Setting Down What Isn't Yours

An Overview of Vicarious Trauma



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About…

Dr. James M. Floyd, Jr.

Jim Floyd possesses over 40 years of experience in public safety, healthcare, and training and is the Jim Floyd is a published author and frequent conference presenter with over 40 years of experience in public safety, healthcare, and training. He serves as the Administrator and Chief Marion County Medical Multi-Agency Coordination Center Manager for the MESH Coalition in Indianapolis, Indiana. Jim specializes in organizational psychology consulting, providing tailored support to build resilience for those on the front lines of human suffering. He fosters healthy workplaces and guides teams through difficult transitions. His services include crisis response planning, grief workshops, stress management training, and individual consultations. Jim understands the human impact of crisis and is committed to helping staff and organizations emerge stronger.

Dr. Floyd is a Diplomate of the American Academy of Experts in Traumatic Stress. He serves as a volunteer Chaplain and leadership team member of the Indiana District 5 Resilience & Emotional Support Team providing Critical Incident Stress Management and peer support services throughout Indiana to public safety and healthcare personnel. Dr. Floyd also volunteers as Chaplain and Coordinator of the Hendricks County, Indiana Medical Reserve Corps Crisis Response Team, where he provides Peer Support services to the community.

He is Certified in Critical Incident Stress Management, Certified in Acute Traumatic Stress Management, Certified Trauma Support Specialist, and Certified Field Traumatologist. He also holds Professional Certification in Trauma & Resilience, Professional Certification in Resilience Strategies for the Workplace, Certified Grief Educator, Certificate in Grief Support Specialist, Certificate in Advanced Grief Support, Fellow Practice Diploma in Disenfranchised Grief, Certified End of Life Specialist, Certificate in Trauma-Informed Leadership, Certificate in Psychologically Safe Leadership, Certificate in Psychological Health and Safety at Work, Certified OSHA Workplace Stress Management Trainer, Certificate in Total Worker Health® Professional Program, Certificate in Total Worker Health® Leadership, Certified Community Health Worker, Certified Community Mental Health Worker, Certificate in Spiritual Care Specialist, Certified Crisis Chaplain, Certified in Pastoral Crisis Intervention, Certificate in Spiritual Companioning, Certificate in Teacher of Presence, and is a Certified Meditation (500 hour) and Mindfulness Teacher.

A practicing Tibetan Buddhist since 2000, Jim (Tenzin Kunsang) is an ordained Ngakpa (non-monastic Vajrayana priest) and volunteers as a True Refuge Companion, providing spiritual support to the aged, the sick, the bereaved, and the dying. He is also ordained as an interspiritual minister.

Educationally, he earned an Associate in Science degree, a Bachelor of Fine Arts degree, a Master of Education degree, a Master of Science degree in Industrial-Organizational Psychology, a Doctor of Healthcare Administration degree, and a Doctor of Ministry degree.

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As helpers, our caring is our greatest tool.

2

There is a quiet lie in our profession

3

that if you are smart enough, or resilient enough

4

you can be exposed to trauma all day and leave it at the door.

5

It’s not true.

6

The truth is, the cost of caring is that a piece of those stories stays with you.

7

We are designed like this backpack.

8

If we don't **intentionally** lighten the load,

9

the strain impacts our **personal** lives, our sleep, and our health.

10

I am standing here today not because I am **immune** to this,

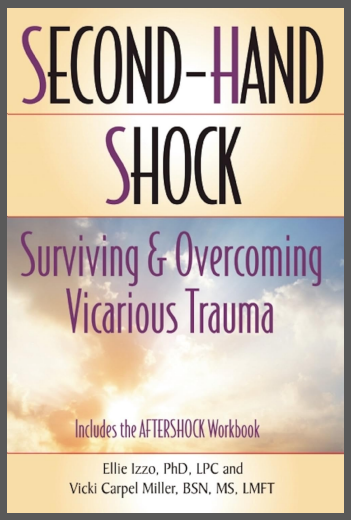
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but because I've learned to compassionately witness and not **carry**.

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"After years of witnessing secondary trauma with controlled empathy, helpers frequently find themselves compromised physically, emotionally and spiritually without recognizing they are suffering from Vicarious Trauma."

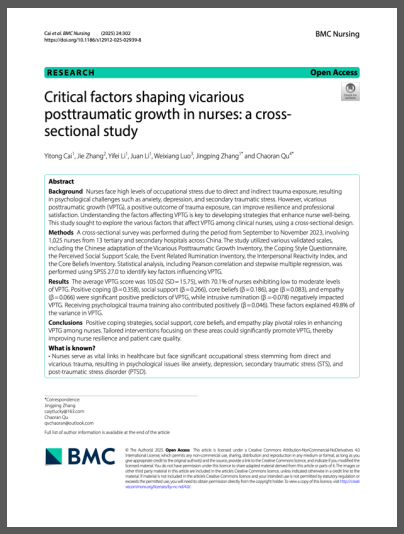
(Cai, et al., 2025, p. 9)



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"Notably, the psychological effects of indirect trauma are particularly severe, with prevalence among nurses reaching as high as 75%."

(Cai, et al., 2025, p. 2)



14

We all resist what feels threatening – even if it's good for us.

15

The brain resists seemingly beneficial changes when they feel threatening because it operates on an evolutionary mandate:

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predictability equals **survival**, and the unknown equals **danger**.

17

You cannot heal what you will not **feel**.

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"What we run from, pursues us. What we face, transforms us."

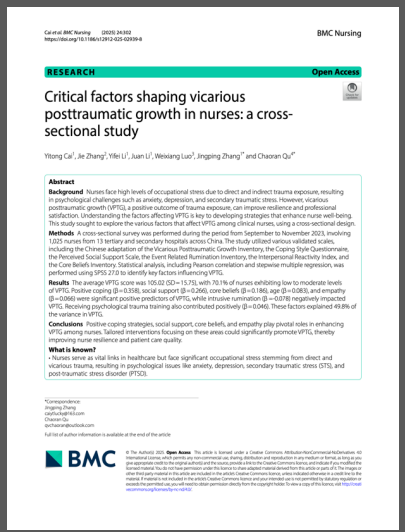
- David Kessler



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"nurses who received psychological trauma training exhibited higher VPTG levels, highlighting that systematic trauma education and training can enhance nurses' resilience and growth potential."

(Cai, et al., 2025, p. 9)



Cai et al. BMC Nursing (2025) 24:302
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RESEARCH Open Access

Critical factors shaping vicarious posttraumatic growth in nurses: a cross-sectional study

Yitong Cai[1], Jie Zhang[2], Yifei Li[1], Juan Li[1], Weixiang Luo[3], Jingping Zhang[1*] and Chaoran Qu[4*]

Abstract

Background Nurses face high levels of occupational stress due to direct and indirect trauma exposure, resulting in psychological challenges such as anxiety, depression, and secondary traumatic stress. However, vicarious posttraumatic growth (VPTG), a positive outcome of trauma exposure, can improve resilience and professional satisfaction. Understanding the factors affecting VPTG is key to developing strategies that enhance nurse well-being. This study sought to explore the various factors that affect VPTG among clinical nurses, using a cross-sectional design.

Methods A cross-sectional survey was performed during the period from September to November 2023, involving 1,025 nurses from 13 tertiary and secondary hospitals across China. The study utilized various validated scales, including the Chinese adaptation of the Vicarious Posttraumatic Growth Inventory, the Coping Style Questionnaire, the Perceived Social Support Scale, the Event Related Rumination Inventory, the Interpersonal Reactivity Index, and the Core Belief's Inventory. Statistical analysis, including Pearson correlation and stepwise multiple regression, was performed using SPSS 27.0 to identify key factors influencing VPTG.

Results The average VPTG score was 105.02 (SD = 15.75), with 70.1% of nurses exhibiting low to moderate levels of VPTG. Positive coping (β = 0.358), social support (β = 0.266), core beliefs (β = 0.186), age (β = 0.083), and empathy (β = 0.066) were significant positive predictors of VPTG, while intrusive rumination (β = −0.078) negatively impacted VPTG. Receiving psychological trauma training also contributed positively (β = 0.046). These factors explained 49.8% of the variance in VPTG.

Conclusions Positive coping strategies, social support, core beliefs, and empathy play pivotal roles in enhancing VPTG among nurses. Tailored interventions focusing on these areas could significantly promote VPTG, thereby improving nurse resilience and patient care quality.

What is known?

- Nurses serve as vital links in healthcare but face significant occupational stress stemming from direct and vicarious trauma, resulting in psychological issues like anxiety, depression, secondary traumatic stress (STS), and post-traumatic stress disorder (PTSD).

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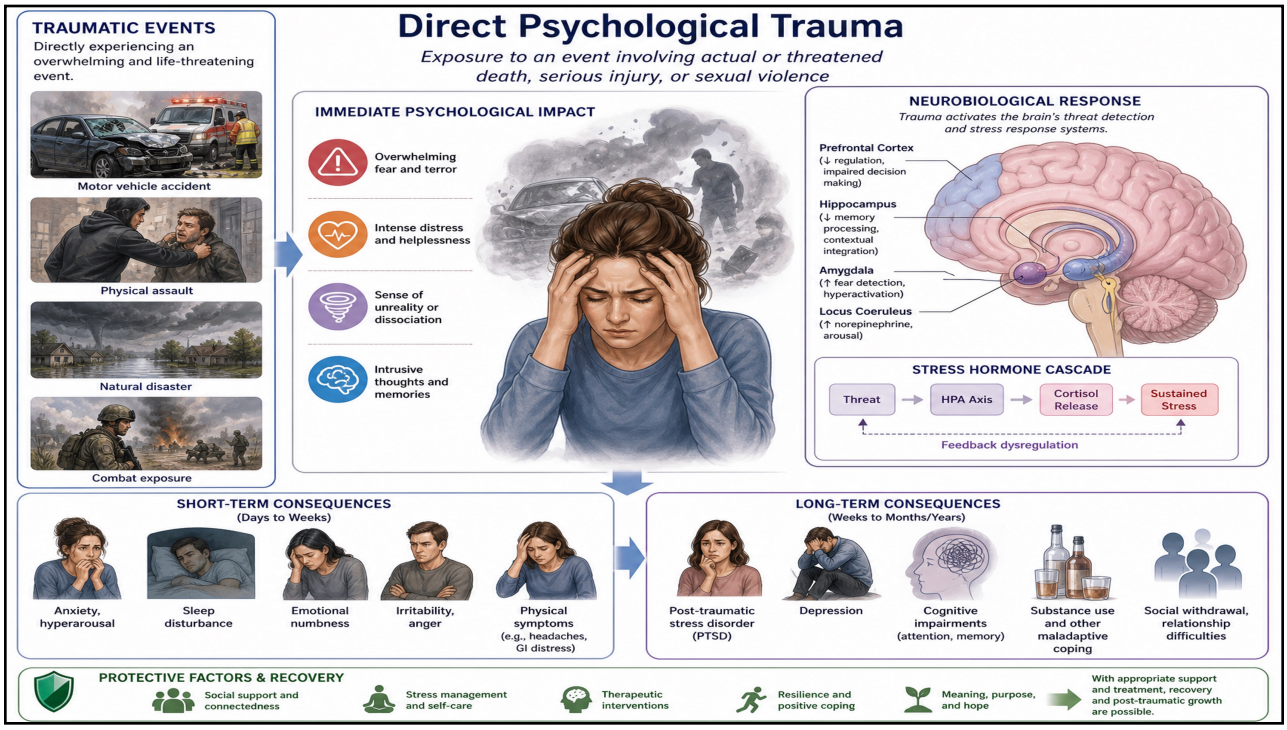
OBJECTIVES

1. Shift from "What is wrong with me?" to "What is happening to me?”
2. Spot the "Early Warning Signs" in Yourself and Your Peers
3. Draw a Hard Boundary Between "Bearing Compassionate Witness" and "Carrying"

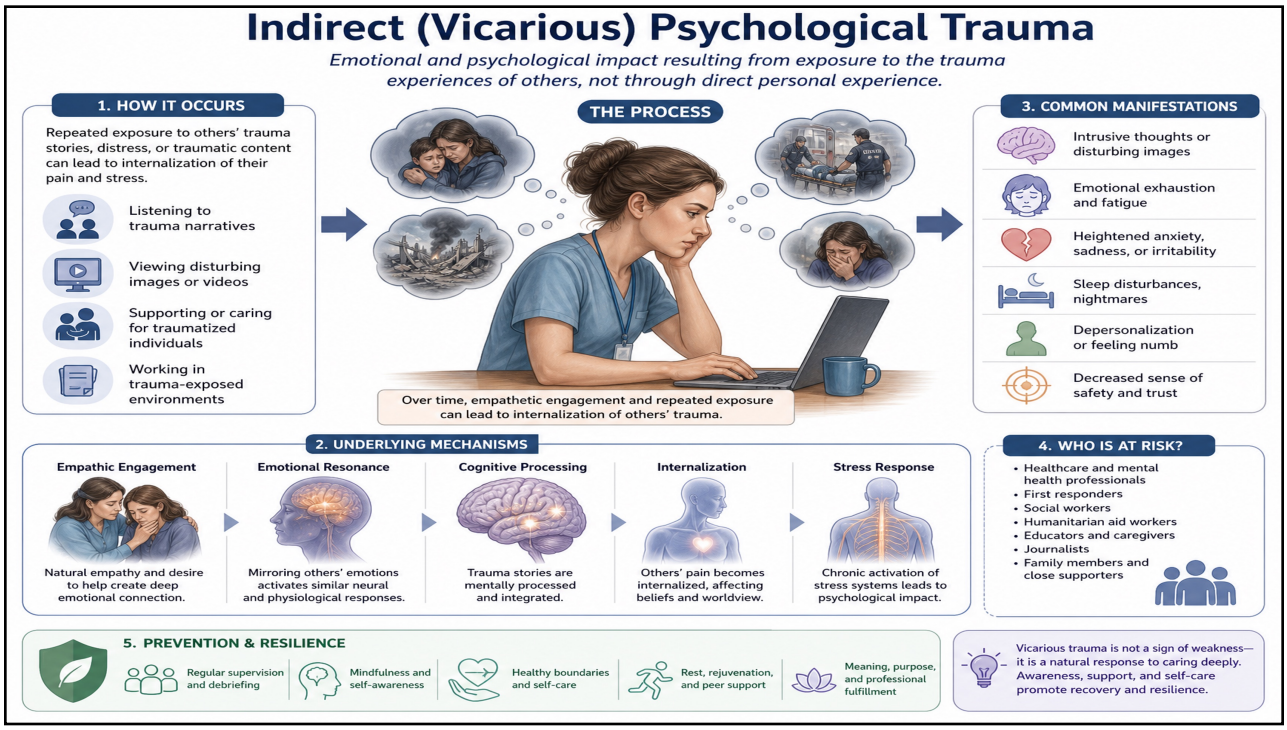
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Direct Psychological Trauma
Exposure to an event involving actual or threatened death, serious injury, or sexual violence
TRAUMATIC EVENTS
Directly experiencing an overwhelming and life-threatening event.
Motor vehicle accident
Physical assault
Natural disaster
Combat exposure
IMMEDIATE PSYCHOLOGICAL IMPACT
Overwhelming fear and terror
Intense distress and helplessness
Sense of unreality or dissociation
Intrusive thoughts and memories
NEUROBIOLOGICAL RESPONSE
Trauma activates the brain's threat detection and stress response systems.
Prefrontal Cortex (↓ regulation, impaired decision making)
Hippocampus (↓ memory processing, contextual integration)
Amygdala (↑ fear detection, hyperactivation)
Locus Coeruleus (↑ norepinephrine, arousal)
STRESS HORMONE CASCADE
Threat
HPA Axis
Cortisol Release
Sustained Stress
Feedback dysregulation
SHORT-TERM CONSEQUENCES
(Days to Weeks)
Anxiety, hyperarousal
Sleep disturbance
Emotional numbness
Irritability, anger
Physical symptoms (e.g., headaches, GI distress)
LONG-TERM CONSEQUENCES
(Weeks to Months/Years)
Post-traumatic stress disorder (PTSD)
Depression
Cognitive impairments (attention, memory)
Substance use and other maladaptive coping
Social withdrawal, relationship difficulties
PROTECTIVE FACTORS & RECOVERY
Social support and connectedness
Stress management and self-care
Therapeutic interventions
Resilience and positive coping
Meaning, purpose, and hope
With appropriate support and treatment, recovery and post-traumatic growth are possible.

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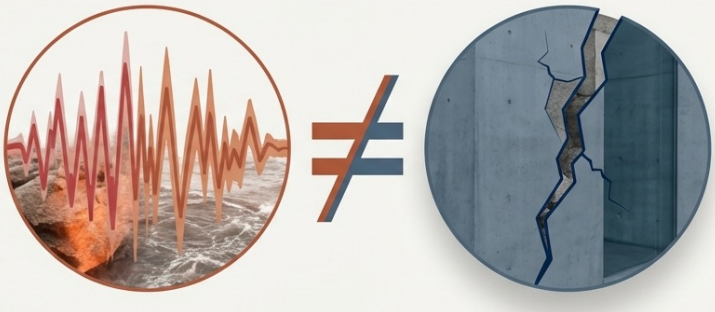

Indirect (Vicarious) Psychological Trauma
Emotional and psychological impact resulting from exposure to the trauma experiences of others, not through direct personal experience.
1. HOW IT OCCURS
Repeated exposure to others' trauma stories, distress, or traumatic content can lead to internalization of their pain and stress.
Listening to trauma narratives
Viewing disturbing images or videos
Supporting or caring for traumatized individuals
Working in trauma-exposed environments
THE PROCESS
Over time, empathetic engagement and repeated exposure can lead to internalization of others' trauma.
3. COMMON MANIFESTATIONS
Intrusive thoughts or disturbing images
Emotional exhaustion and fatigue
Heightened anxiety, sadness, or irritability
Sleep disturbances, nightmares
Depersonalization or feeling numb
Decreased sense of safety and trust
2. UNDERLYING MECHANISMS
Empathic Engagement
Natural empathy and desire to help create deep emotional connection.
Emotional Resonance
Mirroring others' emotions activates similar neural and physiological responses.
Cognitive Processing
Trauma stories are mentally processed and integrated.
Internalization
Others' pain becomes internalized, affecting beliefs and worldview.
Stress Response
Chronic activation of stress systems leads to psychological impact.
4. WHO IS AT RISK?
Healthcare and mental health professionals
First responders
Social workers
Humanitarian aid workers
Educators and caregivers
Journalists
Family members and close supporters
5. PREVENTION & RESILIENCE
Regular supervision and debriefing
Mindfulness and self-awareness
Healthy boundaries and self-care
Rest, rejuvenation, and peer support
Meaning, purpose, and professional fulfillment
Vicarious trauma is not a sign of weakness—it is a natural response to caring deeply. Awareness, support, and self-care promote recovery and resilience.

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Untangling the Terminology

Professionals in high-exposure fields frequently use “Secondary Traumatic Stress” and “Vicarious Trauma” interchangeably. However, these terms describe two distinct physiological and psychological processes. Naming the specific burden is the first step toward addressing it.

One is an infection of symptoms; the other is an erosion of the self.



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Secondary Traumatic Stress (STS): The Mirror



CORE METAPHOR

Think of STS as a mirror reflecting a stormy scene. It is the immediate reflection of another’s trauma onto your own psyche.

CLINICAL DEFINITION

A syndrome of symptoms nearly identical to PTSD resulting from indirect exposure.

THE MECHANISM

- Nature: Acute, rapid onset.
- The Symptoms: Characterized by Intrusion, Avoidance, and Arousal.
- The Experience: It is the “infection” of trauma symptoms. For example, hearing a horrific story during a shift and having a nightmare about that specific story the same night. It can happen quickly, even after a single case.

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Vicarious Trauma (VT): The Foundation

CORE METAPHOR

Think of VT as a house foundation developing deep cracks. It is not about a single storm, but the structural shifting of the concrete over time.

CLINICAL DEFINITION

A transformation of the helper's inner experience resulting from cumulative empathic engagement.

THE MECHANISM

- Nature: Cumulative, slow-building.
- The Shift: Characterized by a cognitive shift in Schemas (deeply held beliefs).
- The Experience: It is the "erosion" of your worldview. It is not just having a nightmare; it is changing how you parent your children or interact with your spouse because you no longer believe the world is safe.



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Reaction vs. Transformation

STS



What you feel.

Focus: Symptoms
Focus: Symptoms (Intrusion, Avoidance)

A **reaction** to content.

VT



How you see.

Focus: Worldview
Focus: Worldview (Identity, Schemas)

A **modification** of identity.

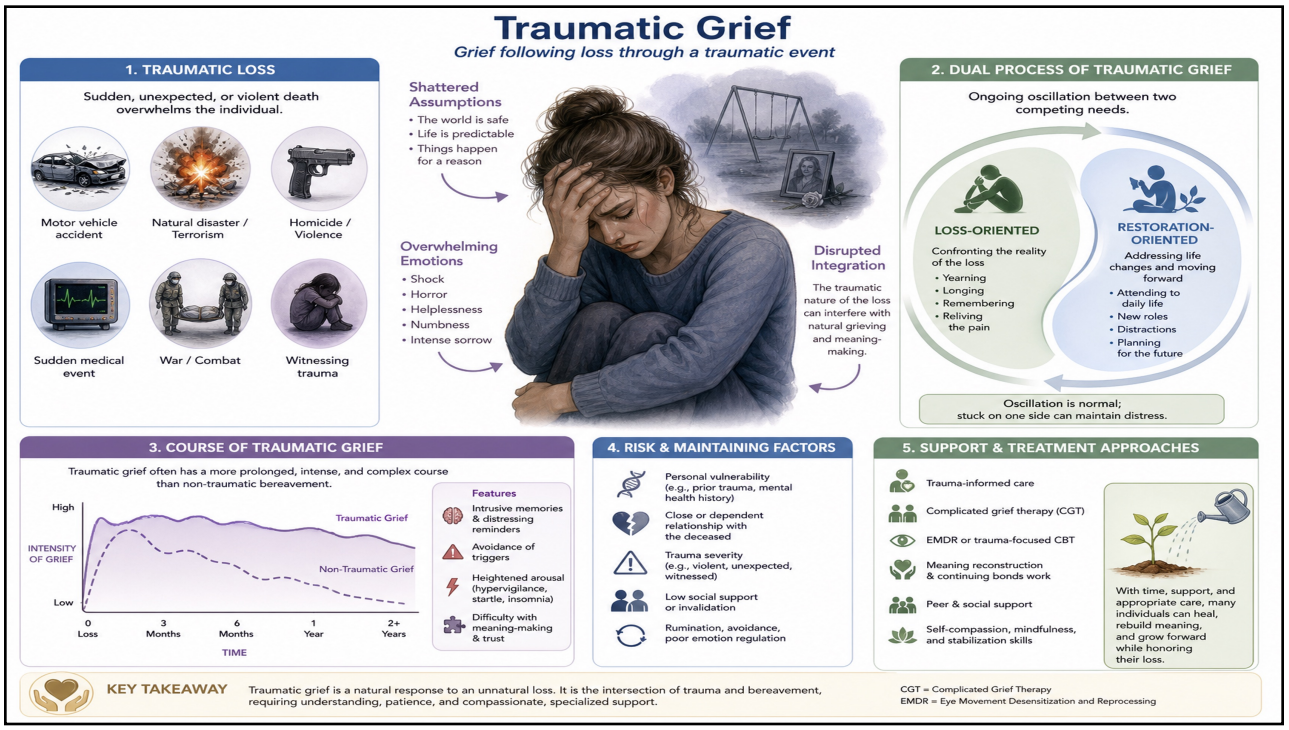
Bottom Line: STS is an acute reaction to exposure; Vicarious Trauma is a structural transformation of the self.

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Not all grief includes trauma, but all **trauma** includes grief.

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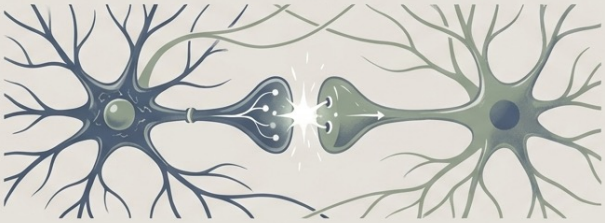


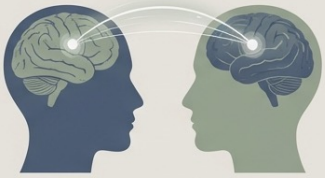
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The Biology of Caring





Hebbian Plasticity

Neurons that fire together, wire together. Your nervous system is always learning.

Mirror Neurons

The neural basis for empathy. When you observe an action or emotion, your brain fires the same neurons as if you were experiencing it yourself.

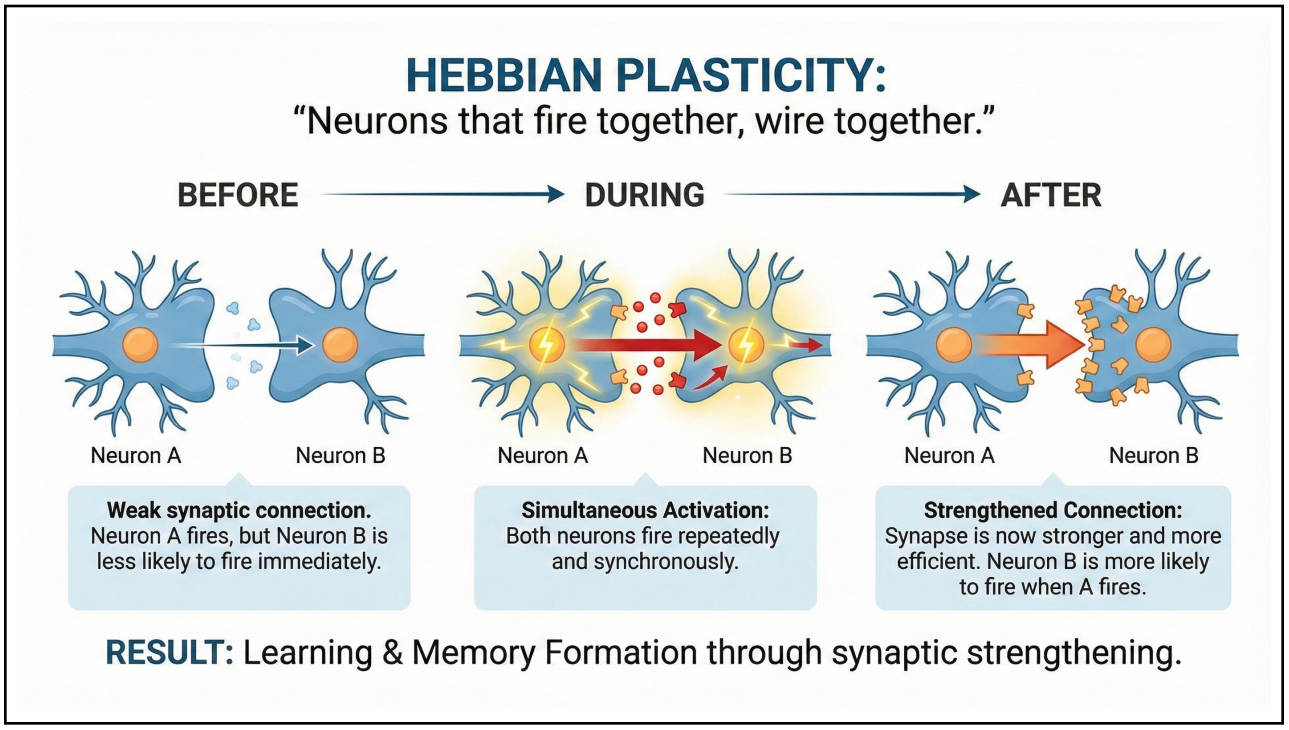
The Empathy Paradox

Empathy helps us understand, but we may be traumatized in the process because our bodies "simulate" the pain of others.

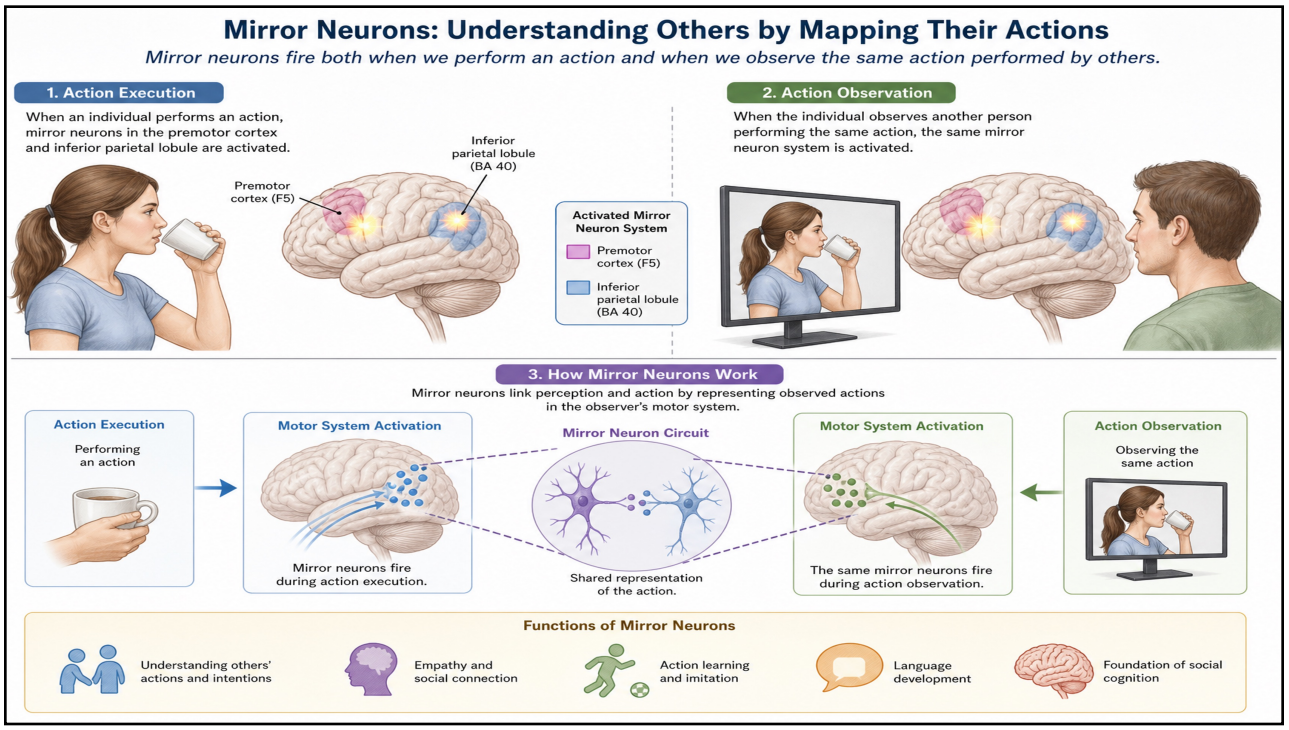
Key Insight If you repeatedly hear stories of fear, your body becomes fluent in fear.

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HEBBIAN PLASTICITY:
"Neurons that fire together, wire together."
BEFORE
DURING
AFTER
Neuron A
Neuron B
Neuron A
Neuron B
Neuron A
Neuron B
Weak synaptic connection.
Neuron A fires, but Neuron B is less likely to fire immediately.
Simultaneous Activation:
Both neurons fire repeatedly and synchronously.
Strengthened Connection:
Synapse is now stronger and more efficient. Neuron B is more likely to fire when A fires.
RESULT: Learning & Memory Formation through synaptic strengthening.

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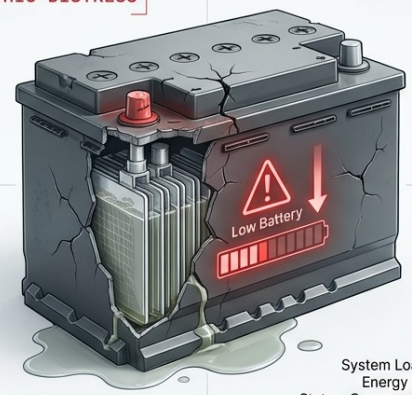

Mirror Neurons: Understanding Others by Mapping Their Actions
Mirror neurons fire both when we perform an action and when we observe the same action performed by others.
1. Action Execution
When an individual performs an action, mirror neurons in the premotor cortex and inferior parietal lobule are activated.
Premotor cortex (F5)
Inferior parietal lobule (BA 40)
Activated Mirror Neuron System
Premotor cortex (F5)
Inferior parietal lobule (BA 40)
2. Action Observation
When the individual observes another person performing the same action, the same mirror neuron system is activated.
3. How Mirror Neurons Work
Mirror neurons link perception and action by representing observed actions in the observer's motor system.
Action Execution
Performing an action
Motor System Activation
Mirror neurons fire during action execution.
Mirror Neuron Circuit
Shared representation of the action.
Motor System Activation
The same mirror neurons fire during action observation.
Action Observation
Observing the same action
Functions of Mirror Neurons
Understanding others' actions and intentions
Empathy and social connection
Action learning and imitation
Language development
Foundation of social cognition

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THE OPERATIONAL MYTH

Caring is not the enemy. The circuit is.

EMPATHIC DISTRESS



System Load: Excessive.
Energy Drain: Critical.
Status: Compromised Integrity.

COMPASSION



System Load: Optimal.
Energy Output: Renewable.
Status: High-Efficiency Operation.

The Operational Myth: "I am burning out because I care too much."
The Biological Reality: Caring is a renewable energy source. Burnout stems from CARRYING the pain (Empathic Distress), not from seeing it or wishing to resolve it (Compassion). **The Objective: Build a biological shield that keeps you operational without turning you cold.**

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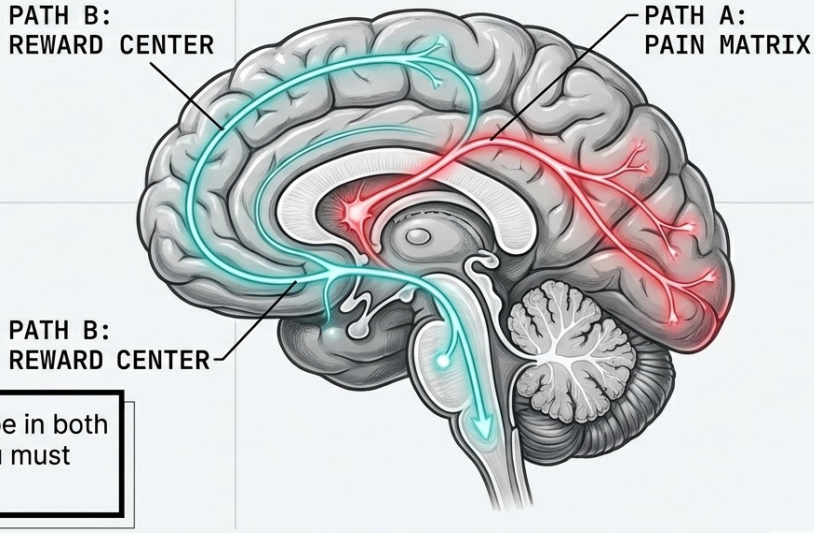
HELVETICA NOW DISPLAY

Two Circuits. One Choice.

Your brain possesses two distinct modes for processing the suffering of others.

Mode 1: Empathic Distress.
Mirroring pain. Heavy. Draining.

Mode 2: Compassion.
Understanding pain. Warm. Capable.

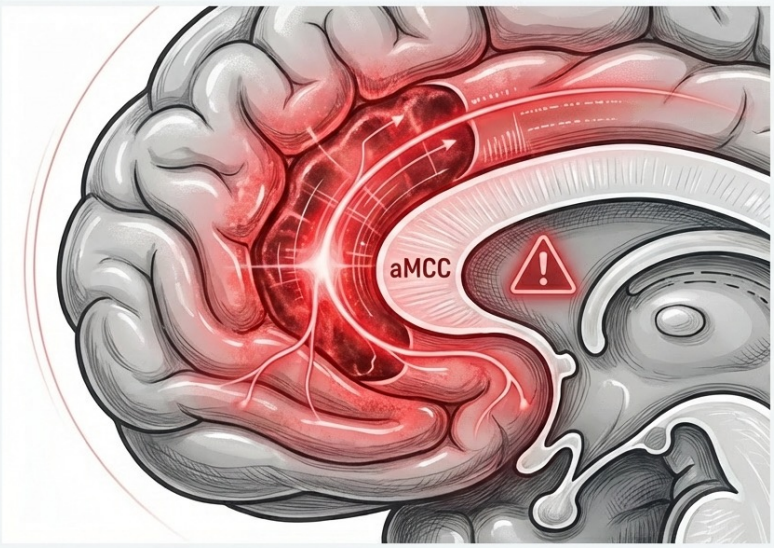


KEY INSIGHT: You cannot be in both circuits simultaneously. You must toggle the switch.

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THE RED CIRCUIT: EMPATHIC DISTRESS

I feel your pain.



The Mechanism: When you witness suffering, this circuit involuntarily mirrors it.

The Hardware: Activates the Anterior Insula and aMCC.

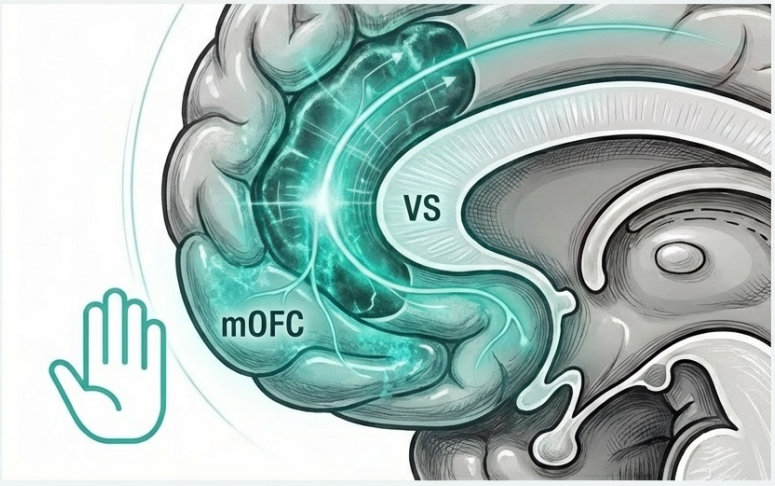
The Cost: You are not just a witness; your brain is simulating the subject's pain as your own. This creates a heavy metabolic load and rapid fatigue.

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THE GREEN CIRCUIT: COMPASSION

The Green Circuit: Compassion

I feel FOR you.



The Mechanism: A deliberate shift from mirroring to concern and action.

The Hardware: Activates the Ventral Striatum and mOFC (Affiliation & Reward systems).

The Gain: This circuit feels capable, warm, and protective. It allows you to offer help without 'catching' the injury.

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EMPATHY vs COMPASSION

Both care, but they differ in how we relate and respond to others' sufering.

EMPATHY

Feeling what another person feels.



- Shares the other's emotional experience
- Focuses on understanding
- Can lead to emotional distress or overwhelm
- Often a first step in connecting

COMPASSION

Caring about another person's suffering and wanting to **help**.



- Acknowledges the other's suffering with care
- Motivates a desire to alleviate it
- Promotes prosocial behavior and well-being
- Sustains connection with warmth and support

KEY DIFFERENCES	EMOTIONAL FOCUS	ORIENTATION	OUTCOME	COMPASSIONATE RESPONSE
	I feel what you feel. (Shared emotion)	Inward & toward the other's experience	Understanding, but may lead to personal distress	Caring + action with the goal to relieve suffering

TOGETHER: Empathy helps us connect. Compassion helps us act. *When combined, they build understanding, kindness, and meaningful support.*

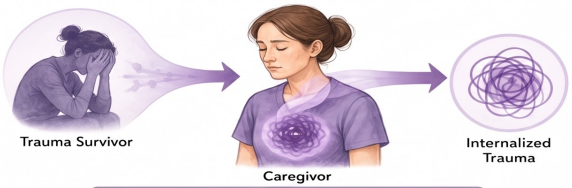
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CARRYING vs. WITNESSING VICARIOUS TRAUMA

Two Ways We Are Affected by Others' Trauma

CARRYING VICARIOUS TRAUMA

Taking on the trauma of another as your own.



You absorb the pain.
The emotional weight becomes part of your internal experience.

KEY FEATURES

- **Absorption:** Deep emotional identification with the survivor's pain.
- **Internalization:** The trauma becomes part of your inner world.
- **Impact:** Can lead to symptoms of PTSD, burnout, and empathy fatigue.
- **Risk Factors:** High empathy, over-identification, lack of boundaries, cumulative exposure.

EXAMPLE
A therapist who constantly takes on the client's pain, feels it as their own, and struggles to separate from it.

VS.

WITNESSING VICARIOUS TRAUMA

Observing the trauma of another while maintaining separation.



You witness the pain.
You hold space with empathy while maintaining your sense of self.

KEY FEATURES

- **Observation:** You witness the trauma without taking it on.
- **Boundaries:** You maintain a healthy separation and perspective.
- **Impact:** May still be emotionally challenging, but less likely to overwhelm or internalize.
- **Protective Factors:** Self-awareness, boundaries, supervision, self-care, supportive systems.

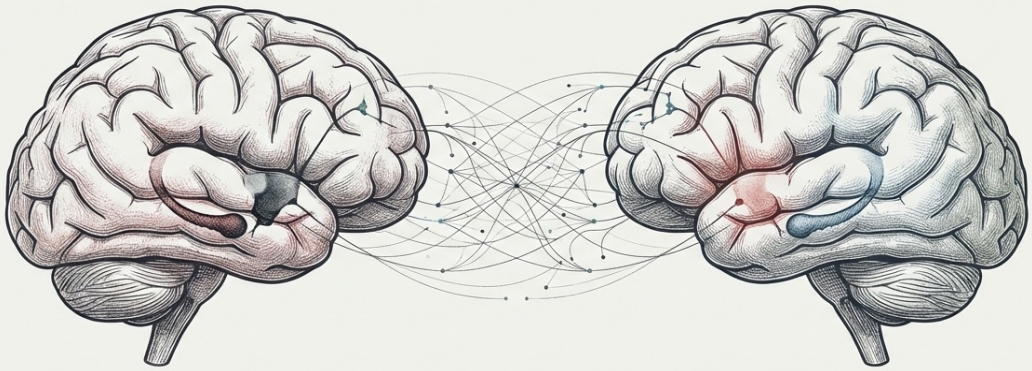
EXAMPLE
A social worker listens to a survivor's story, offers support, and leaves the story in the room.

WHY THE DISTINCTION MATTERS

Recognizing the difference helps prevent burnout and trauma. | It promotes healthier engagement and professional sustainability. | It ensures we can continue to help without harm.

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THE NEUROBIOLOGY OF VICARIOUS TRAUMA



The Shared Circuitry of Empathy and the Cost of Caring

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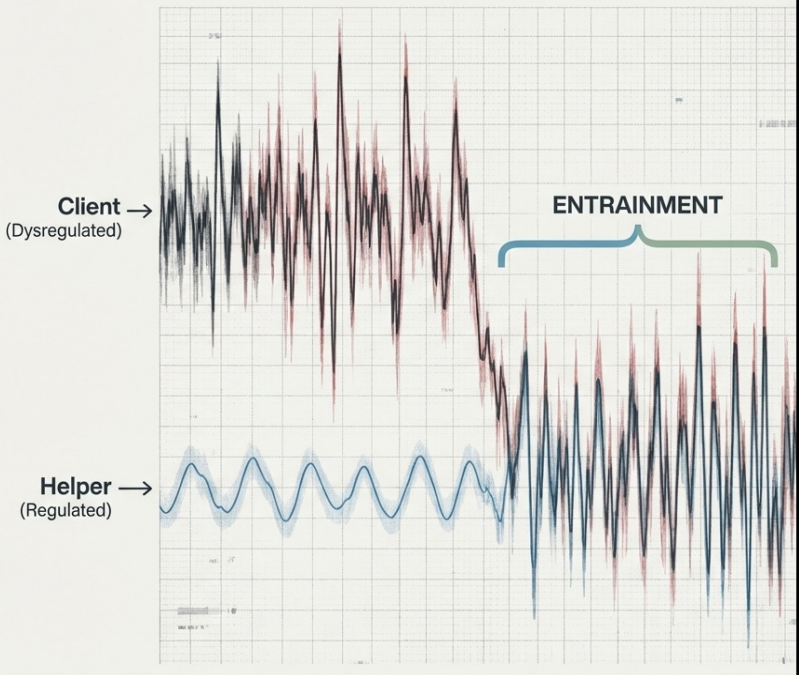
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We Do Not Listen in Isolation

Empathy is not just a feeling; it is a biological synchronization.

Hyperscanning: Studies utilizing simultaneous brain scans show that helper and client brains synchronize during intense sessions.

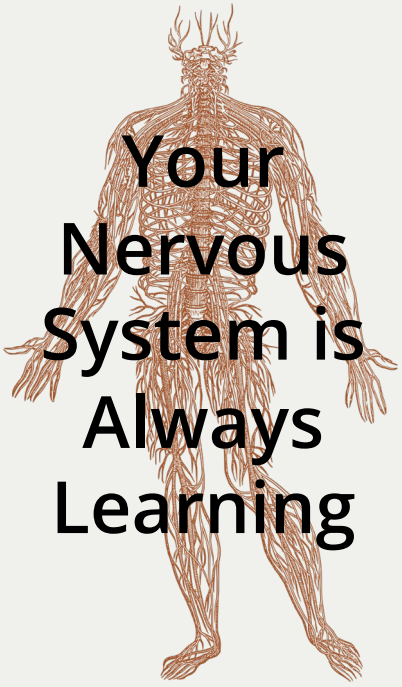
When deeply engaged with a dysregulated client, the helper's brainwaves literally synchronize with the client's. This is not metaphorical; it is measurable neural alignment.



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Your Nervous System is Always Learning



If you repeatedly hear stories of fear, your body becomes fluent in **fear.**

If you absorb stories of helplessness, your system may adopt **shutdown** as protection.

If you consistently witness suffering without relief, your body may stay in **hypervigilance** even at home.

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THE RED CIRCUIT: EMPATHIC DISTRESS

Resonance is a Reflex



You cannot stop the initial signal. Evolution wired us to mirror one another for survival.

The 'Hit': The split-second transfer of emotion when you walk onto a scene or engage a patient.

The Danger: If you remain in resonance, you absorb the trauma. You must detect the signal to shift the circuit.

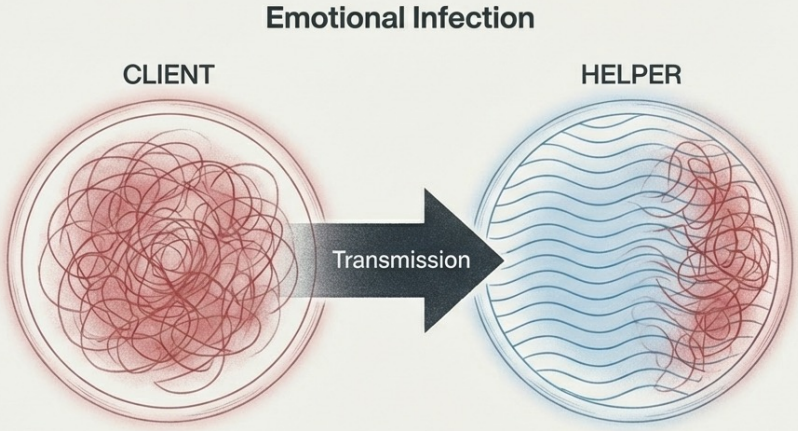
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Biological Participation

The Mechanism of Entrainment:

The helper's nervous system aligns with—or "entrains" to—the client's dysregulated state.

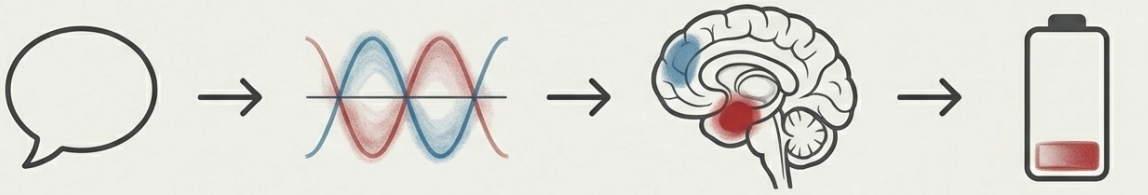
You are not just hearing You are not just hearing a story; you are biologically participating in the client's emotional state.



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The Cumulative Effect: The Cycle of Dysregulation



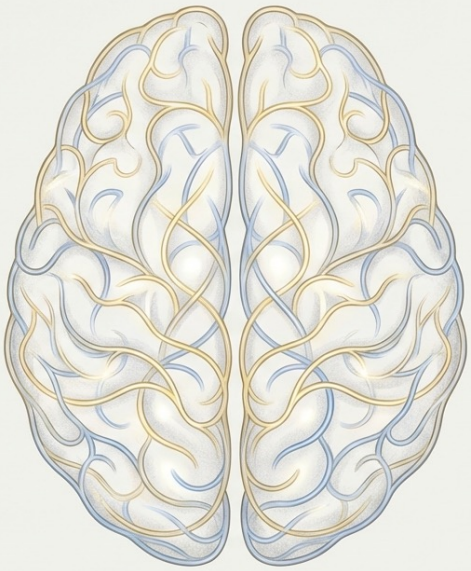
Over time, these structural changes create a specific biological profile:
High Alarm (Amygdala) + Low Regulation (PFC) = Biological Burnout.

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It’s Not a Weakness, It’s Biology

Vicarious trauma is an occupational hazard rooted in the very empathy required to do the job. Understanding the mechanics is the first step in protecting the machinery. You are functioning exactly how a human brain is designed to empathize; the cost is biological, not moral.



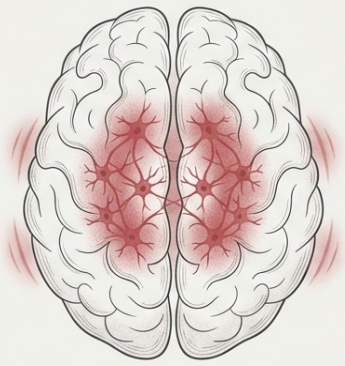
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The Brain’s Reality Paradox

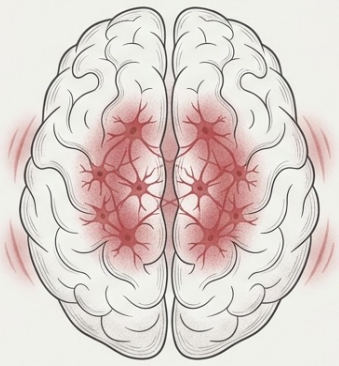
The brain struggles to distinguish between experiencing an event and vivid visualization of it.

DIRECT EXPERIENCE



Neural circuits show pronounced activation in the limbic region.

VICARIOUS EXPOSURE



Mirrored neural activation observed in identical limbic circuits.

Research indicates that listening to a trauma narrative activates and dysregulates the same neural circuits and endocrine systems as actually actually experiencing the trauma.

CLINICAL NOTE

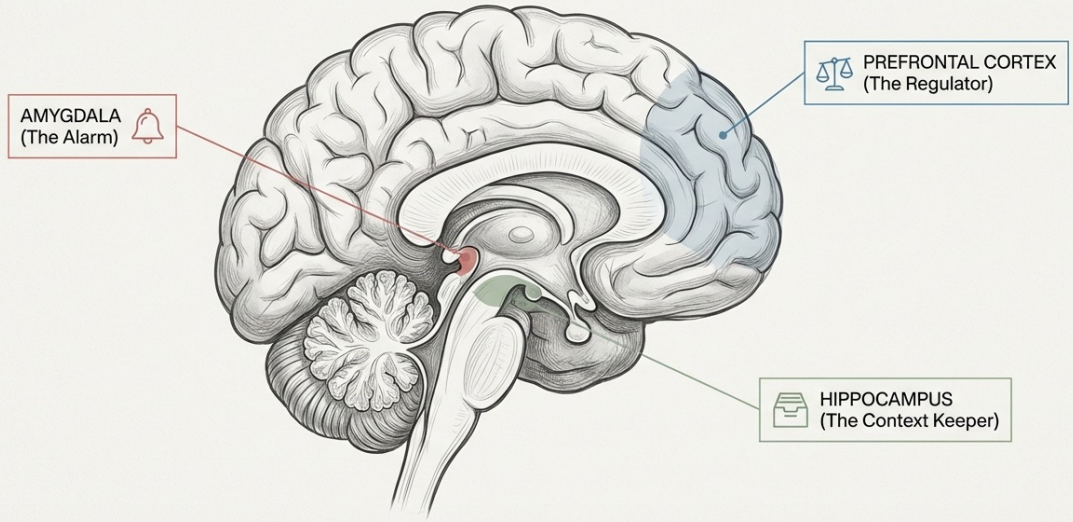
Vicarious trauma produces neural changes remarkably similar to direct trauma exposure.

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How Vicarious Trauma Reshapes Architecture

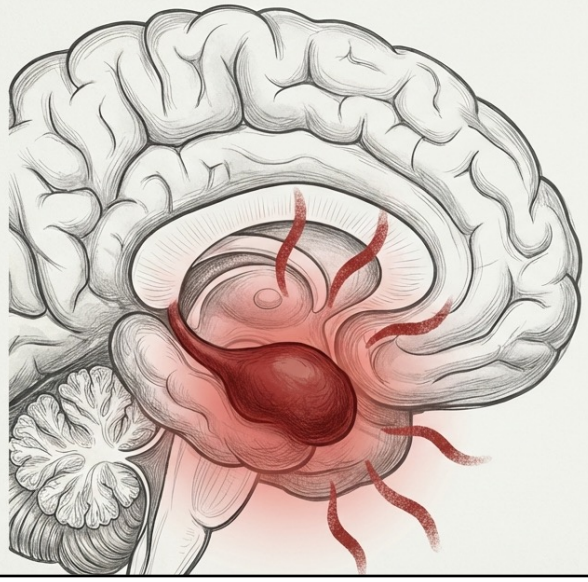
Repeated exposure leads to specific structural changes in the brain's regulation and alarm systems.



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The Alarm System (System 1)



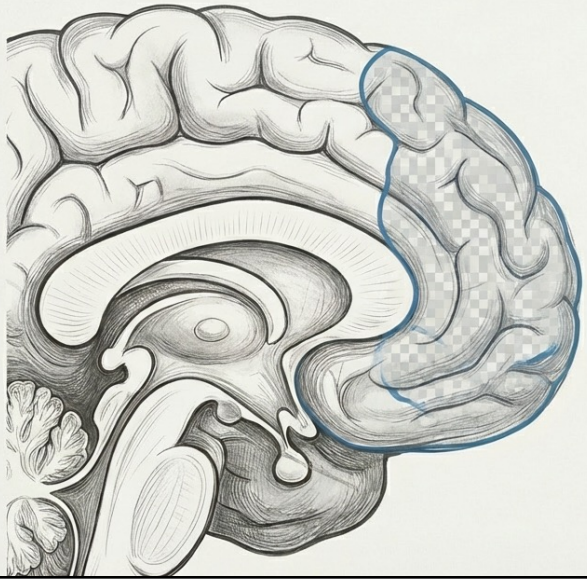
Structure: The Amygdala.
Condition: Hyperactivity

The Impact: This fear-processing center becomes hyperactive. It grows larger and more reactive, keeping the brain in a state of "threat detection" even when the environment is safe.

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The Executive Goes Offline



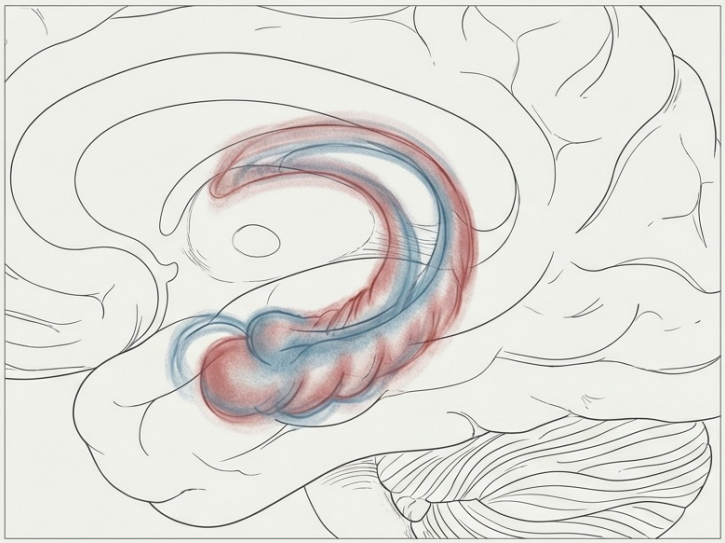
Structure: Prefrontal Cortex (PFC).
Condition: Reduced Function.

The Impact: Regulation goes offline. Logic is impaired. The brain's ability to inhibit the alarm system (Amygdala) shrinks, making it harder to 'think' one's way out of a stress response.

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The Context Keeper Fails



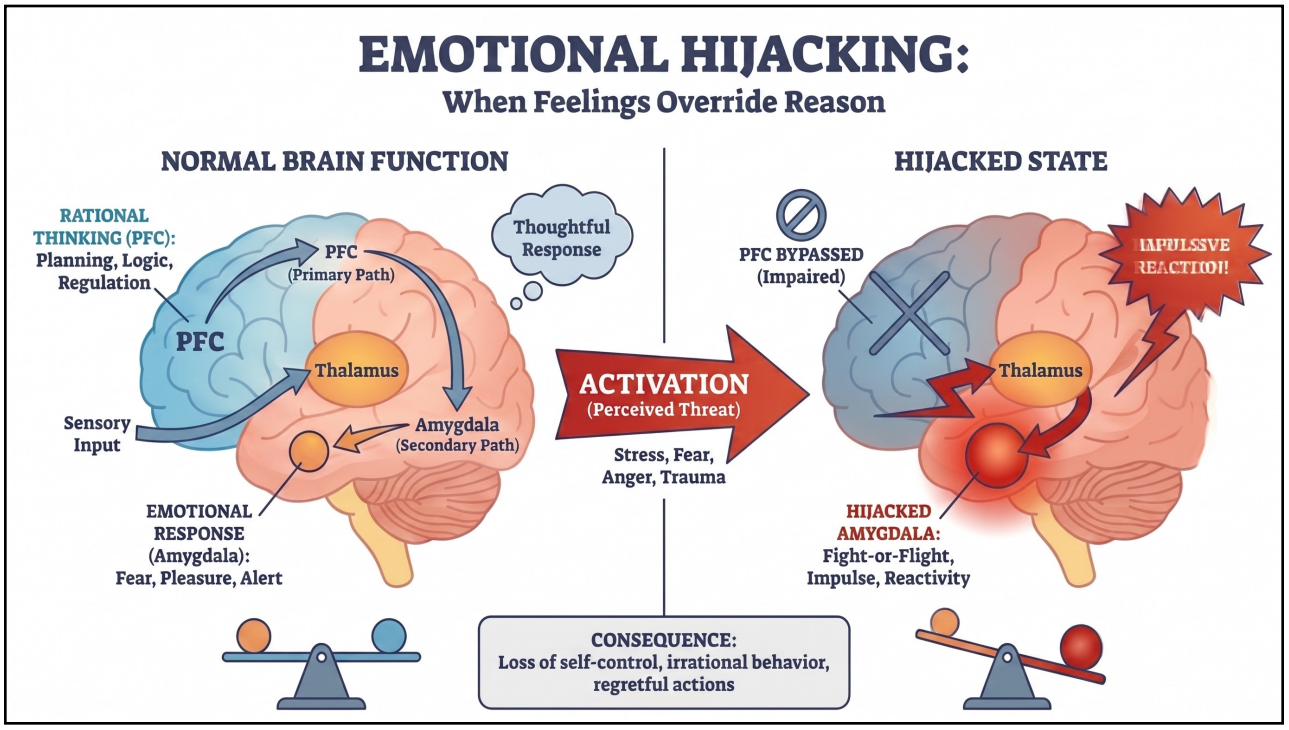
Structure: The Hippocampus

Condition: Disruption

The Impact: Context and memory processing are disrupted. The brain struggles to file memories correctly, making it difficult to distinguish 'then' from 'now' and 'them' from 'me'.

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This is something every human nervous system does.

54

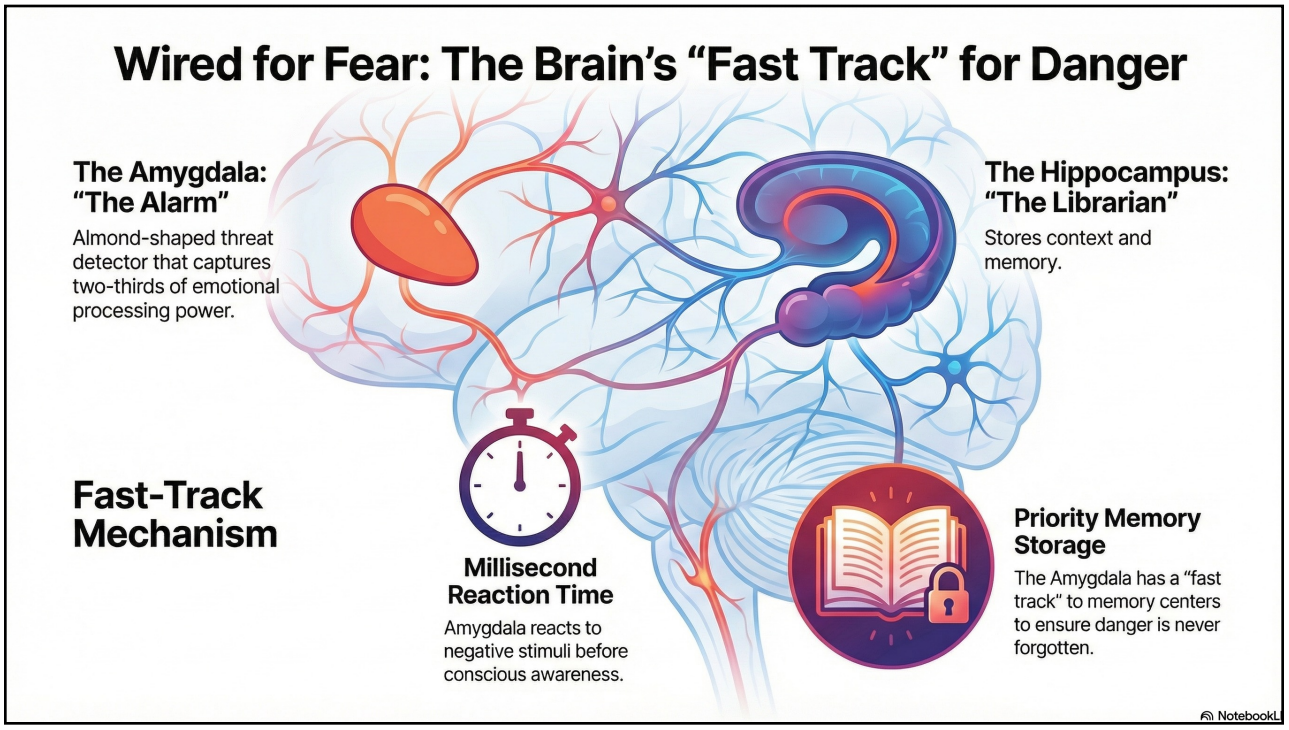


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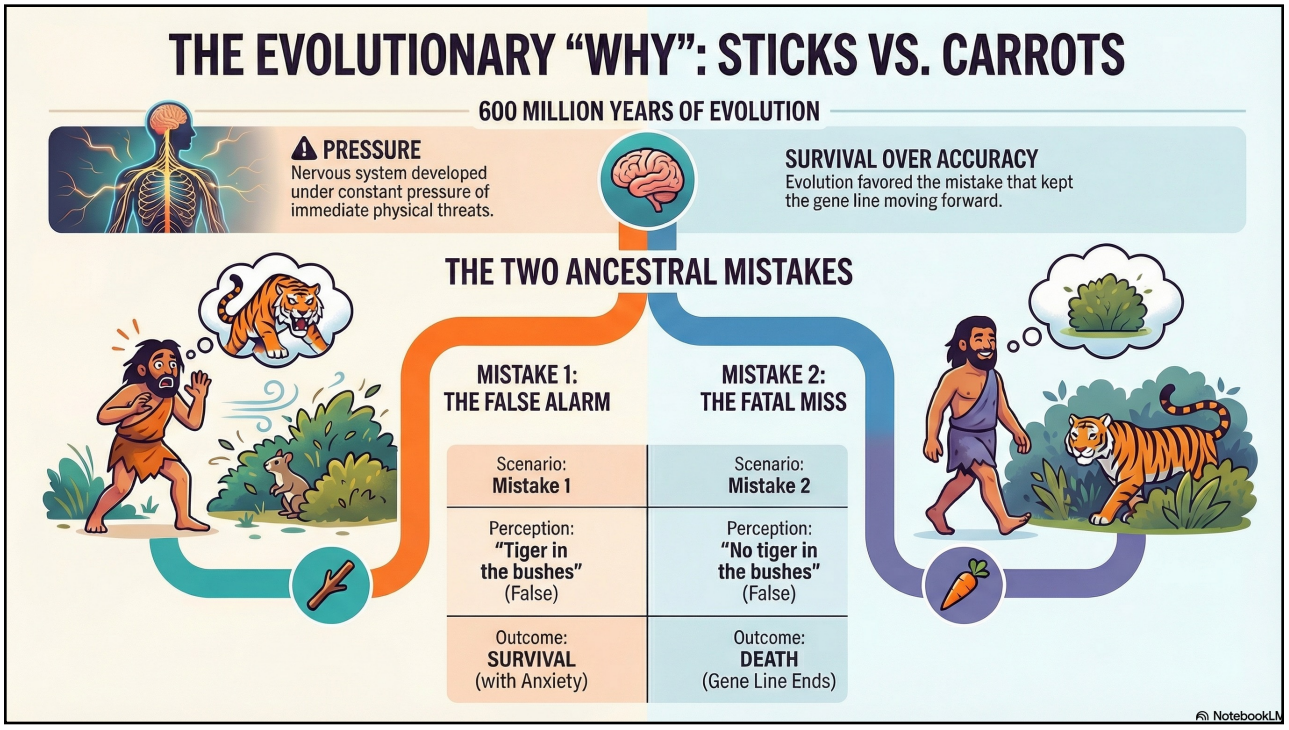
The brain evolved a **Negativity Bias**.

It scans for bad news, focuses on it, and stores it instantly.

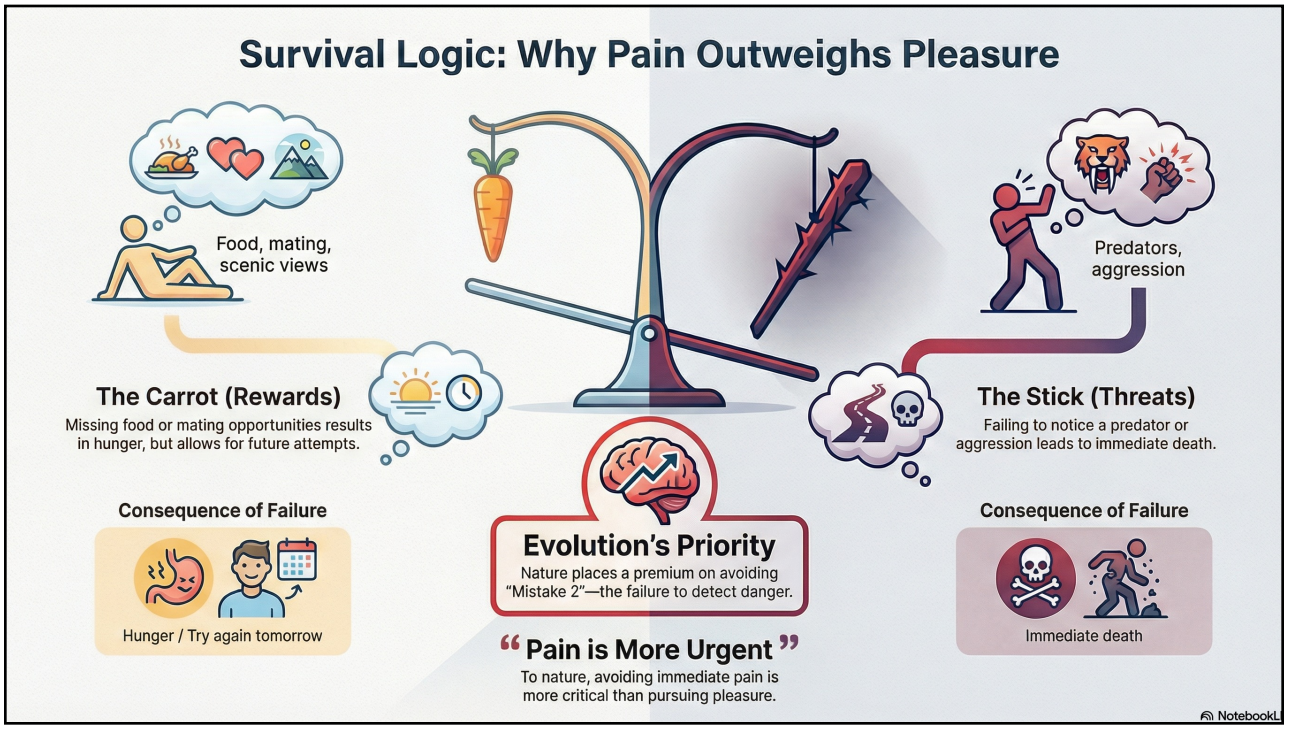
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Wired for Fear: The Brain's "Fast Track" for Danger
The Amygdala: "The Alarm"
Almond-shaped threat detector that captures two-thirds of emotional processing power.
The Hippocampus: "The Librarian"
Stores context and memory.
Fast-Track Mechanism
Millisecond Reaction Time
Amygdala reacts to negative stimuli before conscious awareness.
Priority Memory Storage
The Amygdala has a "fast track" to memory centers to ensure danger is never forgotten.
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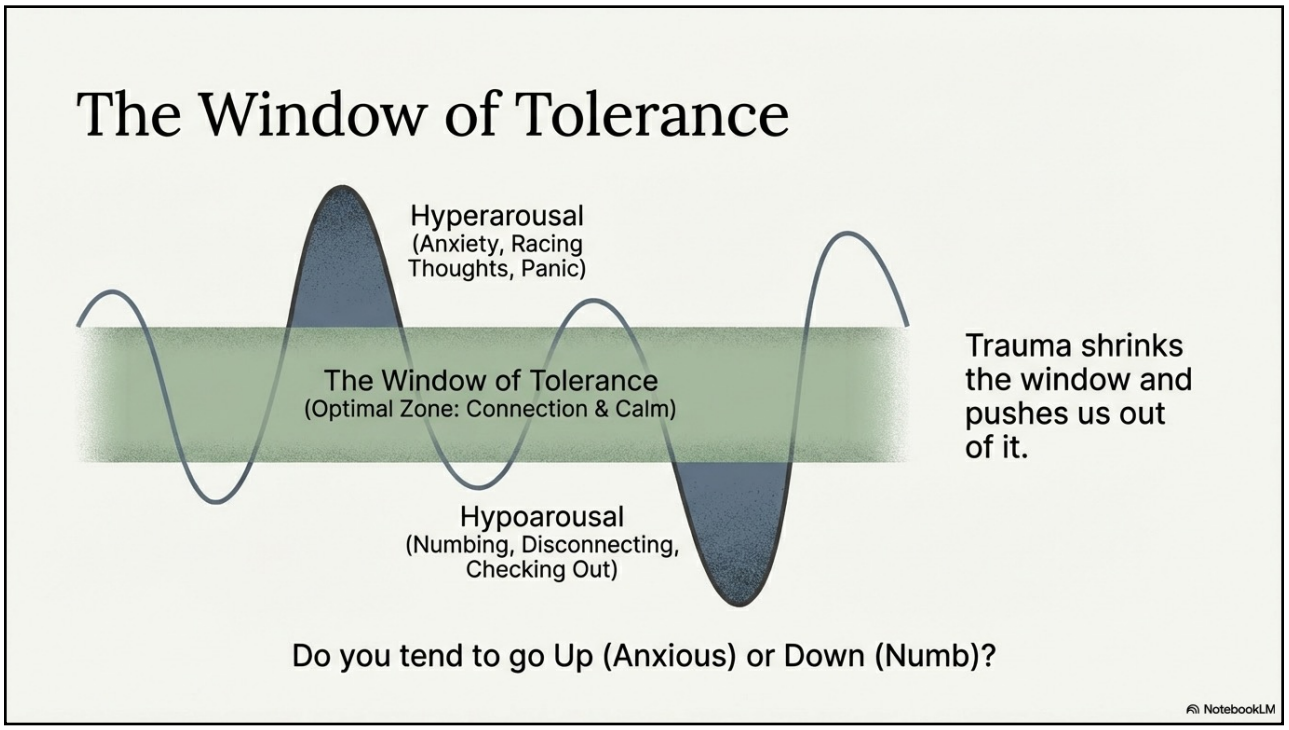
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THE EVOLUTIONARY "WHY": STICKS VS. CARROTS
600 MILLION YEARS OF EVOLUTION
PRESSURE
Nervous system developed under constant pressure of immediate physical threats.
SURVIVAL OVER ACCURACY
Evolution favored the mistake that kept the gene line moving forward.
THE TWO ANCESTRAL MISTAKES
MISTAKE 1: THE FALSE ALARM
MISTAKE 2: THE FATAL MISS
Scenario: Mistake 1
Scenario: Mistake 2
Perception: "Tiger in the bushes" (False)
Perception: "No tiger in the bushes" (False)
Outcome: SURVIVAL (with Anxiety)
Outcome: DEATH (Gene Line Ends)
NotebookLM

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Survival Logic: Why Pain Outweighs Pleasure
Food, mating, scenic views
Predators, aggression
The Carrot (Rewards)
Missing food or mating opportunities results in hunger, but allows for future attempts.
The Stick (Threats)
Failing to notice a predator or aggression leads to immediate death.
Consequence of Failure
Hunger / Try again tomorrow
Evolution's Priority
Nature places a premium on avoiding "Mistake 2"—the failure to detect danger.
Consequence of Failure
Immediate death
"Pain is More Urgent"
To nature, avoiding immediate pain is more critical than pursuing pleasure.
NotebookL

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The Window of Tolerance
Hyperarousal (Anxiety, Racing Thoughts, Panic)
The Window of Tolerance (Optimal Zone: Connection & Calm)
Hypoarousal (Numbing, Disconnecting, Checking Out)
Trauma shrinks the window and pushes us out of it.
Do you tend to go Up (Anxious) or Down (Numb)?
NotebookLM

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THE PARADOX OF EXHAUSTION

EXHAUSTED

Why are you physically exhausted even if you **'sat in a chair'** all day?



For many professionals, fatigue is not a result of muscle movement, but of performance.

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Naming the Burden

Emotional Labor

[ih-moh-shuh-nl ley-ber]
(Hochschild, 1983)

The process of regulating feelings and expressions to fulfill the emotional requirements of a job.

CONTEXT

This is not just "being polite." It is a specific, demanding labor category distinct from physical work. It requires the active suppression of instinct in favor of professional obligation.

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The Mechanism of Surface Acting

SURFACE ACTING
Simulating an emotion you do not actually feel.

Example: Staying calm while internally terrified.



THE PERFORMANCE
The disconnect between internal reality and external display.

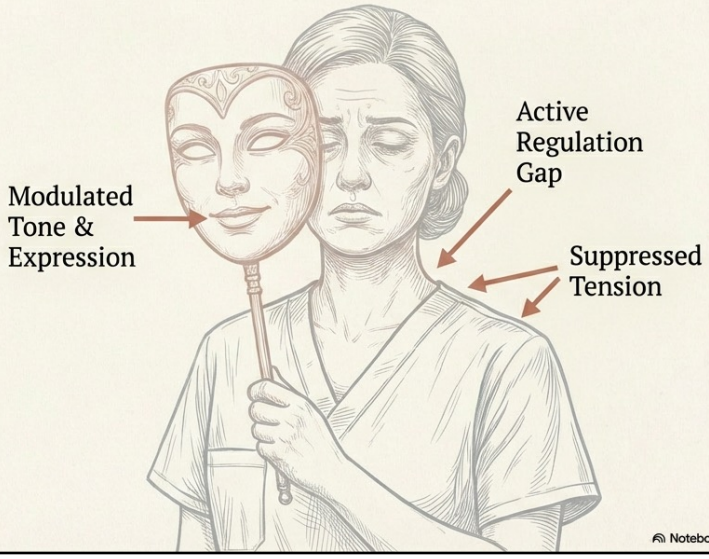
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Changing the Appearance, Not the Feeling

Surface Acting requires you to change your outward appearance—tone, facial expression—without changing your inner feelings.

The Hidden Work: Beyond the trauma of the job itself, there is the secondary work of hiding your reaction to it. This constant modulation is the labor.



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The Cost of Stabilization



Unlike physical labor, emotional labor involves the constant regulation of emotional display to stabilize others.

The **Consequence:** Because you were "performing"—actively suppressing natural reactions to maintain a calm facade—your energy reserves are depleted despite a lack of physical movement.

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66

When a professional suffers from vicarious trauma, their nervous system undergoes a structural and functional recalibration.

67

Chronic exposure to high-stakes, high-stress, or tragic narratives keeps the amygdala (the brain's threat-detection center) on a loop of continuous fire.

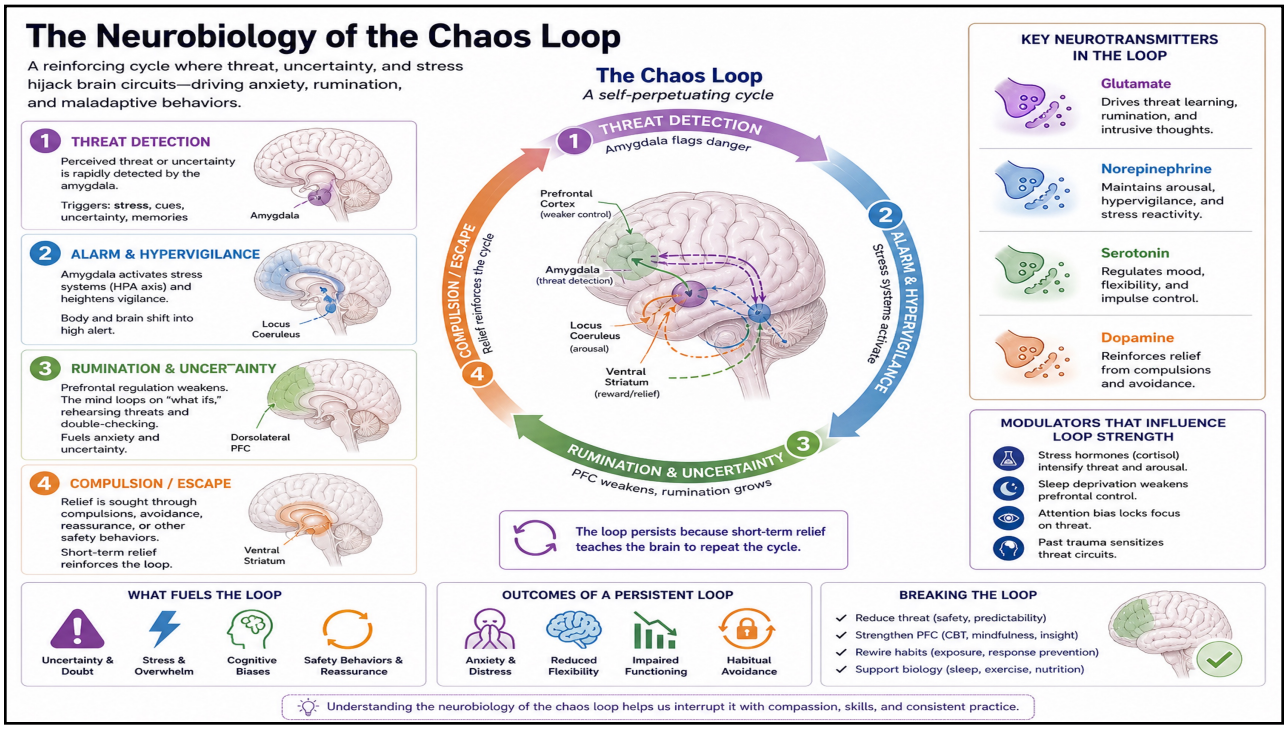
68

Over time, this rewires the baseline of what feels "normal."

69

This is your mobilization system doing its job.

70



71

When a person whose nervous system is calibrated to high stress suddenly experiences a moment of genuine calm, peace, or stillness, the brain doesn't register it as a relief. It registers it as a vacuum.

72

To a hypervigilant brain, stillness means: "The defense grid is down. I am unmasked. I don't know where the next threat is coming from." Therefore, calm feels incredibly unsafe. It triggers an intense, ambient anxiety.

73

To resolve that deeply uncomfortable anxiety of the calm vacuum, the person will subconsciously manufacture or seek out chaos. They might:

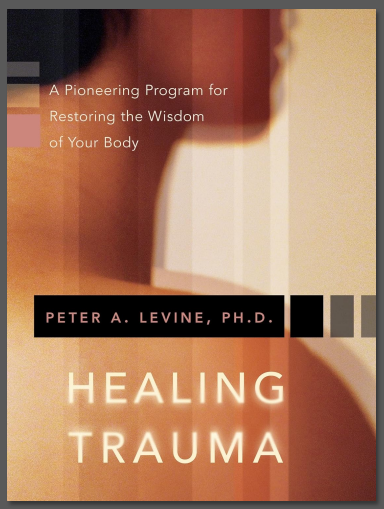
74

- Pick a fight with a partner over something minor.
- Procrastinate on an important project until it becomes an emergency.
- Overcommit their schedule to a breaking point.
- Volunteer for the most volatile, chaotic cases at work.

75

"In short, trauma is about **loss of connection** – to ourselves, to our bodies, to our families, to others, and to the world around us."

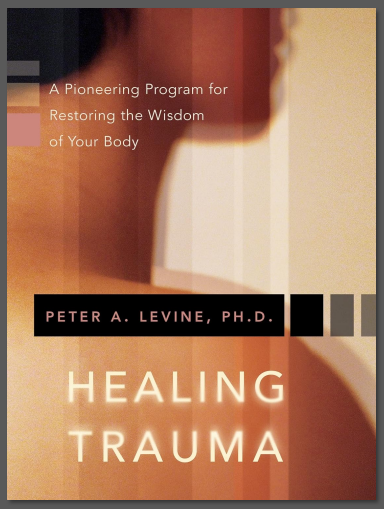
(Levine, 2008, p. 9)



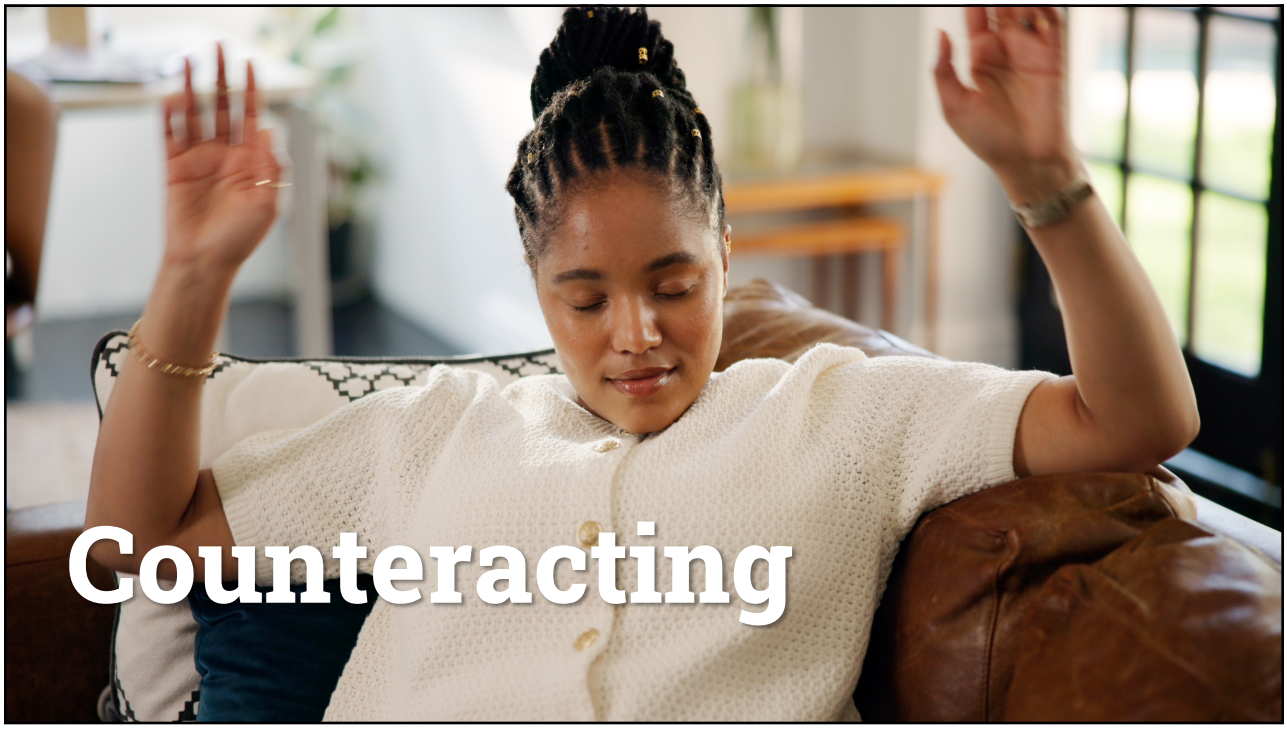
76

"Unresolved trauma: the **compulsion to repeat** the actions that caused the problem in the first place."

(Levine, 2008, p. 9)



77

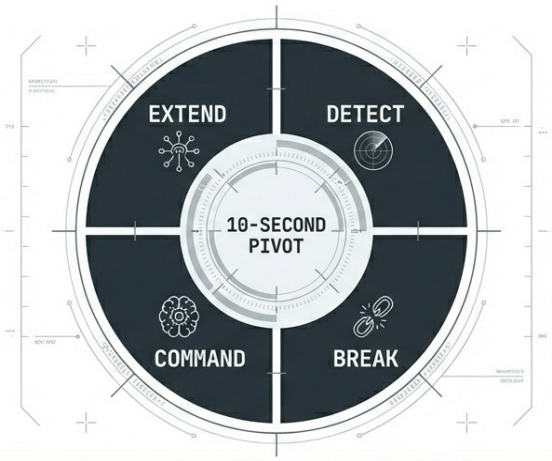


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THE RED CIRCUIT: EMPATHIC DISTRESS

The Standard Operating Procedure

Moving from the Red Circuit to the Green Circuit.



This is not about suppressing feelings. It is about processing them rapidly to maintain effectiveness. Execute this loop to manually switch neural pathways.

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THE RED CIRCUIT: EMPATHIC DISTRESS



Phase 1: DETECT

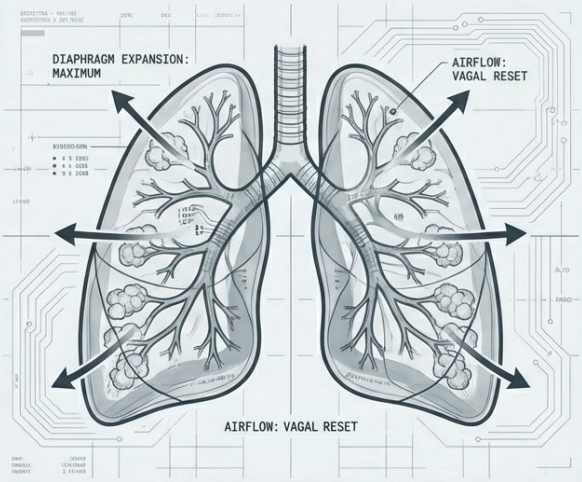
Acknowledge the physical sensation immediately.

The Action: Apply a label. Say internally: “This is a resonance hit” or “I am feeling distress.”

The Science: The act of naming the emotion moves neural activity from the reactive Amygdala to the logical Prefrontal Cortex. You are now back in control of the machine.

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THE RED CIRCUIT: EMPATHIC DISTRESS



Phase 2: BREAK

Interrupt the physiological stress response.

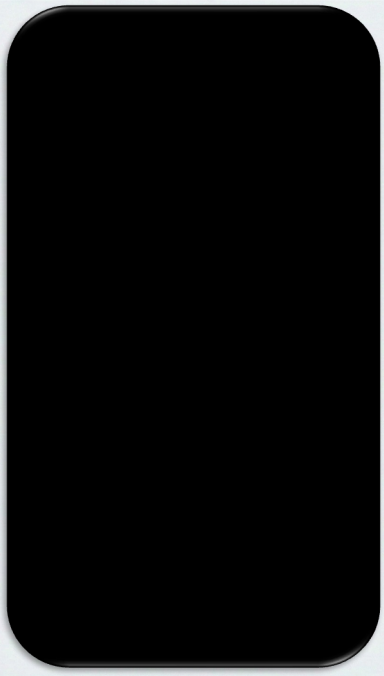
The Action: The Power Sniff. Take a sharp, deep inhale to fully expand the diaphragm, followed by a long, controlled exhale.

The Science: This resets vagal tone and signals 'safety' to the autonomic nervous system, dampening the fight-or-flight response.

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DR. ANDREW HUBERMAN

The Physiological Sigh



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Variation

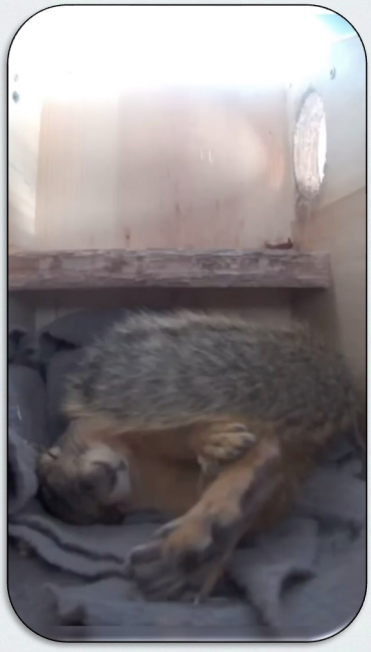
Hands over heart.

Activate vagus nerve with Vooooooooooo breath.

83

Meet Emma

Self-Soothing is natural.



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THE RED CIRCUIT: EMPATHIC DISTRESS



Phase 3: COMMAND

Direct your intention with precision.

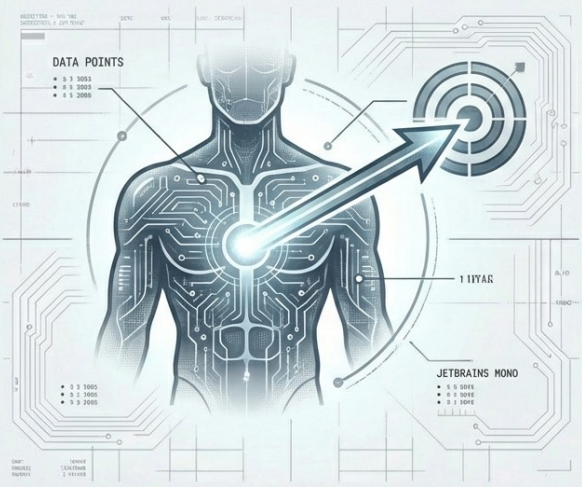
The Action: Use an internal mantra to set boundaries.

- "I am here to help, not to carry."
- "Safe, Solid, Capable."

The Science: You are consciously steering your brain away from the Pain Matrix and toward the Reward/Affiliation Center.

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THE RED CIRCUIT: EMPATHIC DISTRESS



Phase 4: EXTEND

Re-engage with the subject.

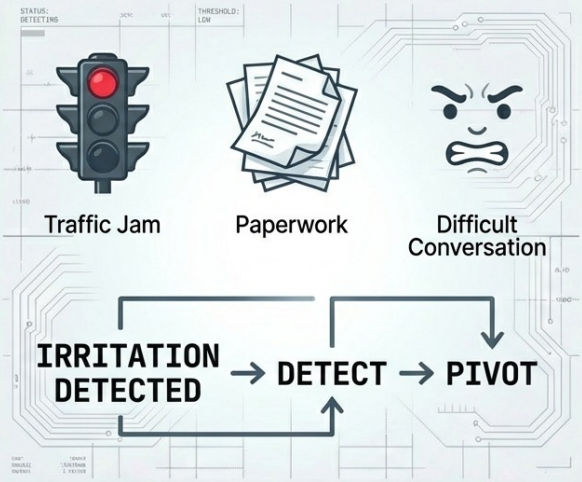
The Action: Look at the person. Feel a genuine wish for their well-being.

"I wish for your relief."

The Science: This completes the connection to the Ventral Striatum. You are now fueled by compassion (renewable), rather than drained by empathy (finite).

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THE RED CIRCUIT: EMPATHIC DISTRESS



Tactical Integration

Do not wait for the crisis to practice the protocol. Drill the pivot in low-stakes environments.

- Result: When the real emergency hits, the neural pathway is already paved.

The Science: Repetition in calm states strengthens the neural connection to the Ventral Striatum, making the pivot automatic under pressure.

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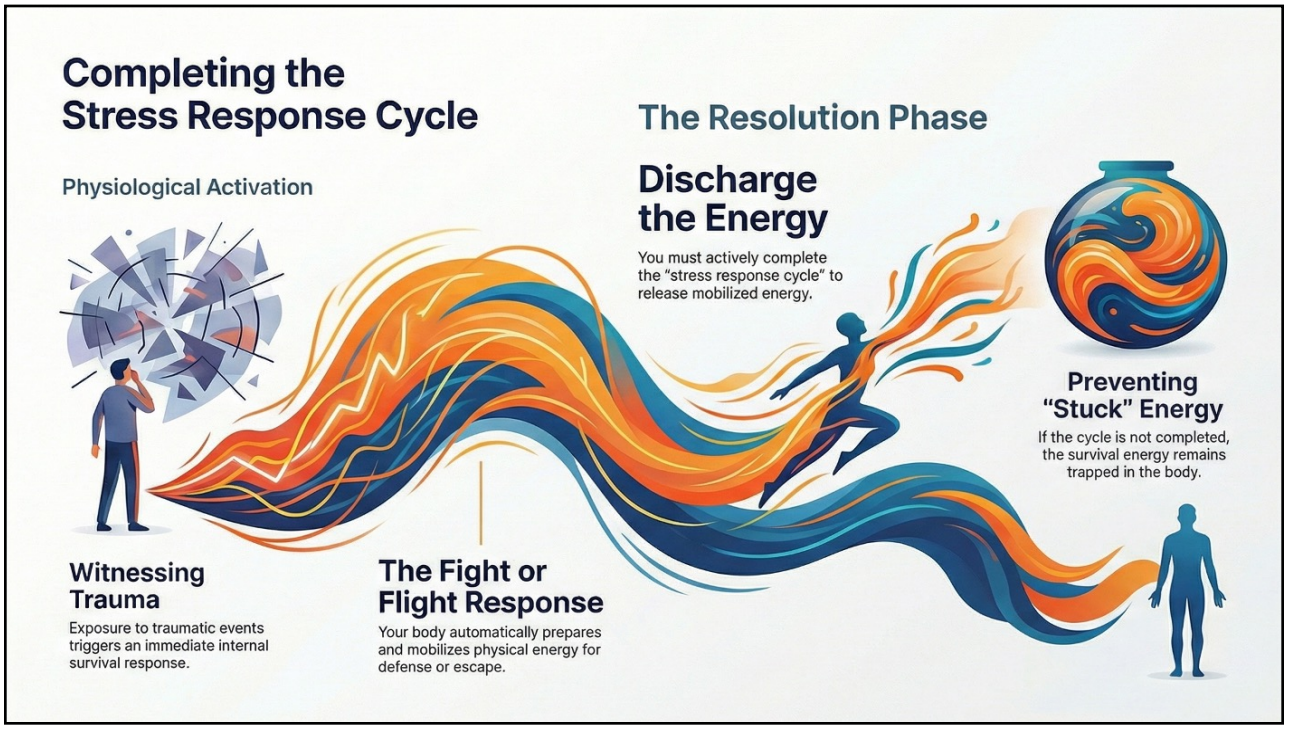
THE RED CIRCUIT: EMPATHIC DISTRESS



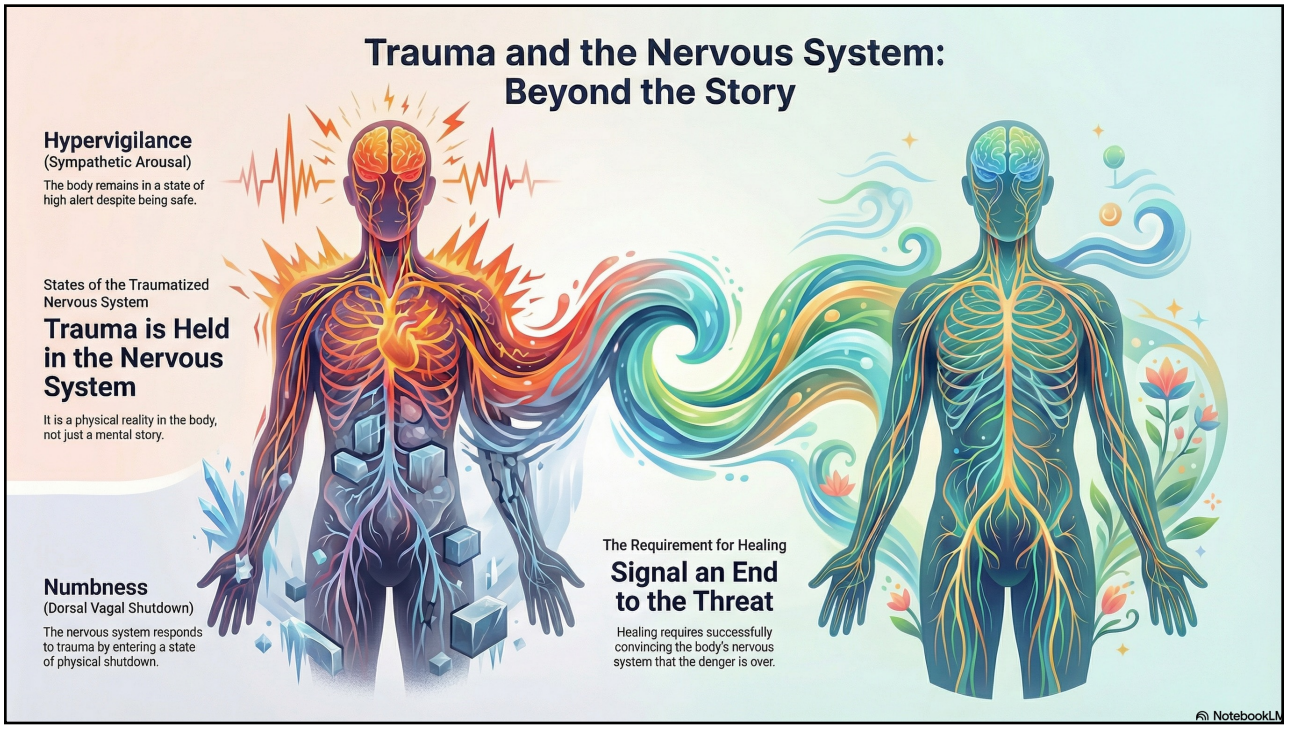
The ROI of Compassion

- ✓ **Clearer Thinking:** The Prefrontal cortex stays online, allowing for complex decision-making.
- ✓ **Reduced Error:** Minimizes cognitive tunneling and fixation.
- ✓ **Operational Longevity:** You stop bringing the trauma home, extending your career span.

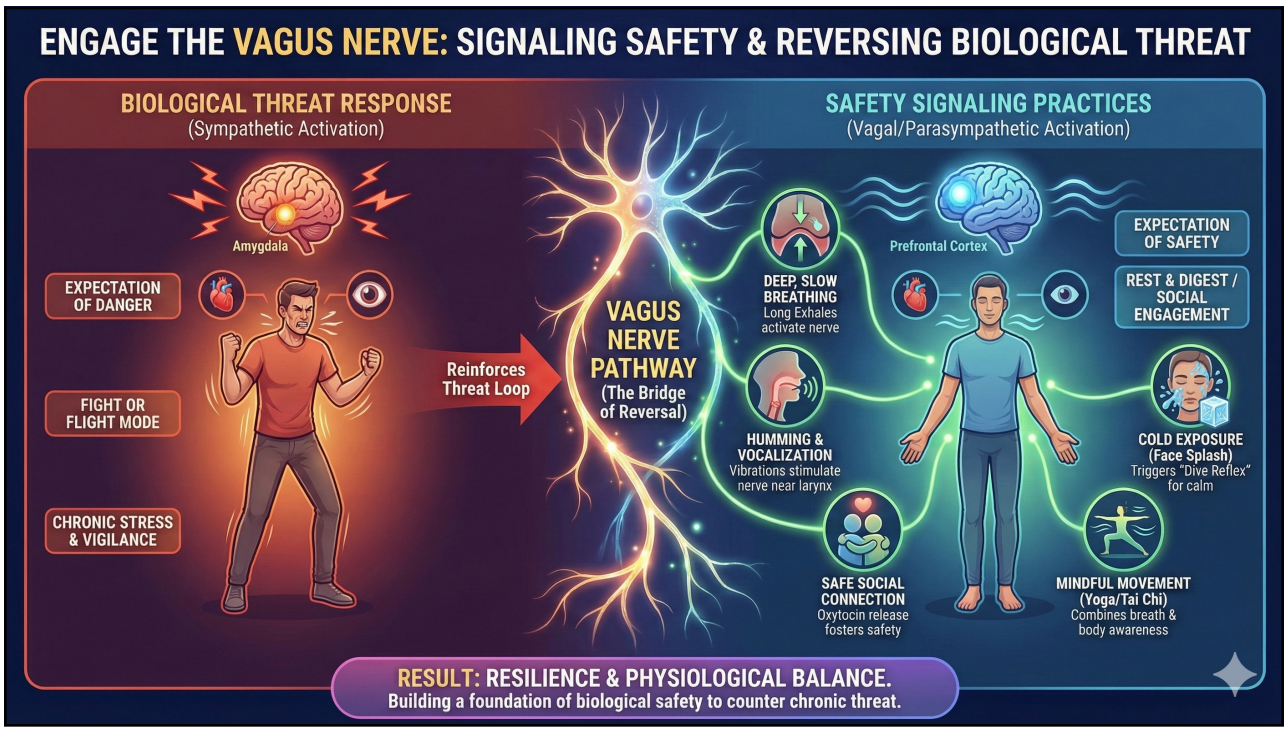
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Completing the Stress Response Cycle
Physiological Activation
The Resolution Phase
Discharge the Energy
You must actively complete the "stress response cycle" to release mobilized energy.
Preventing "Stuck" Energy
If the cycle is not completed, the survival energy remains trapped in the body.
Witnessing Trauma
Exposure to traumatic events triggers an immediate internal survival response.
The Fight or Flight Response
Your body automatically prepares and mobilizes physical energy for defense or escape.

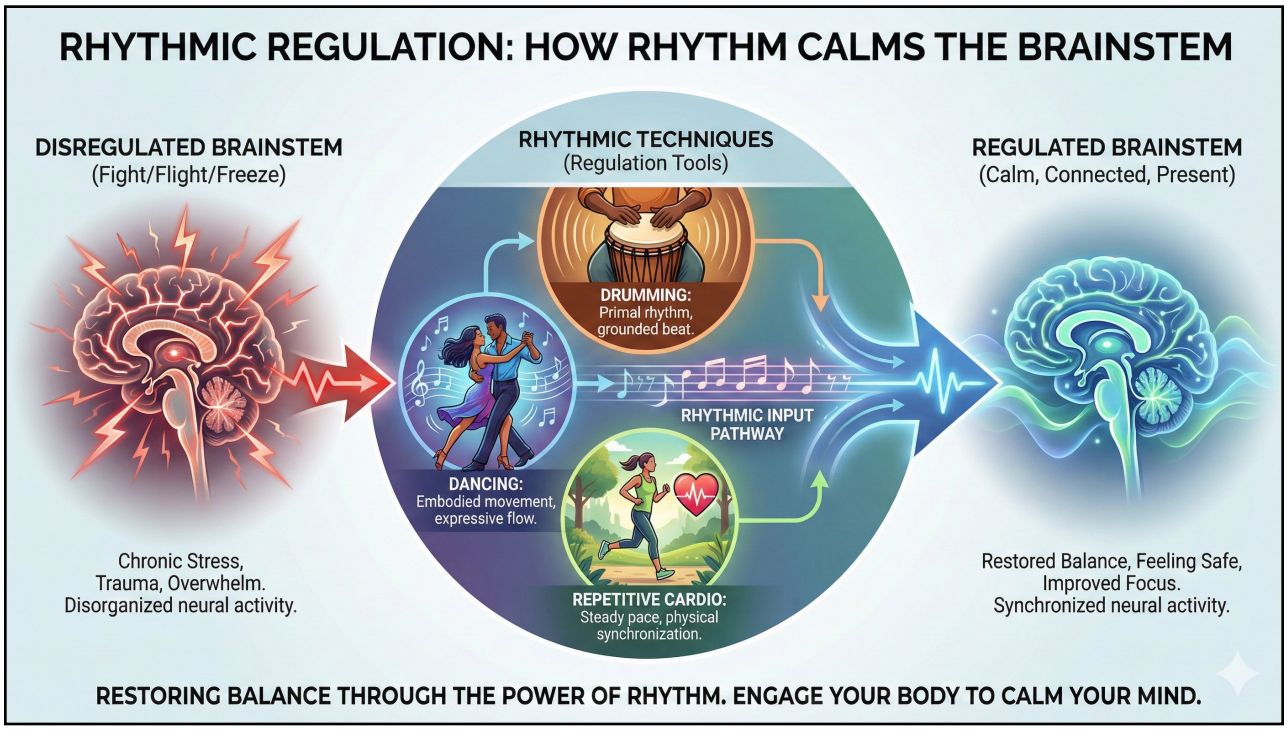
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Trauma and the Nervous System: Beyond the Story
Hypervigilance
(Sympathetic Arousal)
The body remains in a state of high alert despite being safe.
States of the Traumatized Nervous System
Trauma is Held in the Nervous System
It is a physical reality in the body, not just a mental story.
Numbness
(Dorsal Vagal Shutdown)
The nervous system responds to trauma by entering a state of physical shutdown.
The Requirement for Healing
Signal an End to the Threat
Healing requires successfully convincing the body's nervous system that the denger is over.
NotebookLM

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ENGAGE THE VAGUS NERVE: SIGNALING SAFETY & REVERSING BIOLOGICAL THREAT
BIOLOGICAL THREAT RESPONSE
(Sympathetic Activation)
SAFETY SIGNALING PRACTICES
(Vagal/Parasympathetic Activation)
Amygdala
EXPECTATION OF DANGER
FIGHT OR FLIGHT MODE
CHRONIC STRESS & VIGILANCE
Reinforces Threat Loop
VAGUS NERVE PATHWAY
(The Bridge of Reversal)
Prefrontal Cortex
EXPECTATION OF SAFETY
REST & DIGEST / SOCIAL ENGAGEMENT
DEEP, SLOW BREATHING
Long Exhales activate nerve
HUMMING & VOCALIZATION
Vibrations stimulate nerve near larynx
COLD EXPOSURE (Face Splash)
Triggers "Dive Reflex" for calm
SAFE SOCIAL CONNECTION
Oxytocin release fosters safety
MINDFUL MOVEMENT (Yoga/Tai Chi)
Combines breath & body awareness
RESULT: RESILIENCE & PHYSIOLOGICAL BALANCE.
Building a foundation of biological safety to counter chronic threat.

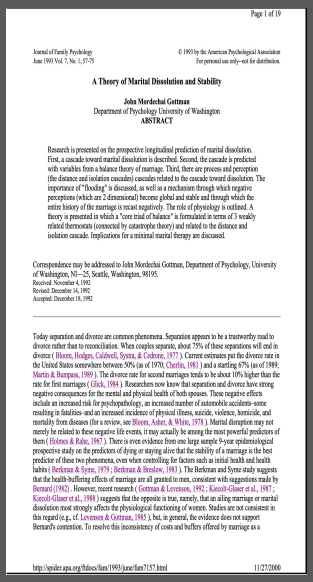
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RHYTHMIC REGULATION: HOW RHYTHM CALMS THE BRAINSTEM
DISREGULATED BRAINSTEM
(Fight/Flight/Freeze)
RHYTHMIC TECHNIQUES
(Regulation Tools)
REGULATED BRAINSTEM
(Calm, Connected, Present)
DRUMMING:
Primal rhythm, grounded beat.
RHYTHMIC INPUT PATHWAY
DANCING:
Embodied movement, expressive flow.
REPETITIVE CARDIO:
Steady pace, physical synchronization.
Chronic Stress, Trauma, Overwhelm.
Disorganized neural activity.
Restored Balance, Feeling Safe, Improved Focus.
Synchronized neural activity.
RESTORING BALANCE THROUGH THE POWER OF RHYTHM. ENGAGE YOUR BODY TO CALM YOUR MIND.

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"..stable couples had a positive-to-negative ratio of 5:1"

(Gottman, 1993, p. 9)



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A Theory of Marital Dissolution and Stability

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Department of Psychology University of Washington

ABSTRACT

Research is presented on the prospective longitudinal prediction of marital dissolution. First, a cascade toward marital dissolution is described. Second, the cascade is predicted with variables from a balance theory of marriage. Third, there are process and perception (the distance and isolation cascades) cascades related to the cascade toward dissolution. The importance of "flooding" is discussed, as well as a mechanism through which negative perceptions (which are 2-dimensional) become global and stable and through which the entire history of the marriage is recast negatively. The role of physiology is outlined. A theory is presented in which a "core triad of balance" is formulated in terms of 3 weakly related thermostats (connected by catastrophe theory) and related to the distance and isolation cascade. Implications for a minimal marital therapy are discussed.

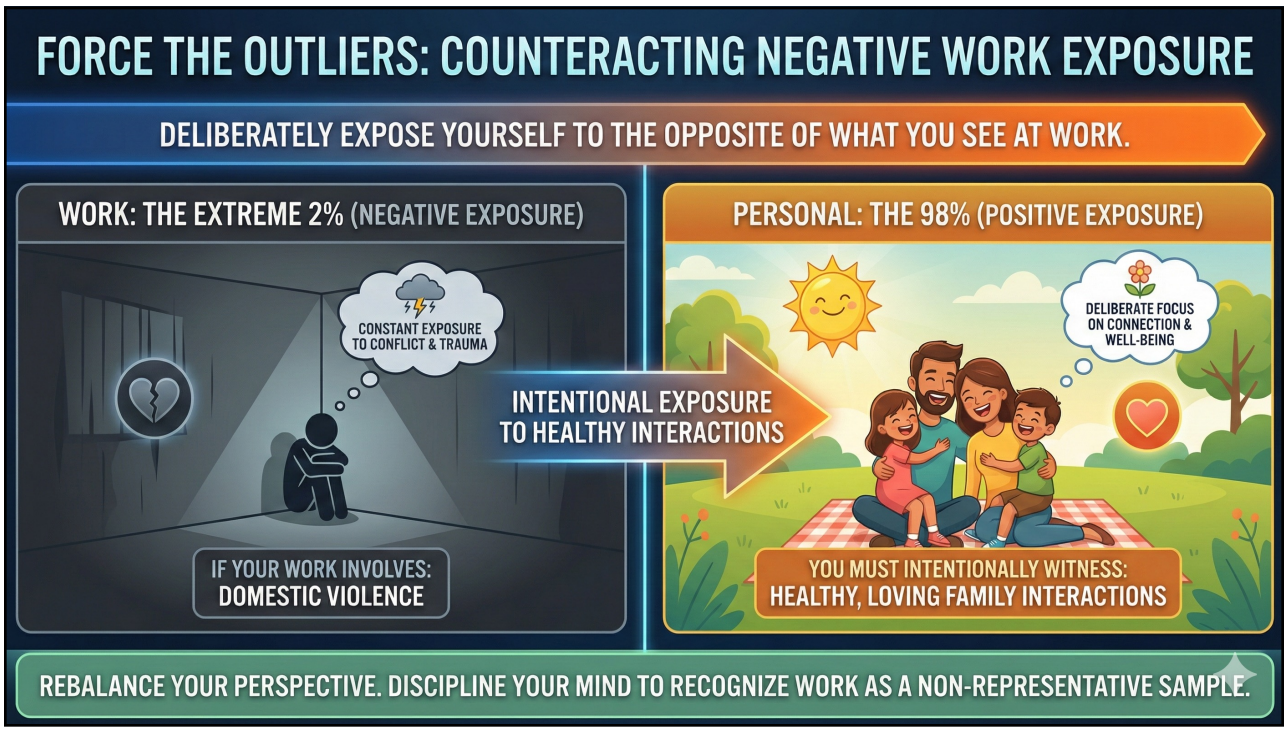
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Today separation and divorce are common phenomena. Separation appears to be a trustworthy road to divorce rather than to reconciliation. When couples separate, about 75% of these separations will end in divorce (Bloom, Hodges, Caldwell, Systra, & Cedrone, 1977). Current estimates put the divorce rate in the United States somewhere between 50% (as of 1978; Cherlin, 1981) and a startling 67% (as of 1989; Martin & Bumpass, 1989). The divorce rate for second marriages tends to be about 10% higher than the rate for first marriages (Glick, 1984). Researchers now know that separation and divorce have strong negative consequences for the mental and physical health of both spouses. These negative effects include an increased risk for psychopathology, an increased number of automobile accidents--some resulting in fatalities--and an increased incidence of physical illness, suicide, violence, homicide, and mortality from diseases (for a review, see Bloom, Asher, & White, 1978). Marital disruption may not merely be related to these negative life events, it may actually be among the most powerful predictors of them (Holmes & Rahe, 1967). There is even evidence from one large sample 9-year epidemiological prospective study on the predictors of dying or staying alive that the stability of a marriage is the best predictor of these two phenomena, even when controlling for factors such as initial health and health habits (Berkman & Syme, 1979 ; Berkman & Breslow, 1983). The Berkman and Syme study suggests that the health-buffering effects of marriage are all granted to men, consistent with suggestions made by Bernard (1982) . However, recent research (Gottman & Levenson, 1992 ; Kiecolt-Glaser et al., 1987 ; Kiecolt-Glaser et al., 1988) suggests that the opposite is true, namely, that an ailing marriage or marital dissolution most strongly affects the physiological functioning of women. Studies are not consistent in this regard (e.g., cf. Levenson & Gottman, 1985), but, in general, the evidence does not support Bernard's contention. To resolve this inconsistency of costs and buffers offered by marriage as a

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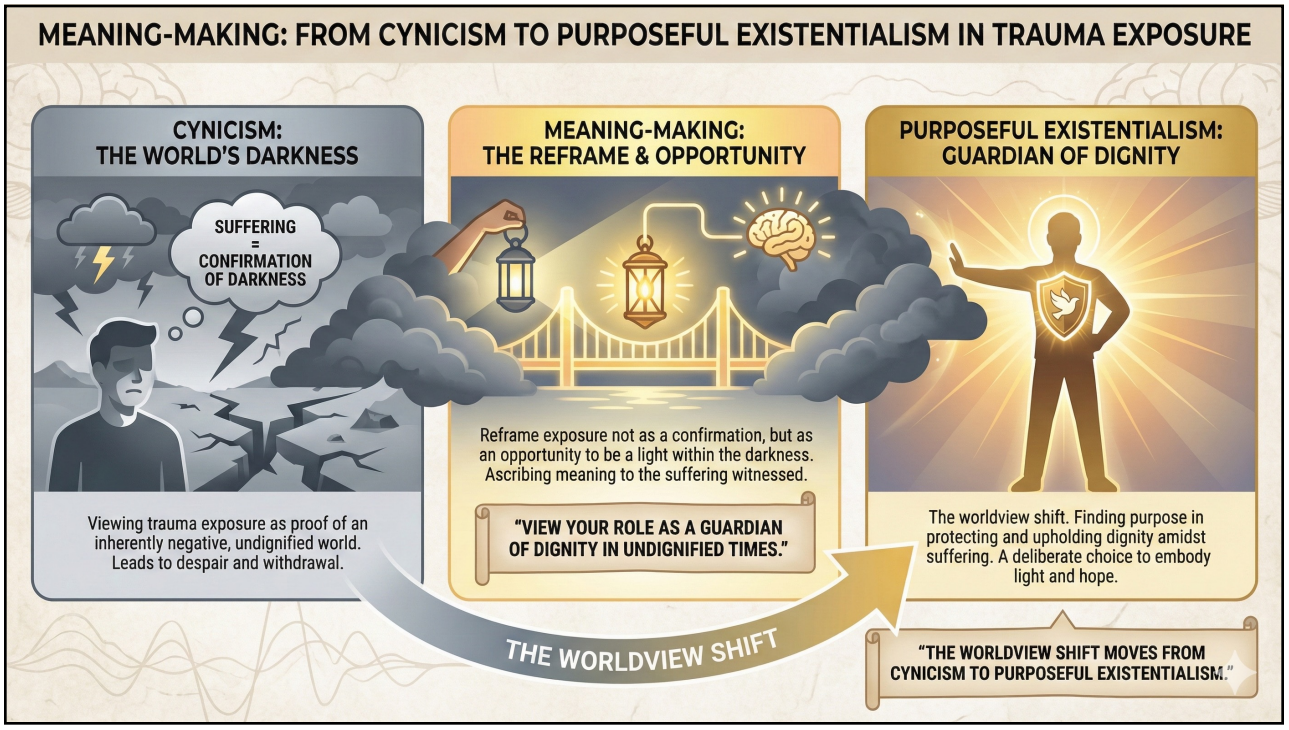
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FORCE THE OUTLIERS: COUNTERACTING NEGATIVE WORK EXPOSURE
DELIBERATELY EXPOSE YOURSELF TO THE OPPOSITE OF WHAT YOU SEE AT WORK.
WORK: THE EXTREME 2% (NEGATIVE EXPOSURE)
CONSTANT EXPOSURE TO CONFLICT & TRAUMA
IF YOUR WORK INVOLVES:
DOMESTIC VIOLENCE
INTENTIONAL EXPOSURE TO HEALTHY INTERACTIONS
PERSONAL: THE 98% (POSITIVE EXPOSURE)
DELIBERATE FOCUS ON CONNECTION & WELL-BEING
YOU MUST INTENTIONALLY WITNESS:
HEALTHY, LOVING FAMILY INTERACTIONS
REBALANCE YOUR PERSPECTIVE. DISCIPLINE YOUR MIND TO RECOGNIZE WORK AS A NON-REPRESENTATIVE SAMPLE.

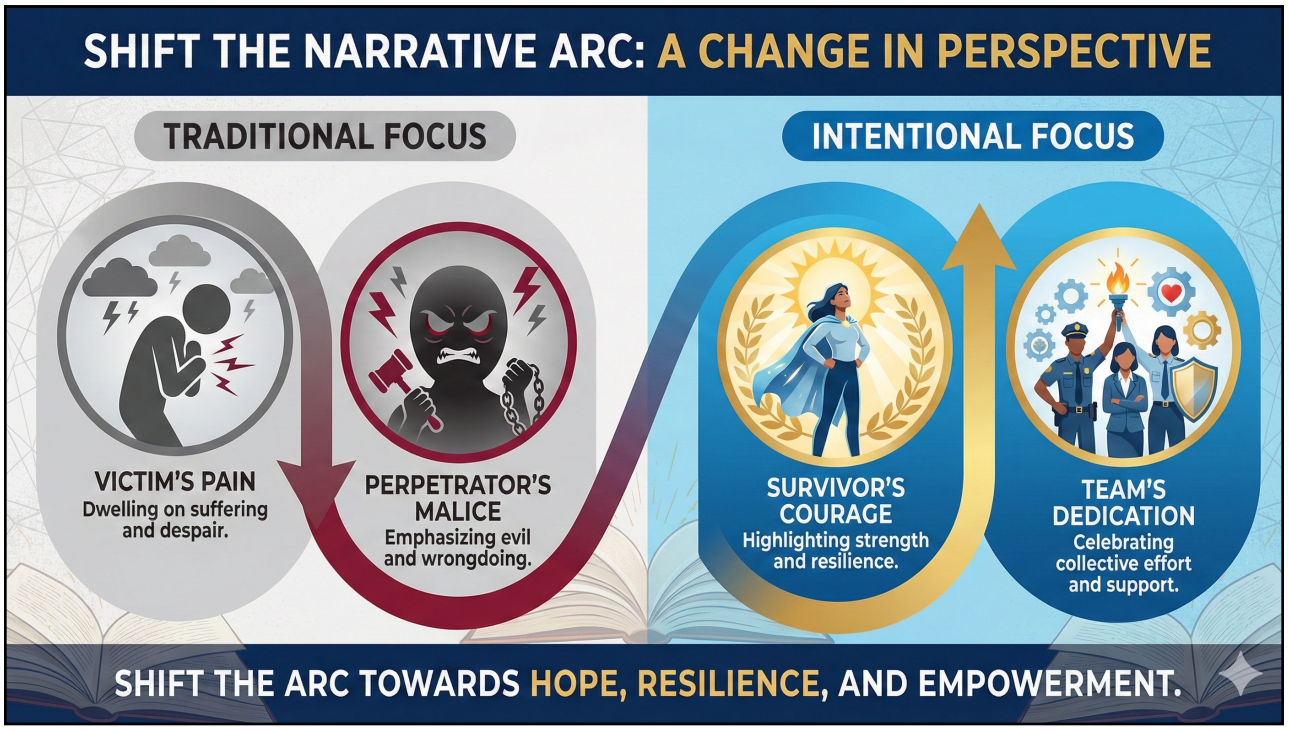
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Mastering the Transition: The “Third Space”
Step 1: “Work”
The completion of professional duties and the end of the workday.
Step 2: The Transition
The transitional time between “Work” and “Home” used to decompress and shift focus.
Step 3: “Home”
Arriving at the personal domain, ready for rest or family life.
NotebookLM

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MEANING-MAKING: FROM CYNICISM TO PURPOSEFUL EXISTENTIALISM IN TRAUMA EXPOSURE
CYNICISM:
THE WORLD'S DARKNESS
SUFFERING
=
CONFIRMATION
OF DARKNESS
Viewing trauma exposure as proof of an inherently negative, undignified world. Leads to despair and withdrawal.
MEANING-MAKING:
THE REFRAME & OPPORTUNITY
Reframe exposure not as a confirmation, but as an opportunity to be a light within the darkness. Ascribing meaning to the suffering witnessed.
"VIEW YOUR ROLE AS A GUARDIAN OF DIGNITY IN UNDIGNIFIED TIMES."
PURPOSEFUL EXISTENTIALISM:
GUARDIAN OF DIGNITY
The worldview shift. Finding purpose in protecting and upholding dignity amidst suffering. A deliberate choice to embody light and hope.
THE WORLDVIEW SHIFT
"THE WORLDVIEW SHIFT MOVES FROM CYNICISM TO PURPOSEFUL EXISTENTIALISM."

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SHIFT THE NARRATIVE ARC: A CHANGE IN PERSPECTIVE
TRADITIONAL FOCUS
INTENTIONAL FOCUS
VICTIM'S PAIN
Dwelling on suffering and despair.
PERPETRATOR'S MALICE
Emphasizing evil and wrongdoing.
SURVIVOR'S COURAGE
Highlighting strength and resilience.
TEAM'S DEDICATION
Celebrating collective effort and support.
SHIFT THE ARC TOWARDS HOPE, RESILIENCE, AND EMPOWERMENT.

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Not a Life Sentence



"Trauma is a fact of life. It does not, however, have to be a life sentence."

– Peter A. Levine

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