



Beside you through grief's journey

Surviving Trauma



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INTRODUCTION

This manual is written to help support survivors of trauma. We use the reference to 'survivors' because it is a word that indicates moving forward while healing. When recovering from a traumatic event or a history of being exposed to trauma, the words used to describe ones-self actually set the tone for how the recovery will go. Surviving trauma is used to set a positive tone.

It is the intention of this manual to help the survivor understand the different types of responses that they may have to a single, or multiple traumatic events including Traumatic Response, Post Traumatic Stress Disorder, and Secondary Trauma. Once the reader understands the differences in the way these may affect body, brain, feelings and behaviors the manual will discuss ways to reduce and/or cope with those affects.

Chapter One presents the difference between Self-Care and Wellness and discusses the importance of both. The chapter goes on to talk about the various types of trauma to which the reader may have been exposed.

Chapter Two begins asking the questions what is trauma? The chapter presents how trauma affects our brain and body. In doing so, the chapter also presents the characteristics of a traumatic response over time, and the immediate impact of a traumatic event through Post Traumatic Stress Disorder. Secondary trauma is also discussed.

Chapter Three expands the scope of trauma and looks at the three emotions most often exhibited by persons experiencing trauma; anger, guilt and fear. It also discusses the value of hope as an antidote to fear.

Chapter Four begins to focus on how to take care of ourselves by looking at the difference between stress management and resilience. Next is a discussion of what to do to engage in these activities. Concepts of a self-care check-in, plan and activities including mindfulness exercises are presented to help the trauma survivor achieve self-care, and live in wellness.

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CHAPTER 1

Self-Care, Wellness and Exposure to Trauma

Very basically, self-care is the engagement in activities and practices that assist in living life in a healthy way. The focus of self-care is predominantly on the body and on activities often associated with stress management. Everyone should be engaged in self-care. Wellness is the engagement of activities and practices that assist in maintaining one's well-being while they are in or have been exposed to an adverse or traumatic environment. These are life-style activities that include the physical, but look beyond the body and into supporting one mentally, socially, emotionally

and spiritually. These activities are essential for persons who have experienced and are recovering from trauma, so that they may again live life fully. The research on wellness focuses on the creative self, coping self, social self, essential self and the physical self.

Let's begin by looking at some examples of what is considered to be a traumatic event. The Substance Abuse Mental Health Services Administration of the US Government posted this list of activities designated as trauma and violence on their website.

- SEXUAL ABUSE OR ASSAULT
- PHYSICAL ABUSE OR ASSAULT
- EMOTIONAL ABUSE OR PSYCHOLOGICAL MALTREATMENT
- NEGLECT
- SERIOUS ACCIDENT, ILLNESS, OR MEDICAL PROCEDURE
- VICTIM OR WITNESS TO DOMESTIC VIOLENCE
- VICTIM OR WITNESS TO COMMUNITY VIOLENCE
- HISTORICAL TRAUMA

- SCHOOL VIOLENCE
- BULLYING
- NATURAL OR MANMADE DISASTERS
- FORCED DISPLACEMENT
- WAR, TERRORISM, OR POLITICAL VIOLENCE
- MILITARY TRAUMA
- VICTIM OR WITNESS TO EXTREME PERSONAL OR INTERPERSONAL VIOLENCE
- TRAUMATIC GRIEF OR SEPARATION
- SYSTEM-INDUCED TRAUMA AND RETRAUMATIZATION

It is important to expand on a few of these. For example, we know that when a child is neglected in the first two years of life, physical development is affected in such a way that they will have attachment and other mental health issues throughout their life. Neglect may be defined as not having physical or emotional proximity to care-giver. We also see a differentiation made between "victim or witness" on certain entries which reminds us that an individual may have as strong of a traumatic reaction seeing it happen to someone else as if it was happening to them. We know for example that children up to the age of six will have a stronger traumatic response when seeing their primary care-giver harmed than if they were being harmed themselves.

Historical trauma focuses our attention on the fact that research in the field of epigenetics shows that things which happen in our environment effect the way that genes use protein to build neurons in our brain. This effect then becomes encoded in our genetics and is passed to the next generation. This can be an event that happens just to an individual such as physical or sexual abuse. In addition, it may apply to a group of people such Africans and slavery, Jews and the holocaust, and indigenous people and colonialization. And, this event may be global such as the effect of global warming or a pandemic.

The idea of forced displacement may also be found in a variety of examples from a child being removed by protective services, eviction from a home for any reason, war refugees, and the relocation of indigenous people to reservations. When we work with folks from the military we must remember that military trauma may be different for men and women; for men the trauma is most often from the military activity while for women the trauma may be sexual harassment and/or abuse from fellow military members.

Finally, the idea of system induced trauma is any activity allowed to flourish in a system that can produce a traumatic response. We most often think of the "isms" as an example (racism, sexism, agism, homo/transphobia, etc.).

There are other ways to be affected by trauma such as being exposed to the aversive details or aftermath of a traumatic event, or being exposed to the details of the trauma experienced by a loved-one or significant other.

When we look at this list, we realize that a large number of folks may have been exposed to at least one, if not a number of these traumas. We also recognize that we ourselves have been exposed to one or more of these traumas as well. It is essential for us to recognize and admit our own experience with trauma so that we can attend to our self-care and wellness.



CHAPTER 2

What is Trauma?

“Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

SAMHSA 4/20

It is important to recognize that trauma affects us in four areas; cognitively, mentally, emotionally and physically. What this means is that trauma affects how we think about things, how our brain functions, how we feel about things, and how our body works. These, in turn, affect the way we think, feel and act. A traumatic reaction is usually the result of an event in which we believe we have no control, we do not feel safe and we do not believe that anyone hears us or understands what we are experiencing. These are the three core issues of trauma.

A traumatic reaction is usually the result of an event in which we believe we have no control, we do not feel safe and we do not believe that anyone hears us or understands what we are experiencing. These are the three core issues of trauma. 

We can be exposed to trauma in a variety of ways: it can happen directly to us, we can see it happen to someone else, we can learn that a traumatic event happened to a loved-one or significant other, or we can be repeatedly exposed to the aversive details of a traumatic event.

THE BRAIN’S RESPONSE TO TRAUMA

The brain’s reaction to trauma is the same whether the trauma is a single event, or the exposure to trauma happens over time. It is important to keep in mind that if the exposure happens over time, the reaction will be gradual. This would indicate

that our physical, emotional, mental and cognitive reactions to this exposure are building over time, until they meet the criteria for a diagnosis of Posttraumatic Stress Disorder or PTSD. This building reaction from normal to PTSD over time is referred to as the traumatic response. If the exposure is the result of a single event, the reaction will be immediate. Each individual’s response to trauma is different because it is based on our perception, or the meaning and value that we give the event. Our perception is based on our experience, education, culture, up-bringing ... everything that makes us the individual that we are.

One of the physiological reactions to trauma is the increase of the hormone cortisol in the system. There are blood and saliva tests for cortisol levels, but they tend to be expensive. The presence of cortisol in the system does result in specific symptoms, which are excellent indicators of exposure to a trauma. An increased cortisol level negatively affects:

- CONCENTRATION
- MEMORY
- LEARNING
- REPETITIVE THINKING
- ANGER
- HYPERVIGILANCE
- SLEEP
- IMMUNE SYSTEM
- DISSOCIATION
- DETACHMENT

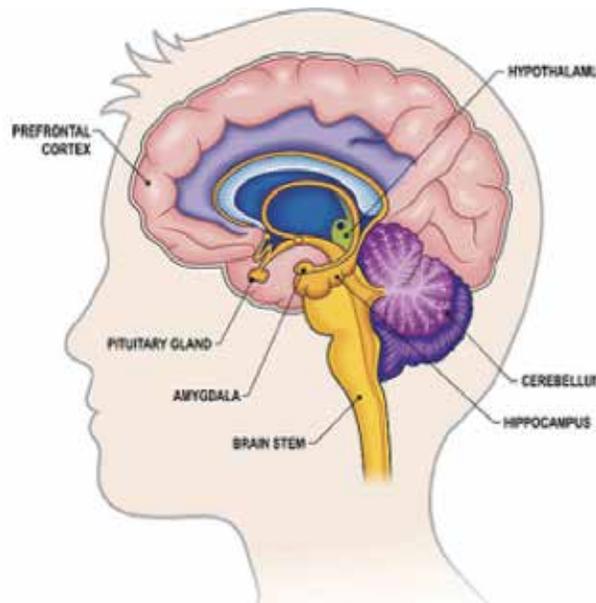
The release of cortisol into the system results in difficulty concentrating, learning and with memory. Getting caught in memory or thinking loops, particularly about the trauma may develop. One may become angry more often with the anger response being greater than the situation might require. We may take on a very negative view of the world, expecting bad, negative or the worst thing to happen. This response can negatively affect our ability to sleep and compromise our immune system. We may find that we feel like we don't fit in our environment, we begin to withdraw our feelings, and experience depression. (Note – the depression associated with trauma is not similar to clinical depression. Depression in this case is about a lack of motivation; not being able to get ourselves motivated to do necessary activities, even those for which we have a great desire to engage.) The stronger our reaction to the trauma, the more cortisol is released into the system. The greater the amount of cortisol in the system, the stronger and more pronounced these symptoms will become.

If you have experienced trauma, I encourage you to look at each of these symptoms as they are today, and compare them back to the time before the trauma. This then can serve as a measure of the impact that the experience has had on you and your system.

With this physiological reaction to trauma in mind, let's look at how exposure to trauma affects the way the brain functions. In the illustration we see that the amygdala is attached to the hippocampus. What the illustration does not indicate is that we have two amygdalae and two hippocampi – one located in each hemisphere of the brain.

The amygdala is our fear and anger center and is responsible for initiating a traumatic reaction, and the fight-flight-freeze response. The amygdalae are constantly at work scanning all information coming

into the brain from all of our senses, our feelings and thoughts. They are scanning for danger based on previous information stored in the brain. So, as new information comes in, if the amygdala can find anything stored in the brain to associate danger to this new information, it will make that association and immediately react.



The hippocampus is the area of the brain associated with concentration, learning, and memory, and it serves as a sort of governor over the reaction of the amygdala. As an example, let's say you find yourself at a deserted lake late at night, and it reminds you of a scene in a horror movie you once saw (the amygdala scanned the new information and associated it with stored information and raised the danger alarm). You begin to feel fear and uneasy. Your hippocampus is then activated and reminds you that memory was a movie, and it wasn't real (it is governing the amygdala's action), and you calm back down.

Let's look more closely at what just happened. When the amygdala made the connection with memory of the movie, it released a hormone to stimulate the hypothalamus, which released a hormone to stimulate the pituitary gland, which released a hormone into the blood stream to stimulate the adrenal gland which released adrenalin and cortisol into the system. This process of the hypothalamus-pituitary-adrenal gland is referred to as the HPA Axis. This is how cortisol is released into the system. The more the amygdala sounds the warning, the more cortisol is released into the system, and the more pronounced the symptoms on the previous page.

While this is happening, the hippocampus is trying to modulate the amygdala, but as we have seen, once cortisol is in the system it begins to interfere with the hippocampus and affects the ability to concentrate, learn, remember, etc. The hippocampus has regulators that only allow a certain amount of cortisol to affect its functioning. When cortisol reaches this amount, the hippocampus can stop the HPA Axis from releasing any more cortisol into the system. However, if the amygdala connects with so much danger information that indicates the person's life is in danger, it can over-ride and shut down the hippocampus. This is referred to as the fight-flight-freeze response; the person is now running on survival instinct (amygdala), without the interference of reasoning (hippocampus). This is how the brain functions in a single traumatic event. It also helps us to understand how we are affected being exposed to aversive details of trauma or trauma over time.

We have seen that this release of cortisol into the system can result in the symptoms listed above. We can reduce and sometimes eliminate these symptoms by reducing the level of cortisol in the system. Cortisol levels can be reduced by the

release of endorphins into the system, and there are several things that we can actively do to release endorphins. Exercise is one. The general rule for exercise is to do it a minimum of three times a week for a minimum of twenty minutes, breaking a sweat. The more you exercise, the more endorphins are released, the more cortisol is reduced, and the more the symptoms are modulated or eliminated. Feeling good about yourself is another way to release endorphins. Set achievable goals for yourself and congratulate or reward yourself when they have been accomplished. We release endorphins when we feel nurtured, so having nurturing relationships are important. Finally, laughing releases endorphins. Actually, even pretending to laugh releases endorphins. Watching a video of puppies and babies, watching a silly slapstick comedy, or listening to a recording of people laughing may help you laugh as well.

We can reduce and sometimes eliminate these symptoms by reducing the level of cortisol in the system. 

By participating regularly in activities that release endorphins and reduce cortisol, you are mitigating the symptoms of the traumatic response and managing your trauma. There is another way that one's brain is affected by trauma as well. As you know the brain is divided into two hemispheres. The left hemisphere is considered the 'logical' side which provides for linear, step-by-step, logical thinking. It is the side of the brain that engages for mathematical calculation, planning and strategy. Your right brain is associated with creativity, imagination, being artistic or a visionary. When a person is exposed to trauma, the processing across the two hemispheres of the brain is affected, and functioning tends to become fixed in the right brain. Your response to this might be 'well that's not so

bad, that's the creative side of the brain'. That is correct. It is also the side of the brain associated with images and the imagination. If it has been a trauma that has caused this brain to get stuck in the right hemisphere, what do you think the images are that the person is stuck on? What do you think the imagination is focusing on? The answer is trauma and traumatic images.

When a person's brain is fixed in right brain, they experience flashbacks, and have traumatic images in their head that they can't get rid of. We need to help the brain get un-stuck so that information will flow freely between both hemispheres via the corpus callosum. In the drawing of the brain above, the corpus callosum is in the very middle of the brain, light blue, in the shape of a fish hook laying on its side. The processing of information across the corpus callosum is known as bi-lateral processing, and can be stimulated by the activity of the body. Activity on the right side of the body activates the left hemisphere of the brain, activity on the left side of the body stimulates the right hemisphere of the brain. So, any activity that utilizes both sides of the body in opposition causes the hemispheres to activate as they should. Activity such as running, swimming, riding a bike, walking, using the elliptical exercise machine are examples of bi-lateral activities that will stimulate the hemispheres to function correctly, and unfreeze from the right brain. This type of exercise, therefore, not only releases endorphins bringing down cortisol levels, but also helps the brain to engage in bi-lateral processing.

It is important to note that while these activities help the individual to function better, they do nothing for the perception the individual has of the trauma; the trauma remains, we are only impacting the symptoms. Therefore, these activities must be consistently executed, as the perception of the trauma continues to trigger the amygdala, the HPA

Axis and the release of cortisol. The best way to address the perception of the trauma is through counseling.

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INDICATORS OF POST TRAUMATIC STRESS DISORDER (PTSD)

The criteria required for a diagnosis of PTSD not only looks at how the individual is reacting to the traumatic event, but also looks at how the individual was exposed to the trauma. As we stated earlier, it can happen directly to us, we can see it happen to someone else, we can learn that a traumatic event happened to a loved-one or significant other, or we can be repeatedly exposed to the aversive details of a traumatic event. The event must involve actual or threatened death, physical injury or sexual violence.

The criteria are broken down into intrusive symptoms, avoidance behaviors, negative cognition (thinking) and moods and changes in arousal. These criteria must continue for a month following the event to be diagnosed as PTSD.

As a very brief over-view, intrusive symptoms may include distressing memories, dreams or flashbacks. This can also include having distressing psychological and/or physical reactions to cues or triggers that one may experience. Avoidance behaviors may include trying to avoid thoughts or feelings about the event, and avoiding any external triggers that may remind the person of the event. Negative alterations or moods may include difficulty remembering aspects of the event, believing exaggerated negative thoughts about oneself, others and/or the world, and/or having distorted thoughts about the cause or consequence of the event. This may also include a persistent negative emotional state, diminished interest in significant activities, feeling detached from others, and an



inability to experience positive emotions. Changes in arousal may result in outbursts of anger, self-destructive behavior, hypervigilance, exaggerated startle response, difficulty concentrating and sleep disturbances.

While the preceding information cannot be used to make a diagnosis of PTSD, it was included so we can see how the symptoms of traumatic response listed earlier could develop over time into this diagnosis. For specific information on the criteria for a diagnosis of PTSD see a mental health professional or the *Diagnostic and Statistical Manual of Mental Disorders – 5*. If you believe you may be experiencing any of these symptoms, please see a mental health professional right away.

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SECONDARY TRAUMA

Secondary trauma occurs when we are exposed to someone else's trauma or traumatic event through our contact with them. This may happen in a variety of ways; the victim of the trauma tells us of the event, we read about the event or seeing images of

the event are examples. As a result of this exposure to someone else's trauma, we begin to have a traumatic response as we begin to connect with that survivor's feelings of having no control over the situation, not feeling safe and not being understood or heard. This then begins to affect the way that our body and brain respond, and the way we think and feel. We begin to initiate our own trauma reaction to someone else's experience. This is not a triggering of our own trauma, but a completely new traumatic event and response.

Now that we understand how trauma affects the way our brain and body functions, and how it affects our thoughts, feelings and behaviors, we also understand that what we have been experiencing is normal. We are not abnormal or broken, but we are having a normal reaction to an abnormal, traumatic experience. Knowing this often reduces our anxiety about our thoughts, feelings and behaviors which in itself can help to reduce them.

“
**Trauma is a fact of
life. It does not have
to be a life sentence.**

PETER A. LEVINE

CHAPTER 3

Other Trauma Related Reactions

Here is a different aspect to consider. What are the normal emotions for someone who has experienced trauma? **What am I supposed to feel?** Research indicates that there are four basic emotions experienced by folks who have experienced trauma; anger, guilt, fear and hope.

As we discussed earlier, the amygdala is our fear and anger center, and it is constantly at work looking for danger. When it has found danger, it begins the HPA axis and as a result we experience a feeling of fear or anger. Anger occurs when one of our boundaries has been crossed into territory in which we feel vulnerable. Anger is instinctively utilized to 'scare the danger off'. However, as humans we learn at an early age that anger can be a manipulative tool. We can use anger to push people away, to get what we want, and to feel we have power over certain persons and situations. If we use anger to manipulate often, it becomes a habit. Heightened cortisol may set off an anger response, but because the cortisol levels increase over time, our anger becomes habitual. When this happens, even if we lower our cortisol levels, the anger may remain as a habit.

ANGER occurs when one of our boundaries has been crossed into territory in which we feel vulnerable. 

If you recognize that anger has become an issue for you, the first suggestion I have for you is – the next time you are angry, look into a mirror. Most of us have no idea what we look like when we are angry, and when we see ourselves it can be quite a surprise. This is what others around us see all of the time when we are angry. Is this how you want loved ones to think of you? Is this image the person you want to be?

A second suggestion for dealing with your anger is this – anger always builds in steps. Your body gives a series of cues that it is building in anger, and you can stop the build-up at any of these steps. I will use myself as an example. 1) When I first begin to get angry my hands close. They don't make fists, and they don't close tightly, but this is the first step. If I notice this happening, I can stop the build-up by simply opening my hands. 2) The next step if I have not stopped the build-up is that my chest pulls in and my shoulders come forward. To stop the build-up at this point I simply need to stand up straight and take a deep breath. If I do this the anger build-up is diffused and has to start again at the beginning. 3) If I have not stopped the build-up, the third and final step before I lash out in anger is that my chin will rise up, tighten and begin to shake. To stop the build-up I need to open my mouth as if yawning to relax the muscles and pull my chin down to my chest. If I do this the build-up diffuses and must start all over again.

Watch yourself as you get angry and identify the building steps your body goes through where you can release the anger build up. Once you have identified them, you now know that you can manage your anger. Once you know how to manage your anger, any time you get angry after that is your responsibility – you have chosen to not stop the build-up – you have chosen to get angry.

Now you may say to me 'sometimes there is no build-up and I go from 0 to 100 in an instant'. I would suggest to you that this is a situation where anger has become a habit such as road rage, or reacting to someone who always knows how to push your buttons. These are usually encounters or situations that you know are coming in advance. I would suggest to you that the build-up comes in your preparation for the encounter, when you begin to think about the coming event. You are

already 'built-up' before the trigger incident occurs. In anticipation of situations in which you know your anger is easily triggered, practice relaxation techniques in advance (such as deep breathing), or practice visualizing a non-angry outcome before the encounter. Because this anger is a habit, it may take some time to break it, but keep practicing until the calming technique becomes a stronger habit than the anger.

Guilt is an uncomfortable feeling of regret, remorse, shame and self-condemnation, which often comes when we have done or thought something which we feel is wrong, or failed to do something which should have been done. When we find ourselves experiencing guilt, we first need to ask ourselves 'what could I have done so the outcome would have been different?' In answering this question we will find that the guilt we are experiencing falls into one of three categories; legitimate, a defense mechanism, or a means of control.

GUILT is an uncomfortable feeling of regret, remorse, shame and self-condemnation, which often comes when we have done or thought something which we feel is wrong, or failed to do something which should have been done. 

Legitimate guilt answers the question by exposing alternative paths that could have been taken to achieve the desired result. We need to recognize the alternative, and also recognize that we made the best decision we could have made in the moment with the knowledge we had. We also accept that we have learned from this experience, and will respond differently in the future, should the situation arise again. When guilt is used as a *defense mechanism* it is often out of fear. This usually occurs when we don't know what we are

suppose to feel, or we are afraid that the feelings we might have will be overwhelming. Guilt is a feeling that we are all familiar with: guilt has been used as a behavior modification tool throughout our lives. Parents, teachers, preachers, and advertisers have all used guilt to try to effect a change in our behavior. We don't like the feeling of guilt, but we are familiar with guilt where we may not be familiar with the pain of trauma or grief or horror. We find ourselves focusing on something that we might feel guilty about instead of acknowledging those other feelings. Finally, as a *means of control* we find that by blaming ourselves for the consequence of the situation we don't have to look farther for information, hold another person accountable, or accept not knowing why a particular situation happened. In other words, we accept the responsibility for the situation so no other possibility needs to be considered.

If we consistently accept anything other than legitimate guilt, over time we may see negative characteristics developing in ourselves; low self-esteem, inability to let go of anger, needing to be in control, inability to forgive, becoming a perfectionist, and a tendency toward depression or anxiety to name a few. However, by changing so that we respond to only legitimate guilt, we find that we can change these negative attributes. Because we can be very good at being dishonest with ourselves, we may consider talking to someone we trust, or a counselor, about our feelings of guilt.

As we discussed earlier, our amygdala is our fear and anger center, and its job is to warn us of danger. Fear is a feeling induced by perceived danger or threat that occurs in certain types of organisms, which causes a change in metabolic and organ functions and ultimately a change in behavior, such as fleeing, hiding, lashing out or freezing from perceived traumatic events. And, fear may take on

other forms that keep us from recognizing it as fear. Some of these other forms include worry, anxiety, terror, paranoia, panic and dread. There is one antidote to fear – hope.

FEAR is a feeling induced by perceived danger or threat that occurs in certain types of organisms, which causes a change in metabolic and organ functions and ultimately a change in behavior, such as fleeing, hiding, lashing out or freezing from perceived traumatic events. 

There are only two ways of looking at the future; with fear or with hope – and we make the choice. Because no one knows what the future will bring we can decide to look at it through either lens; fear or hope. Looking with fear may raise anxiety levels, blood pressure, heart rate, cortisol levels and lead to numerable health issues. Hope is an optimistic state of mind that is based on an expectation with confidence of positive outcomes with respect to events and circumstances in one's life or the world at large. Looking forward with hope alleviates those concerns. An added benefit of hope is that the very activity of hope causes the left frontal lobe of our brain to release serotonin, which will temporarily slow down or shut down the functioning of the amygdala – the fear and anger center. Hope, then, temporarily shuts down the traumatic response.

HOPE is an optimistic state of mind that is based on an expectation with confidence of positive outcomes with respect to events and circumstances in one's life or the world at large. 

BELOW IS A LIST OF WAYS THAT ONE CAN INCREASE THEIR SENSE OF HOPE:

- EXPLORING OUR HOPES OF THE PAST AND HOW THEY HAVE CHANGED AND EVOLVED
- ACCEPT, HONOR AND ACKNOWLEDGING OUR INDIVIDUALITY
- INCREASING OUR SENSE OF CONTROL
- ESTABLISHING SPECIFIC GOALS AND DEVELOPING PLANS TO ACHIEVE THEM
- EXCHANGING THOUGHTS AND FEELINGS WITH SOMEONE
- INTERACTING WITH PETS
- EMPHASIZING THE PROGRESS YOU HAVE ALREADY MADE
- EMPHASIZING FOCUS ON OTHERS
- MINDFULNESS
- HUMOR
- ENGAGING IN NOVEL/NEW BEHAVIOR OR ACTIVITIES
- AFFIRMING OUR SPIRITUAL BELIEFS
- ATTRIBUTING MEANING TO OUR LIFE

There are other things to consider as well. Who are the people that you spend time with? Are they positive, hope filled people or negatrons that bring you down? Are the images that you ponder in your head hopeful or fearful? Do you encourage humor

in your environment? Do you engage in prayer or meditation? Here's a good one – do you believe in miracles? All of these thoughts help to keep us on a course of hope as we move toward the future.



CHAPTER 4

What are we Going to do for Ourselves?

Now that we understand what trauma does to our body, brain, thoughts, feelings and behaviors, it's time to consider what to do for ourselves to mitigate all of these effects. Two terms that we hear most often when dealing with the effects of trauma are stress management and resilience. Stress management tends to be body oriented and focuses on physical activity that will reduce cortisol levels. However, stress management tends to be the actions that you take once you are already stressed. Resilience is living a lifestyle that does not allow you to become stressed. Rather than being specific things to do, it is on-going behavior and lifestyle.

STRESS MANAGEMENT

Let's begin with stress management. First, we must recognize that stress is not necessarily bad. Stress is what motivates us to accomplish tasks and strive for goals. However, when the stress becomes intense enough that it is counter-productive, it interferes with our motivation, our ability to live our lives normally, and our well-being, it has become a problem and needs to be managed.



BELOW IS A LIST OF DE-STRESSING ACTIVITIES.

- GO FOR A 10 MINUTE WALK
- BREATHE DEEPLY
- VISUALIZE POSITIVELY
- EAT A SNACK (MINDFULLY!)
- BUY AND CARE FOR A PLANT
- STEP AWAY FROM THE SCREEN
- PUCKER UP
- NAAM YOGA HAND TRICK
- HANG UP, THEN TURN OFF YOUR PHONE
- PUT ON SOME MUSIC
- GO FOR A 10 MINUTE WALK
- BREATHE DEEPLY
- VISUALIZE POSITIVELY
- EAT A SNACK (MINDFULLY!)
- BUY AND CARE FOR A PLANT
- STEP AWAY FROM THE SCREEN
- PUCKER UP
- NAAM YOGA HAND TRICK
- HANG UP, THEN TURN OFF YOUR PHONE
- PUT ON SOME MUSIC

Let's explore some of these. *Breathe Deeply* does a great deal to reduce stress. However, this can be taken even deeper if one exhales a couple of beats longer than they inhale, which will help the body to relax. *Visualize* takes into account that the brain does not know the difference between a visualized image and reality, and will respond to an image or vision as if it were real. If you intently visualize some place that is relaxing and connect to it with all five senses as if it's real, your brain will believe it is real, and instruct your body to release endorphins and reduce cortisol. *Pucker up* refers to the fact that our stress is reduced when we are in the presence of someone who nurtures us. *Naam Hand Trick* is the application of pressure to the point between the pads at the base of the first and second fingers (on either hand). By applying pressure for five second intervals to this point, one can reduce their heart rate, blood pressure, and metabolic rate. This point is on a meridian to the heart. Some doctors are teaching this activity to folks after their first heart attack to be able to reduce the stress reaction in their body and slow their heart rate.

Plug In refers to finding relaxation websites on-line. *Progressive Muscle Relaxation* (as well as *Chew a Piece of Gum*) would have you focus on and intensely tighten various muscle groups down the body, then release them. When these muscles release, they become more relaxed than before the tightening. See your *BBF (Best Friend Forever)* is based on the understanding that social interaction with someone you care about distracts your attention from the stressor, is nurturing, and utilizes a part of the brain that counter-acts anxiety and depression. *Try Eagle Pose* refers to the practice of yoga which can be extremely de-stressing with the stretching and relaxing of muscles, and focus of thought on the body not the stressor.

RESILIENCE

As discussed earlier, resilience is focused on behavior patterns and lifestyle. There are five core elements of resilience; self-knowledge and insight, sense of hope, healthy coping, strong relationships, and personal perspective and meaning. The more I know and understand myself the better I can prepare for stressful situations. Having a sense of hope counteracts fear and keeps me focus on forward movement. Incorporating stress management skills from the previous list as continual life-skills reduces the potential for me to become stressed. If one surrounds themselves with strong, healthy, positive friendships and relationships they will have a safety net to strengthen them when highly stressful/traumatic events occur. Finally, having a sense of purpose, self-worth and confidence of self provides one the inner strength necessary to go through extreme situations.

There are five core elements of resilience; self-knowledge and insight, sense of hope, healthy coping, strong relationships, and personal perspective and meaning. 

A person who is resilient possesses a long list of positive characteristics. A resilient person has self-control in all situations, good problem-solving skills and emotional intelligence. They tend to be motivated to succeed, have good decision-making skills and are socially aware. Finally, people who are resilient are determined, and exhibit humor and faith.

BELOW IS A LIST OF ACTIVITIES THAT WILL HELP TO BUILD RESILIENCE.

- BIG FOUR; EXERCISE, RELAXATION, NUTRITION AND REST
- SETTING REALISTIC EXPECTATIONS AND GOALS
- PRIORITIZING AND UNDERSTANDING THAT PRIORITIES MAY CHANGE
- LIVE IN THE PRESENT
- DE-CLUTTER YOUR MIND AND ENVIRONMENT
- EXPRESS GRATITUDE
- BE SILENT
- OPTIMISTIC SENSE OF FUTURE
- VOLUNTEER TO HELP SOMEONE ELSE
- TRY SOMETHING NEW
- BE AROUND SUPPORTIVE PEOPLE
- MAKE TIME FOR YOU
- SHARE RESPONSIBILITIES
- MEDITATE

These are relatively self-explanatory. Making as many of these as possible an on-going part of your life-style will improve your resilience, as well as improve one's quality of life.

WELLNESS EVALUATION, CHECK-INS, AND PLANS.

The best way to integrate stress management techniques or resilience into one's life is to develop a systematic plan to follow. We will call this a wellness plan. A wellness plan can be as flexible and personalized as you care to make it, and can follow a variety of formats. One of the most efficient plans to help one stay on the task of wellness and self-care is a Wellness Check-In.

WELLNESS CHECK-IN:

STRESSORS

GENERAL

SPECIFIC TO TRAUMA

SUPPORTS

EXERCISE/RELAXATION/NUTRITION/SLEEP

SOCIAL/FAMILY/FRIENDS/SOCIAL

FUTURE/PLANS/GOALS

CREATIVITY/PROBLEM-SOLVING

SPIRITUALITY/FULFILLMENT/GRATITUDE/

MEANING

COPING AND RESILIENCE

During the check-in, the first goal is to identify and name the three main stressors in your life in general. Naming them is important as it allows us to focus on our feelings of stress around those specific stressors. The next step is to identify and name the current three main stressors related to the trauma. Once labeled, thoughts and plans can be developed to help you resolve or cope with those stressors.

The next part of the check-in is to ensure that you are remembering and focused on the specific needs listed. Are you exercising at least 20 minutes per day, minimum 3 days per week and breaking

a sweat? Do you make an effort to disengage and relax for a few moments during your most stressful part of the day? Do you endeavor to eat reasonably by keeping your intake of the five whites (salt, sugar, flour, dairy and eggs) low, as well as fats and caffeine? How is your sleep? Are you getting 6-8 hours at a time?

Human interaction is the object of the next set of supports for our check-in. We have a need to feel needed, and at times we need support, advice and/or the presence of someone else. How much face time are you getting with family and friends? Are you having personal interaction with others a few hours every week? Is the time 'other' focused and not self-centered?

To recognize your level of hope, look at the plans you have for the future; do you have several small things planned over the next few days? Do you have a major event (trip, vacation, activity) planned in the long-range future? Do you have plans to which you are looking forward?

What are you doing that is creative? Creativity is defined as problem solving outside of the box. This can mean that your creativity comes from your own ingenuity, or from research you do to figure out how to do something with the resources you have available. This can be artistic, do-it-yourself, gardening, repairing something....the possibilities for creativity are endless. You might find that you are creative in becoming creative.

A person also needs to feel fulfilled. Have you identified the activities that result in you feeling fulfilled? How often do you participate in these activities? Daily, weekly, monthly? One should never go more than a month without feeling fulfilled. How often do you feel that you are in touch or connected with something greater than yourself? Taking a walk in nature, being in prayer or meditation

or feeling awed by something that is amazingly beautiful? When was the last time you felt grateful? Or felt that you are right where you are supposed to be? These all are expressions of your spirituality.

And then, to wrap up your check-in, name three coping skills you have used in the past week.

By following a simple check-in weekly, you know that you are staying on track not only in self-care, but also wellness.

Another approach to building your resilience and improving wellness is to focus on the six dimensions of health;

- Physical health
- Environmental health (relationships and environmental stress level)
- Creative health
- Emotional health
- Spiritual health
- Social health.

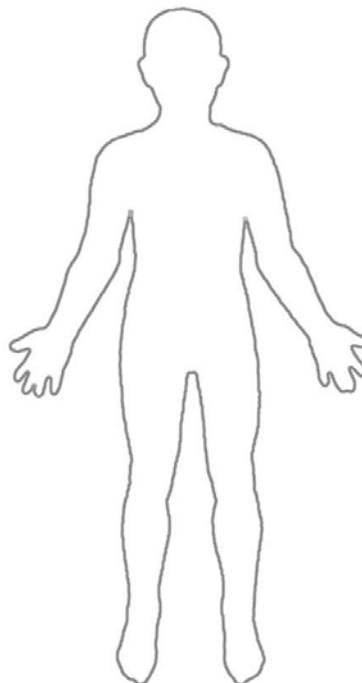
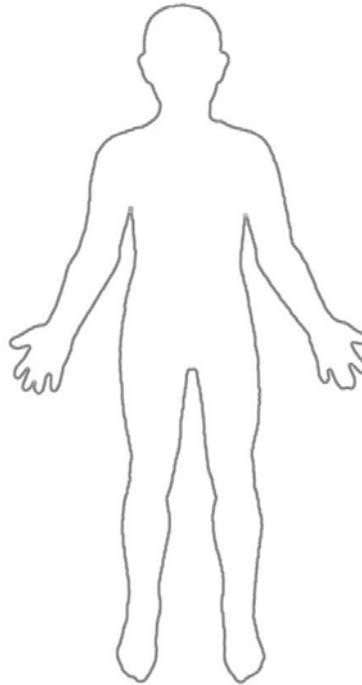
This process begins with rating each of these areas on a scale of 1-10; 1 being functioning in an unhealthy way, 10 functioning in a very healthy way. Once you have given each a rating, write a sentence for each dimension as to what you can do to improve your functioning in each by one number. Then, spend a month on one dimension doing the activity you have written. After the month, continue to maintain that level of functioning and move to the activity in the next dimension. At the end of six months each dimension will be functioning at a more healthy, resilient level than before. Now, repeat the entire process.

A more generalized approach to living a life of wellness is to develop mission statements for five general areas of life; one's job, career (or calling), personal life, spiritual life and legacy.

A mission statement is one that describes how you want to function in that area of your life. Your job is the activity that you spend most of your life doing. It could be the job at which you make your living, it could be being a full time parent or care-giver, or perhaps a volunteer role that fills much of your life. Career refers to what you consider your calling to be. This may be a particular gift, skill or talent you have which you consider to be your purpose in life, but may not be a primary source of income. One's personal statement is about how they want to live as a person exclusive of job or career; the person that you want to be. The spiritual statement focuses on what one wants their life to be in terms of feeling fulfilled, grateful, and connected to that which is greater than us. The final statement is our legacy, what we want people to say or think about us after we have died; what about us will live on after our body.

Once you have written out these five statements, put the document in an envelope, and put it away for six months. After six months read the statements. Are you living in accordance with these statements? If not, what about your life do you need to adjust? Sometimes our life situations change and we might need to adjust our mission statements accordingly. Once we determine how we will live more in keeping with our mission statements we put the document away to check again in six more months. This process helps us to live in wellness.

A more short term method of evaluating ourselves in the moment is also one that is more creative and perhaps insightful. Using the illustrations below, and some crayons or other coloring implements, we have a non-verbal approach to evaluating our level of wellness.



We start this evaluation by coloring the first image to reflect how we are currently feeling. Once we are sure that the colored image accurately reflects how we feel, we move to the second image and color it to reflect how we would like to feel. Once we feel that the second image adequately reflects our goal feeling, we begin to compare the two. The question that we ask ourselves is 'what do I need to do to get from figure number one to become picture number two?' Write out several statements to answer this question. The written statements become our guide to living in wellness.

MINDFULNESS

We have spent the past few pages focusing on ways to build and strengthen our self-care/stress management and wellness/resilience. However, occasionally we may be doing well and then just have a bad day, where it seems we have lost hold of all the work we have done. Don't despair. While we can expect that as we live more in wellness the bad days should be fewer and less frequent, we would not be human if we didn't have a 'bad day' every once in a while. When this occurs, there is a tool that is very effective to help us get back on track – Mindfulness Techniques.

Situational Anxiety may indicate focus on the future; what might happen. Situational Depression may indicate focus on the past; the should-haves, could-haves. Mindfulness allows us to focus on and accept this moment for what it is; being able to let go of the event that just happened as well as any expectations for what's coming next. This allows us to move from event to event free of baggage or judgement, stress or emotion. We are existing in this moment only.

Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. The basic formula

for Mindfulness Techniques can be described as S.T.O.P.

- Stop what you are doing.
- Take a breath. Take another, and another.
- Observe what you are doing, thinking and feeling.
- Proceed with an activity that will distract and relax you for a short period of time as suggested below.

MINDFULNESS is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us.



The focus of this type of Mindfulness activity is either your body, your environment or an object. Focus on any of these brings your awareness into the here and now.

The most common technique used to focus on the body is by observing one's breath. This can be done very easily by inhaling and feeling the air enter your lungs. Hold your breath for a couple of beats. Now exhale and feel the air leave your body. To add a dimension to this you might include a visualization of inhaling, feeling and imagining the air filling your entire body from head to toe. Hold the breath, then exhale imagining the air leaving all parts of your body. And, you can take this even deeper by inhaling and imagining that you are filling your body with healing light. Hold the breath and imagine the light shining out from within your body. Now exhale imagining that your breath is taking out all negativity, stress, and unhealthiness that you were holding. You can also count as you inhale, hold and exhale. As you relax the intervals of counting will become longer. Which ever of these you use, stay with it for about 10 breaths. Doing these exercises distracts your mind from the stressor, and you

slow your heart-rate, metabolism, respiration and reduce blood pressure.

Focusing on your environment is an easier exercise. Simply focus for a few minutes on the space around you, and then invoke your five senses by asking 'what 3 things do I see?' Take a few minutes to list those things in your mind. Then ask 'what 2 things do I hear?'. Again list the sounds in your mind. 'What do I smell?' 'What do I taste?' 'What do I feel?' or 'What does my body feel?' Spend at least 7 minutes in this exercise.

Focusing on an object might be the most difficult of these three. Chose an object that is in your field of vision. It might be helpful if it is something that you can actually hold in your hand. Then you begin to ask yourself what it would be like to be that object? How would it feel to do the task for which it was intended? How would it feel to be held like this? While it may sound silly, it distracts you you're your stressor, and focuses you in the present moment. Spend at least 7 minutes in this exercise.

POST TRAUMATIC GROWTH (PTG)

We have spent this entire document discussing what may cause an adverse effect for you, how that may manifest, and a great deal of time on what to do to grow beyond or improve the way you may respond to these situations. It is now only fitting that we end by helping you recognize when you are getting better; when you are successfully engaged in self-care and living in wellness. To do this we are going to look at what is known as Post-Traumatic Growth (PTG). PTG is basically the ability to express positive life change as a result of a traumatic event. This growth is determined by a positive change in five characteristics; relating to others, new possibilities, personal strength, spiritual change, and appreciation for life / changed priorities.

You may have found that having been exposed to trauma, you have begun to avoid large crowds, events with people you do not know, and situations in which you have to socialize with folks you've never met. You may even have recognized that you have withdrawn somewhat from family and friends and folks with whom you are familiar. Once you have successfully engaged in living in wellness you will find yourself relating to others, known and unknown, more positively and easily. You may find yourself realizing that because of the exposure to trauma you have developed, grown and matured in positive ways you never would have otherwise. As a result of living in wellness you will become aware of and accept the emotional and spiritual strength that you have developed as a result of surviving the trauma. As you begin to recognize that some positives have come from this experience, you develop a sense of fulfillment, gratitude and awe for how your life has evolved. Finally, as a result of living a life in wellness you will realize that your priorities and appreciation for life have significantly changed in a positive way from before your trauma experience. It is important to recognize that these changes have occurred.

It has been our goal to provide those readers who have experienced a traumatic event, or who have been exposed to the details of a trauma over time, an understanding of the natural way the body and mind will react to trauma. We want those survivors of trauma to understand that their thoughts, feelings, behaviors and reactions to that trauma are not indications that they are broken or flawed. Further, we set out to assist those exposed to trauma to learn the coping skills and activities to be able to deal with their reactions to the trauma in a healthy way. It has been our goal to guide the reader into a place of surviving their trauma. Our wish for you, the survivor, is that you are able to live a life of wellness.



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If you are depressed
you are living in
the past. If you are
anxious you are
living in the future.
If you are at peace
you are living in the
present.”

PETER A. LEVINE

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