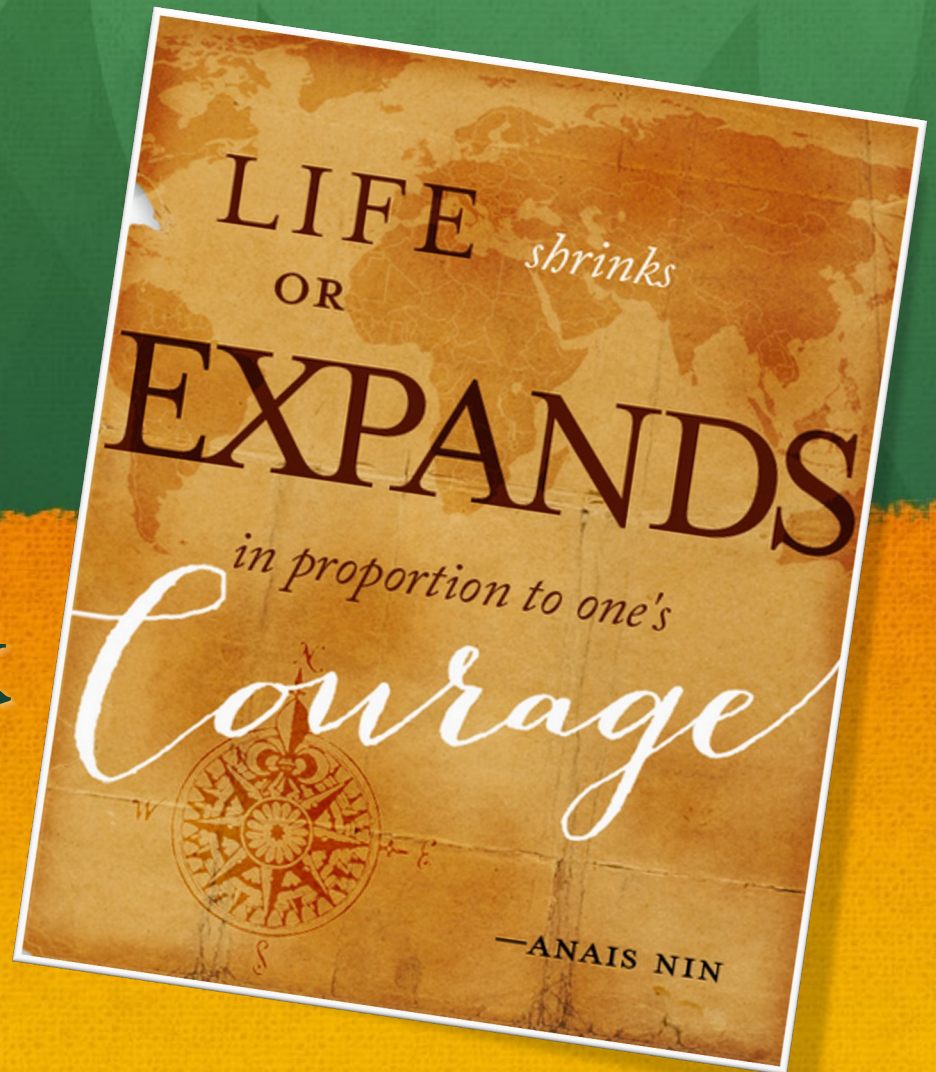
Exploring Neuroception

Explore the following questions by identifying in descriptive terms what is experienced internally and externally and where attention goes in states of safety and real or perceived danger.

- How do you know when you are safe?
- How do you know when you are unsafe?
- What triggers you to feel safe?
- What triggers you to feel unsafe?
- What resources and behaviours do you use to help you go from a state of unsafe to safe?

Without Risk
there can be
No Growth

Too Much Risk and Growth is Stopped



A Story of Surviving

- Remember a time when you were a child and enjoying independence from grown-ups, maybe in a special place, in nature or doing an activity that was challenging.
- Remember a time in this place when you “got out of your depth” or got lost, or spooked yourself.
- How did you become aware that you were “at risk”?
- How did you get out of the difficulty? What resources did you use or discover?
- How did you recover safety and knowing you were safe?
- What did you learn about yourself? About the world?

Each of us must
confront our
own fears, must
come face to
face with them.
How we handle
our fears will
determine where
we go with the
rest of our
lives. To
experience
adventure or to
be limited by
the fear of it.
Judy Blume

- MariposaTrust.org
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Process of Trauma

We are evolved *to be able* to deal with threat
and grow with each cycle of challenge

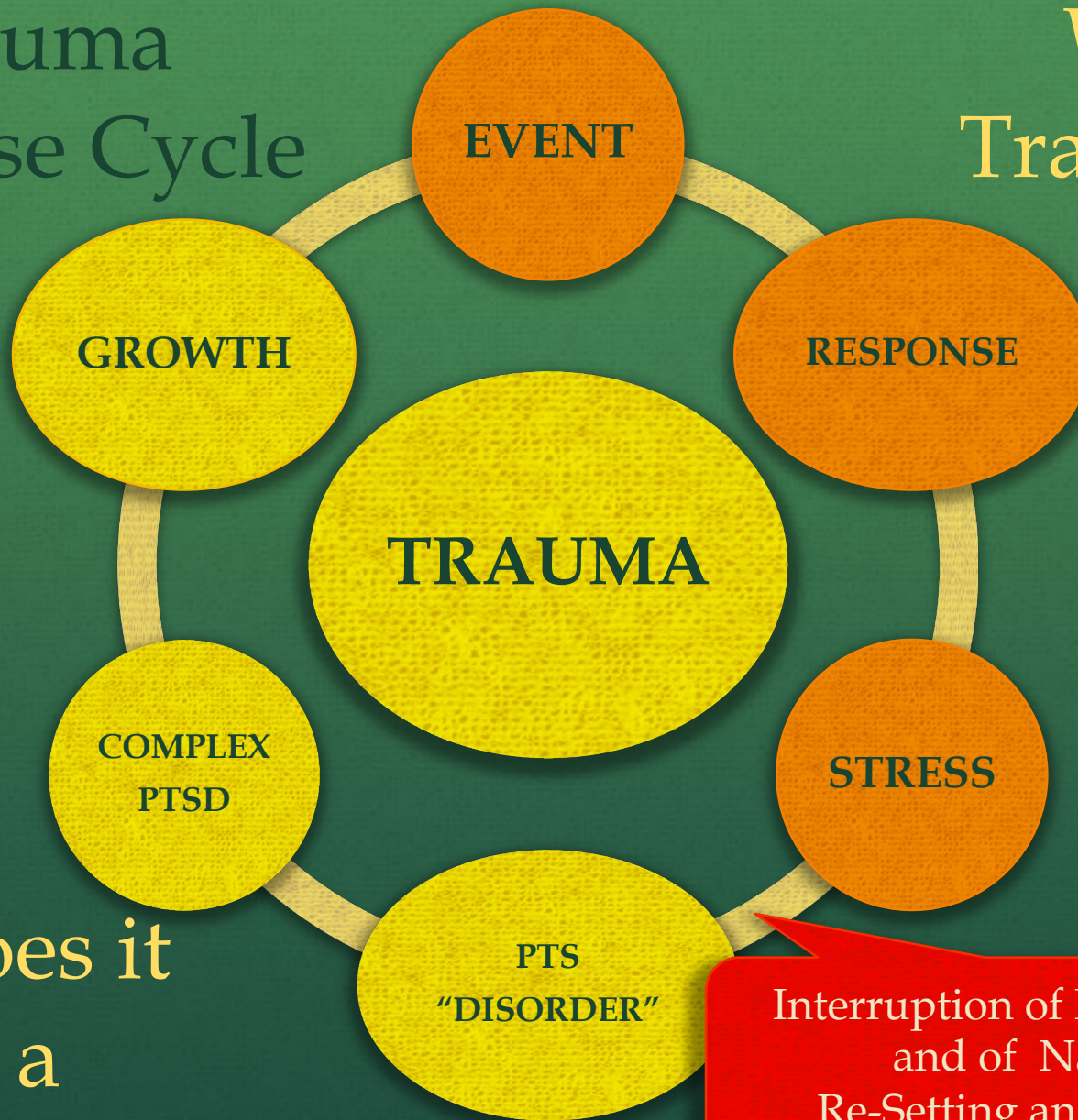
Arousal – Sympathetic Nervous System
“Fight and Flight”

Recovery – Parasympathetic Nervous System
“Rest and Digest”

Attachment – Polyvagal System
“Connect and Reflect”

The Trauma Response Cycle

What is Traumatic Stress?



How does it become a persistent problem?

Interruption of Functioning and of Natural Re-Setting and Growth

Events become Traumatizing When

Powerlessness, shock, dissociation and hostile environment interrupt body's restorative processes after stress that is our response to threat.

Leaving us

Injured or beyond limits, without safety to re-set and repair.

The events leading up to, during or after the experience of threat rupture our sense of belonging, either through shame, isolation or having experience incomprehensible to others.

Leaving us

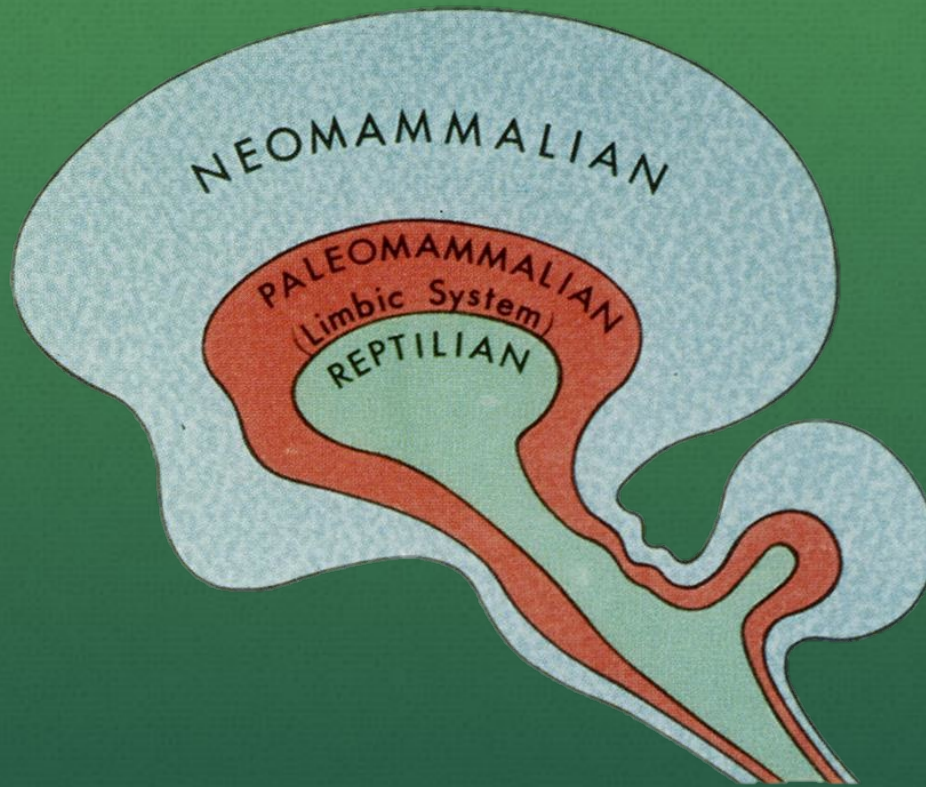
Hurt but alone with hurt.

The events Defy and Destroy Beliefs about the World and People – Unbearable Story, Intolerable Truth, Fractured Identity and Ruptured Trust.

Leaving us adrift with

Copyright Pamela Gawler-Wright **Loss of Faith and an End of Sense.**

Evolution, the Brain and Staying Alive



Dorsal Vagal Circuit - Survival through shut-down - 500M Years Old
Sympathetic Nervous System - Fight or Flight - 400M Years Old
Ventral Vagal Circuit - Social Engagement and Co-Regulation - 200M Years Old
Neo Cortex Lobes - Tool Making, Language and Learning by Watching - 2M Years Old
Pre-Frontal Lobes and Expanded Parietal Lobes- Planning, Deciding, Making Meaning, Abstract Thinking, Identity, Teleological, Storytelling - 50K+ Years Old and growing...

A Story of Survival, Love, Poetry and Dance

Starring

Reptilian Brain.....As a Faithful Warrior

Limbic Brain.....As the Loving Companion

Neo Cortex.....As a Travelling Bard

Directed by Frontal Lobes

Big Brain Paso Doble

★ Reptilian Brain

“Fight or Flight!”

★ Limbic Brain

“Me just want a cu-ddle”

★ Neo Cortex

“I am clever, I don't do this.”

Big Brain Samba

★ Reptilian Brain

“I am in a lovely flow”

★ Limbic Brain

“I can give a cu-ddle”

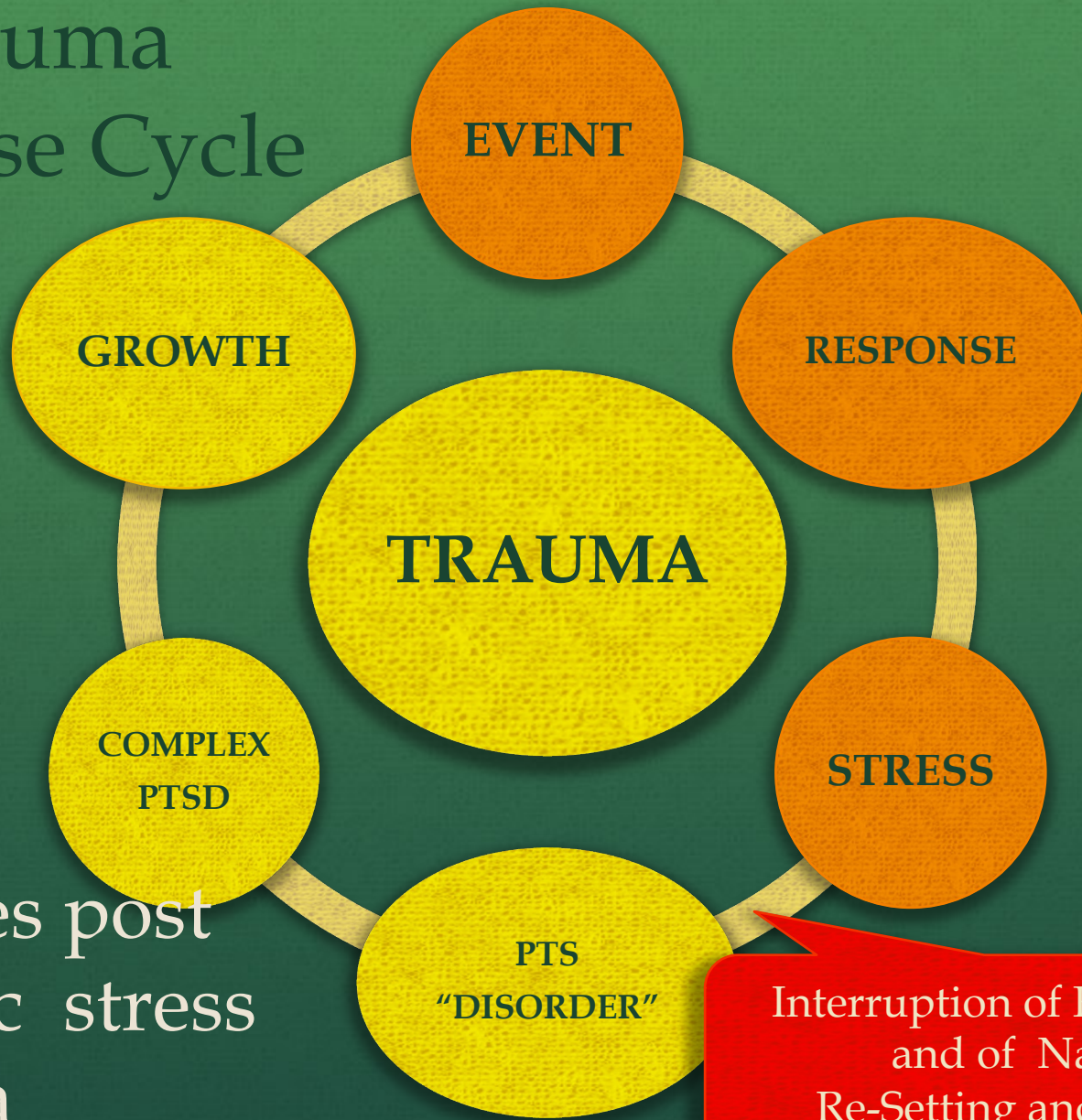
★ Neo Cortex

“It’s so lovely to be so clever”

What is Trauma – Clarifying Terms

- **Trauma** – Injury, Rupture, Physical, Relational or Psychological
- **Traumatic Event/Threat** – The causal event of the trauma
- **Post Traumatic Stress** – The natural aftermath of the traumatic response which places extraordinary stress on the body and brain, includes crying, grief, dissociation, loss of meaning, shame
- **Developmental Trauma** – Adverse Childhood Events (ACEs) which have a lasting impact on health, behaviour and relationship patterns
- **Post Traumatic Stress “Disorder”** – A clinically diagnosed state with specific categories of symptoms of post traumatic stress which continue over time and impact functionality
- **Complex Post-Traumatic Stress “Personality Disorder”** – Adaption of personality to chronic threat and stress that impacts functionality by narrowing and rigidifying response options to challenges
- **Traumatic Response/“Triggered”** – Survival Instincts that are triggered by moderate events yet cause the body to react as if in danger: “Life Throes”
- **Post Traumatic Growth** – Positive developmental benefits from the process of overcoming and transforming the impact of trauma

The Trauma Response Cycle



Interruption of Functioning and of Natural Re-Setting and Growth

How does post traumatic stress become a persistent problem?

<https://youtu.be/4-tcKYx24aA>

Trauma and the Brain

What You Can Do as a First Responder



The first human contact can be perceived as a further threat or as a vital agent in the person's "re-humanising"

Safely Sensing; Sensing Safety – Environment, Body

"You are in this private space. Would you like water?"

Other – Identify, Warmth, Respect

"I'm..., I'm here to help..., You have been so brave to come here."

Story – Small, sequential pieces that form a logical progression, past/future

"Did you get here on your own? What will happen

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NOW IS...



Working Creatively with Trauma

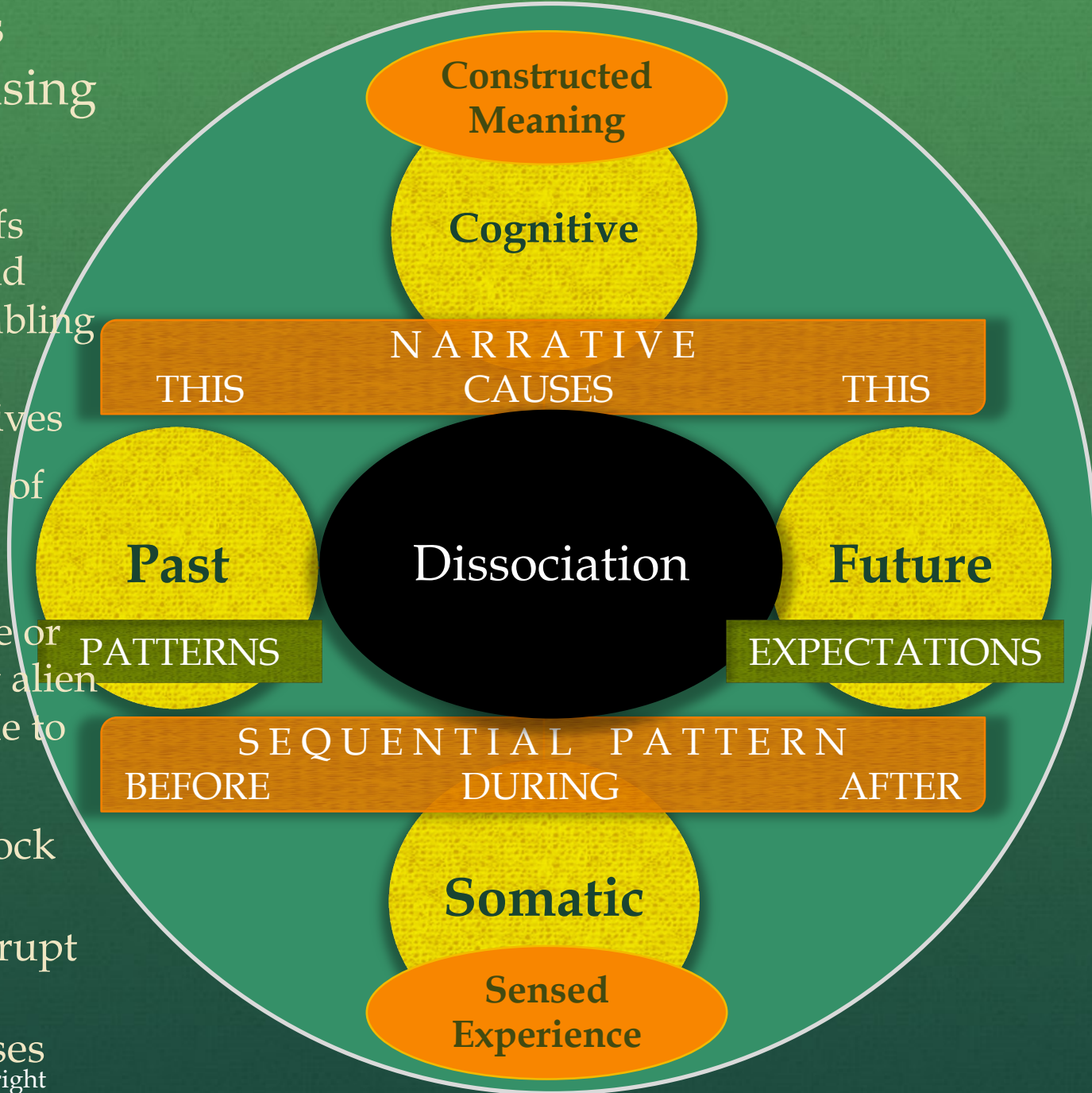
The S.O.S. Model of Recovery from Trauma

Pamela Gawler-Wright 2016 - 2022

BeeLeaf Institute for Contemporary Psychotherapy www.beeleaf.com

Traumatic Events become Traumatizing When

- They Destroy Beliefs about the World and People as safe, Disabling Building New Meaningful Narratives
- They rupture sense of connection and belonging, through dissociation, shame or experience of being alien or incomprehensible to others
- Powerlessness, shock and hostile environment interrupt body/brain's restorative processes after stress



The S.O.S. Model of Recovery from Trauma

(Pamela Gawler-Wright 2016)

SAFELY SENSING, SENSING SAFETY

Somatic restoration of safety setting in body, Re-association
*Centering neuroception in body and widening to environment –
Radial Axis*

OWNING OTHER

Restoring Connection with an “Other”
Present Relational Presence – Vertical Axis

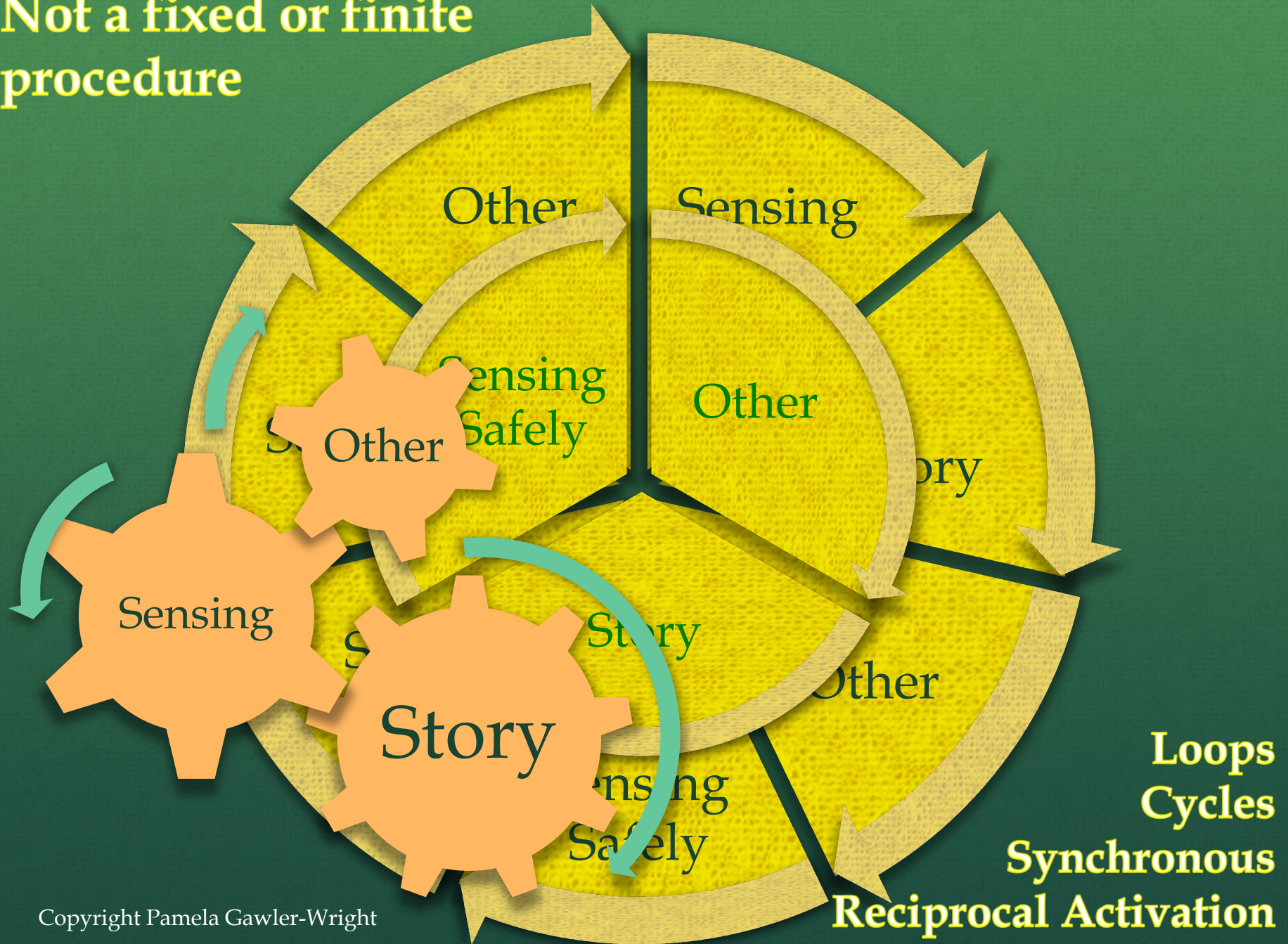
STORY

Constructing a tolerable and meaningful narrative
Sequencing Past Present Future – Horizontal Axis

Exercise: Establishing a Whole Brain 'Contract' in Looping 3-Part Cycles

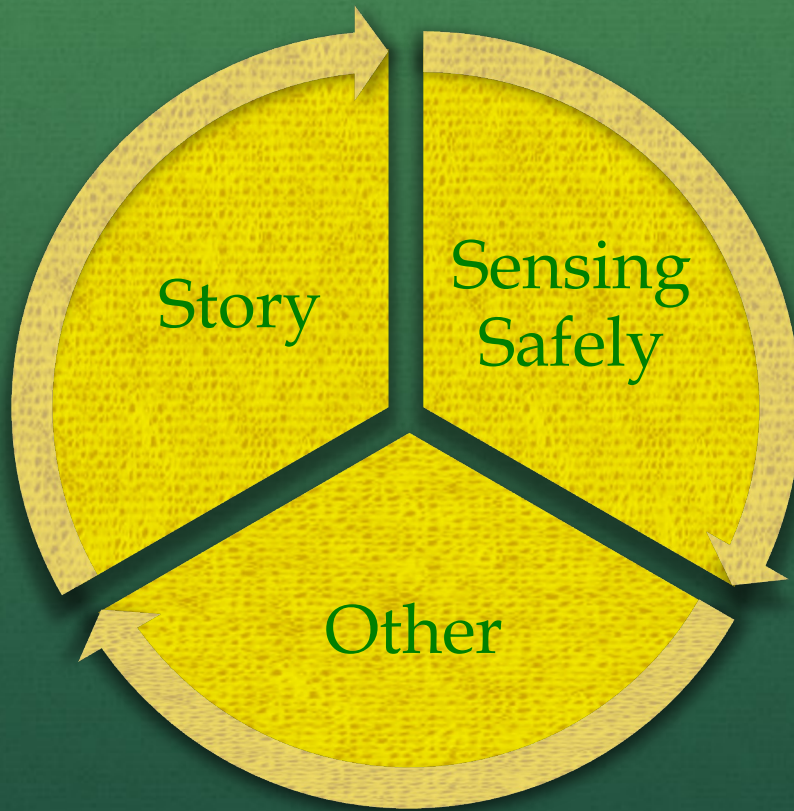
- **Cycle 1**
Relational Attunement (S.O.S)
- **Cycle 2**
Establishing Environmental Conditions and
Relational Intention (Safely Sensing, Sensing Safety)
- **Cycle 3**
Gaining Direction from Internal Sensory
Experience (Other)
- **Cycle 4**
Learning More of this Part's Past and Future
(Story)

Not a fixed or finite procedure



The S.O.S. Guidance to Case Formulation

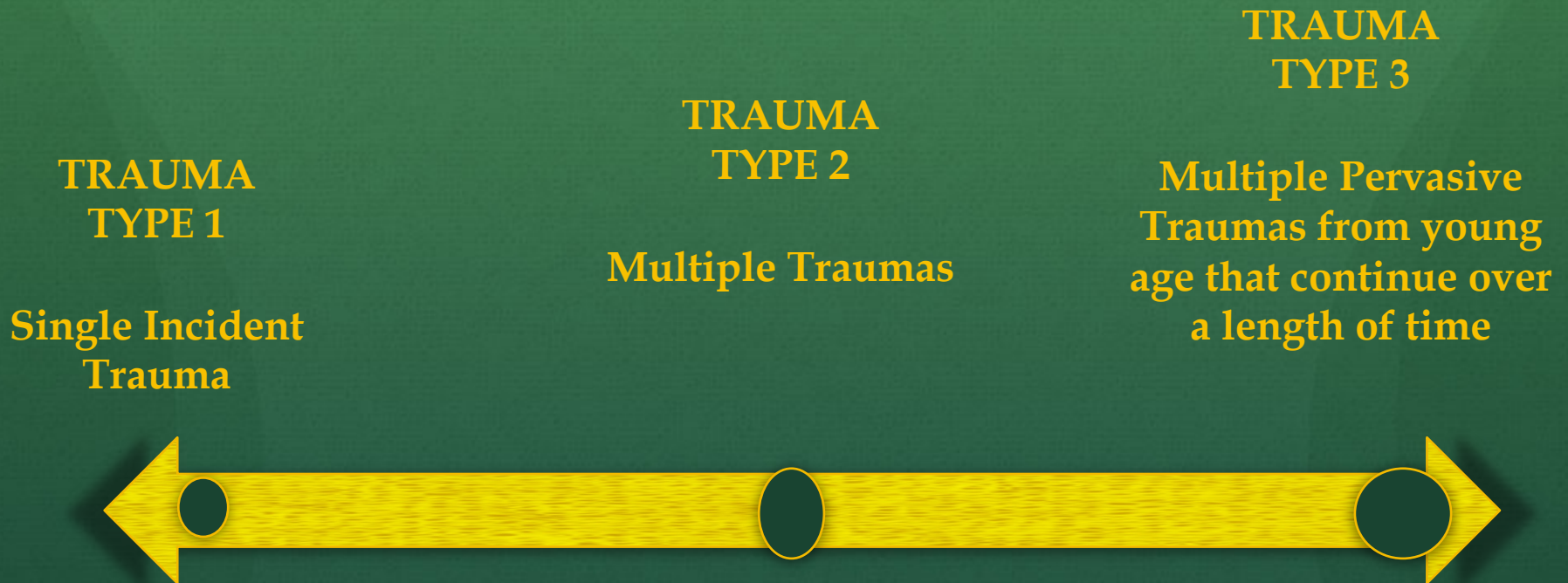
(Pamela Gawler-Wright 2016)



- **SENSING SAFELY**
Somatic restoration of safety setting in body, Re-association, Skills and Boundaries to ensure safety in future, Processing Blocked Emotions that are trapped in the Trauma Response Cycle
- **OTHER**
Encouraging Relationship with Other Self-Relationship, Body-Relationship, Therapist-Client Relationship, Social-Relationship, With Others Who Share Experience, Spiritual Relationship
- **STORY**
Engaging sequencing function, offering information, sharing understanding, reconstructing story from memory fragments or from symbolic material, finding meaning that makes self, others and life have worth and value

Trauma Continuum

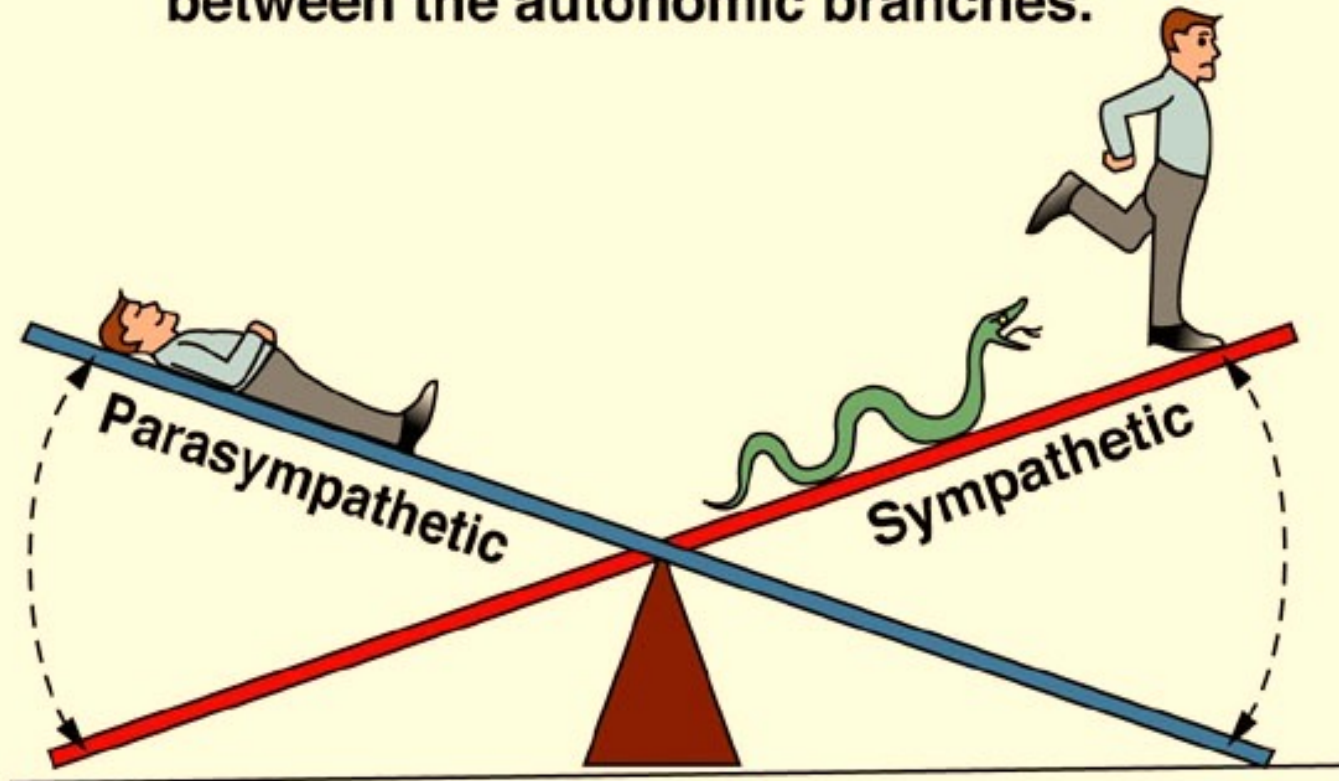
Betsy de Thierry 2014



“The Autonomic Pendulum”

The Mechanisms of Affect Regulation

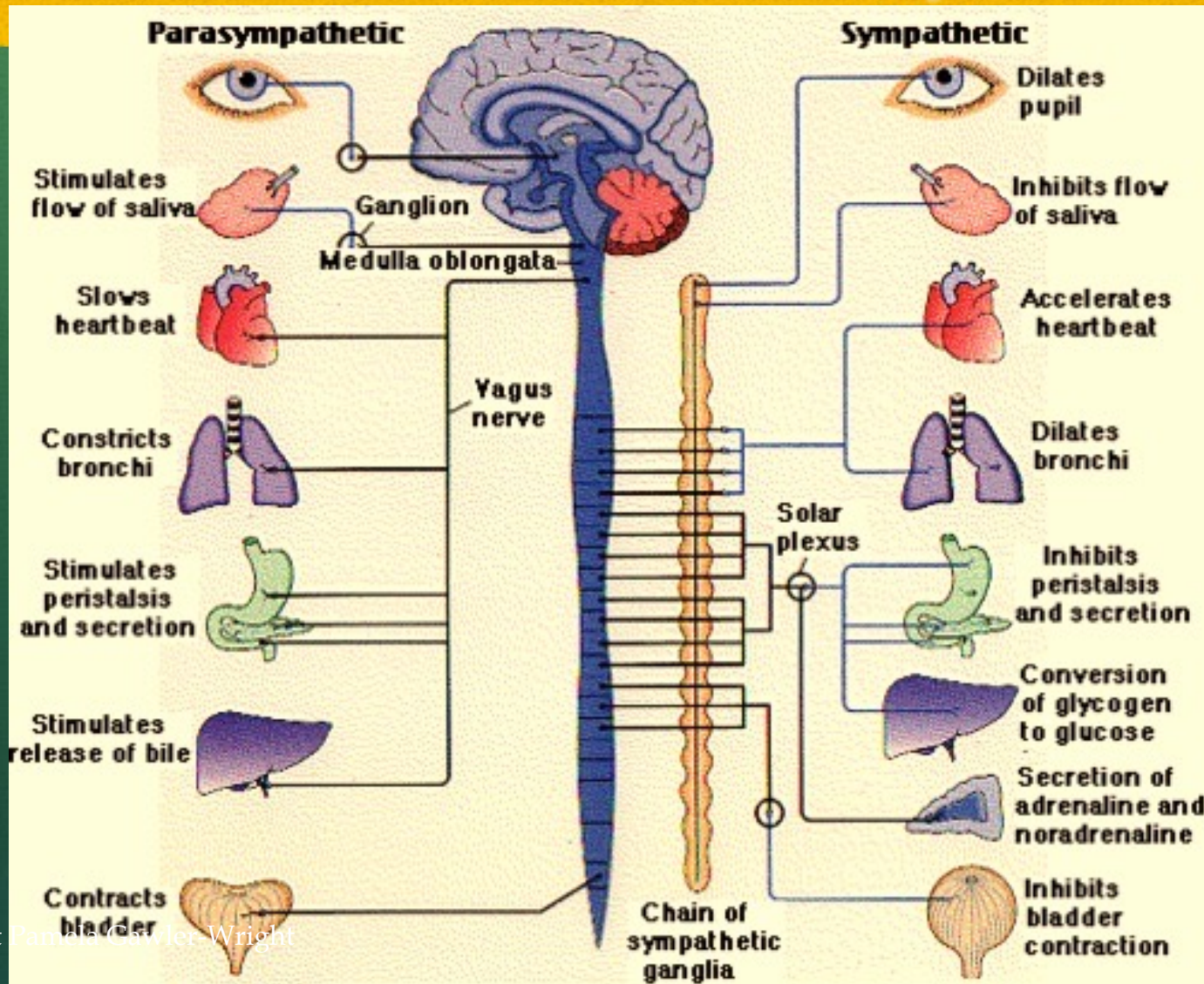
Homeostasis is a dynamic balance between the autonomic branches.



Rest-and-digest:
Parasympathetic activity dominates.

Fight-or-flight:
Sympathetic activity dominates.


Processes of Surviving Autonomic Nervous System



20th Century Perception of Binary Treatment Options



Analysis and Rationalisation



Both have important PARTS to play in recovery,
But as SINGLE or MIS-TIMED approaches they can be
BRAIN TOXIC
and prolong or interrupt natural recovery



“Abreaction” and
Catharsis

Medical and Analytic Assessment Models required us to identify

The Client Who....

Cannot return to previous level of functioning or make up lost development

Can regain functioning to previous levels

Exceeds previous levels of functioning – greater meaning, engagement in activities, positive relationships and social contribution

Predictions based *only* or *mainly* on age of client at event, or type of event were less accurate than taking into account provision of protective and restorative factors

The Difference....

Therapist's Beliefs about Trauma and Possibility of Recovery

Patience of Therapist and recognition of small increments of recovery

Client's Systemic Space to Process including *relational space* created for beneficial affect co-regulation

Extra-therapeutic factors such as restored ongoing personal safety, supporting relationships, financial stress levels and available time for care and to learn self-care

Degree of tailoring of therapy to stages of growth

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Brain-and-Body informed treatment

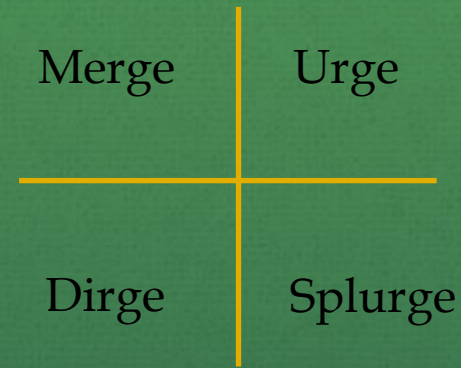
Introduction to Polyvagal System

<https://www.youtube.com/watch?v=uH5JQDAqA8E>

<https://youtu.be/ZdIQRxwT1I0>

Gathering a Narrative

Identifying Injuring and Restorative Factors



What imaginative ways can you and your client come up with of plotting a timeline and mapping the interplay of times of threat and periods of recovery?

21st Century Explosion of Research and Practice in Traumatology



Peter Levine



Pat Ogden



Allan Shore



Dan Siegel



Lucy Johnstone



Babette Rothschild



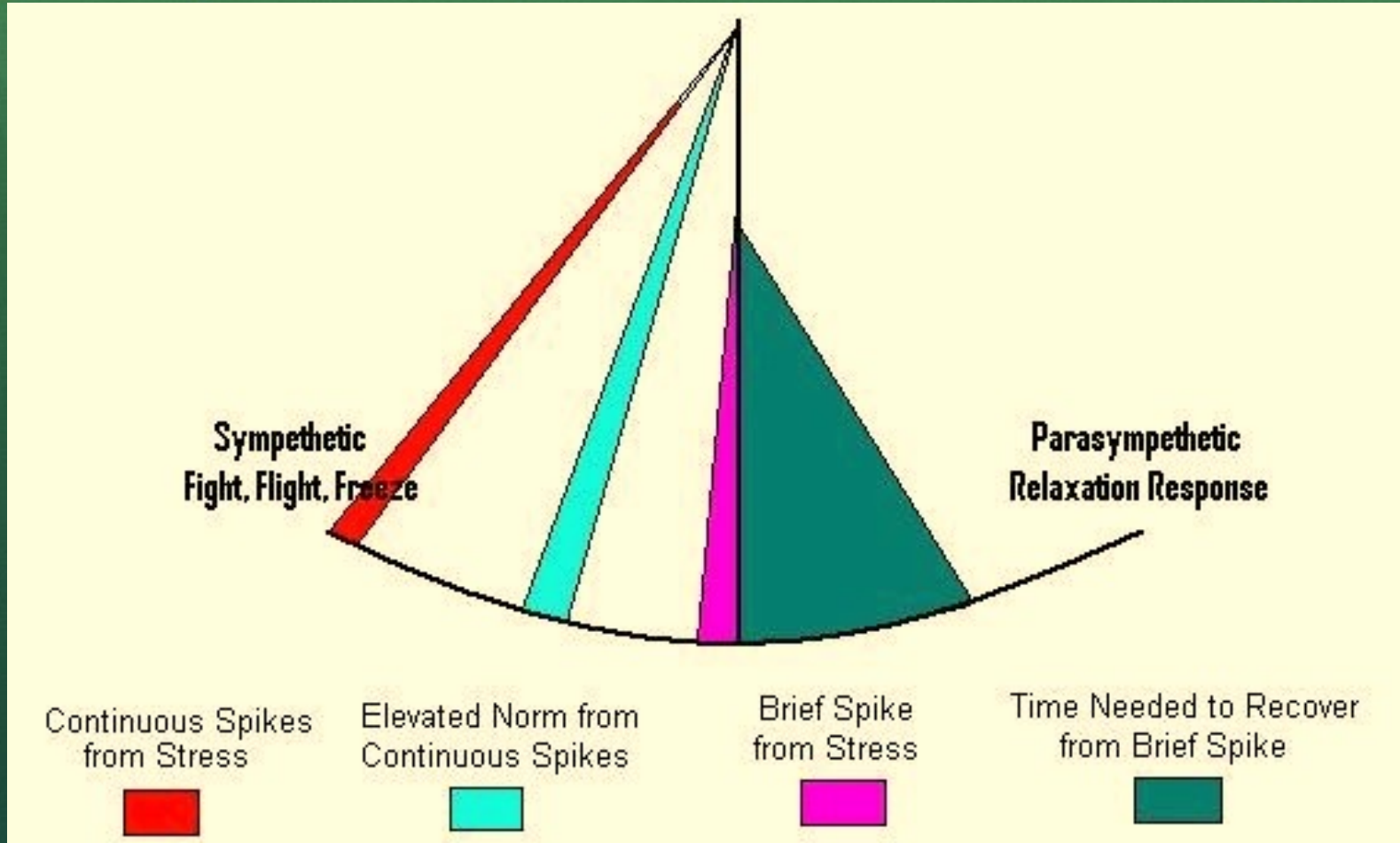
Basel van de Kolk



Common Features

- Nature provides humans with the resources to heal
- Leaving behind “Personality Disorder” to recognise Personality Patterning Rigidity as an expression of Complex PTSD (C-PTSD)
- Working with whole-brain/body system
- Non-Authoritarian – Client is Functional and Wise
- Safety, Meaning and Identity are more important than veracity of literal memory
- Skills can be learned to restore better function

Regulation or Habituation of States? Elevated Norms from Continuous Spikes



STABLE

UNSTABLE

DESIRED

MERGE

URGE

New Forms - Creativity

DIRGE

SPLURGE

UNDESIRE

The Continuous Becoming Frame

Symptoms that may start as coping with trauma and may become Primary Conditions

Complex Post Traumatic Stress

- Drug and Alcohol Abuse
- Bulimia and Obesity
- Dissociation
- Isolation
- Self Harm
- Suicidality
- Identity Disturbance
- Personality “Disorder”
- Under/Over Achievement
- Obsession - Compulsivity
- Lack of Empathy or Low Awareness of Subjectivity

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Effects of Trauma

Working Creatively with Trauma

The For F's Sake Model

Working with Complex Post Traumatic Stress
And Rigid Personality Patterning

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Reactive States

Fight
Flight
Freeze
Fold

All have a 'de-humanising' effect, breaching standards of competence, worth and dignity and creating an 'exiled self'

Process of Trauma

DANGER



Repair Responses

Closing Reset Loop

Replay Responses

Repeating Unfinished Reset Loop

Fight
Flight
Freeze
Fold
Friend
Focus
Flow



Fight
Flight
Freeze
Fold
Fawn
Fixate
Per-Form
'Flaws'

'Superpowers'

Exercise – Recognising Replay

Consider FIGHT-FLIGHT-FREEZE-FOLD-FAWN-FIXATE-FORM in archetypal terms. Consider superpowers and flaws. What kind of personae, animals, historic personalities fit these qualities?

Consider these categories in pathology and diagnostic terms. What categories of “personality disorder” might they resemble?

Consider clients or people in your life who at times might present with these superpower/problematic states that resemble these heroic/rigid patternings. How do you experience yourself when you encounter their ability/rigidity? What different understanding, or new possibilities in your communication, might unfold from this way of perceiving their ability/rigidity?

Identify which of these patternings you might sometimes hang out in. What contexts trigger this state/persona? What are the superpowers and flaws of this state?

Replay Responses

Development of Rigid Patterning

Fight
Flight
Freeze
Fold
Fawn
Fixate
Form



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Not all loss involves trauma

Until loss is acknowledged,
some may not be able to
let themselves recover from trauma

but all trauma involves loss

Sensing Safely, Some One and Story

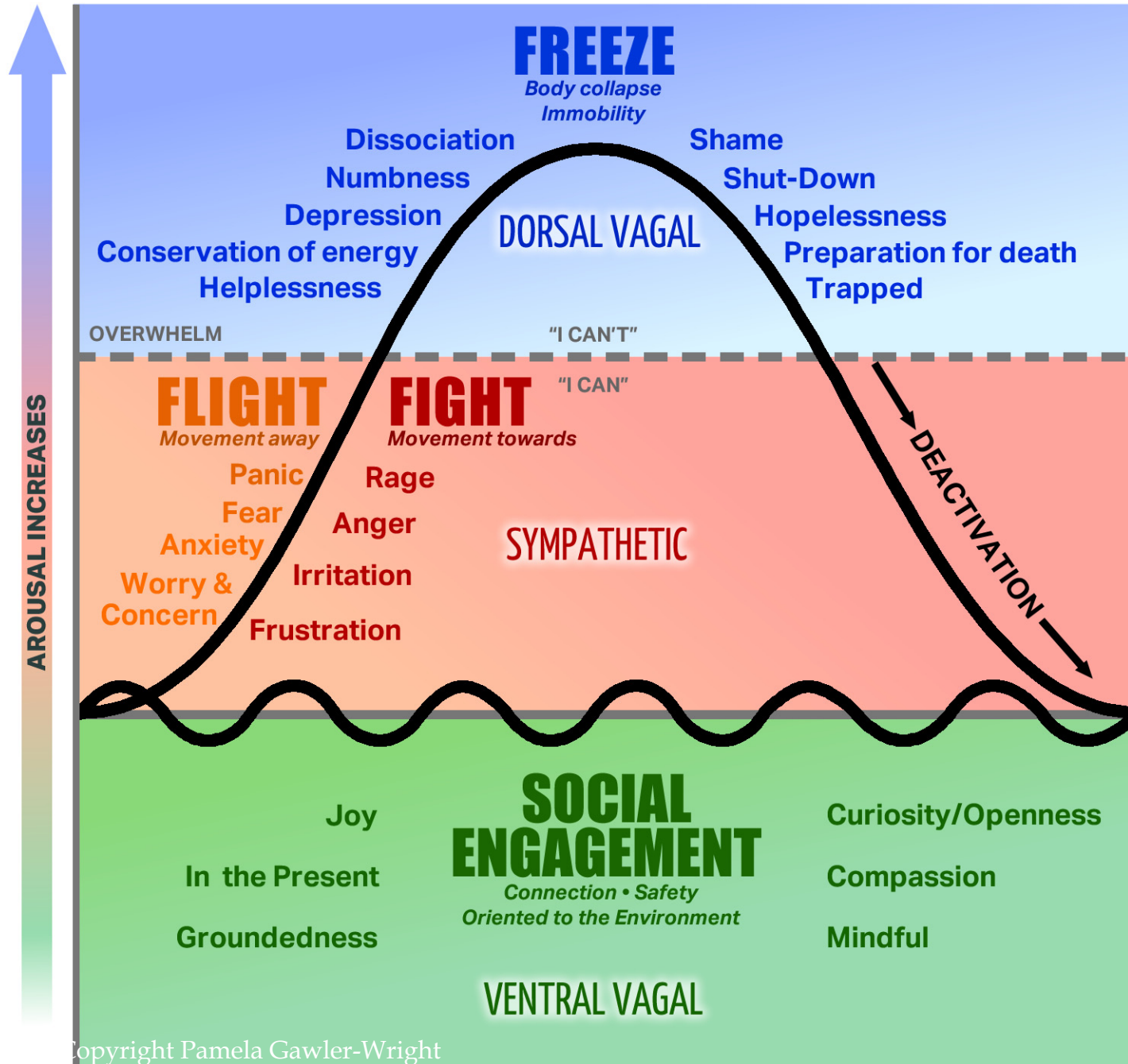
Developing Morning Process

- Stabilise First
 - ✦ Create connection with Body as Faithful Protector, Heart as Loving Companion, Brow as Wandering Storyteller
 - ✦ Here and Now – The Danger is Past
 - ✦ Develop the existing personal narrative of self, having survived challenges, losses and traumas
 - ✦ Acknowledge Strengths, Resources and Values
 - ✦ Identify role models, mentors and sponsors, from own past, or history, culture, myth
 - ✦ Identify, grow and map social connections and “relational field” according to levels of safety

Post Traumatic Stress Disorder Diagnostic Symptoms

- Re-Experiencing
- Hyperarousal
- Avoidance

Experienced for more than one month after the event of trauma or in a way which affects functionality.



PARASYMPATHETIC NERVOUS SYSTEM

DORSAL VAGAL - EMERGENCY STATE

Increases

Fuel storage & insulin activity
Endorphins that help numb and raise the pain threshold.

Decreases

Heart Rate • Blood Pressure
Temperature • Muscle Tone
Facial Expressions • Eye Contact
Intonations • Awareness of the Human Voice • Social Behavior • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases

Blood Pressure • Heart Rate
Fuel Availability • Adrenaline
Oxygen circulation to vital organs
Blood Clotting • Pupil Size

Decreases

Fuel Storage • Insulin Activity
Digestion • Salvation
Relational Ability
Immune Response

PARASYMPATHETIC NERVOUS SYSTEM

VENTRAL VAGAL

Increases

Digestion • Intestinal Motility
Resistance to Infection
Immune Response
Rest and Recuperation
Circulation to non-vital organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)
Ability to Relate and Connect

Decreases

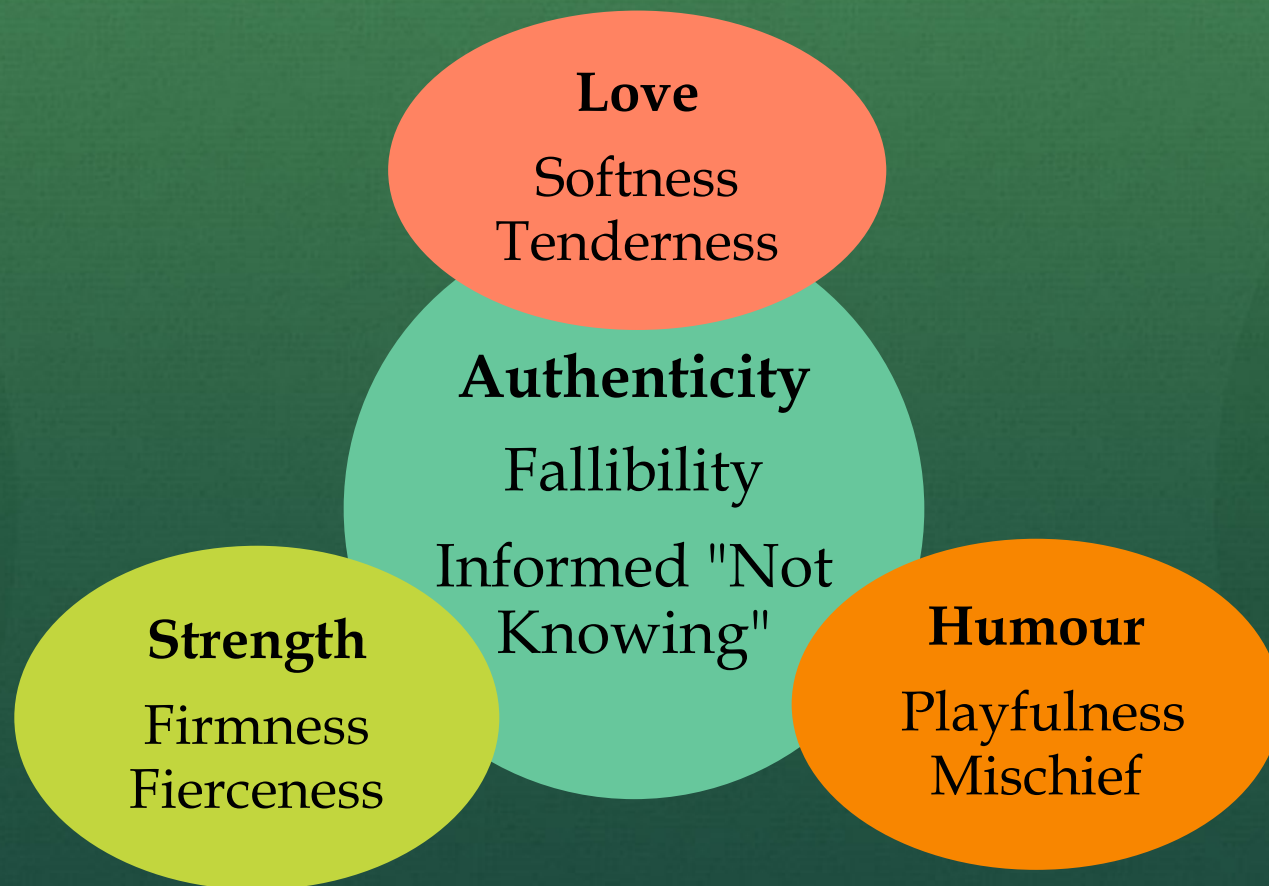
Defensive Responses

Effects of Trauma

		Internal working model of self (dependence)	
		Positive (low dependence)	Negative (high dependence)
Internal working of others (avoidance)	Positive (low avoidance)	Secure Comfortable with intimacy and autonomy	Preoccupied Preoccupied with relationships, high emotional reactivity
	Negative (high avoidance)	Dismissing Dismissive of attachment; counter-dependent	Fearful Afraid of intimacy and rejection; believes self to be worthy of rejection; high emotional reactivity

Fig. 1 Bartholomew's four-category model of adult attachment (after Bartholomew & Horowitz, 1991).

Flexible Attributes of Practitioner's Personhood



Triggers, Silence and Compliance

Born in Williamsburg, Brooklyn, a Jewish neighbourhood.

Polish Grandparents refugees from persecution.

Father died when he was aged two.

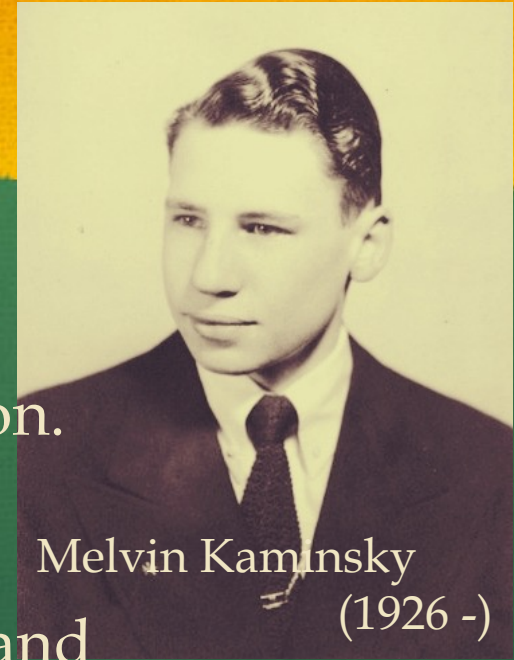
Bullied at school, small and shy.

Saw the impact of the Holocaust on relatives and neighbours; triggers, silence and compliance.

His Jewish heritage proposed “an eye for an eye”, but that would mean a blood-bath.

His Christian friends offered “forgiveness” as a solution but that would be to excuse and invite further atrocity.

Rejected the “garment profession” to “show stories”.



Melvin Kaminsky
(1926 -)

<https://youtu.be/HPXHRX8Q2hs>

Contrastive Analysis of 3 Researched Effective Protocols

- ★ Eye Movement Desensitization and Reprocessing (EMDR)
- ★ Emotional Freedom Technique (EFT - “Tapping”)
- ★ NLP Trauma Resolution (“Rewind Technique”)

Common Treatment Features

- ★ Dual Attention Stimulus
- ★ Internal Representations synchronous with incongruously neutral or positive physiology
- ★ Cross Lateral Task
- ★ Internal Representations synchronous with new positive physiology and message
- ★ Reconnection of loving social contact and worth
- ★ Meaningful narrative
- ★ Values driven future

Changes in the Brain due to Post Traumatic Stress

1. Threat Perception System is Enhanced

Changes in Primitive Core Brain (Reptilian)
Seeing danger where others perceive manageable obstacles

2. Difficulty in engaging in here and now

Higher in the Brain, Limbic System, changes in memory filters
Alters what you can dismiss and what you see as relevant to this moment

3. Self-sensing system gets blunted

Running through mid-section of brain and nervous system
Dampening internal response to “heart-ache”, “gut-wrench”.
Dampening internal response and trust of “self”.
Loss of pleasure, sensuality, excitement and action.



Repair Responses
Closing Reset Loop

Replay Responses
Repeating Unfinished Reset Loop

Fight
Flight
Freeze
Fold
Friend
Focus
Flow



Fight
Flight
Freeze
Fold
Fawn
Fixate
Per-Form
'Flaws'

'Superpowers'

Symptoms that may start as coping with trauma and may become Primary Conditions

Complex Post Traumatic Stress

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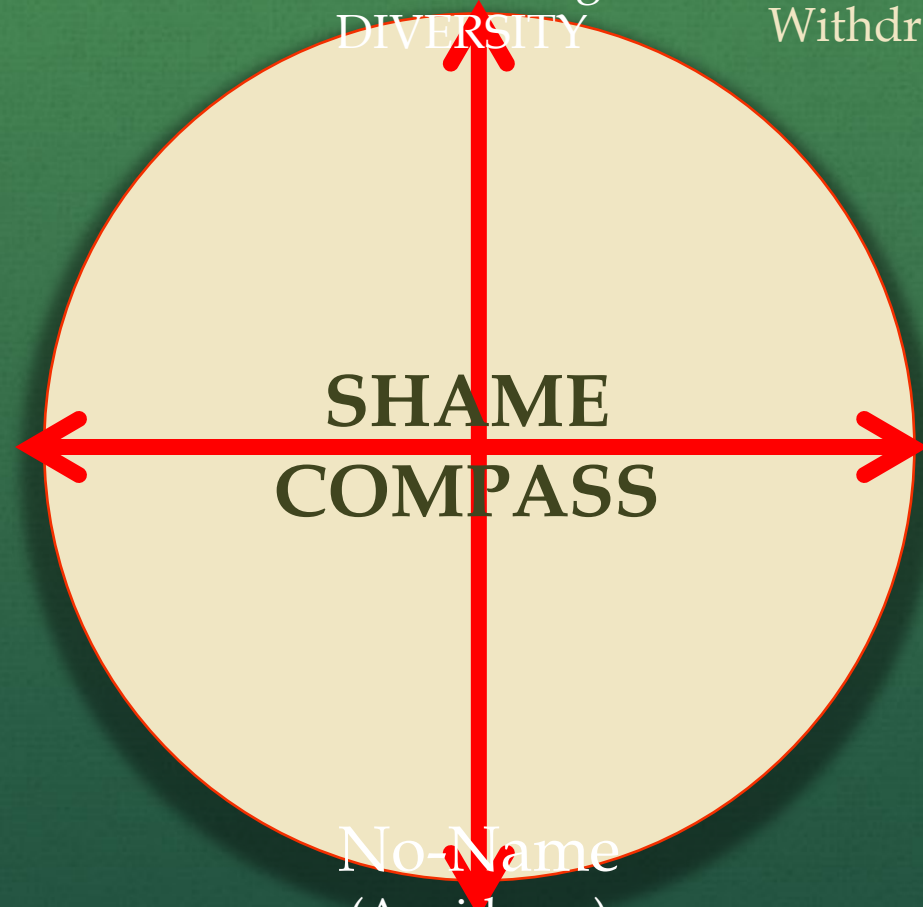


Effects of Trauma

Gawler-Wright 2017
Refers to the *internal dynamics*
of **Blame, Lame, Not-the-Same**
and **No-Name**

Not-the-Same
(Withdrawal)
Comparing, Freak,
Don't Belong
DIVERSITY

Correlates with Nathanson
1992 which describes the
four *behaviour* directions of
Attack Other, Attack Self,
Withdrawal, Avoidance



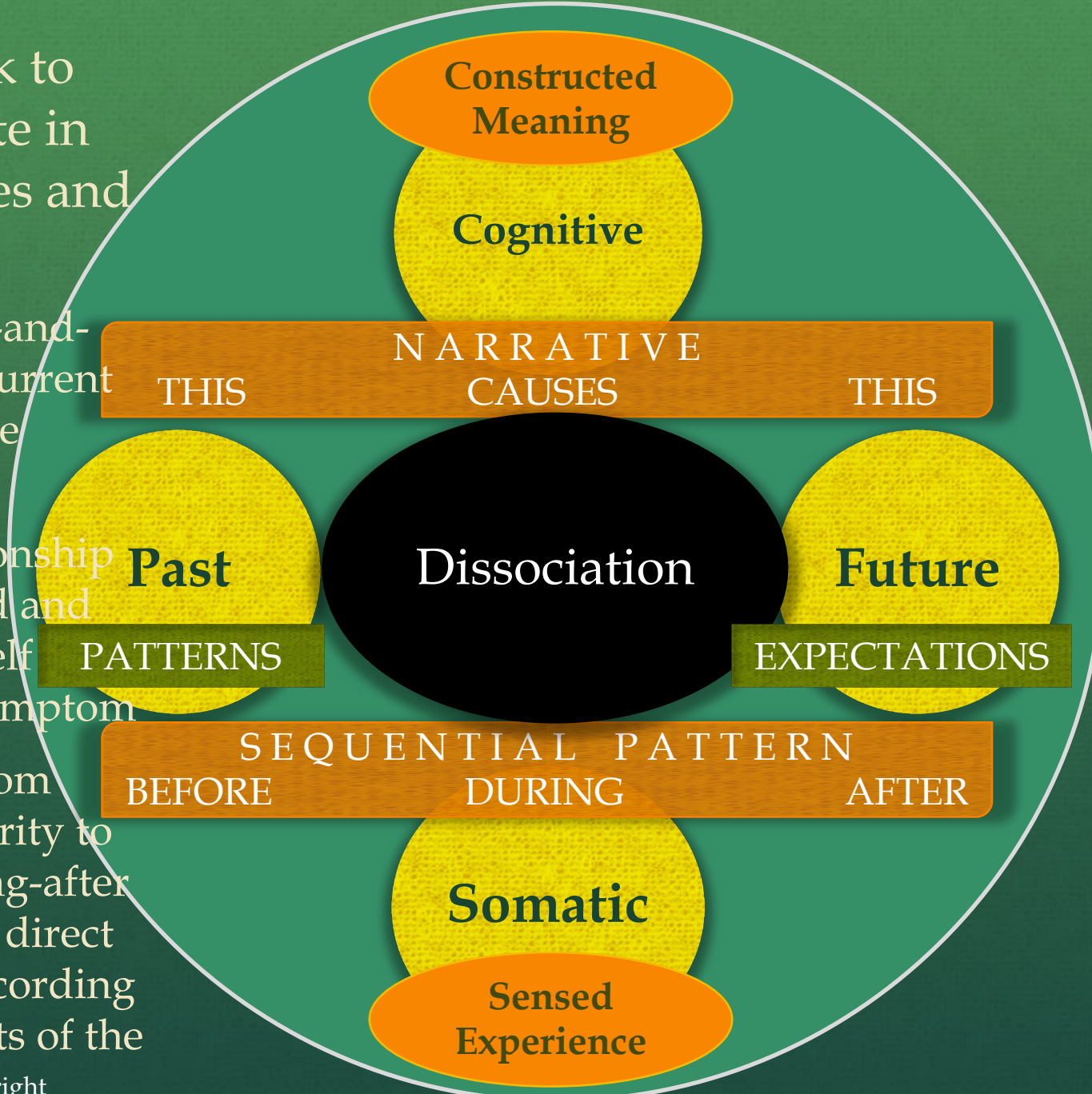
Blame
(Attack Other)
Unacceptable
Un-ownable
Externalise
BOUNDARY

Lame
(Attack Self)
Incomplete
Intrinsically Flawed
Unable
HUMILITY

No-Name
(Avoidance)
Hidden, Secret, Denial
Wordless, Void, Distraction
BEFRIEND

S.O.S Loops work to gently re-associate in manageable cycles and client lead stages

- Bring sequencing-and-naming mind to current sensory experience
- Engage empathic potential in relationship with the neglected and unheard part of self expressing as a symptom
- Giving the symptom intelligence authority to track before-during-after experience and to direct the next stages according to needs and wants of the dissociated self



Constructed
Meaning

Cognitive

THIS

NARRATIVE
CAUSES

THIS

Past

Dissociation

Future

PATTERNS

EXPECTATIONS

BEFORE SEQUENTIAL PATTERN DURING AFTER

Somatic

Sensed
Experience

The Trauma Response Cycle

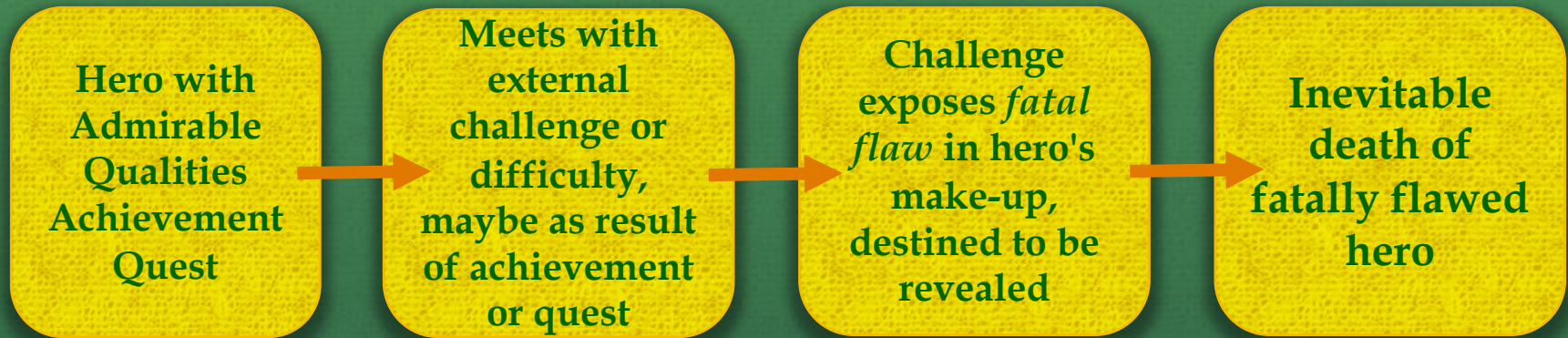
Healing

Traumatic Stress

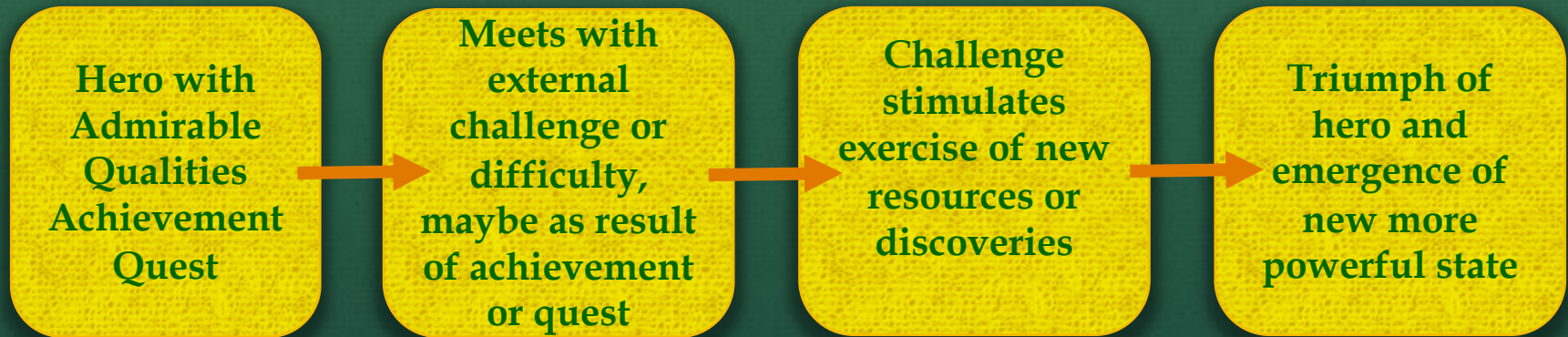


Classic Sequencing Patterns

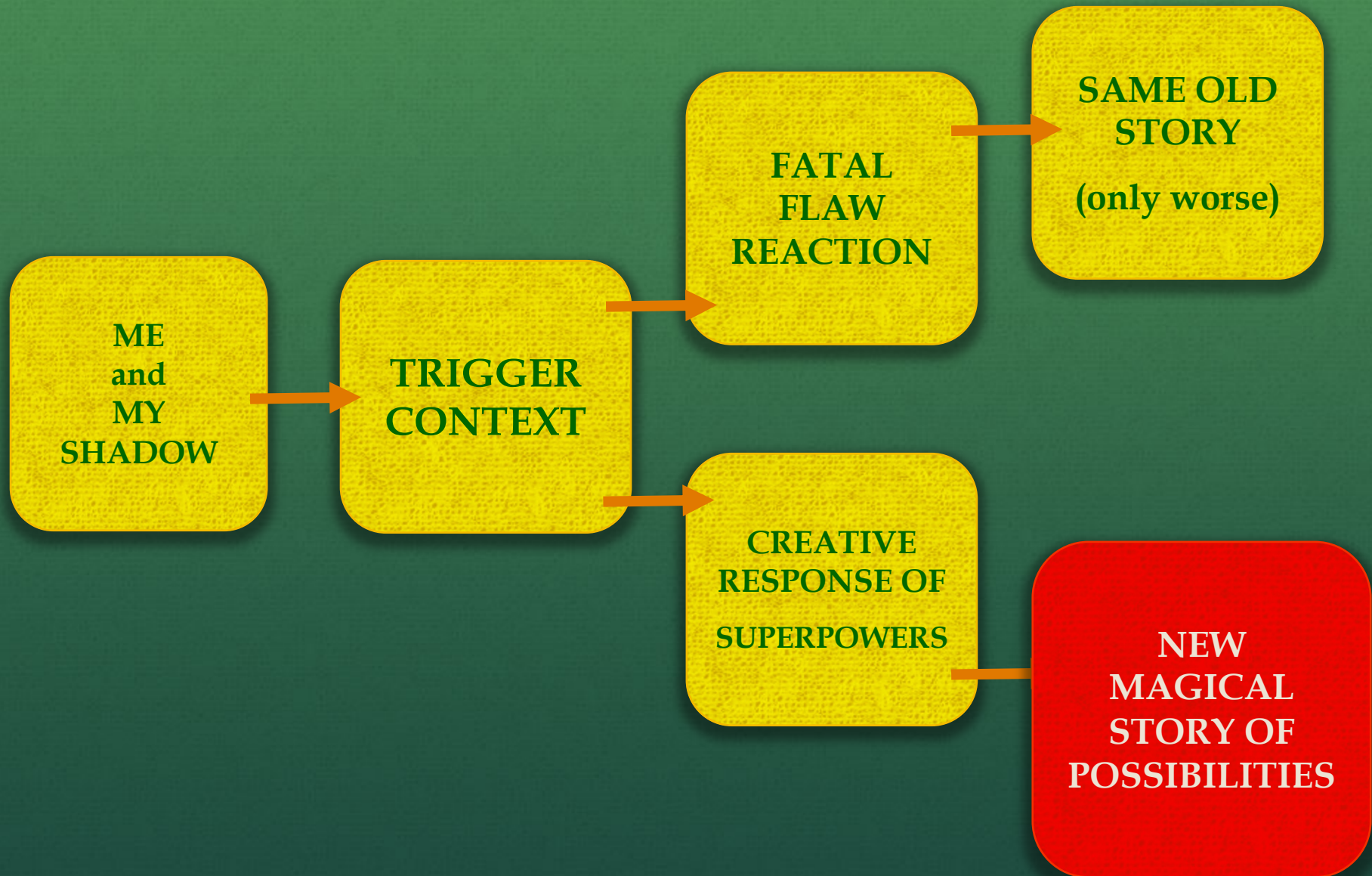
Aristotelian Tragedy



Fairy or Heroic Tale



Healing Through Plot (Pattern) Diversion



STABLE

UNSTABLE

DESIRED

MERGE

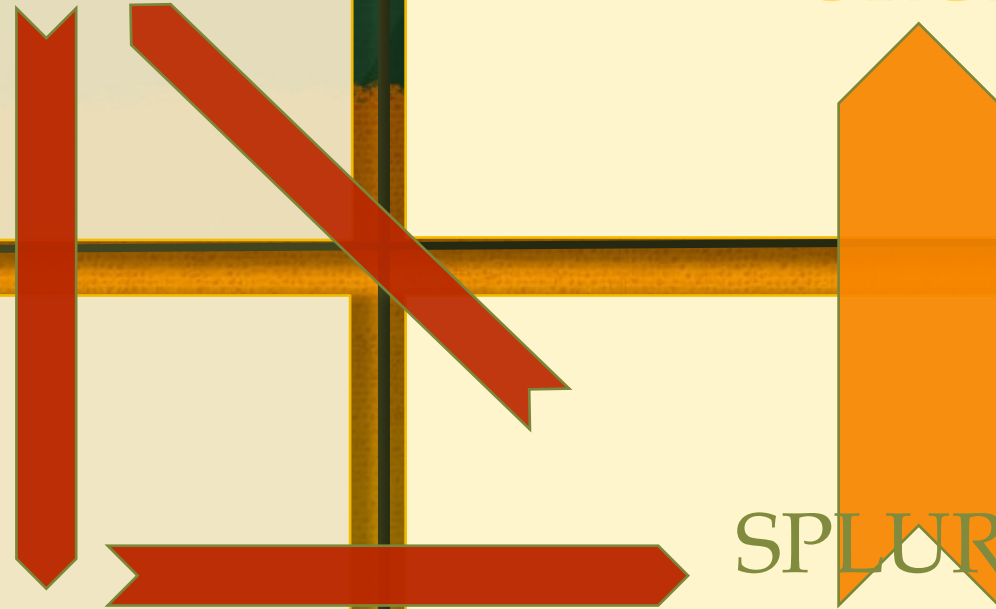
URGE

DIRGE

SPLURGE

UNDESIRE

The Continuous Becoming Frame



Post Traumatic Stress Disorder Diagnostic Symptoms

- Re-Experiencing
- Hyperarousal
- Avoidance

Experienced for more than one month after the event of trauma or in a way which affects functionality.

Post Traumatic Stress Disorder

Symptoms

- **Re-Experiencing**

- Flashbacks
- Nightmares
- Intrusive Memories
- Unmoderated Transference
 - Distortions and Generalisations



Effects of Trauma

Post Traumatic Stress Disorder

Symptoms

- **Hyperarousal**

- Hyper-Vigilance
- Restless, Sleep Difficulties
- Irritability, Temper, Oppositional
- Triggered Fear Response from Simple Reminders
- Physiologic Sensitivity, Startle Response, Overwhelm

Copyright Pamela Cavalieri, M.Ed. "Don't touch me"



Effects of Trauma

Symptoms of Post Traumatic Stress Disorder (Continued)

- **Avoidance**

- Numbing
- Denial
- Amnesia
- Intellectualising
- Dissociation
- Anhedonia
- Disconnecting
- Escaping
- Avoiding all Reminders
- Fundamentalism, Black-and-White Thinking

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Effects of Trauma

STABLE

UNSTABLE

DESIRED

MERGE

URGE

DIRGE

SPLURGE

UNDESIRED

The Continuous Becoming Frame

Complex Components and Effects of Trauma

- Interrupted
- Developmental
- Conditioned
- Habituated
- Homeostasis

BIO

- Conflicted
- Identified
- Meaning Making
- Narrative and Schema

PSYCHO



SOCIO

- Trust
- Self Worth
- Worth of Other
- Support System
- Relationship Patterns

ECO/DEO

- Justice
- Cosmology
- Restoration
- Moral Fabric
- Higher Purpose

Exercise : Closing a Replay Loop

Associate to a recent time of being in a replay state.

Describe it in non-judgmental terms.

Acknowledge and greet the arrival of this part of yourself.

What are you trying to make happen? What value are you serving?

How can you know when this superpower is working?

How can you know when it is not?

When is it time to stop?

How can you change direction, finish using this superpower and recharge?

<https://youtu.be/FOCTxcaNHeg>

Process of Trauma

Sympathetic Nervous System

FIGHT-OR-FLIGHT

- Circulation increases blood supply to brain, muscles and to limbs (more O₂). Brain activity changes: we think less and react more instinctively
- Heart beats quicker and harder – coronary arteries dilate.
- Blood pressure rises
- Lungs take in more O₂ and release more CO₂
- Liver releases extra sugar for energy
- Muscles tense for action
- Sweating increases to speed heat loss
- Adrenal glands release adrenalin to fuel response
- Decreased activity will occur in the body
- Digestion slows down or stops – stomach and small intestines reduce activity. We might feel sick, or be sick
- Mouth goes dry – constriction of blood vessels in salivary glands
- Kidney, large intestine and bladder slow down. We often feel we want to go to the toilet: this is the body's way of "lightening the load"
- **Immune responses decrease**

Process of Trauma

Parasympathetic Nervous System

REST-AND-DIGEST

Increases

- digestion
- intestinal motility
- fuel storage (increases insulin activity)
- resistance to infection
- rest and recuperation
- circulation to non-vital organs, (skin, extremities...)
- endorphins, the "feel good" hormones

And decreases:

- heart rate
- blood pressure
- temperature

Process of Trauma

Polyvagal System

1. Ventral vagal system: Social communication, self soothing and calming, inhibits arousal; slows the heart; inhibits fight/flight, reduces inflammation. Role in face-to-face attunement, bonding, socialisation.
2. Sympathetic adrenal system: Mobilization of muscles in fight/flight, active/avoidance
3. Dorsal vagal complex: Immobilisation, death feigning, passive avoidance, vegetative collapse, behavioral shutdown: The psychobiological engine of dissociation

Use “Common Reactions to Trauma” as guidance to identify possible trauma reactions

<https://youtu.be/95ovIJ3dsNk>

Transdirivational Search and Story Sequence

Sensory description of the symptom.

Do symptoms come and go in cycles, waves, loops?

What triggers them to come on?

How long does an occurrence of the symptom last?

Does this symptom help to interrupt/distract you from other symptoms such as anxiety, flashbacks, anger, frustration, loss? Or help to motivate, give you courage?

When did the symptoms start? Use body sensations to guide back in time

What lead up to the symptom starting in the years, months, weeks, days before? (Time cycle suggested by client's story)

Does the symptom express any part of the fight-flight-freeze-fold response?

Approaching Traumatic Material

Presentation of Symptoms
Gaining A First Narrative

A Process for Individuals and Couples - The Pattern in Events

- Connect to the feeling that has been triggered and develop respect and compassion for the *feeling*, separating it from the *behaviour of worrying/avoiding/irritability/abuse*.
- Is this feeling familiar? Has it been present in the *patterns* of stressful/shameful/abusive incidents?
- When you have this feeling, what do you *really* want/need? For example: safety, peace, affection, sex, freedom, space
- What historical relevance connects to your current experience, in this relationship or past relationships? Does this want or need have relevance to the current context? Is there resentment or shame attached to this want/need?
- In and of itself, is it OK to have this want/need?
- What are ways to meet this want/need, independently and together? Distinguish times for independence and togetherness.

An Identity Matrix

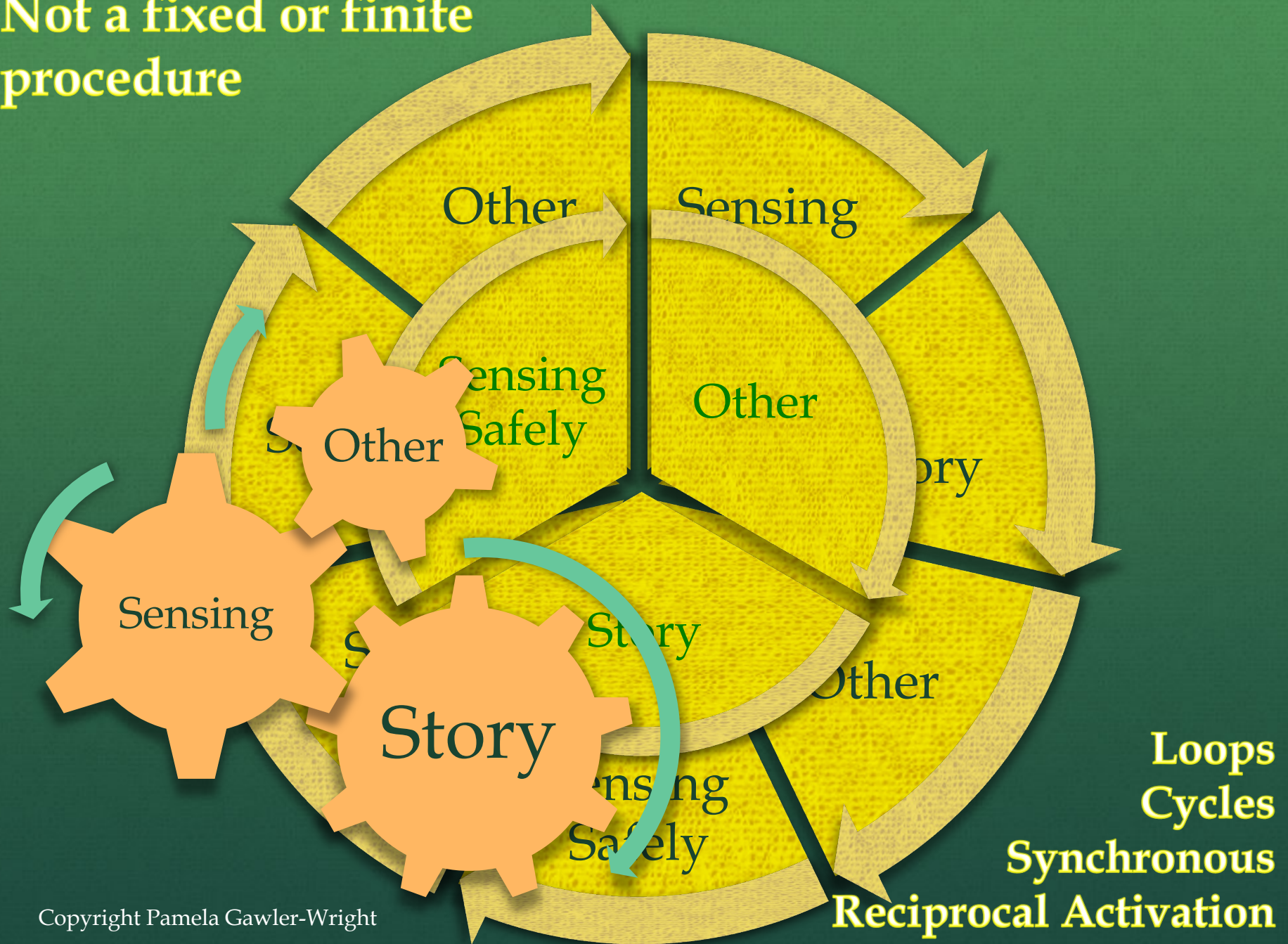
	Am Not	Could Become	Will Always Be
Want to Be	<i>Limit</i>	<i>Potential</i>	<i>Core</i>
Don't Want to Be	<i>Boundary</i>	<i>Flaw/ Weakness</i>	<i>Shadow</i>

Sensing Safely, Some One and Story

Developing Morning Process

- ✦ Create connection with body as faithful protector
- ✦ Here and Now – A Few Moments in Eternity
- ✦ Develop connection with the Earth turning, orbiting the Sun, creating a Daily or Yearly Cycle
- ✦ Become aware of coming events that are anticipated, some not yet known, in sequence of hours, days, weeks, months, as natural cycles of the Earth's motion
- ✦ Imagine moving through the coming 24 hours, bringing protection, connection and meaning to each event and encounter, expected and

Not a fixed or finite procedure



The Trauma Response Cycle

Healing Traumatic Stress



Post Traumatic Stress Disorder

Symptoms

- **Re-Experiencing**
 - Flashbacks
 - Nightmares
 - Intrusive Memories
 - Unmoderated Transference
 - Distortions and Generalisations



Effects of Trauma

Post Traumatic Stress Disorder

Symptoms

- **Hyperarousal**
 - Hyper-Vigilance
 - Restless, Sleep Difficulties
 - Irritability, Temper, Oppositional
 - Triggered Fear Response from Simple Reminders
 - Physiologic Sensitivity, Startle Response, Overwhelm
 - “Don’t touch me”



Effects of Trauma

Symptoms of Post Traumatic Stress Disorder (Continued)

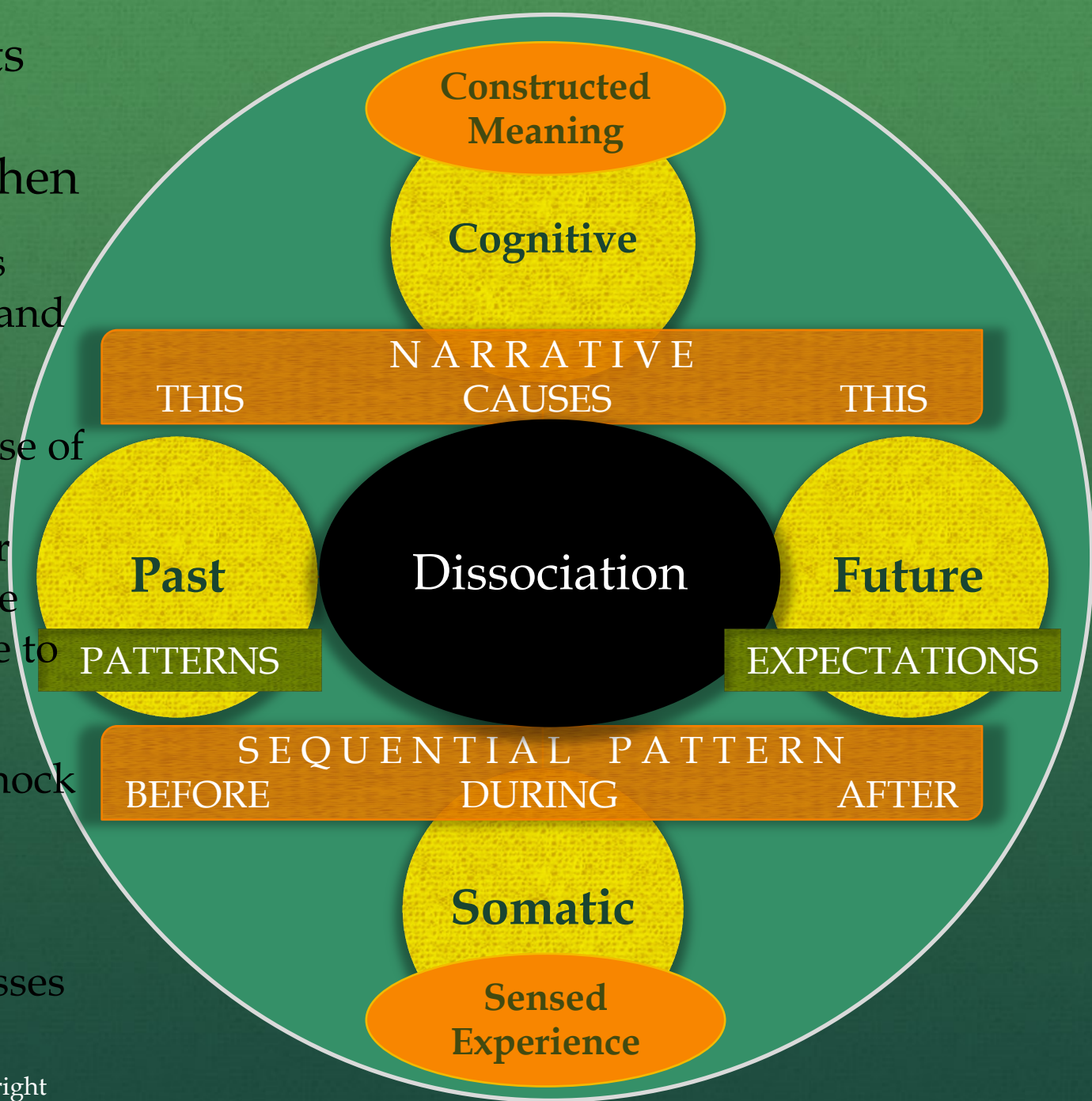
- **Avoidance**
 - Numbing
 - Denial
 - Amnesia
 - Intellectualising
 - Dissociation
 - Anhedonia
 - Disconnecting
 - Escaping
 - Avoiding all Reminders
 - Fundamentalism, Black-and-White Thinking



Effects of Trauma

Traumatic Events become Traumatising When

- They Defy Beliefs about the World and People
- They rupture sense of belonging, either through shame or having experience incomprehensible to others
- Powerlessness, shock and hostile environment interrupt bodies restorative processes after stress



<https://youtu.be/yb1yBva3Xas>

Contrastive Analysis of 3 Researched Effective Protocols

- ★ Eye Movement Desensitization and Reprocessing (EMDR)
- ★ Emotional Freedom Technique (EFT - “Tapping”)
- ★ NLP Trauma Resolution (“Rewind Technique”)

Common Treatment Features

- ★ Dual Attention Stimulus
- ★ Internal Representations synchronous with incongruously neutral or positive physiology
- ★ Cross Lateral Task
- ★ Internal Representations synchronous with new positive physiology and message
- ★ Reconnection of loving social contact and worth
- ★ Meaningful narrative
- ★ Values driven future

The S.O.S. Model of Working with Trauma

(Pamela Gawler-Wright 2016)



- **SENSING SAFELY**
Somatic restoration of safety setting in body, Re-association, Skills and Boundaries to ensure safety in future, Processing Blocked Emotions that are trapped in the Trauma Response Cycle
- **OTHER**
Encouraging Relationship with Other Self-Relationship, Body-Relationship, Therapist-Client Relationship, Social-Relationship, Spiritual Relationship
- **STORY**
Offering information, sharing understanding, reconstructing story from memory fragments or from symbolic material, finding meaning that makes self, others and life have worth and value

Changes in the Brain due to Post Traumatic Stress



1. Threat Perception System is Enhanced
Changes in Primitive Core Brain (Reptilian) that checks whether or not you are safe
Seeing danger where others perceive manageable obstacles

2. Higher in the Brain, Limbic System, changes in memory filters
What you can dismiss and what you see as relevant to this moment becomes altered
Difficulty in engaging in here and now of ordinary situations

3. Self-sensing system (running through mid-section of brain and nervous system) gets blunted.

Dampening internal response to "heart-ache", "gut-rench".

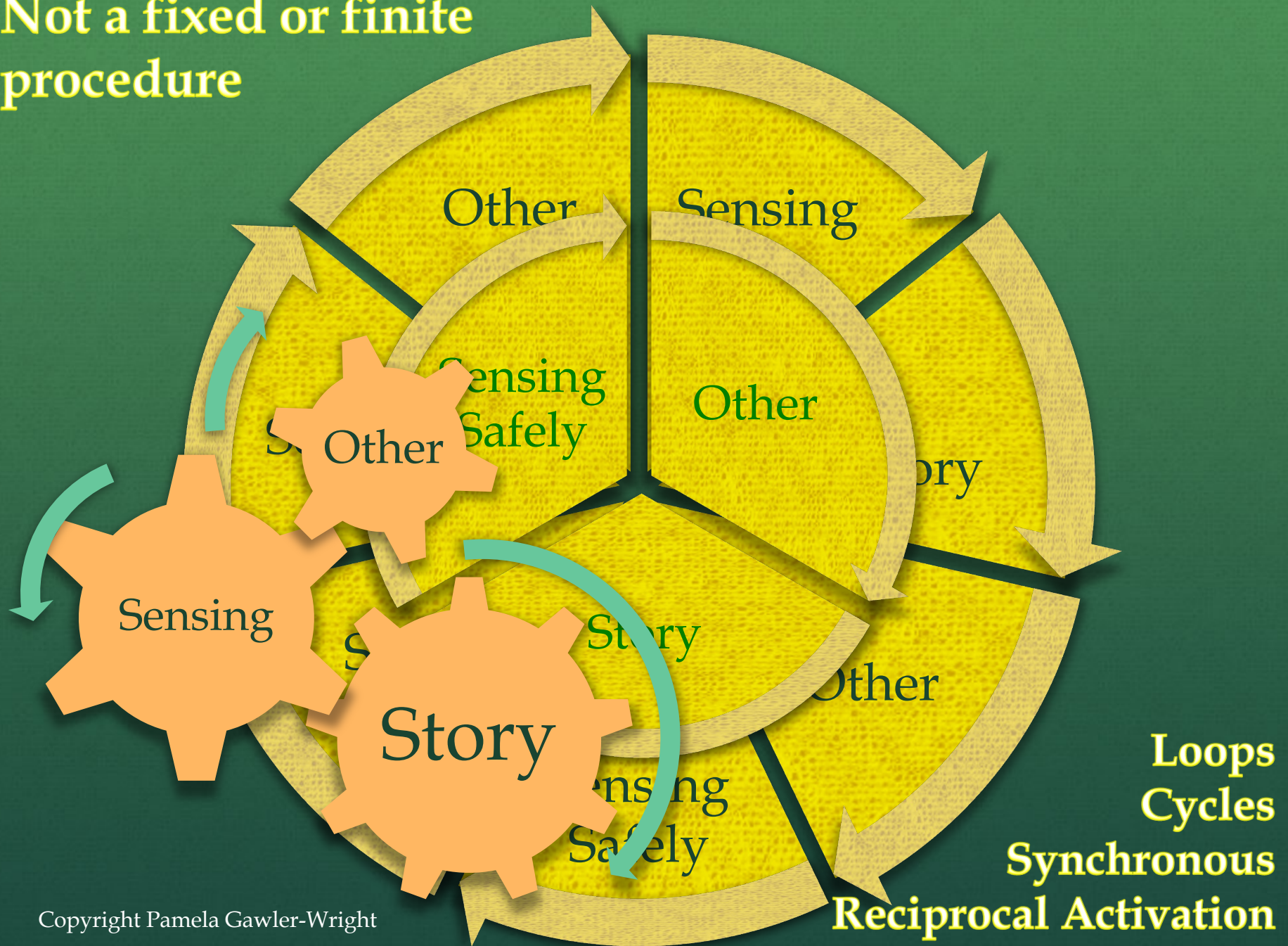
Dampening internal response and trust of "self".

Loss of pleasure, sensuality, excitement and action.

So How Do We Work
Creatively With Trauma?

What does THIS client need?

Not a fixed or finite procedure



The Trauma Response Cycle

Healing

Traumatic Stress



Traumatic Events

Feeling Unloved
Birth

Adoption

Separation

Abandonment

Demanding Parent or

Teacher

Neglect

Ridicule

Bullying

Inability to Stand up for
Yourself

Embarrassment

Shame

Unjust Blame

Unbalanced Punishment



Traumatic Events

Emotional, Physical or
Sexual Abuse

Living in Fear

Imprisonment

Oppressive Boss

Oppressive Partner

Torture

Events of War

Combat Experiences

Auto Accident

Natural Disaster



Traumatic Events

Illness
Choking
Surgery
Anaesthetic Awareness
Injury
Poisoning/Toxicity
Cancer
Addiction
Miscarriage
Abortion
Betrayal
Break-Up
Divorce
Coming Out
Empty Nest Syndrome
Illness of Loved One
Death of Loved One
Suicide of Friend or in Family
Confrontation
Rejection



Traumatic Events

Financial Stress

Single Parenthood

Victim of Prejudice

Exclusion

Poor Financial Decision

Being Sacked or Made
Redundant

Bankruptcy

Defamation of Character

Addiction of Loved One

Robbery and Burglary

Loss of Home

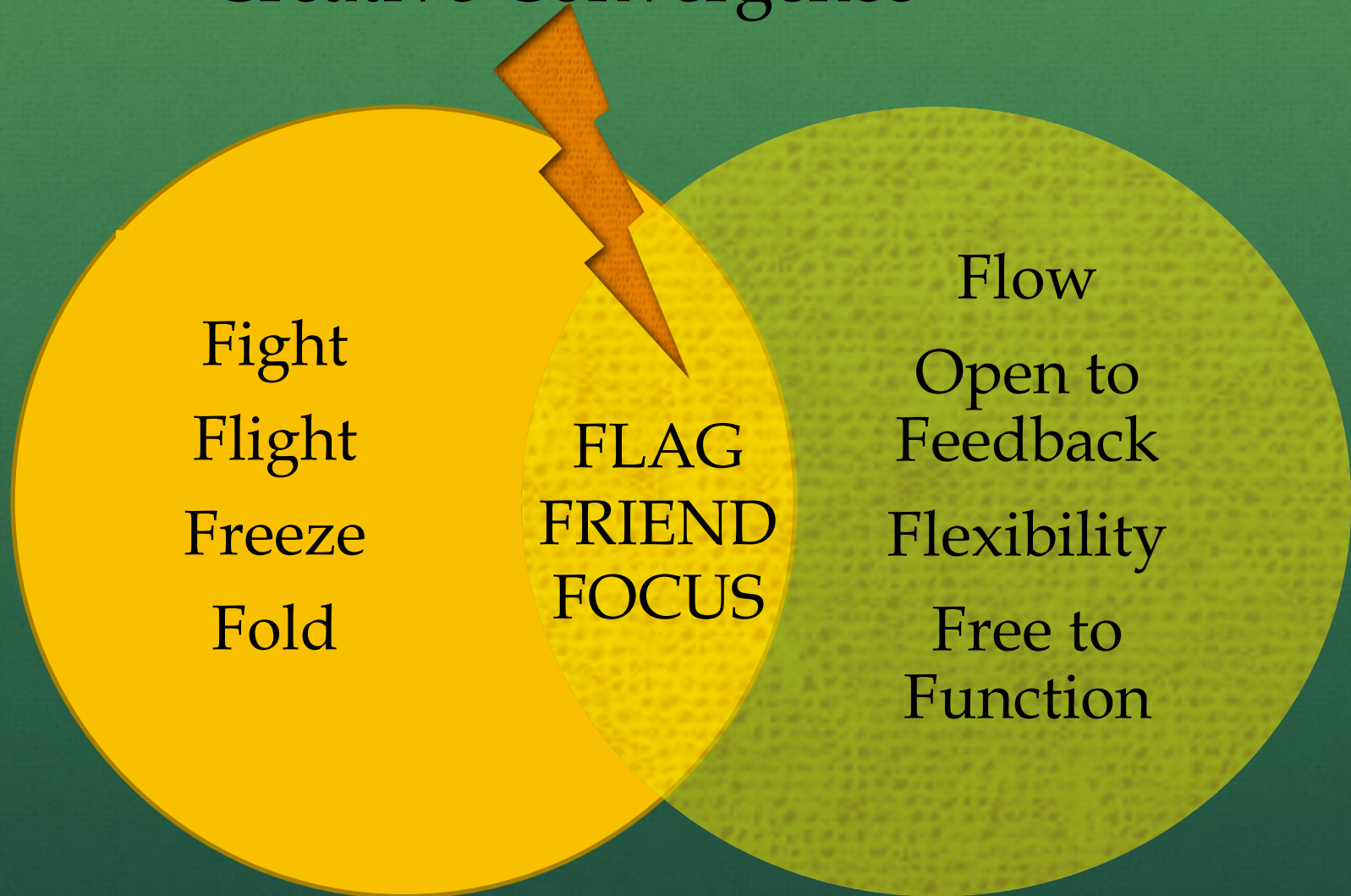


<https://youtu.be/KoqaUANGvpA>

<https://youtu.be/W-8jTTIsJ7Q>

<https://youtu.be/Wcm-1FBrDvU>

Creative Convergence



Epic Story Improvisation

1. Identify within the “Fs” your dyadic pair of I am/Not I
2. Personify the “I am” into a protagonist.
3. Tell a story of this protagonist to a point where they meet a challenge and reveal their fatal flaw.
4. Personify “Not I” and continue the story, using this character’s strengths and resources to help solve the protagonist’s challenge.

A Process for Individuals and Couples

- Differentiating Responses from Events

- Identify a recent time when you experienced the symptom, such as a panic, an angry outburst, an act of attempted control of another, avoidance, shame
- Track back in time to before the event happened, right back to a time before when you were feeling 'OK'
- From this memory of 'OK', track forward in time, letting your body signal at what moment feelings began to be *triggered* in the events
- Without suggesting any one has *caused* these feelings, identify what was the precise *trigger*.
- Acknowledge the process of having feelings triggered now even though the event is not happening right now

When “Depression and Anxiety” are names for “Shame and Hypervigilance”

- Address Trauma Triggers and Symptoms
 - ✦ Explore with client if depression and anxiety may be forms of shame and hypervigilance
 - ✦ Identify specific contexts and triggers for experience of shame and/or hypervigilance
 - ✦ Consider historical development of these responses in previous similar contexts
 - ✦ Review the historical context and dynamics
 - ✦ Bring sponsorship and resources to past, present and future experience of this challenge

A Process for Individuals and Couples - A Word for When Words Fail

- As a process of understanding, forgiveness and better communication, consider if the trigger experience makes you wordless or over-wordy (verbally attacking)
- Establish for yourself, or between you, a “stop” word or signal to use when recognising the pattern of being triggered.
- Talk through and agree possible actions to take when you give your “stop” signal on your own or with the other person, including:
- Develop and talk together about a process for separating from the conflict, cooling down and self-soothing
- Agree how you will know when it is time to re-enter connection with the context, the challenge, or come together in relationship again and what you will do to re-establish safety and communication together

A Process for Individuals, Couples and in connections with Problematic “Other”

- Getting Needs Met

- In and of itself, is it OK to have this want/need?
- When you, or both partners have acknowledged what want/need triggers you and any problem behaviour, consider is there a connection between the unmet wants/needs. For example does one person want more space at a time when the other wants more assurance? More sex when the other wants more affection? More recognition when the other is pressed for time? How do these contrasts feed attempts to gain power and control or shame and withdrawal?
- What are ways to meet this want/need, independently and together?
- What are more direct and respectful ways of letting the other know you are wanting/needing this and taking responsible action for it? How can the other respond?

Transforming Reactive Patterns and Triggers

- ✦ Identify the in-the-moment experience of shame or hypervigilance
- ✦ Give a sensory and sequential description of the external triggers and the internal experience
- ✦ Play with the sensory qualities of the internal experience – distance, tempo, tone, focus, colour
- ✦ Consider any positive intention or purpose of the “internal vigilante” – what job is it doing for you?
- ✦ Does it belong to anyone in your past?
- ✦ Who could be a better sponsor, role model or mentor?
- ✦ Create a sense of connection to him or her and receive the message in a way that you can draw on when required

*“Today is the day to tell me
The Story of My Life So
Far...Once Upon a Time...”*

<https://youtu.be/4-tcKYx24aA>

https://youtu.be/G0T_2NN0C68

https://youtu.be/Mp-Q_UU6Ksk