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ReCover Girl Guide

Explained:
Stored Trauma +
Chronic Illness...

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WORKSHOP 1: Trauma to Chronic Symptoms & the Nervous System

WORKSHOP 2: Neurobiologically-Informed Trauma Recovery



RECOVER GIRL WORKSHOP 1: TRAUMA TO CHRONIC SYMPTOMS AND THE NERVOUS SYSTEM

LED BY ARIEL SHWARTZ, 2022

A self-healing, educational guide for understanding trauma, neurobiology, and chronic conditions such as CFS/ME, Fibromyalgia, POTS, Long Covid, and functional syndromes.

Disclaimer for full transparency: This information is educational and supportive, but it isn't a substitute for medical care or therapy.

Introduction

This document is designed for individuals healing from chronic symptoms, nervous system dysregulation, trauma, and mind-body conditions. It provides trauma education, nervous system science, and an empowering understanding of how chronic symptoms can develop and how recovery is absolutely possible.

This guide is:

- Educational, not clinical
- Empowering, not pathologising

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- Grounded in neurobiology, not blame
- Aligned with modern mind-body research from experts like Howard Schubiner, Bruce Perry, Bessel van der Kolk, Gabor Maté, Stephen Porges, and polyvagal theory.

1. Trauma: What It Is and What It Isn't

Trauma is not the event itself – it is the *body's response* when an experience overwhelms your capacity to cope, process, or return to safety.

Trauma can be:

- Single-event
- Repeated or chronic
- Developmental (childhood)
- Attachment-related
- Emotional, relational, physical, or environmental

Trauma affects:

- The nervous system
- The stress response
- Brain pathways
- Immune function
- Hormones
- Pain processing
- Digestive function
- Energy systems

2. Trauma and the Nervous System

Chronic trauma or chronic stress leads to nervous system dysregulation, including:

- Fight
- Flight
- Freeze
- Fawn
- Shutdown

These are automatic survival responses that change how the body functions. Over time, the body can get “stuck” in these states, creating chronic symptoms.

3. How Trauma Affects the Brain

Trauma alters:

- Amygdala (threat detection » becomes hyperactive)
- Prefrontal cortex (logic, planning » becomes underactive during stress)
- Hippocampus (memory integration » becomes impaired by cortisol)

This creates patterns such as:

- Hypervigilance
- Anxiety
- Emotional overwhelm
- Dissociation
- Heightened pain
- Difficulty regulating energy or mood

4. Developmental and Complex Trauma

When trauma happens early in life, it impacts:

- Attachment
- Safety templates
- Identity
- Emotion regulation
- Core beliefs
- Nervous system regulation

It can create lifelong patterns of:

- Shame
- Fear
- Overwhelm
- Hyper-independence
- People-pleasing
- Internalised helplessness
- Perfectionism

These patterns are **learned survival strategies**, not character flaws.

5. ACEs (Adverse Childhood Experiences)

Research shows strong correlations between trauma and:

- Chronic pain
- Chronic Fatigue Syndrome
- Fibromyalgia
- IBS, GERD and digestive disorders
- Migraines
- Anxiety and depression
- Autoimmune conditions
- Dysautonomia, POTS
- Unexplained medical symptoms

The body remembers what the mind cannot process.

6. Resilience and Protection

Resilience factors that strongly offset the effects of trauma...

- Feeling loved by a caregiver, positive school experiences, having a supportive adult
- Believing in personal ability and in the improvement of life, being a go getter, independence, a natural positivity
- Healthy friendships
- Structure and routines

Even ONE supportive figure can dramatically reduce long-term trauma effects.

7. The Link Between Trauma and Chronic Symptoms

Chronic conditions such as:

- CFS/ME
- Fibromyalgia
- POTS
- Long Covid
- IBS
- Functional neurological symptoms
- Somatic pain syndromes
- Tension headaches and migraines

are deeply linked with **nervous system dysregulation** and **brain-driven pain/symptom circuits**.

This is **NOT psychological** – it is **neurobiological**.

These conditions involve:

- Overactivation of the threat system
- Neuroplastic pain pathways
- Fatigue protection circuits
- Altered autonomic function
- Immune system overactivation or depletion
- Sensitised neural networks



There is **no structural damage**, meaning this can be rewired – **full recovery is more than possible.**

8. The Neuroplasticity Model

Experts like **Howard Schubiner**, **Lorimer Moseley**, and **Alan Gordon** explain that chronic symptoms persist because of:

- Learned neural pathways
- Protective brain circuits
- Fear-sensitised responses
- Overactive predictive processing (brain expecting danger)

The brain begins to **misinterpret safe signals as dangerous**, producing:

- Pain
- Fatigue
- Dizziness
- Gut symptoms
- Cognitive fog
- POTS-like symptoms

This is known as a **false alarm system**.

With nervous system regulation and neuroplastic retraining, these circuits can be rewired.

9. Trauma + Neuroplasticity = Chronic Symptoms

When someone experiences trauma or chronic stress, the brain adapts by becoming hypervigilant.

Over time, this hypervigilance becomes physical:

- Tight muscles, clenched jaw, stiffness in your body
- Shallow breathing
- Elevated heart rate
- Overactive pain pathways
- Fatigue shutdown responses

Trauma can prime the nervous system to stay in:

- Fight (anxiety, agitation, adrenaline rushes, rage)
- Flight (restlessness, panic, insomnia)
- Freeze (shutting down, fatigue, dissociation, DPDR symptoms - commonly can worry people at first but is super normal for cfs,pots,fibro, and it will fully fade away)
- Collapse (CFS-like symptoms)

This is not "all in your head" - it is **in the brain-body system**.

10. Chronic Illness as a Nervous System Condition

CFS/ME, Fibro, POTS, Long Covid, chronic pain, and similar conditions share:

- Autonomic dysregulation
- Sensory hypersensitivity
- Impaired energy balance
- Poor vagal tone
- High allostatic load
- Immune activation tied to trauma or stress

Systemic functions controlled by the nervous system and brain.

The body is not broken – it is **protecting you**.

11. Recovery Is Possible

Because the nervous system is neuro-plastic, it can be:

- Retrained
- Regulated
- Stabilised
- Calmed
- Repatterned and rewired

This is the core of:

- Somatic trauma healing
- Brain retraining programmes
- DNRS / Gupta or ANS rewire

- Nervous system regulation work
- Mind-body approaches by Howard Schubiner or Alan Gordon or Dan Buglio
- Polyvagal and vagus nerve work
- Somatic practices, IFS, Emdr, therapy and visualisations etc
- Neuroplastic rewiring
- Reintroducing life and movement, and knowing that if you have recalibration periods (flares) its not necessarily a bad thing – like at the gym
- Expanding your window of tolerance with compassionate, gentle intuitive pacing, nudging > pushing and staying in the grey as you nudge out of AP's.

12. Self-Empowerment Through Knowledge

Understanding the link between trauma and chronic symptoms helps you:

- Remove fear which is also what recovery needs
- Reduce symptom focus, the goal is not to remove all symptoms or wait till you feel 100% to nudge capacity
- Understand your recovery and how this has developed
- Reclaim safety
- Build self-compassion
- Break shame cycles
- Feel hope again and be empowered that you know how to recover with the recovery tools abundantly offered.

Knowledge itself is healing.

Feel don't fix, but understanding is already a type of processing.

You Are Recoverable

Your body is adaptable. Your brain is plastic. Your symptoms are reversible. Your story is still unfolding. You are recoverable.

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RECOVER GIRL WORKSHOP 2

Notes from

Neurobiologically-Informed Trauma Recovery Workshop

Led by Janina Fisher, PhD, 2022

1. Core Principle of Trauma

Trauma symptoms are not caused by weakness or poor memory, but by the nervous system's inability to fully process and integrate overwhelming experiences.

Traumatic experiences are often stored as:

- **Body sensations**
- **Emotional states**

- Survival impulses

Rather than:

- Clear verbal memories
- Coherent life narratives

Key idea:

Trauma is often felt, not remembered.

2. Implicit Memory: How Trauma Lives in the Body

Traumatic memories are primarily stored as implicit (non-verbal) memory.

These can appear as:

- Sudden shame, fear, or anger
- Urges to escape, hide, or self-soothe
- Physical sensations (tight chest, dizziness, heaviness)
- Relationship fears or avoidance

Implicit memories:

- Feel like “current reality”
- Do not feel like memories
- Shape behaviour automatically

3. The Brain Under Threat

The brain operates in three broad systems:

- Instinctive brain (survival responses)
- Emotional brain (fear, attachment)
- Thinking brain (logic, reflection)

Under threat:

- The emotional brain activates danger responses.
- The thinking brain becomes less active.

This is why:

- People may act impulsively.
 - Logic alone cannot stop trauma reactions.
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4. The Window of Tolerance

Each person has a range of nervous system activation where they can think, feel, and function effectively.

Outside this window:

Hyperarousal (too activated)

- Anxiety
- Panic
- Rage
- Impulsivity
- Compulsions

Hypoarousal (too shut down)

- Numbness
- Depression
- Disconnection
- Low energy
- Hopelessness

Goal of trauma therapy:

Expand the window of tolerance.

5. Why Talking Alone Often Isn't Enough

Early trauma treatments focused on:

- Remembering the event
- Talking about it in detail

However, research showed:

- Talking can trigger re-experiencing.
- It may increase distress.

This is because trauma is stored:

- In the body
 - In emotional memory
 - In survival responses
-

6. The Three Phases of Trauma Recovery

Adapted from Judith Herman's model.

Phase 1: Safety and Stabilisation

Focus:

- Nervous system regulation
- Emotional safety
- Body awareness
- Coping skills

Key tools:

- Psychoeducation

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- Mindfulness
 - Trigger awareness
 - Regulation skills
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Phase 2: Working with Trauma Memories

Focus:

- Recognising implicit body memories
- Changing the relationship to them
- Staying oriented to the present

Goal:

Not to relive everything, but to:

- Understand the emotional legacy
 - Reduce its power in the present
-

Phase 3: Integration and Growth

Focus:

- Tolerating calm, pleasure, and safety
- Building healthy relationships
- Developing a new sense of self



Goal:

Create a healing life narrative, not just process the past.

7. The Role of Psychoeducation

Education is central to trauma recovery.

It helps clients:

- **Understand symptoms as survival adaptations**
- **Reduce shame**
- **Build self-compassion**

Core reframe:

Symptoms were once attempts to survive.

8. Mindfulness Instead of Re-living

Mindfulness:

- **Activates the thinking brain**
- **Reduces fear responses**
- **Increases emotional regulation**

Core practice:

- Notice triggers
- Observe sensations
- Stay present

Rather than:

- Forcing detailed memory recall
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9. Changing the Relationship to the Past

Trauma recovery does not change what happened.

It changes:

- How the memory is felt
 - How it affects the present
 - How the person sees themselves
-

10. The Therapeutic Attitude

Effective trauma therapy is based on:

P.A.C.E.

- Playfulness
 - Acceptance
 - Curiosity
 - Empathy
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Takeaway Summary

☆ Trauma = body-stored survival responses.

☆ Healing = expanding your window of tolerance.

★ Recovery happens through:

1. Stabilisation
2. Changing your relationship to trauma
3. Building a new life narrative...

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