TRAUMA, YOUNG PEOPLE AND THE POWER THEY GIVE
SOCIAL MEDIA

Using Hypnotherapy and Somatic Experiencing
for Healing, Balance and Resiliency

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AUTONOMIC NERVOUS SYSTEM
“NEUROCEPTION”

“How neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. That is one key element of trauma, the perception of threat, real or otherwise” Stephen Porges, 2014.

Pain and stress from social media experiences activate ‘neuroception’ in bodily or emotional response even though ‘felt’ dissociation may be high.

The Online Trauma Express:
Pain Can Start from Anywhere

- Being silenced to silencing oneself.
- Chronic emotional entrapment; shut down.
- Erodes sense of self, identity and purpose.
- Stress hormones flood body; headaches, digestive and sexual issues.
- Non-specific physical complaints with no medical diagnoses.
- Irrational (inhibitions or explosive) behaviors.
The Online Trauma Express: Paradox of Online Sound

- Avoiding anything or person that triggers and floods, hides from fears.
- Holding in what happened takes incredible energy with high emotional and physical costs.
- Online, painful experiences can activate higher levels of isolation and loneliness, increase negative feedback loops or activate retaliation.
  - Passive silence: scrolling, lurking, self-harming sites (flight)
  - Defending wounded self: “flaming” (fight)
  - Shutting down, immobilization: avoiding sites (freeze)

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The Online Trauma Express
Technology’s Gift: a Fast Train There

Social media sites engineered to activate sympathetic system with generous dings of dopamine, cortisol and stress hormones.

Online body “first responders” to stressful and painful situations go to the defensive circuits of flight-fight, shut down or freeze.

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Hypnotherapy As Your Lens

Hypnotic Phenomena Experienced Online Matches Direct Or Indirect Trance In Hypnotherapy, often a Stronger Pull

GOALS: From CYBERPRESENCE to “BEING PRESENT” MINDFUL DIGITAL USE.
Ego State Awareness As A Reality Check

Awareness of one’s different parts of “self” and cyberspace “identities” pave the way to healthier BOUNDARIES and understanding.

SOMATIC EXPERIENCING

FOCUSED ATTENTION
GROUNDING
BREATH
BODY RESPONSE ASSESSMENT
LEARNING BODY LANGUAGE OF SELF

HYPNOTIC PHENOMENA

- Dissociation
- Time Distortion
- Automatic Behavior
- Positive/Negative Hallucinations
- Age Regression/Age Progression
- Catalepsy and ideomotor states
- Anesthesia/Analgesia

POST-HYPNOTIC
SUGGESTION
CYBER TRANCE

- **DISSOCIATION:** Focused attention on a few to multiple sites, marginally aware of outside attractions. Alert and responding digitally.
- **TIME DISTORTION:** Often unaware of time passing.
- **AUTOMATIC BEHAVIOR:** Focused online attention creates semi-conscious behaviors like sipping a drink, responding to a question IRL or blowing one’s nose, etc.
- **AMNESIA:** Recalling something vaguely from IRL, not sure of specifics or no memory of including online behaviors or experiences.

- **POSITIVE/NEGATIVE HALLUCINATIONS:** Fills in or projects onto picture or text, guessing the tone and meaning of message.
- **AGE REGRESSION/PROGRESSION:** Edits, profiles, RPGs or selfies - online age representation by the sender and receiver are accurate to gross misrepresentations of real life.
- **CATALEPSY & IDEOMOTOR BEHAVIOR STATES:** Physical movements restricted, often for hours at a time. Distracted responses to stimuli IRL.
- **ANESTHESIA/ANALGESIA:** With prolonged physical restriction, parts of body “go to sleep” or feel numb. Can feel spaced out from the physical real world.

- **POST-HYPNOTIC SUGGESTION:** Online suggestions can be positive or negative. From locking into self-defeating messages to experiencing positive ones, digital messages have tremendous weight.

  The ‘yes set’ often volatile and unpredictable.
Predicating Factors:
Previous victimization

Negative experiences on social media amplify for vulnerable young people with a history of victimization.

More likely to be bullied, solicited and victimized online, to receive negative feedback on social media, experience difficulties regulating use of, and spend more time lurking and scrolling: the passive viewing others online.

(ODGES, UNIV. OF CALIFORNIA, 2015).

Predicating Factors
Rejection Sensitivity (RS): High in real or perceived situations.

“Psychological legacy”: high RS from family and social history, trauma and emotional pain in real life (IRL).

Predicating Factors
Peer Influence: reinforces ideals and social pressure to conform.

Media Influence: internalizing ideals for happiness, body image (direct or indirect) as “normal”. Buying into them, both male and female.

Internet Addiction Factors: time spent, multitasking, passive use.
Predicating Factors

Lower economic levels: less parental conversation and engagement of social media use and experiences. More likely to report online experiences led to more offline, fights, face-to-face confrontations or trouble in school.

Sleep deprivation: sleep difficulties with overactive mind, arousal, up into late hours of night on social media sites. Online hypervigilance and activated arousal states. Can cause less ability to self-regulate.

Social Media Disorder Scale

- Social Media Disorder Scale: 9 Item Scale: statistically strong for related components. (Computers in Human Behavior, 2016).
- Heavy use, multiple platforms ring same neural pathways in our brains that once alerted us to imminent danger. Tech companies know and manipulate our innate responses to this danger.

Social Exclusion on Social Media

- Rejection: direct negative attention suggesting one is not wanted or liked or is disapproved of.
- Shaming: for body size, looks, behaviors.
  - Rating scales
  - Likes/dislikes
  - Flaming
- Phubbing: ignoring someone in favor of the smartphone. Non-interest conveyed.
Social Exclusion on Social Media

**Ostracism:** The experience of being ignored. Psychologically painful. Those more reliant on social media more sensitive to the effects of exclusion. (Computers in Human Behavior, 2017)

**Ghosting:** Ceasing ALL communication while dating someone or by a friend or friend group, being dumped. Someone you are seeing online and/or offline ends the relationship, suddenly cuts off all communication, without any explanation.

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Ghosting: Coward’s Way Out

- Both sides understand this:
  - The ghost most likely handles other conflicts similarly. Could backfire with unexpected, embarrassing showdown later
  - The ghosted builds up anxiety or dissociates with displaced behavioral or emotional symptoms. Triggers anger, hurt, lowers self-esteem
  - Ghosting is the RIGHT thing to do if in an abusive or unsafe relationship

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Cyberbullying

**Bullying:** “aggressive behavior by individuals that cause discomfort to another individual.” (APA)

**Cyberbullying:** Can’t see victims’ reactions so impact of consequences of behavior is small. Anonymity and roles associated with aggressive posts in online forums and SM sites.

**Cyberbullying:** Causes extreme distress and can lead to suicide and self-injury.

**The Bullied:** or defenders can retaliate (mass shootings often linked to cyberbullying and social bullying).
SCROLLING: “COMPARE AND DESPAIR”
Passive in nature.
Research finds “Facebook depression” and anxiety can develop from excessive scrolling on social media sites.
1. Down-comparing: comparing with “inferiors”.
2. Up-comparing: comparing with those better than oneself.
Neither found to contribute to self-esteem; both have negative effects.

Problem Detection and Assessment
- Social Media Assessment Form
- Social Media Disorder Scale
- Self-Reporting
- Informed Informational Interviewing.

Is SMU used mainly to connect?
Is SMU used frequently to compare?
What is the digital footprint history?
(what is no consequence today, could it be in the future?)
Has there been a sudden change in their behavior?
Do they seem under nonspecific stress?
Do they seem anxious or avoiding around their devices?

INNER SELFIE EXPRESS TECHNIQUE USING MOBILE DEVICES
Using client’s mobile device, make a 15-45 second video.
In role of coach and therapist, have your client look into the camera, breathe, then use a resource state (their inner selfie) speak to their wounded online state.
Rehearse first. Encourage tone, body language and gesture to increase the impact and access with inner selfie strengths.
THE INNER SELFIE EXPRESS

STEP ONE: Establish a positive resource state.
Connect it to a historical/current example.
Describe/secure cognitive understanding.
Give emotional feeling state.
Use somatic grounding.

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STEP TWO: Listen to the “whole” story.
May include reading texts, showing pictures, etc.
Be aware the “story told” can be one-dimensional from online dissociation and emotional displacement.
Was this experience shared with anyone or anywhere online, offline and in what way?

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STEP THREE: Deconstruct and rate the evocative experience.
Label and name the feelings from the painful event.
Identify each ego state or part triggered.
Give each a name.
Rate from 0-10 the intensity of each state or feeling.

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STEP FOUR: Externalize the online state.
Move each part to a different location, object, hand gesture etc.
Give each part its voice and exaggerate.
Somatize each part’s “felt” sense.
(activates a higher level of sympathetic system).

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STEP FIVE: Model, coach and encourage a positive evocative response.
Therapist sits on “home plate” and responds as resource state.
Feedback loop: check in for safety and experience.
Induction of short trance in “role” for “felt” sense of part/ego state.

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STEP SIX: Client returns to “home plate” (physical or shift in role helps activate parasympathetic system).
Use deep breathing, grounding and hypnotic trance to reestablish strong resource state.
Within this resource state, observer self can now move into therapeutic state of strength and insulation to past pain and future challenges.

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STEP SEVEN: Post hypnotic social media suggestion!
During trance, check in with client and get strength of upsetting online experience now.
Use future social media trigger “field” with somatic anchor.