

Trauma in the Brain and Body



Jace Starrett, LMT, CSP

Email: everybodyworksmassage@gmail.com

Website: everybodyworksmassage.com

WELCOME!



I am an LMT specializing in Structural and Neuromuscular Integration, myofascial release, and trauma informed bodywork. My background is in sexual assault and domestic violence advocacy work, education, and training. I have been in private practice in Olympia, WA since 2013.

I received my most recent professional training from the Soma Institute of Neuromuscular Integration. Neuromuscular Integration is a unique approach to bodywork that focuses on releasing fascia and connective tissue, while also stimulating the fibers of the parasympathetic nervous system. It is an incredibly effective modality for addressing trauma in the body, particularly for addressing the common “freeze” response. I have found this work deeply impactful and life changing to receive, and am overjoyed to be able to share this powerful work with others. I am passionate about providing trauma informed and trans competent care.

Learning Objectives

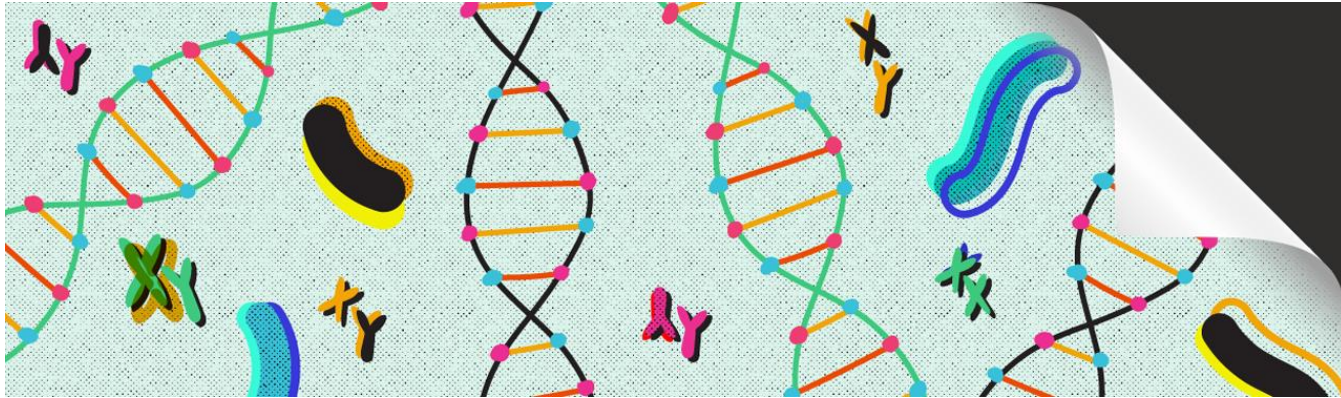
- A basic understanding of the neurobiology of trauma:
 - Fight/flight/freeze responses and dissociation
 - Impact on memory
 - Sympathetic vs. parasympathetic nervous system
 - Intersections of trauma and oppression
- Practical skills for establishing trauma informed care practices as advocates, therapists, and bodyworkers
 - Importance of clear communication, consent, and boundaries
 - Fostering choice and empowerment
- How trauma is stored in the body, and what to do about it
 - How the freeze response locks trauma into our tissues
 - Healing trauma and dissociation through presence and awareness
 - How freeing the fascial web can address body stored trauma
 - Breath work and other self care practices
- How to tell if a bodywork provider is trauma informed
- Where to learn more (resources and additional reading)

What is Trauma?



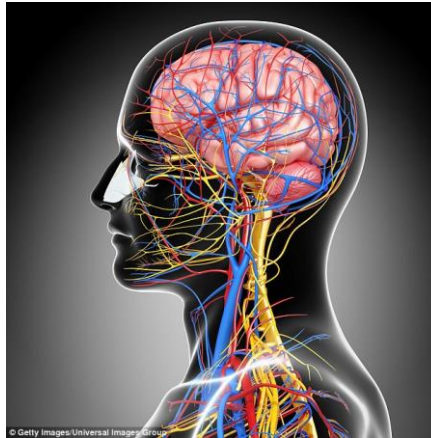
- Traumatization occurs when both internal and external resources are inadequate to cope with external threat.
- The way we think, the way we learn, the way we remember things, the way we hold and move our bodies, the way we feel about ourselves, the way we feel about other people, and the way we make sense of the world are all profoundly altered by traumatic experience. Trauma fragments the brain.

Epigenetic Trauma



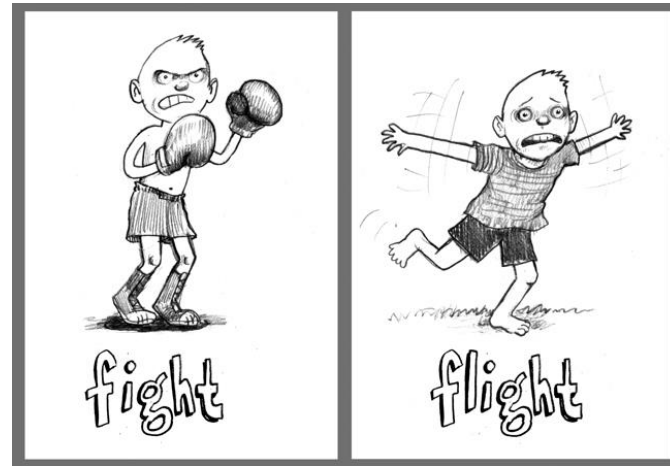
- “The genetic imprint of traumatic experience carries through at least two generations” (Callaway, 2013)
- In this study, parent mice were subjected to an electrical shock with an accompanying scent. After enough exposure, the shock is removed, and the mice react to the scent as if they are being shocked. Their offspring, who have never been shocked, react to the scent as if they are being shocked, and their offspring’s offspring also react to the scent as if they are being shocked.
- The third generation does not respond to the scent.

Sympathetic & Parasympathic Nervous System



- Sympathetic: ready to respond, action without thought, hypervigilance, fight/flight/freeze responses
 - Helpful for when you are in danger, ex: running from a bear
 - Many trauma survivors get “stuck” in the sympathetic nervous system
- Parasympathetic: calm, relaxed, asleep – this is when the body heals and engages in metabolic processes, like digestion
 - Bodywork can be an effective way to help the nervous system shift gears from sympathetic to parasympathetic

Fight or Flight Response



- Biological mechanism to protect from harm
- Happens whenever we perceive that we are in danger
- Each episode of danger connects to every other episode in our minds – the more danger we are exposed to, the more sensitive we are to danger

What about the “freeze” response?



- The “freeze” = dissociation
- This is the most common, nearly universal trauma response for individuals who’ve experienced sexual assault
- The freeze response is where trauma is locked into your tissues – this holds true for everything from car accidents and physical and sexual violence, to emotional trauma and stress
- The freeze response locks up the spine, abdomen, and breath, decreasing your respiration and range of motion of the ribcage
- *The response that kept you from harm becomes the response that keeps you from healing*

Loss of “Volume Control”



- In the absence of trauma, we respond to stimulus based on the threat that stimulus presents
- Trauma destabilizes our internal system of arousal – i.e. our “volume control” that we normally have over our emotions, especially fear.
- Instead, traumatized people have only an “on/off” switch
- Substance use (drugs, alcohol, sex, eating, self-harm) to calm and control internal states

“the great challenge is finding ways to reset their physiology, so that their survival mechanisms stop working against them.”

— Bessel A. van der Kolk, The Body Keeps the Score

Remembering Under Stress



- Our way of remembering things is dramatically changed under stress
- When we are overwhelmed with fear, we lose the capacity for speech, and often the capacity to put words to our experience.
- Without words, the mind shifts to a more visceral form of memory – visual, auditory, olfactory, and kinesthetic images, physical sensations, and feelings
- Flashback: intrusive re-experiencing of those un verbalized memories – not really “remembering,” but rather “reliving”
- *In addition to providing opportunities to talk about their experience, we must also provide opportunities that focus on nonverbal expression and trauma release*

Emotions & Trauma - Dissociation



- Dissociation “safety valve”
- Dissociation is a ‘disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment’ – it is splitting off experience from our feelings about that experience
- Repetitive T & D leads to emotional numbing & avoidance
- Avoidance symptoms (dissociation) combined with intrusive symptoms (flashbacks) = PTSD and hyperarousal
- *Recognize that these coping mechanisms are effective and often necessary in the short-term, but are detrimental in the long term. The response that kept you from harm becomes the response that keeps you from healing*

Trauma and Oppression

- Attacks on our identities and sense of self are a common part of sexual and physical violence
- Many individuals experience constant microaggressions related to their identity in addition to the trauma of physical and sexual violence
- As a provider, it is important to develop an understanding of how someone's identity may impact their experience of trauma
- How might someone's race, ability, class, gender identity, sexual orientation, and religious/spiritual affiliations impact their experience with trauma?
- *To be oppressed is to be traumatized*

Meeting people where they are at



- “What’s happened to you?” instead of “What’s wrong with you?”
- Be aware of your engrained and socialized assumptions and biases so that you may cast them aside
- When people receive understanding, it enables them to begin to understand themselves and make positive changes
- Create physical and psychological safety - *how do we do this in bodywork?*

Q&A

- Any questions on the neurobiology of trauma?

Up Next...

- Creating trauma informed care
- Practicing consent

Core Principles of Trauma Informed Care

SAFETY	Ensuring physical & emotional safety
TRUST	Maximizing trustworthiness, making tasks clear, maintaining appropriate boundaries
CHOICE	Prioritizing survivor choice & decision making; supporting survivor's control over their own healing journey
COLLABORATION	Maximizing collaboration & sharing power with survivors
EMPOWERMENT	Identifying strengths, prioritizing building skills that promote survivor healing & growth
CULTURAL RELEVANCY	Ensuring cultural applicability of services & options; sensitivity to the role of culture in lived experience & decision-making.
	(Proffitt, 2016 / SADI)

Choice

“The ability to choose, based on your own internal experience, what you want physically, emotionally, mentally, spiritually, and sexually, and then to communicate those wants. Consent is an ongoing process of making choices.”

(Haines, 1999)

Q&A

- Any questions on trauma informed care or how to practice boundaries and consent in your work with survivors?

Up Next...

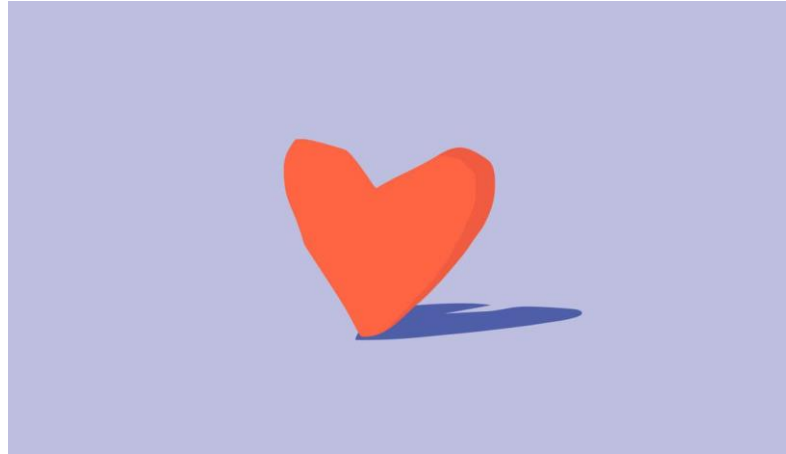
- How to recognize trauma in the body and how to release it
- How bodywork can help
- Questions to ask to a potential provider
- Resources and close

Recognizing trauma stored in the body

- Disconnection & Dissociation
- Physical pain, pulling sensation, and/or tension
- GI issues
- Constriction in breath, difficulty expanding the ribcage fully
- Difficulty relaxing your body enough to get a restful night of sleep

You can experience these symptoms for many reasons - none of this is intended to treat or diagnose any condition, but rather to help people identify their own internal sensations that MAY be connected to trauma

Self care for body stored trauma



- Breathe (Breathing exercise – filling torso in 3 chambers)
- Movement
- Touch
- Healthcare
- Support system

How does the body release trauma?

Three things must be present for the body to release stored trauma:

1. The internal and external resources to handle the experience that were not in place when the experience first occurred
2. Space for the traumatic energy to go when released
 - That space is created literally and physically through your breath, and/or using fascial release techniques to create an increase in volume in the tissue
 - Energetic release through breath, sweat, and body trembling
3. Reconnection of the brain with the area of the body where trauma is stored, creating a new muscle memory of the tissue in its relaxed state

“Being traumatized is not just an issue of being stuck in the past; it is just as much a problem of not being fully alive in the present.”

— Bessel A. van der Kolk, [The Body Keeps the Score](#)

How does bodywork help facilitate the release of stored trauma?



- Structural Integration and myofascial work locates and physically frees restrictions in the muscle and surrounding fascial tissue that house traumatic memory
- The first step is to simply bring awareness to those areas by making contact. Dissociation is so powerful that we are often unaware of the specific tension in our body
- The client focuses their breath to soften tension internally, and the provider moves the tissue externally in tandem with that breath –waiting and feeling for the nervous system to be ready
- As a provider unravels those restrictions, traumatic memory may surface and release, causing spontaneous body movements
- The Neuromuscular & Structural Integration series addresses the entire fascial web, head to toe, over the course of 11 sessions

Questions for potential bodywork providers:

- What is your experience working with individuals who have experienced trauma, particularly survivors of sexual assault? What does it mean to you to be trauma informed?
- What techniques do you use to treat and/or release trauma stored in the body?
- I'm afraid of being too emotive on the table. What happens if I cry or get upset or triggered?
- What should I wear? Can I keep my clothes on if I'm not comfortable dressing down?
- What sort of draping do you use in your sessions?
- Are you open to my feedback during the session regarding comfort, pressure, touch? Is it okay for me to stop the session at any time if I am not comfortable?
- Is there anyone who is a current or former client of yours who is also a trauma survivor, and would be willing to talk with me and share their experience?





Additional Reading/Resources

Books:

Ardea, Naomi. [The Art of Healing from Sexual Trauma](#). 2016.

Hanes, Staci. [Survivors Guide to Sex: How to Have an Empowered Sex Life after Child Sexual Abuse](#). 1999.

Karrasch, Noah. [Meet Your Body: Core Bodywork Tools To Release BodyMindCore Trauma](#). 2009.

Van Der Kolk, Bessel, MD. [The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma](#). 2014.

Levine, Peter. [In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness](#). 2010.

Van Dernoot Lipsky, Laura. [Trauma Stewardship: An everyday Guide to Caring for Self While Caring for Others](#). 2009

Articles:

Callaway, Ewen. “Fearful memories haunt mouse descendants” 2013.

<https://www.nature.com/news/fearful-memories-haunt-mouse-descendants-1.14272>

Michae’l Lewis-Giggetts, Tracey. “How Bodywork Helped Me Find Healing From Trauma” 2020.

<https://catapult.co/stories/how-bodywork-helped-me-find-healing-from-trauma-tracey-lewis-giggetts>

Proffitt, Brenda. “Delivering trauma-informed services. Healing Hands” 2010.

<https://nhchc.org/wp-content/uploads/2019/08/DecHealingHandsWeb.pdf>

Sweeton, Jennifer, Psy. D. “To Heal Trauma, Work with the Body” 2017.

<https://www.psychologytoday.com/us/blog/workings-well-being/201708/heal-trauma-work-the-body>

YouTube:

National Institute for the Clinical Application of Behavioral Medicine

<https://www.youtube.com/channel/UCK2LkP7lgOsRoADQ7v8tCcw>

“There is no greater agony than bearing an untold story inside of you.”

- **Maya Angelou**

“Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness.”

- **Peter A. Levine**

“Although the world is full of suffering, it is also full of the overcoming of it.”

-**Helen Keller**

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Thank you for coming! Please feel free to get in touch with me to ask questions or share information. I am available for consultations for bodywork and professional trainings.

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