Vicarious Trauma Workshop
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The Social Science Researcher's Toolkit: (aka the "Land Rover Module")

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Why 'Land Rover'?

Inspiration for the title of this session comes from an anthropologist who did his field work in remote area of Libyan desert in the 1970s. He explained that the most important element of his preparation was a six-week course to learn to repair his own Land Rover. This made a lot of sense because:

- His Land Rover would be subject to extreme conditions.
- He wouldn't be in range of the usual repair shop.
- His Land Rover, which was not new, almost certainly had various pre-existing vulnerabilities.

For the same reasons, it makes sense to invest some time learning how to take care of your *mind*.

Building your competence to look after yourself entails: (1) Self-awareness, i.e. the ability to monitor your own level of stress/arousal with accuracy; (2) Tools to intervene 'in the moment' (small fixes); (3) Ways to process accumulated trauma to maintain wellbeing over time (big fixes).

Cultivating Self-Awareness: the neurophysiology of response to stress

The Autonomic Nervous System (ANS) regulates all the things that happen automatically in your body, including heart rate, breathing rate, dilation of blood vessels, blinking, change in pupil size, sweating, and digestive processes. Your body relays sensory information to your brain, and then your brain directs your body to respond automatically without any conscious direction from you. It is like your auto-pilot.

The ANS has two branches: the **sympathetic nervous system (SNS)** and the **parasympathetic nervous system (PNS)**. They function in balance to promote survival. The SNS activates in response to stress, including traumatic stress, helping body and mind to respond rapidly and effectively. We refer to this aroused state as a 'fight-flight' response. In contrast, the PNS activates in states of rest and relaxation.

When the SNS is activated we see: Faster and shallower breathing, quicker heart rate, hyper-acute vision, dry mouth, nausea, cold hands and feet, muscle tension, dizziness/light-headedness, sweaty palms. In a state of high SNS arousal, the higher brain functions of the pre-frontal cortex go 'off-line' and the primitive limbic system takes over. We become more reactive, with reduced capacity to reflect, to place things in context, to verbalize, and to relate to others in a nuanced and sensitive way.

When the PNS is activated we see: Slower breathing and heart rate, constricted pupils, warm hands and feet, relaxation of major muscle groups, and a normal ability to think, verbalize and relate to others.

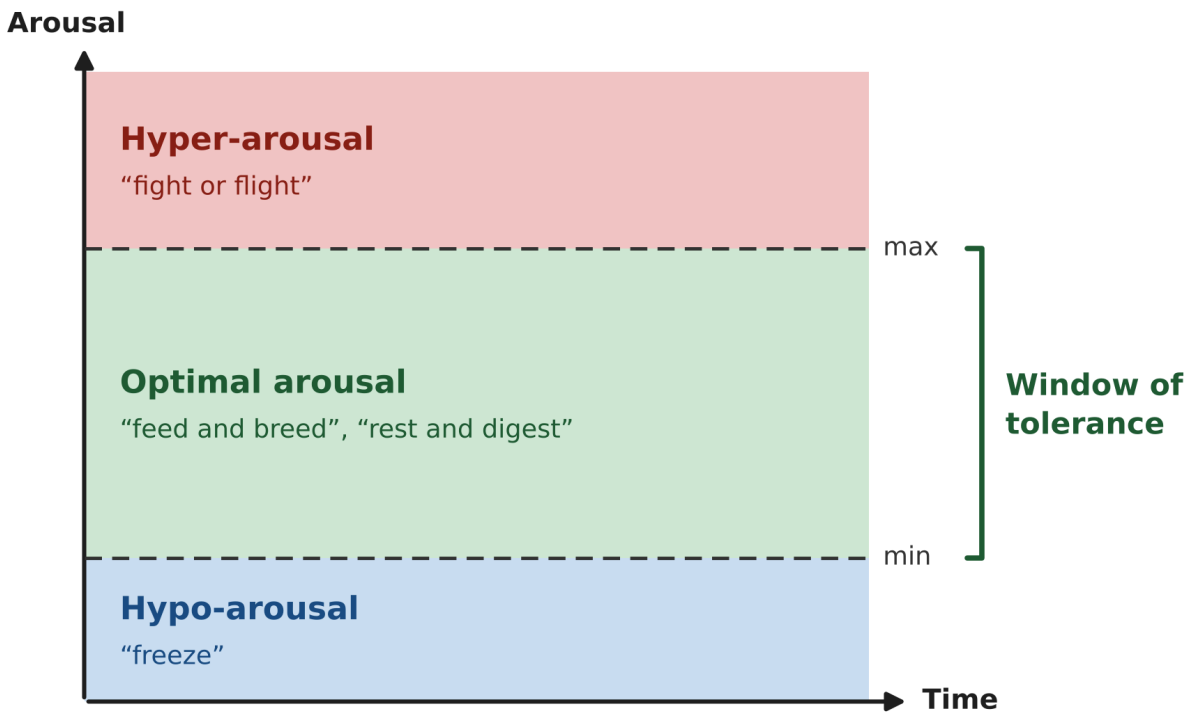
Normally one or other of these two systems is aroused: when one is activated the other is suppressed. However, in the most extreme situations, the SNS and PNS can be simultaneously hyper-aroused causing a 'freeze' response.

Under normal circumstances, we are only *temporarily* hyper-aroused: when the perceived threat or stimulus abates, we return to optimal arousal. In addition to restoring a sense of physical comfort, well-being and safety, this gives us an opportunity to do the mental processing which was not possible when hyper-aroused. This includes emotional processing (acknowledging and expressing feeling) and cognitive processing (developing a contextualised understanding of what has happened and assimilating this into our worldview). It also enables the experience to be assimilated into normal narrative memory.

Difficulties develop when fight or flight are not successful, or if they are not possible. In this case, there can be chronic hyper-arousal, leading to compromised function and potentially also symptoms of PTSD.

A useful framework: The 'Window of Tolerance'

The 'Window of Tolerance' is a term coined by UCLA Psychiatrist Dr. Dan Siegel and now widely in use as a way of thinking about how we function mentally under pressure. Each of us has a 'window of tolerance' within which emotional arousal can be processed without disrupting the normal functioning of our systems. If arousal moves beyond the boundaries of the window of tolerance, thinking and behaviour can be disrupted.



Key Points:

- The 'window of tolerance' is **highly individual**: some people have greater windows of tolerance than others.
- The 'window of tolerance' is **context-specific**. You may be able to cope with exposure to certain stimuli when in familiar surroundings surrounded by loved ones, but be less able to cope when in strange surroundings and unsupported.
- The window of tolerance **can change over time**. With exposure to trauma stimuli, the window of tolerance is likely to be greatly diminished. As traumatic experiences are processed, the window of tolerance may be restored to normal.
- Practices like **yoga, meditation and breathing** exercises increase the window of tolerance.
- **Individuals vary in their awareness** of the emotional processes pushing them out of the window of tolerance. For some individuals, emotional processes may only become conscious when their intensity nears the boundaries of the window and risks disorganizing the system. Cultivating this awareness is very helpful.

There are **four implications** for the researcher who wants to stay well and avoid vicarious traumatisation:

(1) Attend to basic needs with consistency, to create a felt sense of safety.

(2) Establish a regular practice of meditation, yoga and or breathwork. This will increase your window of tolerance, and thus your resilience to trauma.

(3) Monitor your arousal level and have a repertoire of ways to re-regulate and get back inside your window of tolerance.

(4) Commit to regular and proactive processing any disturbing thoughts, experiences, feelings, etc.-- especially if your instinctive response is to ignore or avoid them. Allowing unprocessed experience to accumulate will lead to a constricted window of tolerance, whereas regularly processing will maintain a wider window of tolerance.

Tools to intervene in the moment

It is important to have tools that can be used in situations of particular difficulty, e.g. panic or overwhelm. You can think of these as tools to move you back within your window of tolerance.

Category	Tool/technique
Category: Breath-based interventions	**'Cyclic sighing'/'double inhale':** Take a long slow in-breath, filling your lungs. Do not exhale. Now inhale *again*. Release the breath slowly and steadily. **Square/box breathing:** breathe in for a count of 4, hold 4, out 4, hold 4. Increase to 5. Then to 6. (Variation: **4-7-8** breathing) **'BreathingZone'** app to slow breathing rate. Try to reduce it from 16-20 (your likely starting point) to 4.5-6. **Schultz Autogenic Breathing**: Focus attention on your hands and feet. Breathe deeply then as you exhale imagine using the breath to warm and light up your extremities. **Theatrical yawning** to release hormone shower: shrug out and rotate shoulders, locate jaw joints by putting fingers on both jaws. Add pressure as you open your mouth, massaging the jaw muscles to allow the mouth to open wider. Let a big yawn develop. Exhale fully. Repeat.
Imagery-based interventions	**Safe place exercise**: Develop a rich, multi-sensory evocation of a real or imagined 'safe place' to which you can take yourself in your thoughts when needed. Recall visual images, sounds, smells, textures and the bodily sensations you associate with being held in the safety of that place.

	Withdraw into blackness: Use the heels of your hands to block out all light without putting pressure on your eyelids. Try to see the colour black. Think of black velvet, black holes in space, the fur of a black cat. **Colour breathing**: Choose a colour to represent unwanted/uncomfortable feelings in the body, and another to represent comfortable/desired feelings. Breathe in the desired and exhale the unwanted feelings.
'Tapping' on acupressure points (there are many variations on this approach, of which Emotional Freedom Therapy (EFT) is best known)	Often described as 'psychological acupressure', most forms of **'Tapping'** combine spoken affirmations with tapping on a sequence of acupressure points. Very helpful in reducing SNS arousal and recovering clarity of thought and purpose. Takes only a few minutes and can be practiced anywhere. If possible, it is useful to be introduced to this technique working with a practitioner. The Tapping Solution app can also be used to build comfort and familiarity with the technique: https://www.thetappingsolution.com/ An even simpler variant is Trauma Tapping Technique (TTT), which has been used as a basis for large-scale community programmes. (See https://www.selfhelpfortrauma.org/ and www.peacefulheart.se.)
Release psoas muscle tension	Practice Bercelli **Trauma-Relieving Exercise (TRE)**: The psoas muscle connecting the base of the thoracic spine to the upper femur is known as the 'emotional muscle': when we experience trauma it tightens. Most mammals release psoas tension through an involuntary shaking response, but humans have learned to inhbit this. In a single 45-minute session, TRE induces shaking for natural release of tension. Try TRE by following along with therapist Matt Schwenteck: Part 1: https://www.youtube.com/watch?v=U5qYyfWN8Kg Part 2: https://www.youtube.com/watch?v=Yj4gjrQRny0 Part 3: https://www.youtube.com/watch?v=SNKrOhKzX58 The official TRE website: https://traumaprevention.com/what-is-tre/

Grounding procedures (if unable to think)	**Activate your senses**: see colours, feel textures, notice smells and sounds , e.g. using 54321 grounding technique: 5 things you can see, 4 you can touch, 4 you can hear, 2 you can smell, 1 you can taste Simple **manual tasks** like knitting, origami, colouring Get your **pre-frontal cortex** back on-line: ● "Get yourself noticing"— adopt observer position in relation to your own experience, describe to yourself exactly what is happening ● "Get yourself thinking" (word search puzzles, easy sudoku, count backwards from 100 by 5s in French, etc.) ● "Get yourself connected"--to a person, preferably the presence of a responsive face
Nervous system re-boot	**Facial immersion technique**: Fill a bowl with icy water. Bend/lean over. Hold your breath. Immerse your face for 30 seconds, ensuring that the sensitive part of the face under eyes/above cheekbones is under water. If this isn't practical, use ice cold gel pack over/around the eye area, or hold your breath for 30 seconds whilst bending forward. (This technique exploits the *mammalian diving reflex.)*

Ways to processing traumatic experience

In the long-run, the best means of ensuring that you are not adversely affected by trauma exposure is to process the trauma. By 'processing' we mean: **knowing** what you know, **feeling** what you feel, and **considering** any implications (i.e. determining the *meaning* of what has happened).

Most people have a strong instinctive aversion to thinking about a traumatic experience, based on the expectation that it will be unmanageable just as the original experience was unmanageable. It may feel as though there is a kind of force field around the experience that prevents the individual from getting near to it. If they do think about it, they may find that this is more upsetting than helpful: they may become too dysregulated to do meaningful thinking and, as a result, simply replay the experience in their minds. This can be re-traumatising.

For this reason, it is important to create conditions in which it will feel safe and manageable to re-visit disturbing experiences. This is what all established forms of trauma psychotherapy seek to do. To achieve this:

Step 1: Establish conditions of safety: time, space, control. To process trauma effectively, it is important to feel safe in the present. Any attempt to process traumatic experience in an unsafe or unstable setting is likely to be unhelpful.

Step 2: Identify one specific experience to work on. Where there are multiple traumatic experiences to be processed, it is important to identify very clearly which is the focus of your work. This will help you to maintain focus, while also protecting you from being flooded with too much traumatic material at once.

Step 3: Disaggregating 'aspects' of that experience to be focused on one at a time makes the work more productive, while giving further protection against flooding. Two approaches to consider:

Draw a **mind map** in which you identify all the things that made the experience distressing for you.

Use the **'frame of film'** technique: think of the whole experience as if it were a (old-fashioned celluloid) film. Identify the individual frame(s) of film containing the most disturbance. Allow yourself to re-imagine that moment as vividly as possible using all of your senses. Notice the negative beliefs (generally about yourself or about the world you live in) that form the toxic residue of that experience.

Step 4: 'Process' using the technique of your choice: journaling, talking, using 'bilateral stimulation' like butterfly hug or knee tapping, or a structured therapy technique like TAT or AIT (described below).

Journaling and talking are approaches that require you to invite you to verbalise the experience, but be sure that you do not bypass feeling as you do so. Take time to make contact with whatever it is inside you that needs authentic expression and enable that expression in whatever way you can. You may find that drawing or writing individual words is more expressive than writing coherent sentences.

If you feel ready for coherent sentences, you could consider responding to a series of prompts like:

- What happened that disturbed/upset me?
- What was the impact on me? Thoughts? Feelings? Felt meanings? (Even or especially if these seem unreasonable or irrational.)
- What am I left with now? What is the residue of that experience?
- Is there anything I need to do in response to this experience? Anything I need to learn?
- What can I do to restore my sense that I am a good person, deserving of care, safe in the world?

You may find that it is not helpful to try to put the experience into words, at least not to begin with. In this case, you may just want to create some space in which to sit quietly, engage with the knowledge of what took place, and give yourself the freedom of your own mind. If you take this approach, it can be helpful to add some form of bi-lateral stimulation.

If you would like to follow a more structured therapy procedure, here are three structured therapy approaches from the family of 'Energy Psychology' treatment approaches (see website of the Association for Comprehensive Energy Psychology: https://www.energypsych.org/energy-psychology) that can be used safely on a self-help basis:

TAT (Tapas Accupressure Technique)	Minimalist therapy: A deeply soothing procedure which makes it more bearable to engage with the reality of a trauma which has taken place, and facilitates mental processing (developed by US therapist Tapas Fleming)	See website www.tatlife.com to for e-book and video. A simplified description: Adopt the TAT pose (One hand: thumb and 4th finger nestled in corners of eyes and middle finger resting gently mid-forehead; other hand: cradles base of skull). In this position, engage with each of these statements for 1-2 minutes, breathing well: 1. _____ happened 2. _____ happened, it's over and I'm ok 3. All the places in my mind, body and life where this has been stored are releasing now 4. All the origins of this are healing now 5. I apologise to everyone I hurt related to this and wish them love happiness and peace. I forgive everyone who hurt me related to this. I forgive everyone I blamed for this, including god/life and myself 6. Whatever is left about this is releasing now 7. I feel all the power I gave to this coming back to me, moving

		through me, allowing me to heal. Now reverse the positions of the two hands and repeat 7. Finish by adopting a new position: encircle your right ear with your right fingertips and your left ear with your left fingertips and put your attention on... 8. The healing is completing now.
AIT (Advanced Integrative Therapy)	A slight more involved physical procedure, which involves placing one hand stationary on the body and using the other hand to cover each of 12 chakras in sequence, while engaging with a 'treatment phrase' (developed by US therapist Aisha Clinton)	The 'treatment phrase' is just a statement of *what happened*, or an expression of *one aspect* of what happened One hand is placed over the chakra which you intuit is where the issue is felt in your body. The other hand is placed on each of the following chakras in sequence, holding for two or three breaths while thinking or saying the treatment phrase: ● Crown ● Forehead ● Chin ● Throat ● Heart (centre), Heart (left), Heart (right) ● Solar Plexus ● Navel ● Pelvis, Left crease (top of thigh), Right crease ● Root It is important that you not try actively to think through or resolve issues, but instead simply to be open to any

		thoughts or feelings that arise spontaneously. When the sequence has been completed, take a deep breath, exhale fully and reflect on what you have noticed. Repeat.
'Tapping'/'EFT'	Described above	Can also be used to process historic trauma (i.e., not just to address what is happening in the moment).

Important note: If you discover that it is not possible for you to approach and explore traumatic experience without becoming hyper-aroused/dysregulated, you should **STOP**. Instead, focus on restoring a felt sense of safety, and consider seeking the help of a counsellor or therapist.

Remember there are many resources for support

Oxford University Counselling Service can now offer on-line sessions to student researchers in the field. The Counselling Service has a small Trauma Clinic where specialist treatment can be provided for single-event trauma leading to symptoms of PTSD.

The Metta Centre for Trauma Therapy (https://themettacentrefortraumatherapy.org/) offers low cost trauma-focused therapy including EMDR and Energy Psychotherapy approaches. (Their rate for students is £40/session and they can offer up to 16 sessions.) Most of their practitioners also work privately.

Therapist directories:

- Psychology Today (psychologytoday.com/gb) – a good general directory of therapists
- EMDR-UK (https://emdrassociation.org.uk) – the website of the EMDR UK Association, with extensive information about EMDR and a directory of accredited EMDR therapists
- ACEP (Association for Comprehensive Energy Psychology) (energypsych.org) – fairly new website, with good information and free resources. The therapist directory is very new and has relatively few listings.

To read about therapeutic approaches to working with trauma:

- van der Kolk, B. [2014] The Body Keeps the Score New York: Penguin.
- Marzillier [2014] The Trauma Therapies Oxford: OUP.