



How trauma affects us



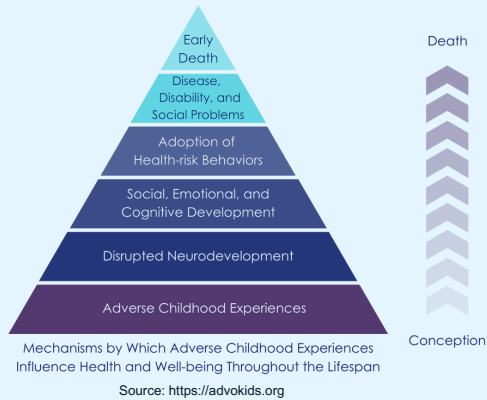
Cambridgeshire and Peterborough NHS Foundation Trust

Experiencing trauma can affect us in many ways, even in ways you might not expect. Trauma can impact our body and the way our brain works leading to problems such as chronic pain and difficulties with relationships. Here are some examples to be aware of so that you can live life more comfortably with trauma. Created by: The Psychological Skills Service Cambridgeshire

Adverse Childhood Experiences (ACEs)

ACEs are stressful or traumatic events that occur in childhood. They include any kind of abuse, neglect, caregiver mental illness, or instability.

The more ACEs a child experiences, the more likely they are to suffer from social, and physical and mental health issues later in life. This is due to excessive activation of the stress response system, particularly when the brain is developing.



Trauma, Health, and the Body

When the the brain detects a threat, it releases neurochemicals that help to prepare the body physically (e.g. tensing muscles to get them ready to fight back or run away).

One of these chemicals is cortisol, the body's stress hormone.

When released, cortisol suppresses some of the body's other processes, such as

- the immune system
- the digestive system
- the release of sex hormones



People under prolonged stress can therefore develop health problems (such as digestive issues, frequent illnesses and a lack of sex drive).

Cortisol levels also have a knock-on effect on other neurochemicals in the brain and body. It can cause levels of dopamine, endorphines and serotonin to all decrease.

- Dopamine decrease -> depression and negative thinking
- Endorphine decrease -> increased sensitivity to pain
- Serotonin decrease -> sleeping problems and fatigue

This explains why those who have experienced trauma may also experience **chronic pain, fatigue and/or other problems.**

Brain Development and Trauma

Our brains start developing when we are in the womb and continue to develop until our early adulthood.

- The first parts to develop are the parts of the brain right in the middle, which control our basic functions such as our senses.
- Then the outer parts of the brain develop, each taking on more complex functions than the last.
- The last parts to develop are involved with functions such as memory and complex thinking skills.

Experiencing a trauma disrupts brain development and has a knock-on effect on all the development that is yet to happen. So, the earlier the trauma occurs, the more severe effect on brain development it will have.

When trying to treat trauma in therapy, we have to follow the same sequence, rebuilding each part of the brain in turn.

- Early therapy may focus on rebuilding your sensory processes and teaching you how to effectively use your senses to help you to feel calmer and more relaxed.
- Later therapeutic work is more focused on adjusting your thinking styles and re-processing memories.

Coping Responses

Coping responses are the ways that we react to trauma to regulate ourselves when experiencing emotional pain. Sometimes we develop negative coping strategies that allow us to cope in the moment but are not long term solutions to take care of ourselves.

Unhelpful Coping Strategies

- Substance abuse
- Dangerous behaviour
- Working too much
- Isolating yourself



With the help of a mental health professional we can identify our personal coping strategies and learn distress tolerance skills to reduce emotional pain and avoid these destructive coping strategies.

Helpful Coping Strategies

- Grounding techniques
- Self-soothing
- Distraction
- Breathing techniques



Core Beliefs

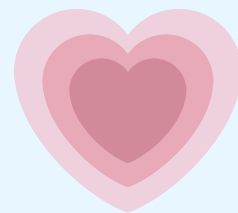
Childhood Trauma can affect the way we view ourselves and the world around us for many years after. Are there any beliefs below that you can relate to?

Common Core Beliefs Following Childhood Trauma

Childhood Reality	Trauma	Ingrained Core Belief
Parents were physically abusive	→	"My needs cause people to hurt me."
Parents inconsistently showed up for you.	→	"I am unsafe, I have to do everything on my own."
Parents were too critical.	→	"Nothing I do is ever good enough."
You were made to feel like too much.	→	"I am too hard to love like this."

Attachment

The ability to manage our emotions is taught in our earliest relationships. The emotion centre in our brain is wired together by our attachment experiences. Babies rely on caregivers to build their attachment system by soothing them. Secure attachment helps them grow up to be able to self-soothe as adults.



Traumatised children may not have had the soothing needed from a caregiver when their brain was developing. This part of their brain may be underdeveloped and they may struggle to self-soothe. To protect themselves, they may put barriers up, push people away or find more extreme ways to try to keep people closer or at a distance. These ways of coping are known as insecure attachment styles.

Further information: <https://www.youtube.com/watch?v=LNuxy7FxEVk>

Intrusive Symptoms

Intrusive symptoms often feel like they are happening in the present and are not just memories.

- Unwanted upsetting memories, flashbacks, nightmares
- Chronic pain can be physical flashbacks, a 'feeling' memory where the body keeps replaying the trauma but there is no actual tissue damage
- Hearing voices, especially common amongst people who have experienced trauma at a younger age



Alexithymia - Difficulty Identifying Emotions

Alexithymia is the experience of feeling disconnected from our body and emotions. This is a way of coping, turning off our self-sensing to protect ourselves from feeling painful emotions that might overwhelm us. People with alexithymia tend to feel:

- Physically uncomfortable but cannot describe exactly what the problem is, describe symptoms.
- Cannot figure out what makes them better or worse or when things are becoming too much.
- This can lead to chronic physical symptoms, and it is these symptoms that show them how they feel.

