

## Recognizing and evaluating trauma symptoms

**The following is a summary of a presentation given in December 2015 by certified therapist, Sharon Korman ([korman.sharon@gmail.com](mailto:korman.sharon@gmail.com)). Sharon is a marriage and family therapist and has been living in Paris for 8 years.**

### **A. How the brain functions to keep us safe**

A person's response to trauma and emergency situations is biochemical. We have no control over it and it concerns three parts of our brain.

- Forebrain or frontal lobe: it is the slowest part of our brain and it concerns logic, narrative, sense of time, problem solving, math, lists, etc. It is the part of the brain that "comes online" last and goes offline first. It's important to note that the frontal lobe tends to fully develop in women around the age of 25 and in men around 27.
- Midbrain: this is the emotional / feeling / relational center. It is where we experience the world. It is more primitive than the Frontal Lobe and concerns our fear / alarm center, our gut reaction to life. It can overpower the frontal lobe.
- Hindbrain or "reptilian" brain: the most primal part of our brain; controls body functions such as heartbeat and respiration; it is literally what keeps us alive. It is the quickest part of our brain.

*Example of how this works:* As a pedestrian, you proceed to cross when a light at an intersection turns green. However, you continue to automatically take in information such as registering cars that look like they might not stop or other obstacles.

- Your "orienting response" does not involve words but rather feelings, sensory experience
- When it all functions properly, you're ready to react with a Fight / Flight / Freeze response, you may experience increased tension or an adrenaline rush
- It's all automatic, biochemical; there is no choice and it is beyond thinking, the mid and reptilian brain are in control
- If you cross the street with no incidents, your body and brain quickly resume normal functions and you return to frontal lobe brain activity

### **B. How we react when faced with trauma**

We experience tenseness and feel overwhelmed. Our neurotransmitters change; the mid-brain sends warnings of "It's not safe!"; the frontal lobe tends to go offline and we can't focus (forget phone numbers, our building code...). In some ways, this is all good because we're programmed to stay alive. These are all normal fear symptoms. However, if we can't wind down, we might start to show trauma symptoms.

What are symptoms of a person experiencing trauma?

- Heightened anxiety
- Intrusive thoughts (including compulsive, repetitive thoughts)
- Increased fear
- Difficulty sleeping (disturbed sleep, insomnia, waking up early)
- Digestive issues (compulsive overeating or losing one's appetite)
- Psychosomatic symptoms

- Chest pain / back pain
- Nightmares
- Panic attacks
- Fits of weeping
- Exhaustion – fatigue, loss of mental energy
- Shut down mode or ‘disassociation’
- Substance abuse

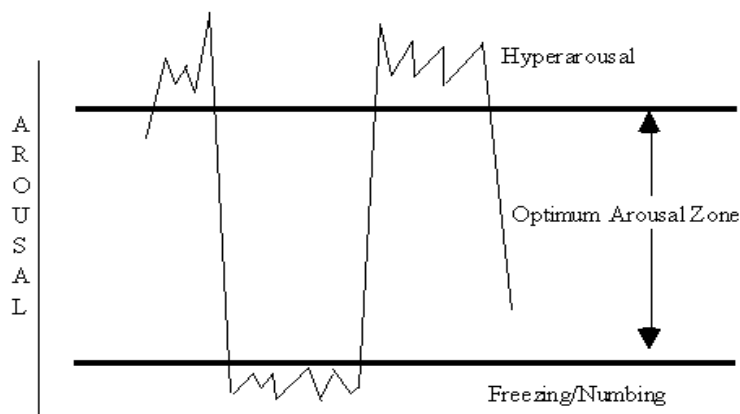
This list constitutes normal responses to trauma and do not necessitate therapy. However, if they persist beyond one month after the traumatic event, they will need professional attention.

### C. How to recognize trauma

**Results are worse if** 1) a person is naturally more sensitive to trauma or 2) a person or a close member of their entourage has experienced past trauma in which case negative things are filed in our memory and our alarm system goes off at a lower level of stimulation.

*Example:* the Vietnam Veterans that had the most Post Traumatic Stress were those who had a history of trauma or mood disorders. In PTSD, the body reacts to everyday stimulus and the slightest threat as if the person is in danger at the present moment. If trauma happened as a child, it takes the person back to when they couldn’t have defended themselves or dealt constructively with trauma.

**How to resolve trauma?** It consists of integrating the parts of the brain to understand the narrative. The person will then have less of a tendency to overact. In essence, it allows a person to widen their *window of tolerance*.



*Image found at: [www.sensorimotorpsychotherapy.org](http://www.sensorimotorpsychotherapy.org)*

**Window of tolerance:** in a normal reaction to trauma or stress, we stay within this window. On the high end of the spectrum, a person goes into **Hyperarousal**: anxiety, panic, rapid heartbeat, aggressive, being “amped up,” etc. The low end of the window is characterized by **Hypo-arousal**: being down, fatigued, depressed, adopting a passive stance in life, etc. In some cases, the person “checks out” and has the sensation of leaving their body. Simply put, people with past trauma and / or who are naturally more sensitive will have a smaller window of tolerance. It is not necessarily a problem to go outside of the window – the problem is when we stay out.

*Compiled by Laurie Wilson (U of Oregon, Lyon), Francie Plough-Seder (Trinity College) & Loren Ringer (Skidmore College)*