

## Physical symptoms:

### **General appearance**

- Looking and listening for signs of danger rather than connection
- Tone of voice can be challenging
- Posture can be rigid

### **Breathing and Heart Rate**

- Increased rate of respiration, heart beats faster and/or with more force
- Breaths are short, shallow and in upper chest
- Blood pressure rises

### **Skin**

- Becomes paler
- Sweating increases

### **Eyes**

- Pupils widen
- Become dry
- Scanning for danger

### **Digestion**

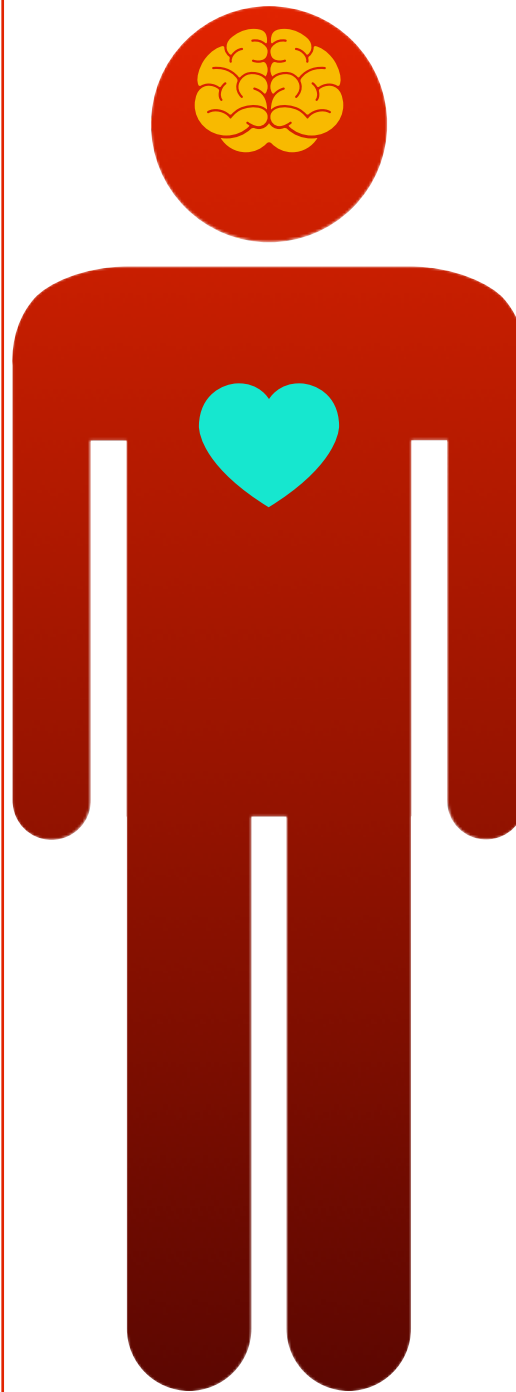
- Slows down
- Stomach problems
- In extremis, bladder and bowels can evacuate

### **Long term symptoms:**

- High cholesterol
- Chronic neck, shoulder and back tension
- Weight gain
- Memory impairment
- Headaches
- Panic attacks
- Sleep problems

## Hyperarousal

### (Sympathetic activation)



## Thoughts and Beliefs:

- The world seems unsafe, dangerous, chaotic and unfriendly
- System is fuelled by mistrust
- Can feel suicidal
- Can reject support as 'weak'
- Can be paranoid
  - “I feel trapped”
  - “I have to get out of here”
  - “I am suffocating”

## Emotions:

- Anger
- Shame
- Disgust
- Anxiety
- Excitement and sexual climax (with increased sympathetic arousal)
- Rage
- Fear
- Terror
- Possible dissociation



## Therapeutic Interventions:

**Heightened levels of arousal** in the autonomic nervous system (ANS) can **prevent us** from continuing **therapeutic processing** and **integrating** past traumatic experiences. (Due to the frontal cortex being 'offline'/inaccessible).

Help co-regulate the client and return them to a safe (ventral vagal) state in order to prevent retraumatisation by encouraging them to **take action!**

