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Overcoming Trauma

Time doesn't always heal all wounds



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Understanding trauma

What happens in the brain during trauma, and what subsequent disorders trauma can trigger is the first step in trauma recovery. Learn about PTSD to develop a better understanding of the disorder. Learn how trauma affects the brain and body and what symptoms can occur. This knowledge can help you better understand your own body's reactions and feel less powerless.

The word "trauma" comes from the Greek for "wound," a deep injury to the soul.

Traumatic can be any situation or experience that triggers in a person a state of confusion, shock, feeling of loss of control, fear, helplessness, and inability to act. All of these are normal reactions to an abnormal event. In the case of a traumatic life experience, "dissociation" occurs, i.e., the interruption of the exchange of information between the two hemispheres of the brain. As a result, our brain can no longer map and process sensory impressions in a rational and emotional overall context. This prevents adequate coping. The result is a feeling of numbness. Just like an animal that can no longer attack, but also cannot flee, it faces death. The affected person is put into a state of shock, shock and stress by the sudden occurrence, the vehemence and intensity, long-lasting and permanently increasing.

Whether a situation etc. is experienced as traumatic is always very individual. What is traumatic for one person may not be traumatic for someone else. Research results show that people who are informed about trauma process traumatic experiences much better.

In the ICD-10 (International Statistical Classification of Diseases and Related Health Problems). trauma disorder is described with the following criteria:

A. The sufferer is exposed to a short- or long-lasting event or occurrence of extraordinary threat or catastrophic magnitude that would cause profound distress in almost anyone.

B. There are persistent memories or reliving of the stress through intrusive reverberations (flash-backs), vivid memories, repetitive dreams, and internal distress in situations similar to or related to the stress.

C. Circumstances resembling or related to distress are avoided whenever possible.

D. Partial or complete inability to remember some important aspects of the stress. Persistent symptoms of heightened psychological sensitivity and arousal (not present before the stress) with two of the following characteristics: a. Difficulty falling asleep or staying asleep b. Irritability or outbursts of anger c. Difficulty concentrating d. hypervigilance (increased alertness/vegetative overexcitation) e. increased startle response

E. Criteria B., C., and D. occur within six months after the stressful event or after the end of a stressful period (Dilling et al. 2000: 121 f.).

Traumatized people often do not dare to talk about their experiences. Behind this is often the fear of not being taken seriously, of not appearing credible, or of being declared crazy. Out of a desire to function as normally as possible, the worries and hardships associated with the traumatic events are often kept quiet for years. Many sufferers also fear that confronting the trauma could worsen their condition. However, this fear is unfounded. On the contrary, it has been shown that active confrontation with the trauma memory breaks the vicious circle of avoidance and can lead to a significant improvement.

What happens in the brain during trauma

Although the experiences of trauma are varied, there are some common neurological responses that occur in the brain.

During traumatic experiences, a person's natural information processing, which otherwise functions independently, is disrupted. The information associated with the traumatic situation (feelings, bodily sensations, thoughts, external processes, behaviors, etc.) remains unprocessed.

"Blocks" develop in the brain, leaving the experience isolated. In trauma memory, the trauma remains stored unsorted and unprocessed. A feature of trauma memory in PTSD is the fragmented nature of the memories. Traumatic experiences are often stored as isolated fragments rather than as one story. This can result in sufferers later remembering only fragments of what happened, or in certain aspects of the trauma remaining particularly intense and vivid in memory. As a result, individuals have difficulty placing the trauma in a clear temporal context, and they may also struggle to recall events in the correct order. This can lead to further distress, as the lack of a clear understanding of the memory makes processing difficult.

Overall, trauma memory in PTSD remains a topic of intense research. The multifaceted nature of post-traumatic stress disorder and how traumatic memories are processed in the brain are of great interest to scientists, therapists, and sufferers alike. A deeper understanding of these mechanisms could help people suffering from PTSD receive better support and treatment to improve their quality of life and overcome their traumas. A particular challenge for people with PTSD is that trauma memory is often accompanied by a lack of control. Memories can surface unexpectedly, placing individuals in situations where they feel helpless.

The following metaphor vividly illustrates how trauma memory works:

Trauma is stored in the RAM of a personal computer in an unformatted and fragmented way. It remains in the working memory and cannot be sorted and stored on the hard drive.

Traumatic experiences can affect the brain in many ways, but that doesn't

mean healing is impossible. The brain has an amazing ability to adapt and reprogram. With the right support and therapy, people who have experienced traumatic events can strengthen their neurological connections and develop healthier coping mechanisms. Trauma therapy with EMDR can help re-engage natural information processing and promote the resolution of trauma in terms of reprocessing.

About 80% of people experience a situation in their lives that can lead to psychological traumatization. While about two-thirds of people can cope with such strokes of fate more or less well on their own after some time, some people need psychotherapeutic help in coping with the trauma sequelae. What is experienced by a person as traumatic and the risk of developing PTSD after a trauma depends on, among other things:

the type of trauma

experienced,

the age, the psychological

resistance (resilience)

the social environment (the social support),

and how long it takes to be able to re-establish a sense of safety.

The thoughts, feelings, and physical reactions following trauma are perfectly normal responses to an abnormal event.

Affected individuals often resort to strategies that provide some short-term relief but maintain PTSD symptoms in the long term.

Examples include:

Suppressing thoughts of the traumatic event

Avoid situations that might remind them of the trauma event withdrawing

not talking about the trauma and their feelings

giving up positive activities

ruminating about what they did wrong numbing themselves with alcohol, medications, or drugs.

Types of trauma

Trauma is a deep injury to the soul that takes time to heal.

"But, time does not always heal all wounds".

Depending on the severity of the traumatic situation, the individual may not recover on his or her own, and post-traumatic stress disorder may result.

Acute trauma/shock trauma/monotrauma

Acute trauma is the reaction to a single, stressful, or dangerous event. This could be a car accident, a violent assault, or a natural event such as a flood or earthquake. People who experience acute trauma may exhibit symptoms such as intense fear, anxiety, insomnia, and confusion. An acute stress reaction does not necessarily lead to post-traumatic stress disorder. Symptoms may gradually decrease over the first few weeks and may disappear altogether.

A monotrauma is a single stressful event that elicits a strong emotional response and usually occurs within a short period. Examples of monotrauma might include a car accident, a burglary, a robbery, the sudden loss of a loved one, or a serious accident. These events can immediately cause intense fear, despair, and helplessness in those who experience them. People who experience monotrauma may exhibit various symptoms, such as flashbacks, sleep disturbances, increased nervousness, and avoidance of situations or places associated with the traumatic event. In most cases,

these symptoms are temporary and disappear on their own within a few weeks.

Shock trauma is an acute, overwhelming event or series of events that pose an extreme threat to life or physical integrity. It usually occurs unexpectedly and often leaves the victim with a sense of complete helplessness. Examples of shock trauma may include Natural disasters, armed conflict, sexual assault, or severe physical injury. Unlike monotrauma, shock trauma can have lasting and profound effects on mental health. Many victims develop posttraumatic stress disorder (PTSD), which can manifest itself through recurring flashbacks, nightmares, anxiety, and memories. Others may withdraw from society, avoid social relationships, and enter a state of isolation. It is important to understand that reactions to monotrauma can vary greatly from person to person.

Chronic trauma

People who suffer from chronic psychological trauma often have a history of repeated traumatic experiences that last over an extended period. These experiences can be emotional, physical, or social in nature and often have profound effects on a person's mental health and well-being. The causes of chronic psychological trauma can be varied. Children who grow up in an environment characterized by domestic violence, emotional neglect, or abuse are at risk of becoming traumatized. People who experience discrimination, poverty, wars, or natural disasters over a long period may also be chronically traumatized. Such experiences can have a lasting impact on a person's sense of security, trust, and bonds with others. The effects of chronic psychological trauma are varied and can impact the lives of those affected in several ways. Symptoms such as anxiety, depression, sleep disturbances, flashbacks, and nightmares are common. Sufferers may have difficulty establishing and maintaining relationships, as trust in others is often severely impaired. Self-esteem and self-confidence may have suffered greatly. Chronic trauma affects not only the psyche but also the body. People exposed to chronic trauma may suffer from a variety of psychological and physical symptoms. Psychological symptoms include anxiety, depression, recurring nightmares, panic attacks, avoidance behaviors, emotional numbness, difficulty concentrating, and impaired self-esteem.

Physical symptoms can take the form of sleep disturbances, chronic pain, migraines, cardiovascular problems, and a weakened immune system.

Complex Trauma/Multitrauma

Complex trauma or multi trauma refers to severe and repeated traumatic events that can impact an individual's life in multiple ways. This type of trauma can have a variety of causes, such as physical or sexual violence, neglect, domestic violence, war experiences, or other life-threatening situations.

Unlike single trauma, in which a person experiences a specific event that deeply shakes them, complex trauma is a condition in which a person is repeatedly exposed to traumatic situations over an extended period. This can lead to a variety of physical, emotional, and psychological consequences that are often intertwined and can affect each other emotionally.

Such trauma can cause people to have difficulty regulating their emotions, establishing and maintaining relationships, or seeing themselves as valuable and worthy of love. It can lead to anxiety, depression, post-traumatic stress disorder (PTSD), and other mental health problems. Sufferers may also develop physical symptoms due to prolonged stress on the nervous system.

Developmental Trauma

Developmental trauma refers to traumatic experiences and stressful living conditions during childhood development. These experiences can permanently affect a child's behavior, emotions, and cognition. Such trauma can take many forms, including abuse, neglect, family conflict, loss of a loved one, lack of secure attachment, and serious health problems.

Developmental trauma can cause children and adolescents to have difficulty building trust, forming emotional attachments, and expressing their feelings appropriately.

Secondary trauma

Secondary trauma refers to a specific form of psychological distress that can be experienced by people who are in close contact with traumatized individuals or who are regularly exposed to traumatic content. This phenomenon is common among people who work in helping professions, such as medical personnel, psychotherapists, social workers, rescue workers, and journalists, but also in other fields where traumatic stories or experiences are present.

Unlike primary trauma, which stems directly from a traumatic event, secondary trauma develops in people who work with victims. By empathically empathizing with the experiences of others, they can pick up the emotional burdens and symptoms of trauma and be affected by them themselves. Symptoms similar to those of post-traumatic stress disorder (PTSD) may occur, such as flashbacks, nightmares, sleep disturbances, anxiety, depression, and social isolation.

Secondary trauma is a serious concern because it can affect people's ability to perform their jobs effectively and impact their own quality of life. It is important that people who work in such jobs or are otherwise exposed to traumatic content are aware of the impact of secondary trauma and learn appropriate self-care and support methods.

There are several coping strategies for secondary trauma, including taking regular breaks and vacations, attending supervision or therapy sessions, using relaxation techniques such as meditation or exercise, and sharing with colleagues and support groups. Recognizing and acknowledging one's own limits, setting clear boundaries around traumatic content, and consciously separating work and personal life can also be helpful.

It is important to raise awareness of secondary trauma and take action at both the individual and organizational levels to protect the mental health of those who are confronted with traumatic content or experiences on a daily basis.

Possibel consequences after trauma can be

Permanent mental state of over-excitement,

strong feelings of shame,

guilt, inner worthlessness, feelings of emptiness and hopelessness, chronic feeling of being threatened,

Uncontrollable emotional outbursts, amnesias (memory loss),

loss of self-confidence;

feeling of not being understood by anyone;

feeling of one's inadequacy,

Depression, anxiety, panic,

sleep disturbances, nightmares,

self injury, chronic suicidal thoughts

Physical Disgust

with own body,

destroyed body image,

intimate closeness to others is experienced as threatening,

the body expresses the feelings in the form of symptoms (body

memories; the body remembers, muscular tension, pain throughout the body),

physical self-injury,

chronic post-traumatic dis-stress.

Mental

Concentration and memory problems, learning disorders,

What are tell-tale signs of trauma?

Constant nervousness and jumpiness

Hardly understandable fears

Emotional instability

Frequent conflicts with other people

Absence of mind Distrust

Sleep disturbances and nightmares

What is PTBS

PTSD is characterized by the constant re-experiencing of the trauma (intrusions, e.g. flashbacks). Flashbacks are triggered by so-called "triggers". This can be a smell, a melody, etc., which the affected person associates with the trauma situation. Triggers can lead to extreme fear, panic, sweating, rapid heartbeat, trembling and fear of death. Situations and places that could trigger memories of the events are therefore avoided. Given the possible retraumatization caused by triggers, it is important to recognize and understand them. In this way, affected individuals can develop strategies to deal with trauma triggers and reduce the likelihood of negative feelings and reactions.

Flashbacks are one of the most common and distressing symptoms of PTSD. Flashbacks are intensely experienced recollections of a traumatic event that enter a person's consciousness unexpectedly and uncontrollably. It is as if the past overwhelms the present, and the affected person relives the original trauma situation. They may feel as if they are back at the site of the trauma and experiencing the same intense emotions and physical sensations. Flashbacks can be difficult to cope with and can have a significant impact on the affected person's daily life. They can interfere with the sufferer's ability to concentrate or perform daily activities. They

can also be triggered at unexpected times, which can be particularly distressing. Flashbacks can manifest in varying degrees of intensity, from brief, fleeting moments to persistent states that can severely interfere with normal life. They can lead to panic attacks, anxiety, and avoidance behaviors.

Symptoms **must last longer than a month** to be diagnosed as PTSD.

Long-term disorders following traumatic experiences may include: Several long-term disorders can occur after trauma that can greatly affect a person's mental health and well-being. These disorders can be the result of acute stress reactions and the psychological processing involved.

Here are some of the most common long-term disorders:

Depression: trauma can lead to major depression, which can be manifested by persistent feelings of sadness, hopelessness, guilt, loss of interest, and lowered self-esteem. Depression following trauma is not uncommon and may, affect the affected person's ability to participate in normal daily life.

Anxiety disorders: In addition to PTSD, other anxiety disorders can occur, such as generalized anxiety disorder, social anxiety disorder, or panic disorder. These may be associated with excessive worry, anxiety, and a sense of constant threat.

Addictive behaviors: To cope with traumatic feelings, some people may slide into problematic behaviors and substance abuse. These include alcohol, drug and substance abuse, and eating disorders. **Dissociative disorders:** Some people may develop dissociative disorders, in which they feel they are disconnected from themselves or have memory lapses regarding the traumatic event. **Relationship difficulties:** Trauma can also lead to problems in interpersonal relationships. Individuals may have difficulty trusting others, opening up emotionally, or allowing closeness.

Physical health: long-term stress from trauma can also affect physical health, leading to sleep disturbances, chronic pain, or other physical ailments. Mental health disorders resulting from trauma are not always obvious. They may present as generalized anxiety or depression without the person being aware of the connection to trauma. Various psychological testing procedures are used to diagnose PTSD.

Trauma and addiction

The link between trauma and addiction is common. People with addiction problems often report experiences of violence and abuse in childhood, adolescence and adulthood. To numb negative feelings, reduce overexcitement and forget traumatizing life events, traumatized people often turn to addictive substances. Traumatic experiences can permanently alter the brain, particularly the limbic system and prefrontal cortex. The limbic system is responsible for processing emotions, while the prefrontal cortex is responsible for decision-making, impulse control, and the evaluation system. Trauma can cause the brain to remain in a permanent state of alert, leading to increased anxiety and emotional instability. This can increase the urge to numb or avoid negative emotions, which can trigger or reinforce addiction

Addictive substances help:

Dampen negative feelings

Experience positive feelings

To endure contact with people Compensate for lack of closeness

To live sexuality.

To take revenge on the perpetrator To feel somewhat normal To get control

To show how bad you feel when there are no words to express it.

This type of self-medication leads to addiction. The two disorders reinforce each other. Often addictive substances exacerbate the symptoms of trauma, leading to a vicious cycle in which the trauma drives the addiction and the addiction exacerbates the trauma. However, side addiction can also lead to traumatic experiences, as drug use can lead to participation in dangerous situations, which in turn can lead to further trauma. According to studies, 12 to 35% of men and about 40 to 60% of women in addiction treatment centers suffer from post-traumatic stress disorder (PTSD).

If we define the term "trauma" more broadly, we can assume that even more addicts have developed addiction against the backdrop of multiple traumatic life situations. This is referred to as a "subsyndromal form" of PTSD.

In particular, attachment disorders in childhood lead to disturbances in self-regulation and self-soothing. As a consequence, this leads to low frustration and stress tolerance. (Lüdecke et al. "Addiction-Bond-Trauma," 2010).

"It is now beyond question that abuse and dependence on psychotropic substances are among the most important consequential disorders after traumatization" (Dr.med. Luise Reddemann, Zeitschrift für Psychotraumatologie und Psychologische Medizin 2005 Heft 3).

The connection between trauma and addiction has been known for a long time, yet either the addiction or the trauma is treated. For those affected, this often results in a disastrous vicious circle. The sufferer cannot overcome his addiction because the trauma has not been dealt with, and he cannot overcome the trauma because the addiction has not been overcome. In addition, an addiction increases the risk of further psychological trauma. Thus, many sufferers become "revolving door patients" and fall through the cracks."