



RECOGNIZING TRAUMA

Gentle Trauma Release Method ©



RECOGNIZING TRAUMA

HOW TO RECOGNIZE TRAUMA

- Unless you are qualified to do so, you won't be diagnosing or treating PTSD in your work. If the client has difficulty functioning in life, and you don't have the appropriate mental health training, refer them to a trained mental health specialist. In fact, a client's lack of ability to function in life is a good rule of thumb to decide whether to take on someone as a client or if they're out of your league.
- However, just because someone does not officially qualify for a PTSD diagnosis doesn't mean that they are symptom-free when it comes to trauma. They might be able to function, but with way more difficulty compared to before their traumatic symptoms emerged.
- In the GTR Method©, we operate with the concept of "trauma spectrum response" (instead of PTSD) to cover all of the different signs and symptoms of trauma that can differ from classic PTSD in:
 - Intensity
 - Absence of some of the classic PTSD symptoms
 - Presence of additional symptoms not mentioned in the PTSD diagnosis
- Recap: Stephen Porges discovered that humans have the following **basic survival responses**:
 - **The social engagement response (NEW)** – the ability to calm oneself or calm others through social engagement with others of our kind, to give and draw a sense of comfort and calm from others via comforting, support and help (mostly via the ventral vagus).
 - **The fight and flight mobilization response** (via the sympathetic branch that mobilizes us).



RECOGNIZING TRAUMA

- **The immobilization response of shutting down** (via the parasympathetic branch that immobilizes us) which, evolutionary speaking, is the most ancient. It's common in vertebrates, reptiles and amphibians.
- **Trauma changes our nervous system:** After trauma, the body can't switch off the fight, flight or freeze responses even when the threat is no longer present. A survival response that has never been turned off, even after the threat is gone, means that we are practically superimposing trauma on all of our experiences. It means that we see everything through the lenses of trauma because our body believes that that threat is imminent. Our body thinks we're not safe.
- If we didn't get the chance to exercise a survival response because it was prevented or blocked in some way (for example, we were trapped in a burning building or in a war zone, overpowered and held down by the attacker etc.), the electrical circuits of the brain responsible for the activation of our survival responses (fight, flight, freeze) continue to fire! *And as long as they fire, they continue sending the body that message that it needs to fight, run or freeze because the brain thinks it's still under attack or threat!*
- This leaves us in an "overdone" survival response mode. Our system stays chronically aroused and stays on permanent alert, never being able to switch off the survival response mode because the trauma that we experienced has reconditioned our nervous system.
- **The fight response:** The fight instinct makes it possible for the animal to fight back, to confront the opponent face on. It allows us to protect ourselves, be assertive and set boundaries. The way it typically expresses itself on the emotional level is through anger and rage.
- **Overdone fight response:** Irritable, aggressive, enraged, explosive, controlling, and bullying.



RECOGNIZING TRAUMA

- **The flight response:** The flight instinct allows us to escape when it doesn't make sense to fight back. For example, when we're overpowered, we can disengage and we can run away because fighting back or confrontation would only make things worse. The flight response typically expresses itself on the emotional level through fear (usually anxiety), hypervigilance and/or startle response.
- **Overdone flight response:** Constant underlying anxiety, constantly on guard/hypervigilant, panicky, manic-like, chicken with its head cut off mode (engaged in scattered activity), busy being busy, hyperactive, and/or obsessive-compulsive tendencies (including obsessive worrying).
- **The freeze response:** It allows us to retreat when struggling, resisting or running is futile or counterproductive. The way the freeze response typically expresses itself on the emotional level is through emotional numbness, withdrawal and/or dissociation.
- **Overdone freeze response:** Numb, apathetic, lethargic, depressed, passive, dissociative and detached from ourself and the world at large, isolated, socially withdrawn, hermit-like, and/or adrenaline-junkies (to counterbalance the emotional numbness).





RECOGNIZING TRAUMA

WIDENING THE RANGE OF TRAUMATIC SYMPTOMS

- The rigid and fixed diagnostic criteria of PTSD as presented in the DSM-V are not an accurate representation of the range of symptoms that clients present. In the GTR© Institute, we believe that we need to be aware of a wider and more diverse range of traumatic symptoms that can show up once a human being has been exposed to a traumatic situation.
- The GTR Method© is based on the assumption that a person carrying trauma in their system can display any of the following symptoms (they are listed in detail in the Wholistic Wellbeing Check-In):
 - **Physical Symptoms**
 - **Emotional Symptoms**
 - **Cognitive & Motivational Symptoms**

PHYSICAL SYMPTOMS

- Traumatized people often complain of numerous different types of physical symptoms. These are the most common ones:
 - Chronic pain (e.g., abdominal pain, pelvic pain, back, neck and shoulder pain)
 - Muscle armoring
 - Physical numbness (not being able to feel certain parts or areas of the body)
 - Migraines and/or tension headaches
 - Sleep problems (e.g. Insomnia, Nightmares, Difficulty falling asleep)
 - Gastrointestinal problems and digestive disorders (e.g., Irritable bowel syndrome)
 - Fibromyalgia
 - Dysautonomia
 - Weight issues



RECOGNIZING TRAUMA

- o Eating issues
 - o Weakened immunity and/or auto-immunity issues
 - o Chronic fatigue
 - o Depleted energy and exhaustion (even mundane tasks cause a lot of stress and energy loss)
 - o Dependence on outside sources for stimulation and/or sedation (caffeine, alcohol, tranquilizers, nicotine etc.)
 - o Any other physical symptoms that appeared out of nowhere or got intense fast
- Having these symptoms does not automatically mean that they are trauma-related. This is why we want to spend a lot of time taking client's history before addressing a symptom with them.
 - **Chronic pain:** An incorrect learning of our body that still acts as if the threat persisted. Chronic pain is often a result of trauma, especially if the following conditions are in place:
 - o No history or evidence of injury (there is no anatomical or medical reason for the injury).
 - o Response to traditional healing modalities was not successful.
 - o Presence of an unresolved traumatic event.
 - **Dissociation:** Dissociation is an extreme form of the freeze response. When the brain understands that all action is futile, instead of doing something with our physical body (such as making us run or fight), it tries to protect us by altering your awareness, the state of our consciousness.
 - **Dissociation from the body:** Body dissociation and bodily numbness are very typical symptoms of trauma. This goes for all types, not just the freeze type. Many trauma survivors cannot feel whole areas of their bodies. Traumatized people often cannot tolerate the overwhelming bodily sensations, and this is where the problem lies because if you can't feel your body, you can't feel your Self.



RECOGNIZING TRAUMA

- Contemporary neuroscience tells us that our sense of Self relies on a vital connection with our body. In other words, the very core of our self-awareness is the result of the physical sensations that let us know the state of our body. Thanks to neuroscience, we know that in order to have a sense of Self, to be aware of our Self, we have to be able to FEEL and INTERPRET our bodily sensations.
- **Lacking a solid sense of Self** is a common symptom of trauma (but little talked about). This is when people say: I don't even know where I end and where other people begin; I can't set boundaries; I don't know what I want or what I like; I don't know who I am; I feel lost in this body; I feel like I'm just watching my life unfold in front of me like a movie, but I'm not a participant in that movie; I feel insecure; I completely lack confidence; I don't feel in charge of myself. The bottom line is: when we dissociate, when we numb out and can't feel our body, then we can't feel our Self and we lose our sense of Self.
- **Telling the difference between safety and danger:** In order to protect ourselves and keep ourselves safe, we need to be able to register and decode the signals coming from our body. We also need to be able to act on these signals in order to avoid danger and to navigate through life safely. But someone who has been chronically traumatized and hence is dissociated from the body, will not be able to register the signals or safety or danger. This is because a traumatized system bombards them with sensations and feelings that are overwhelming to the point that they can't even tell real danger from a perceived one. Everything seems like a potential or real threat. Everything feels overwhelming, even unbearable.

EMOTIONAL SYMPTOMS

- These are some of the most common traumatic symptoms in this category:



RECOGNIZING TRAUMA

- o Constant underlying anxiety
- o Panic attacks
- o Phobias and/or irrational fears that I didn't have before
- o Feeling emotionally frozen
- o Depression and/or Apathy
- o Feeling emotionally numb (disconnected, dissociated)
- o Mood swings
- o Feeling overwhelmed
- o Feeling highly stressed
- o Hypervigilance
- o Feeling on the edge
- o Excessive worrying
- o Feeling like life is an endless battle
- o Pessimistic thinking
- o Sense of hopelessness
- o Anger and/or rage
- o Short temper
- o Self-blame and/or self-directed anger
- o Feeling victimized and/or being re-victimized
- o Toxic shame
- o Toxic guilt
- o Co-dependency
- o Not being able to protect myself
- o Not being able to stand up for myself
- o Losing my voice and/or not being able to speak up when I need to
- o Porous boundaries
- o Lack of self-care and/or difficulty nurturing myself
- o Lacking a sense of safety in the world
- o Feelings of abandonment
- o Not trusting in the goodness of the world and/or the order of the world
- o Not trusting anyone
- o Not being able to feel self-acceptance and self-compassion



RECOGNIZING TRAUMA

- o Lack of self-esteem and/or self-worth
- o Crying or sobbing episodes
- o Emotional Flashbacks – out of nowhere I feel helpless, ashamed, trapped, despicable, unworthy etc., and these feelings don't seem to be related to something that just happened.
- **Emotional flashbacks** are an agonizing mixture of very negative emotions about the Self. Feelings of being worthless, repulsive, despicable, deficient etc. These painful emotions about the Self seem to come out of nowhere. The person experiencing them gets lost in a wave of self-criticism, self-loathing and self-hatred.
- Emotional flashbacks can feel like just wanting to collapse, sob and cry in a corner or feeling deeply ashamed despite actually doing well or ok in life. Because emotional flashbacks seem to come out of nowhere, they can be disorienting and confusing. Emotional flashbacks typically leave a person feeling powerless, insignificant, small, humiliated, faulty, worthless, stupid, ugly, just somehow very, very flawed.
- **Repetition Compulsion:** Repetition Compulsion is a compulsive tendency to expose oneself to the experience of trauma time and time again. This happens most probably because traumatized people cannot tell what is safe and good for them and what is not. Hence, they tend to continuously get involved in situations that keep the vicious cycle of trauma going which ultimately leads to continuous revictimization.

COGNITIVE AND MOTIVATIONAL SYMPTOMS

- These are often the most overlooked symptoms, and they include:
 - o Inability to move forward with goals (professional goals and/or personal goals)
 - o Feelings stuck with professional goals and/or personal goals
 - o Procrastinating on important projects



RECOGNIZING TRAUMA

- o Self-sabotaging important projects
- o Concentration issues
- o Fuzzy and/or scattered thinking
- o Brain fog
- o Memory issues
- o Feeling confused and/or disoriented
- o Distorted perception of time (e.g., losing chunks of time, time passes way faster/slower than I perceive it to)
- o Feeling like the future is just a repetition of the past
- o Not having a sense of a bright future
- o Not having something to look forward to in the future
- o Feeling like fight or flight all the time (like everything is a matter of life or death)
- o Feeling like everything is an emergency
- o Exaggerating and blowing things out of proportion (making a mountain out of a molehill)
- o Difficulty making decisions and/or agonizing over decisions made
- o Not trusting my gut and/or my instincts
- o Loss of meaning and purpose
- o Loss of connection to other people and the world
- o Not feeling resilient
- o Not trusting the goodness of the world and my place in it
- o Feelings of emptiness
- o Not having a clear, solid sense of self
- o Social disengagement
- o Withdrawal behaviours (hermit-like)
- o Engaging in risky behaviours
- o Losing the capacity for intimacy (not just sexual), not being able to let others in
- o The Inner Critic (the critical voice within) is particularly loud



RECOGNIZING TRAUMA

- **Perception of time and relationship to time:** Traumatization can cause distortions in the perception of time and can change one's relationship to time altogether. This might show in different ways. For example:
 - **Losing interest in the present moment**
 - **Losing a sense of a bright future**
 - **Losing sense of time. For example:**
 - Being disoriented and having brain fog or memory issues
 - Procrastinating on goals and projects
 - Not being able to move forward with goals
 - Losing motivation to create a good life for oneself and others
- In fact, these last symptoms are some of the most common issues people come for coaching and yet, many times their connection to trauma is not recognized.





MY NOTES

RECOGNIZING TRAUMA



MY NOTES

RECOGNIZING TRAUMA