

3e Restoration^{inc.}

A Community Development Agency

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Chapter Two: Trauma, the Body, and Mind

Types of Stress

Stress is any outside force or event that has an effect on the body, mind or emotions. It is the automatic physical, mental, or emotional response to these events.

Stress activates neurochemicals and hormones that energize us for action.

Eustress: leads to a sense of well-being and satisfaction.

Distress: result of too much stress and can lead to frustration, anxiety and disease.

Cumulative Stress: Prolonged exposure to stressful forces from the outside over which we have little control may accumulate over time, resulting in exhaustion, anxiety, depression and eventual burnout.

There are many different ways to understand the brain. Neuroscientists divide the brain in different ways in an effort to communicate its incredible complexity. We want to be careful not to oversimplify or reduce this complexity.

Traumagenic Events, Trauma and Traumatic Stress

Traumatic stress is an emotional wounding that results from experiencing or witnessing a traumatic event or events: a highly stressful or horrifying event or series of events where one feels a lack of control, powerlessness, and threat of injury or death. Not everyone who experiences a traumatic event or a traumatic situation experiences traumatic stress.

More shorthand, traumatic stress is best understood as lacking any form of effective control or power in the midst of vulnerability and uncertainty where life feels destabilized or threatened. As Judith Herman puts it, trauma “overwhelm[s] the ordinary human adaptations to life.”¹ The state of being overwhelmed is not limited to the capacity of character or will because traumatic stress affects the brain and body and is associated with increased cortisol and norepinephrine responses to an external stressor. Something traumagenic is encountered (it doesn’t have to happen to us) or experienced outside of us that produces an involuntary stress-related emotional and physiological response inside of us. When threatened in this way, the brain is unable to “process” or fully assimilate the outside event and responds accordingly. The whole self moves toward trauma-response because “our ability to respond to a perceived threat is in some way overwhelmed. [...] In short, trauma is about loss of connection - to ourselves, to our bodies, to our families, to others and to the world around us.”² Self-worth and identity, self-regulation (meaning the capacity for impulse control), and relational attachment are diminished, although recoverable. Furthermore, the ability for meaning-making, how a person makes sense of their experience in view of the life they envision, is strained. Since all of this happens inside of an individual, there is a subjectivity to trauma. What may bring a trauma response for one person may not have the same impact on another.³ Yet, there is a universal nature to the lessons learned from trauma.

“Traumatic stress occurs when our ability to respond to threat is overwhelmed.” ~ Dr. Peter Levine, Waking the Tiger: Healing Trauma

¹ Judith Herman, *Trauma and Recovery: the Aftermath of Violence from Domestic Abuse to Political Terror*, (New York; Basic Books, 2022), 33.

² Peter A. Levine, *Healing Trauma: Restoring the Wisdom of the Body*, (Louisville: Sounds True, 2005), 9.

3e's Five Markers of Trauma

1st Marker: Self-Regulation, the ability to control emotional responses.

2nd Marker: Self-Worth, internal sense of being good enough and worthy of love and belonging from others.

3rd Marker: Relational Attachment, the ability to establish healthy relationships that promote healthy self-regulation and self-worth.

4th Marker: Capacity, the maximum emotional, cognitive, social, spiritual and even physical ability or power to perform or meet a desired expectation. **Capacity overwhelmed by chronic or traumatic stress limits competency, strains character, and challenges connection.**

5th Marker: Resilience is often understood as adaptability or the ability to bend and not break. We like to think of resilience as possessing *healthy power* in the midst of threat and uncertainty. This is important since traumatic stress is about lacking any form of effective control or *power* in the midst of threat and uncertainty causing a person's well-being to feel destabilized or threatened. People come with histories, experiences, and present-day circumstances along with behaviors that have been influenced by them and impact both capacity and resilience. We will discuss more about this later.

A key to understanding resilience is that it is cultivated in the context of relational community. Just as it is true that we can harm one another, we can heal one another. We need to intentionally recognize those in our lives whose presence is life-giving. These are the people that make up our "Resilience Network."⁴

⁴ Credit: Mark Walsh at the Embodying Resilience Conference April 30, 2020

Developing a Resilience Strategy

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Tend to your whole self: physically, socially, emotionally, cognitively, and spiritually. **Resilience:** a healthy form of power in the midst of uncertainty or vulnerability; the ability to bend and not break.

PRACTICES | PEOPLE | PLAYFULNESS

PRACTICES: What are some practices that cultivate a healthy form of power? *Identify possible practices by working through a checklist of questions for resilience. Be sure to practice breathing techniques as you reflect.*

1. What are my strengths?
2. What has helped me endure past difficult times?
3. What healthy things can I do to soothe myself when I'm faced with uncertainty?
4. Is there something I can do to influence what will happen next? If so, what?
5. What are my resources to increase my resilience?
6. How can I ask for what I need?

PEOPLE: Who is in your Resilience Network?

1. Great listener(s):
2. Inspiring person(s)/visionary(ies):
3. Very practical person(s):
4. Someone who encourages my soul:
5. Someone who can put me in touch with beauty:
6. Mentor(s)/elder(s)-someone who's been through it all:

PLAYFULNESS:

1. What do you find fun?
2. What makes you laugh?
3. What activities give you life (make you feel more alive)?
4. What activities increase your capacity for patience with yourself and others?

Chapter 3: Cycles, Capacity & Windows

The Five F's of Fear

After many years of walking with people living through the trauma of homelessness, addiction, and mental illness, I've witnessed the tyranny of fear. It is tyranny because it evokes one of three responses grounded in a will to survive that often produce tyrannical results: fight, flight, freeze, or fawn.

Fight

Fight is the response provoked when the sympathetic branch of the autonomic nervous system (which regulates the body's unconscious actions) is put on high alert, preparing the body for self-protection and survival. We fight by going on the defense or offense. We push back. We lash out. We turn against the thing causing fear with a certain aggression. Fight is the kind of fear-driven response that easily creates "us" and "them" categories on neighbor-to-neighbor levels.

Flight

Flight is also provoked by the sympathetic branch of the nervous system. It is when we want to escape or avoid the thing creating the fear. We ignore it and pretend it's not there, or we run from it at all costs, even if it means leaving relationships behind. We dodge the issue with avoidant or redirecting responses. Flight takes away from us the ability to confront the thing we fear. Flight is the kind of fear-driven response that causes us to look away from the plight of others, especially if they are associated with the thing we fear.

Freeze

Freeze is the response provoked by the parasympathetic branch of the autonomic nervous system, the branch responsible for the activities that happen when the body is at rest. This is a kind of emotional and cognitive paralysis that leads to inactivity. Our knees buckle and our hearts are imprisoned. We feel stuck and helpless. We become inactive in dealing effectively with the fear we face. Freeze is the kind of fear-driven response that leads to virtually no effective response at all.

Fawn

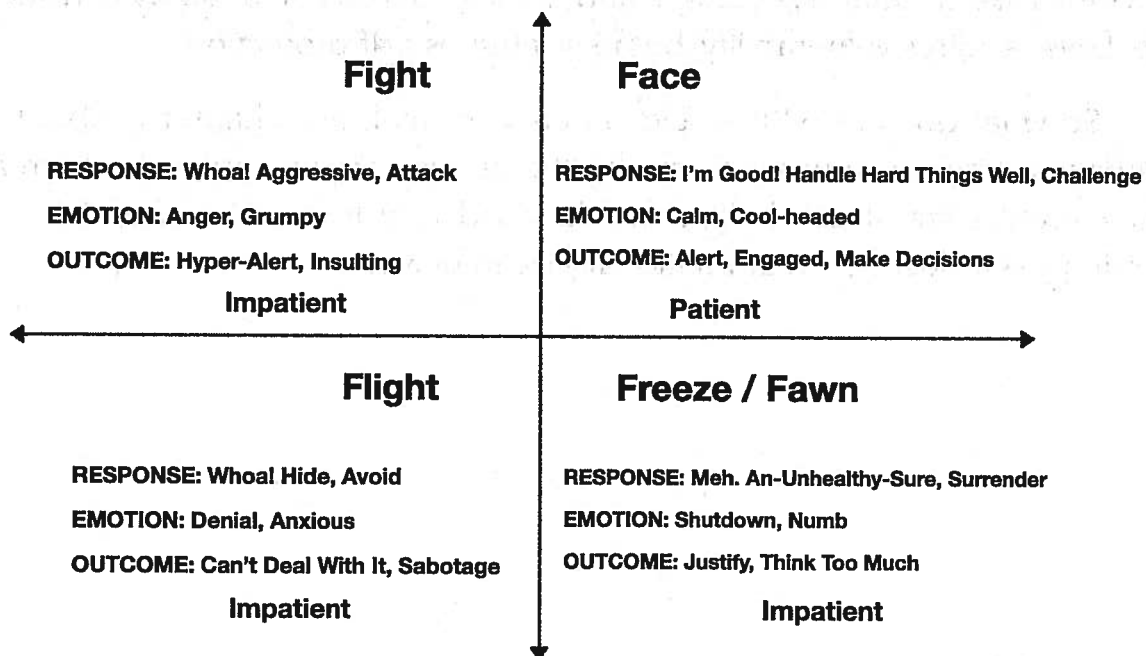
Then there is fawn. Fawn is when we revert to people-pleasing as a way of avoiding conflict to reestablish a sense of safety. Fawning can include clinging to others with self-deprecation and unhealthy submission toward a form of co-dependency.

Fight, flight, freeze or fawn. These are our four predominant impulsive responses to fear for our self-defense. It is our brain and body's way of protecting us, releasing neurochemicals throughout our body to enable us to do what we must to survive or live through the threat. When we do, we face whatever it is provoking fear.

Face

There comes a time when our capacity for resilience deepens and resolve strengthens. We are growing through the experiences we are moving through. We are finding security and support, our voice and choice (covered later in this book). Facing is an internal act of resistance arising from increased resilience and includes moving through it and growing because of it.

When do not process our brain and body's fear-based response, especially when living through traumagenic experiences, the outcome will be fear-based living. We are trying to survive and this impacts our way of relating to ourselves and others.



The Cycle of Fear

Fear is tyranny. It operates like a violent whirlwind for the soul where we are trapped in what we call the "cycle of fear." It works like this:

Fear leads to self-protection because we have something to value greatly—freedoms, material goods, or not dying. For me, it is my family. I can take or leave other things. So if I feel my family is threatened by something, fear can drive me to either fight, flight or freeze. I will work to protect them at all costs, even if it means withdrawal from whatever set of circumstances or relationships that created the fear. But let's say the fear concerns me, and not my family. Let's say it has to do with a painful experience of my past, one so strong that it has authority over my life. Like Will in the movie *Goodwill Hunting*, I might respond in anger and aggression toward the threat, even if it is a trusted relationship. I may lash out in defense and most likely then walk away.

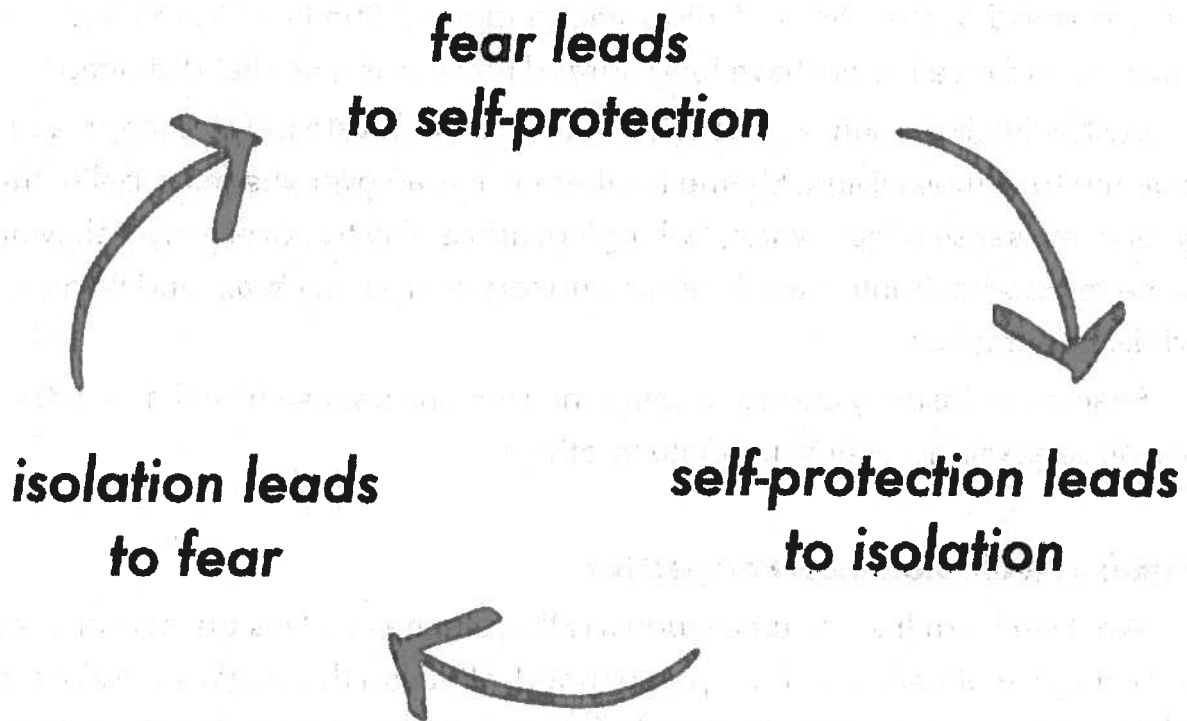
In both scenarios, isolation is the most predictable response to the rationale of fear. I will withdraw or build walls to protect what I hold dear. I will remain on the "look-out" for the fear making sure the threat doesn't try and scale my wall. This can lead to paranoia and does nothing less than create more fear, which leads to self-protection that leads to isolation that leads to fear, that leads to self-protection, that leads to...well, you get the point.

In the end, when fear reigns over a person's life it has the power to drive out virtues like goodness, courage, and the like, because fear always drives out love. Love requires vulnerability, but fear requires self-protection.

So what do we do? It would be easy to think this chapter is about our friends and families in need. Certainly, the above section applies to them and their current state. It can help us understand why they will respond in such seemingly self-destructive or relationally harmful ways.

THE CYCLE OF FEAR

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Shame

There are many primeval origin stories a person could examine to find honor-shame values at work. Shame is one of the most primitive emotions that functions as a belief.

Guilt or Shame?

It may be helpful to remember that shame is different from guilt. Guilt can be understood by the phrase, "I did something bad." Shame is "*I am bad.*" Clinicians and researchers have long agreed that this is a helpful distinction.

Guilt is feeling a sense of conviction that can motivate me to change and guide me to virtuous living. Shame is different. It is an overwhelming belief that fractures my sense of self-worth, belonging, and ability to govern my behavior. Shame takes what is integrated—whole and together—in my brain and body, and dis-integrates it.

Shame is a disunity and estrangement from one's sense of self and in the self's understanding of how to relate to others.

Shame: a Neurobiological Perspective

What we learn from trauma studies is that shame involves the neurological and biological dimension of our personhood, affecting the way the mind works and how the nervous system and brain function. We've also learned that shame involves the emotional dimension, affecting how we see ourselves, others, and how we act. I would add that shame carries a spiritual dimension, affecting the way the soul functions, that is to say, the psyche and consciousness of a person. Shame's impact on the whole person may be why researchers have referred to it as, "the master emotion."

When our feelings of shame result in a belief we have about ourselves, our nervous system and brain over-acts in such a way that our sense of awareness (both of self and our surroundings), our five major senses, our feelings, thoughts, memories, ability to discern the difference between fact and fiction, and our ability to relate to others has a difficult time finding coming together in

rational responses. This happens because certain regions of the brain are hyper-aroused, like the **insula**, a small region of the cerebral cortex located in the deep groove along the cerebral cortex that separates the frontal and parietal lobes from the temporal lobe. Consequently, the **pre-frontal cortex**, the part of our brain that serves as the center of integration of all of these things goes offline.⁵

When shame is at work:

- I will become more reactionary and irrational in my thinking, behaving, and relating to others.
- I become more compartmentalized in how I am processing the experience, not because I want to, but because my pre-frontal cortex, that center of integration, is offline while other regions of the brain is hyper-aroused.
- I am not able to think coherently or logically.
- It is hard to be connected to myself and others.
- Making good choices is difficult.
- My implicit network activity, which is where my implicit memory bank is held, recollects memories from my past. (Many times these are the memories by brain has stored away to protect me from them.)

⁵ I owe much of this to Dr. Dan Siegel's work in *The Developing Mind*, a landmark work on interpersonal neurobiology, his book *Mindsight* where he articulates nine different functions of the mind and how they integrate and promote good mental health, and his book, *Aware: The Science and Practice of Presence* and how he frames awareness and presence with an integrated mind. I also owe Dr. Curt Thompson and his book, *The Soul of Shame* and how he works out shame's impact on the whole person. Also see "The Neuroscience of Shame" <https://cptsdfoundation.org/2019/04/11/the-neuroscience-of-shame/> and "The Neural Signatures of Shame, Embarrassment, and Guilt: A Voxel-Based Meta-Analysis on Functional Neuroimaging Studies" <https://www.mdpi.com/2076-3425/13/4/559>.

Now I find it difficult:

- To imagine anything other than a pessimistic future.
- To tell the whole story of past and present because I can't "see" it.
- To give the proper amount of weight to the good things I have experienced through my healing process or hold onto to the trusting relationships I am developing.

The hurricane of shame has disrupted the neurological infrastructure of my mind and ability to relate to others. I am overwhelmed and dis-regulated in my sense of self-worth, ability to handle my emotional responses, and my ability to relate to others.

To find coherence, rationality, logic, and peacefulness requires enormous and exhausting effort. At worst, I fall into a sense of stasis, where my mind feels paralyzed and numb, frozen in time, incapable of thinking or processing even the simplest of tasks.

So, I begin to move toward survival mode. I withdraw and isolate physically. It is a desperate attempt to recollect myself, to regulate, and re-integrate. But it is a deceptive approach because when I come out of this dis-regulation I must now deal with a new embarrassment or humiliation because of how I have treated the people who have been with me through it all.

Medical science and neuroscience have shown us that shame can have a direct impact on our physical health as well as our emotional health. Shame will always lead us to our fear-based responses of fight, flight, freeze, or fawn. This is shame at its worst. Unchecked, the dis-integrating work of shame can be like a fire burning so hot that it can reduce parts of our lives into ashes.

Practically speaking:

- Shame is what I feel when I fail at something I've tried hard to accomplish.
- Shame is behind why I am hiding an addiction or a truth about myself that if I share it, I will not be accepted.
- Shame is what is driving me when I rage at those I love.

- Shame is what I feel when I no longer feel I can contribute or when I feel out of place.

Signs of shame are often found in:⁶

- Perfectionism
- Favoritism
- Gossip
- Comparison
- A sense of self-worth tied to productivity
- Thinking I am superior or inferior to others
- Discriminating against others
- Bullying
- Blaming
- Scapegoating
- Teasing
- Cover-ups

Shame is an intense feeling that tells us we are unconditionally flawed and broken and unworthy of love and belonging. So, we conceal and cover ourselves emotionally and relationally, just like the Hebrew origin story illustrates.

Unchecked, the dis-integrating work of shame can be like a fire burning so hot that it can reduce parts of our lives into ashes.

We should be able to see that shame can also be socially systemic. It is one of the underlying emotions behind why money and power become more important than ethics and why power is often expressed in control and fear.

Unchecked, the dis-integrating work of shame can be like a fire burning so hot that it can turn our society into ashes.

⁶ I owe these examples to Brene Brown in her book, *Dare to Lead*. p.131.

Vulnerability

Vulnerability is most often understood as a feeling we have when we feel exposed to an unpredictable outcome at any particular moment or event. We may feel vulnerable when we are telling our story to others or speaking to an audience. We may feel vulnerable when we lack control of a situation or when our well-being is at risk (which is how we define traumatic stress).

In society's vocabulary vulnerability is largely negative. In some cases, vulnerability is viewed as a form of weakness. Vulnerability is viewed as weakness and negative in our society because it requires some form of dependence, and if there is anything our society resists, it is dependence.

But it is helpful to remember that vulnerability is not something we choose, but is something we already are. It is why we protect ourselves from the weather and build for ourselves shelter. It is why we wear clothes. It is why we have speed limits. It is why we have doctors. To be human is to be vulnerable.

We are not, as much as we would like to believe, in complete control of our lives and outcomes. Vulnerability does not have to become a source of weakness but can become a source of strength. It is a pathway to knowing and being known, seeing and being seen, loving and being loved. But, for neighbors who are still learning to release shame, vulnerability can be paralyzing. To be vulnerable is to open one's self to hurt and rejection, and that can be traumagenic.

Yet, our innate vulnerability reminds us that our longing for relationships that matter—to be seen and known by others—is natural. Just as it is true that relationships can harm us, they can play a role in healing us. In that way, vulnerability, as precarious as it may be, can become a **practice** by which we release the shame that holds us captive when we are in the company of empathetic and compassionate neighbors. In this way, vulnerability becomes a communal-based (interpersonal) *practice* of reconciliation and reintegration with our deepest sense of self and with others.

Here is the key: vulnerability becomes a demonstration of my **agency**, meaning *my capacity to freely take responsibility to exercise the power of my voice and choice*.

Window of Tolerance a.k.a. Window of Resilience

Remember, the sympathetic branch is about stress response (activation) and parasympathetic branch is about rest response (relaxation). How does the nervous system function with the brain when it comes to stress and trauma? To help us answer this question, neurobiologists (like Dr's. Pat Ogden, Stephen Porges, and Dan Siegel) formulated a concept called our "window of tolerance," later known in some circles as our window of resilience.

Our window of tolerance is the zone that intersects with what is happening in our brains and nervous systems where intense emotions can be processed healthily. It is where we are calm and able to be present in the present moment. When we are processing stress and anxiety well, responding versus reacting, it is because our brains and nervous systems are processing whatever has happened or is happening to us in a healthy way.

When the demands and stress of everyday life come to us, we can respond with patience because we have the presence of mind and the ability to self-soothe and self-regulate our emotions. The window of tolerance is what allows us to be good to ourselves and others, gentle with ourselves and others, and patient with ourselves and others.

Think of a time when you were in a calm state of mind. You felt relaxed and in control. Do you remember feeling calm, grounded, alert, safe, and present? This is what it feels like when you are in the optimal zone.

When stressors arise and we become anxious to the degree that our ability to regulate our emotions gets difficult, our window of tolerance is beginning to close. When something happens to us and we feel like we just 'can't,' our window of tolerance is closing. When something happens and we feel the stress hormones in our bodies activate, our window of tolerance is closing.

Practically speaking, here is how it works. When we feel edgy or defensive, that is a sign that our window of tolerance is closing. When we are disappointed or let down by others and we feel ourselves becoming cynical about people and relationships, that is a sign that our window of tolerance is

closing. When we lack patience and the ability to suffer long, it could be a sign our window of tolerance is closing.

When my window is open, I feel well and grounded, safe or secure physically, mentally, emotionally, spiritually, and socially. When my window is closing and I get activated, I am hyper-alert, physically, mentally, emotionally, spiritually, and socially. If I am prone to the following: angry outbursts, fear, anxiety, feeling overly emotional, overwhelmed, panicked, and hyper-vigilant, consistent tension or tightness in my muscles, "Deer in the headlights," difficulty with sleeping habits, managing emotions or concentrating effectively – this is a sign that my window is closing and my activation system is heightened. I am activated.

When my window is closing and I get overwhelmed, I demobilize physically, mentally, emotionally, spiritually, and socially. I can't get out of bed, feel depressed, feel lethargic, feel numb, feel empty, feel stuck, feel overwhelmed with shame, cannot think or process, or I retreat to people-pleasing or the familiarity of unhealthy relationships—this is a sign my window is closing and that my relaxation system is overwhelmed. I am overwhelmed.


The concept of the window of tolerance can help us gauge where we are in the present moment and help us respond wisely rather than react impulsively.

Fast Shallow Breathing

WHOAH! Mode
"Way to much going on!"

Anxious & Restless

(Can't think as clearly or process decisions well.)

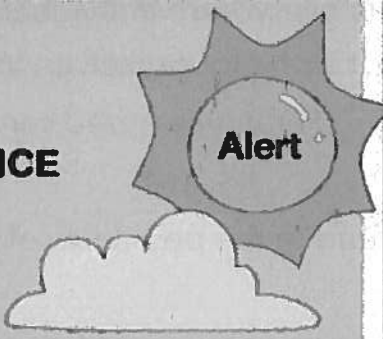


Focused

WINDOW OF TOLERANCE
I'm good! In my zone.

Easier decision making

Alert




Very Sad

MEH Mode
"Meh, can't deal. Leave me alone."

Tired

(No energy emotionally or physically. Maybe even numb.)



From Kids Help Phone

Person-Centered Care

Person-centered Care is what some may call, "Self-care." In our view what is missing in the language of "self-care" is the reality that we can't care for ourselves on our own or independent of a resilience network. Sure, there are things we can and must do on our own, but it doesn't mean we do it alone. Sometimes we need the help of others to make "self-care" happen. A single parent may need someone to watch her children so she can tend to herself. A person may need their employer to understand their need for a day off or time away, or someone in their life to love them enough to encourage a day off or time away. So we prefer the language of "person-centered care" because it gets everyone's individuality and personhood without suggesting that we can do it alone for ourselves. We need others.

Person-centered care is not self-indulgence, it is self-respect.

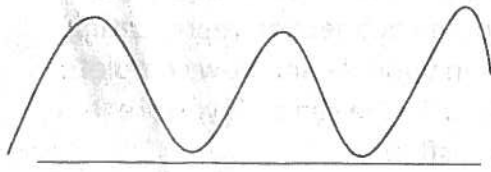
- Tend to the possibility of trauma-exposure.
- Tend to the possibility of secondary trauma.
- Tend to the possibility of compassion fatigue.

Six tips for Person-Centered Care.

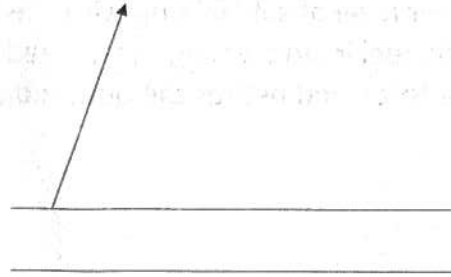
1. Be honest and gentle with yourself
2. Resist the culture of cure and lean into a culture of care
3. Re-examine your relational and emotional boundaries.
4. Re-examine your "yes" and "no," why you said it and when to you should now.
5. Go back to your resilience network.
6. Go back to your resilience strategy.
7. Keep your window open

Window of tolerance* worksheet

When my window is wide open (I'm feeling well and safe physically, mentally, emotionally, spiritually), I....



When my window is closing and I get activated (hyper-alert/in danger physically, mentally, emotionally, spiritually), I....



When my window is closing and I get overwhelmed (demobilized physically, mentally, emotionally, spiritually), I....



Resources

Practices and people that/who help me open my window of tolerance:

* "Window of tolerance" language draws on the work of Pat Ogden, Stephen Porges, and Dan Siegel.



Opening the window

- Naming
- Deep breathing
- Connection to loved ones
- Sacred practices
- Music, singing
- Dancing, drumming
- All kinds of exercise
- Massage, touch (even self-massage)
- Laughter
- Being in nature
- Playing, having fun
- Gratitude
- "Conscious complaining" (McLaren)
- Mindfulness practices
- What else?

Consider each category in the wheel. How much time and effort do you put into each area? How satisfied are you with the way you address each need in your life? How much pleasure do you get out of each? Put a dot in each section representing your level of satisfaction with the attention each gets in your life and how complete you feel in addressing those needs. Place the dot closer to the center if you are less satisfied and nearer the outer edge if you are more satisfied.

