

# Clearing Trauma is about Integration

## Building Capacity

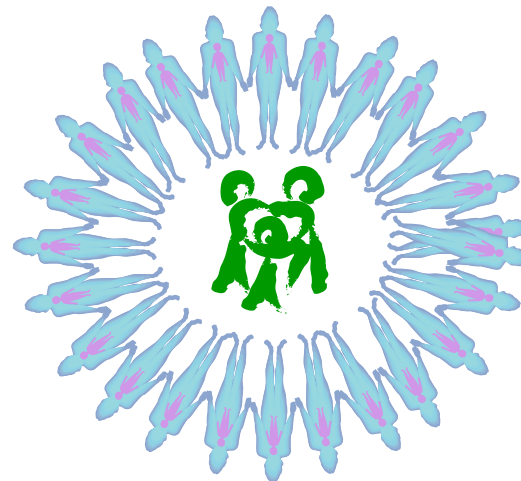
Clearing trauma is not about getting rid of the trauma. Clearing trauma is about reorganizing to integrate experiences that have overwhelmed and disorganized us. It is about building the capacity to tolerate what was overwhelming and intolerable in the past, so our nervous system can digest and metabolize fragments of experience that we have split off or numbed down.

There are two indispensable resources that help us spread the trauma load so it is easier to bear and contain:

- We can share our experience with other people, in safe relational space.
- We can also expand our physical awareness so more parts carry the same embodied charge.

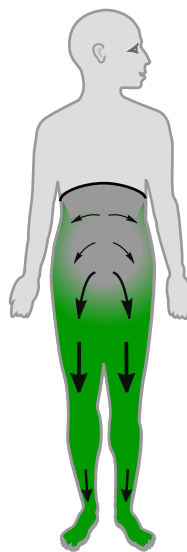
Resourcing, titrating and discharging are essential tools in this process. Resourcing keeps us hopeful and connected with pleasant or tolerable experiences. Titrating prevents retraumatization, and allows us to work more efficiently and precisely. Discharge can clear the excess charge as we reconnect with intense experiences. Discharge can also expand our capacity to sit with the charge of physically intense experience so we can integrate it.

- Spread the load by sharing in safe relational space.



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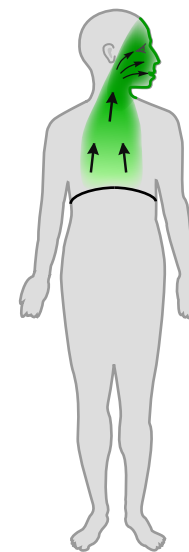
- Spread the load over a larger area of the body.



Below the diaphragm?  
Spread it down the legs.



Above the diaphragm?  
Spread it out the arms.



If it needs to be  
expressed, spread it to  
the face, eyes and voice.

## Focus on “Body Up” : Understanding Bottom Up versus Top Down

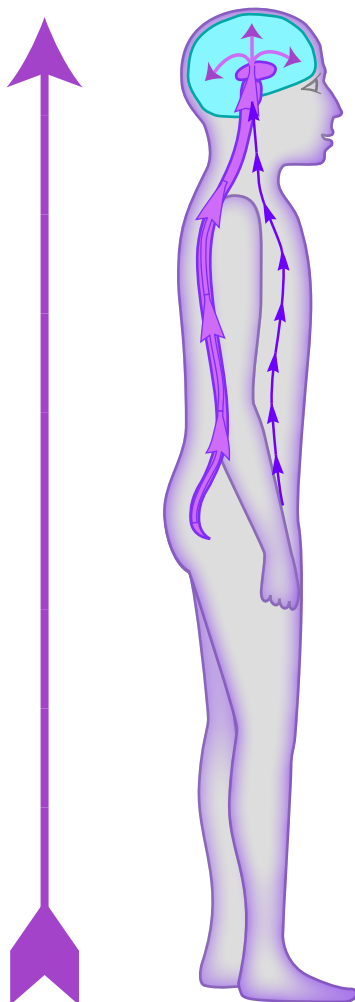
### Bottom Up:

From the Body Up  
Unconscious  
Involuntary

Some internal experiences arise from the body, hence the term “body up”. For example, this can be true of sensual pleasure, pain from physical problems, or a simple need to urinate.

Threat responses in the ANS arise body up. When the bottom up experience is a threat response, it usually trumps any conflicting top down agenda.

Bottom Up Interventions include working with breath, posture, movement, touch, elements of attunement, music, attachment patterns, EMDR®, Somatic Experiencing® and other body oriented therapies. Bottom up work can be solo focused and/or relationally focused. Both are eventually important.



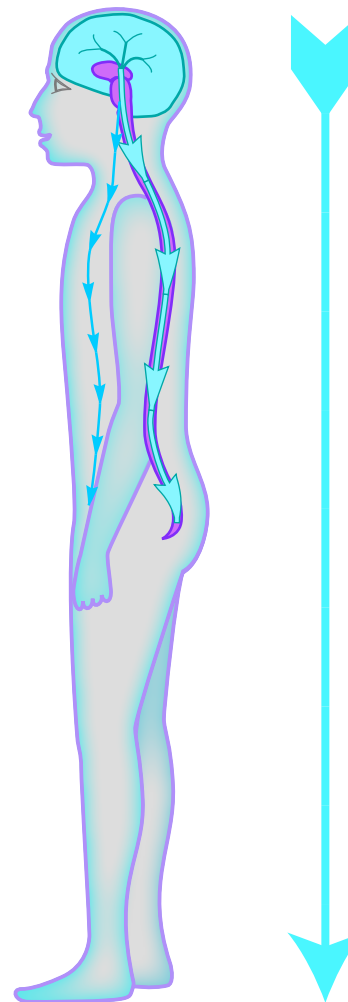
### Top Down

Think Mind over Body  
Conscious  
Voluntary Control

Some internal experiences come from the top down. For example, our thoughts and beliefs can generate emotions or even an upset stomach. Problems in the central nervous system can result in out of control emotions.

We may, at times, want top down control over our body up responses, but when there is a neuroception of threat, body up responses take priority.

Top Down Interventions include talk therapy, cognitive behavioral therapy, DBT, most psychopharmacology. Top down work can be solo focused and/or relationally focused. Both are eventually important.



Distinguishing between bottom up and top down is highly useful in :

- Identifying the root of troublesome experiences
- Choosing interventions to shift those experiences or reorganize the threat response system

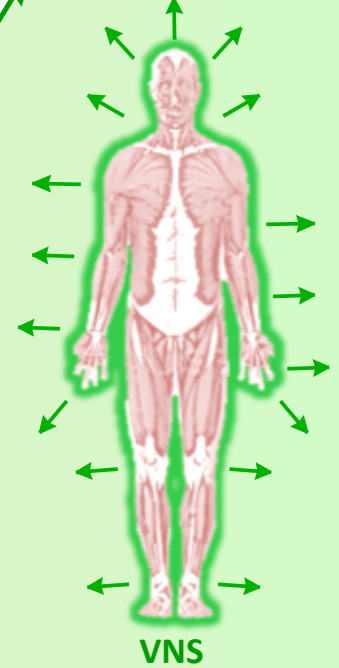
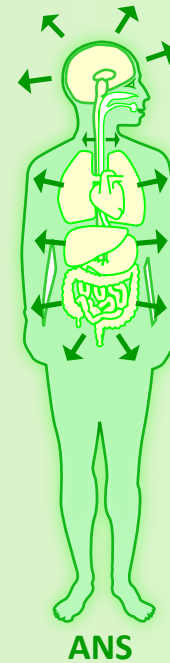
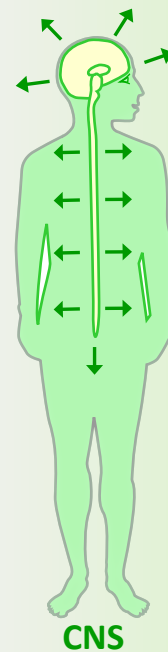
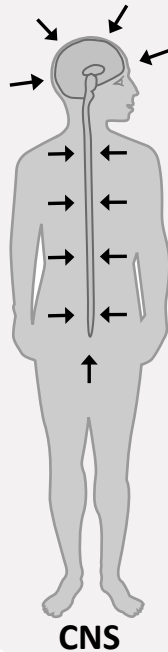
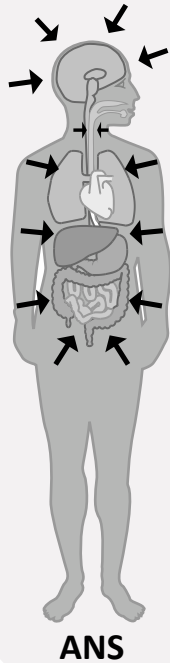
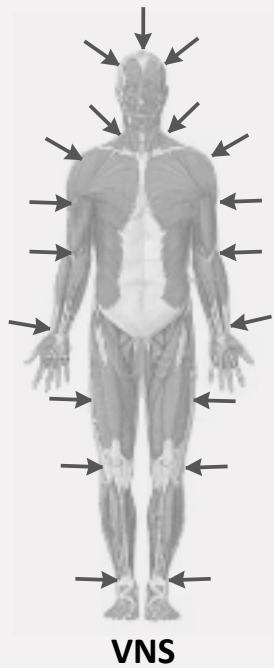
# Neurological Layers of Contraction and Expansion

When trauma overwhelms us, we contract. As we heal we expand. This tends to be true socially, true of our awareness in our bodies, and true of our bodies via the layers of our nervous system.

**VNS** -The Voluntary or Sensorimotor N.S.

**ANS** -The Autonomic N.S.

**CNS** -The Central N.S.



## Trauma and Overwhelm:

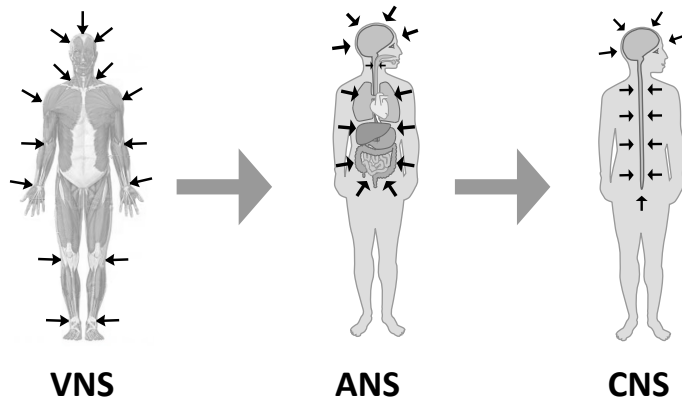
We Contract and withdraw from connection and awareness.

## Healing:

We Expand and connect with body awareness and other people.

# Neurological Layers of Contraction and Expansion: Notes

## Trauma → Contraction in the nervous system

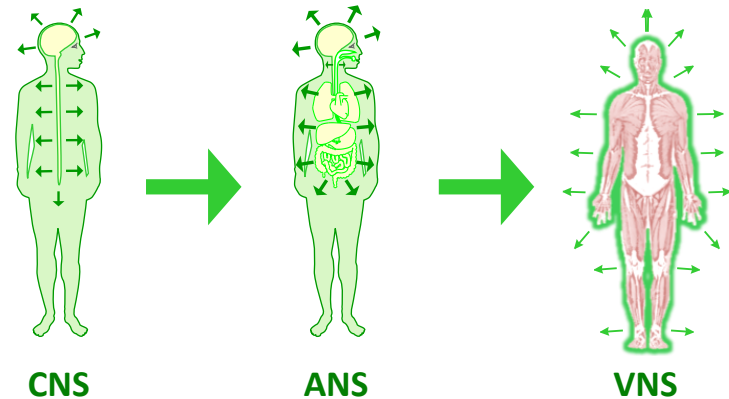


**VNS:** Typically the first layer of defense against unavoidable overwhelm is contraction in the Voluntary Nervous System also known as the Sensory Motor System. We brace our muscles to protect ourselves or to feel less. We get tight muscles, stiff joints and may notice changes in our hearing, vision, or other senses. We split off awareness that we can not handle.

**ANS:** When overwhelm continues, or with new traumatic events, the trauma can get driven deeper, into the Autonomic Nervous System. Our digestive, cardiovascular, immune and inflammatory systems can be affected. Our sleep and arousal cycles and our threat response systems can be disrupted.

**CNS:** With more trauma or overwhelm, the trauma may get driven still deeper, into the Central Nervous System. We may have seizures, sensory processing issues, even neurodegenerative problems like dementia.

## Healing → Expansion in the nervous system



As we heal from trauma, we expand from one layer to the next. As our nervous system expands and reintegrates the split off awareness (trauma fragments), we re-encounter the conscious and unconscious experiences that were overwhelming in the past. Intense twitches and bursts of very unpleasant sensation, emotion and memory are common as we reemerge into clearer, deeper connection with ourselves and our world. We would not have split these experiences off in the first place if they were pleasant.

We need to develop our capacity and resources to tolerate, contain and reintegrate these experiences so that we avoid retraumatization. Spreading the trauma load makes it easier to tolerate. Spreading the load by sharing in safe relational space, and spreading the load over a larger area of the body are key resources.

Signs of healing include clearer vision, less hypervigilance, improved sleep, concentration and emotional regulation, increased ease comfort and play in social contexts, more hope, agency and love of life.