Trauma and the Body: Dissociation and Somatisation online training



Session Summaries | Reflection Questions | References | Notes

Session 1 – Introduction

Session summary - what will you learn?

- → Exploring how trauma is rooted in bodily reactions rather than being a purely psychological response, and how those short-term reactions help us survive immediate threat whilst carrying long-term consequences
- \rightarrow Exploring the prevalence of long-term physical health conditions presenting in trauma survivors
- → Exploring the historical, religious and political pressures that led to a mind-body split (Cartesian dualism), and how this shapes our current day approaches to health and the roots of mental health stigma

Reflection Questions

1. What is your experience of mental health attitudes?

2. In what ways do you see the mind-body split in your professional work?

3. Why do you think that trauma leads to such increased risk of major disease?

Session 2 – The mindbody link

Session summary – what will you learn?

- ightarrow Exploring the link between trauma and physical presentations of symptoms and ill health
- \rightarrow Exploring attitudes towards the body, including shame and hatred, as a result of trauma and abuse
- \rightarrow Exploring the autonomic nervous system and peri-traumatic phenomenological experience
- ightarrow Introducing the concept from polyvagal theory of a 'trauma traffic light'
- ightarrow Exploring what actually happens in the body at the moment of trauma
- \rightarrow Exploring the role of cortisol in peri-traumatic physiological response and its links to the red zone of freeze
- → Exploring the corrosive impacts of long-term release of cortisol on the body, including in diabetes, heart disease, cancer and some autoimmune disorders
- ightarrow Introducing research on the impact of psychological beliefs on the physiological stress response

Reflection Questions

1. How can you safely help trauma survivors access healthcare services?

2. Using the traffic light analogy, which way do you (or your clients) tend to respond to stress - amber or red?

3. Have you previously seen disease processes such as cancer, diabetes and heart disease as being connected to trauma?

Session 3 – The freeze response

Session summary - what will you learn?

- → Exploring the physiology and phenomenology of freeze (dorsal vagal) as a survival response
- \rightarrow Understanding the manifestation of the freeze responses as dissociative phenomena
- ightarrow Introducing Peter Levine's theories of freeze and shaking as stages in immobilisation and re-mobilisation
- ightarrow Exploring the role of medication in dampening the remobilisation process
- → Exploring the breath as an interface between the autonomic and voluntary nervous systems and its role in reactivating the ventral vagus
- \rightarrow Introducing concepts from Sensorimotor Psychotherapy of 'completing the action' to move out of freeze
- → Exploring the role of body posture and voluntary action in retraining the 'back brain' into a mobilised responses to stress
- → Introducing concepts from Pierre Janet of 'acts of triumph' and using 'alternative endings' to process and repair the trauma narrative

Reflection Questions

1. At a time when you have felt helpless in the past, what is it that your body would have done if it could have done?

2. What 'acts of triumph' are there in your life?

3. In what ways have you 'forgotten' how to engage active responses in your life?

Session 4 – Learned helplessness

Session summary - what will you learn?

- → Exploring the red zone as a habituated psychological state of learned helplessness via the research of Martin Seligman
- \rightarrow Exploring the concept of habituated freeze as the basis for a dissociative disorder
- \rightarrow Exploring the belief of 'I can't' as a trauma response not just a belief or a choice
- → Exploring how to overcome mental barriers which resist overcoming learned helplessness
- \rightarrow Exploring the concept of 'bottom-up' versus 'top-down' processing via the McGurk Effect
- → Exploring the efficacy of mindfulness in disrupting 'bottom-up' processing and how it acts as a counter to dissociation

Reflection Questions

1. What did you think of the 'Faa Baa' clip? Could you override what your eyes were telling you?

2. What barriers does your brain still 'see' that might not be there?

3. What role does learned helplessness play in your life?

Session 5 – CFS and Fibromyalgia

Session summary - what will you learn?

- → Exploring cortisol-deficient physical states including depression, overtraining and CFS/ME
- → Exploring the theory of chronic fatigue syndrome as a red zone response to excessive amber state activation
- \rightarrow Exploring CFS in terms of mitochondrial malfunction and the syndrome's overlap with coronary failure
- ightarrow Exploring the role of persistent amygdala activation in autonomic dysregulation

Reflection Questions

1. To what extent do you believe that recovery from trauma is physical as well as psychological?

2. How might you need to adapt the services you provide to clients with chronic health conditions to access trauma therapy?

3. How can you help the survivor's back brain begin to recognise that the trauma is over so that the alarm stops sounding?

Session 6 – Pain

Session summary - what will you learn?

- \rightarrow Exploring a phenomenological narrative of chronic pain
- ightarrow Exploring the psychosocial intersections of pain
- → Exploring the contrast between intuitive understandings of pain and the role of cognition, belief, expectation and meaning in pain experience, especially in relation to trauma
- → Introducing 'Gate Control Theory'
- → Introducing concepts around phantom pain and 'the rubber hand experiment' and how they demonstrate the psychological component of pain and the potential for 'body memories'

Reflection Questions

1. What opens the pain gate (increases pain)?

2. What closes the gate (decreases pain)?

3. Any other thoughts?

Session 7 – Somatisation

Session summary - what will you learn?

- \rightarrow Further exploring the concept of pain as a construct of the mind not just a signalling of physical injury
- ightarrow Exploring the link between somatisation and alexithymia and trauma
- → Exploring the role of the right orbitofrontal cortex in pain experience, social connectedness, verbal expression and immunity

Reflection Questions

1. In what ways does your body communicate your emotions?

2. If a part of your body (that is unwell or in pain) could speak, what might it say to you?

3. In what ways do you listen to your body?

Session 8 – Memory

Session summary - what will you learn?

- \rightarrow Exploring the concept of trauma and memory and in particular traumatic amnesia
- \rightarrow Understanding the phenomenological experience of flashbacks
- → Differentiating between hippocampus-driven explicit memory, and amygdala-driven implicit memory, and how this contributes to traumatic memory as being qualitatively different to 'normal' memory
- \rightarrow Understanding the loss/lack of explicit memory through clinical examples of hippocampal loss
- → Exploring the phenomenological experience of reduced explicit memory alongside heightened implicit memory
- ightarrow Exploring the clinical implications of 'making the implicit explicit'
- → Exploring the role of the hippocampus as a 'context stamp' for memory and the importance of keeping it online in revisiting traumatic memory

Reflection Questions

1. Do you think you need to be able to remember the trauma ('explicit memory') in order to be able to recover from it? Why or why not?

2. Do you view triggers as negatives to be avoided, or as guides to what needs to be integrated?

3. How can you help a client stay within their 'window of tolerance' when working through traumatic memories?

Session 9 – Unfreezing

Session summary - what will you learn?

- \rightarrow Understanding the role of the body in overcoming the freeze response.
- \rightarrow Exploring the effects of movement, novelty and SSRIs on hippocampal neurogenesis.

Reflection Questions

1. Do you believe that we can recover from trauma? To what extent? What is it dependent on?

2. What needs to be present in the therapeutic relationship to help the client overcome traumatic powerlessness?

3. What do you need to do differently (if anything) as a result of this course?

References / Additional Resources

SESSION 2

- When The Body Says No by Gabor Maté: https://amzn.to/3eXMjhD
- The Cortisol Connection by Shawn Talbott: https://amzn.to/3eqtHlb
- How To Make Stress Your Friend by Kelly McGonigal: www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend

SESSION 3

Waking the Tiger: Healing Trauma by Peter Levine: https://amzn.to/3eYYN8z

SESSION 4

- Mindsight: The New Science of Personal Transformation by Daniel Siegel: https://amzn.to/3tlyUol
- Headspace App: www.headspace.com

SESSION 5

- Diagnosis and Treatment of Chronic Fatigue Syndrome by Dr Sarah Myhill: https://amzn.to/33mBKiD
- Dr Sarah Myhill's website for info on CFS: www.drmyhill.co.uk

SESSION 6

• The Rubber Hand Illusion: www.youtube.com/watch?v=Qsmkgi7FgEo

SESSION 8

- Eight Keys to Safe Trauma Recovery by Babette Rothschild: https://amzn.to/3nWmUcn
- Clive Wearing info: https://en.wikipedia.org/wiki/Clive_Wearing

SESSION 9

23½ Hours Visual Presentation by Dr Mike Evans: www.youtube.com/watch?v=aUaInS6HIGo

Notes

Notes

Info and links

'Trauma and the Body: Dissociation and Somatisation' online training by Carolyn Spring

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