

ISSUE

16

November 2021



A Trauma Informed Society

Trauma is an issue that has been greatly misunderstood for a very long time and is only recently starting to get the attention and consideration it deserves. The intention of this article is to offer some helpful ideas about trauma including the recognition that trauma is more common than most realize and it contributes to many people's suffering. This intention is also guided by the belief that the more informed we are about trauma as a society, the more equipped we will be to help heal ourselves and each other.

This article offers three perspectives for better understanding trauma: 1) trauma is not "the thing that happened," but rather the internal response to what happened; 2) trauma is not just caused by singular, extraordinary events; and 3) trauma exists on a spectrum from mild to severe.

Trauma is Not the Thing That Happened

There is a widely-held notion that trauma is determined by external circumstances that are life-threatening and terrifying. While these circumstances might result in people developing traumatic stress, it is not actually the external circumstance itself that is traumatic – rather it is the person's internal response that determines whether an experience is traumatic or not. As medical doctor and therapist, Gabor Mate states, "trauma isn't what happened to you, it's what happened inside you."

Trauma expert Bessel van der Kolk defines trauma as: "an experience that basically leaves people stuck in a state of helplessness and terror...Mind and brain become overwhelmed, resulting in a change over how you perceive danger." Whether or not a situation is experienced as "overwhelming," and therefore traumatizing, depends on numerous factors which can include a person's genetics, life history, personality traits, and world view, among others. Therefore, it is possible for two people to live through nearly identical situations with one being traumatized while the other is not.

Trauma is Not Just Singular and Extraordinary

Another widely-held notion about trauma is that it only has one basic cause - that being a singular, extraordinary and terrifying event, such as a physical assault, a motor vehicle accident, or a military combat situation. However, there is another cause of trauma that is far more common than life-threatening events. What is often called "*relational trauma*" is caused by ongoing patterns of unmet needs and hurtful/abusive interactions within significant relationships, usually occurring during childhood and adolescence, (though can also occur in adult relationships), and often lasting for years.

The high rate of occurrence of relational trauma was revealed by the Adverse Childhood Experiences study, a research project that studied over 17,000 adults in the U.S. and first published its findings in 1998. The study looked at the rate of occurrence of Adverse Childhood Experiences (ACEs), which are stressful experiences such as abuse, neglect and household dysfunction that occur before the age of 18. According to a follow-up study of 144,000 adults from 2015-2017, 61% had experienced at least one ACE and 1 in 6 experienced four or more types of ACEs. Their research shows that experiencing a higher number of ACEs is associated with various physical, social and psychological problems later in life, such as obesity, cancer, diabetes, unemployment, substance abuse, depression and suicide.

625C 11th Avenue
Campbell River, BC

250-287-2266

Toll free 1-866-789-2266

info@uics.ca

www.uics.ca

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A Trauma Informed Society (continued)

Trauma Exists on a Spectrum

Depending on how trauma is defined, there is an argument that most, if not all, people have carried some degree of trauma in their lives. The origin of the word “trauma,” after all comes from the Greek word for “wounding.” As such, it is hard to imagine any human life that hasn’t involved psychological wounding of some kind.

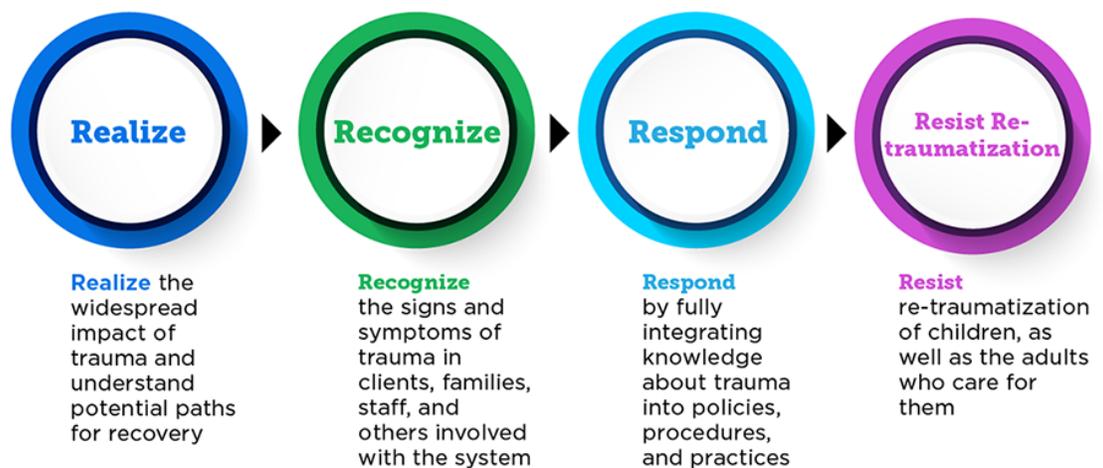
Regardless, it can be useful to understand that trauma shows up in different ways for different people and exists on a spectrum from mild to severe. On the severe end of the spectrum lie cases often given the diagnosis of Post-traumatic Stress Disorder (PTSD). These cases are acutely distressing, sometimes debilitating, and generally warrant a high level of professional care.

However, in addition to these severe cases, there are also – as the ACEs Study clearly shows – a great number of people carrying the effects of trauma who don’t meet the criteria for PTSD. Many of these cases can be understood as mild to moderate chronic conditions - more or less manageable, but still causing significant distress and impairment over the course of a lifetime. These cases are also deserving of attention and care and, given the findings from the ACEs Study, helping people heal these conditions would likely be of great benefit to both the individuals and society at large.

Toward a Trauma-informed Society

The good news is that our society is becoming more trauma-informed all the time and new, effective methods for treating and healing traumatic wounds are being developed on a regular basis. As more research is done and more information is shared, stigma is reduced and more people can recognize the need for help and feel safe to access it. Perhaps we could all do well to remember the words of British minister and author, Ian MacLaren: “Be kind, for everyone you meet is fighting a hard battle.” This goes not only for others, but also ourselves.

The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.



A Quick Look at Attachment Theory: How Trauma Can Influence Relationships

Have you ever noticed that you repeat the same behaviours in one relationship after another? That the fights you had in your last relationship, (and were pretty sure were your partner's fault) seem to be playing on repeat with your new partner? Or, that the same argument seems to keep coming up, maybe with slight variations?

If you answered "yes" to any (or all) of these questions, you're not alone. The blueprints for how we conduct ourselves in relationships begin forming from birth, and according to Dr. John Bowlby, and subsequent researchers in the field of Attachment, our earliest experiences with our caregivers will shape our abilities and expectations for relationships throughout life. This means that many, if not all, of our romantic relationships, are going to follow similar and predictable patterns. It's good news if you're lucky enough to fall in the 60% of people who have what we call a "secure" attachment style, a bit trickier if you fall into that other 40%.

Did you know that the human brain isn't fully developed until the age of 25? Crazy right? That means the things that happen to us in our first 25 years literally impact how our brain is put together. And I'm talking about all things, good and bad, but trauma in particular has a major impact on the way we move through the world thereafter. When we talk about early life trauma we may be talking about **big "T" trauma** – war, natural disaster, rape etc., or **little "t" trauma** – highly distressing events that don't fall into the big T category, such as emotional abuse or bullying, or relational trauma – when a child's sense of safety and love in the family is disrupted, through abandonment or neglect. Any and all of these will affect how our brain builds connections, and in turn, will affect our choices, expectations, fears...well you get the point. So it should come as no surprise, it will also affect our relationships. This is where attachment theory comes in.

Attachment theory is rooted in the assertion that the human need for connection is encoded in our genes. Essentially, when scary beasts roamed the Earth and perpetually threatened human safety, genetic selection favored those who were attached and not wandering alone in the wild, as they had a higher chance of surviving until reproductive maturity. So to this day, humans are hardwired for attachment. But the way we attach, or our **attachment "style"**, will vary predictably based on our early relationships with caregivers and our environment.

Researchers found that there are 4 main attachment styles in children, and that these can be predicted based upon the way that a primary caregiver interacts with his or her child. Later they began to explore the role of attachment style in adult romantic relationships and guess what they found? You guessed it – the same 4 attachment styles. Let's take a quick look, shall we?

- **Secure** – these children felt generally safe and protected; caregivers were available and consistent at meeting their needs. These children had the confidence to venture out into the world and/or have temporary separation from their caregiver, knowing that their "secure base" would be there when they needed them. As adults, they typically feel comfortable with intimacy, and are generally warm and loving.

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Online Resources



For additional resources:

<https://ca.ctrinstitute.com/books/a-little-book-about-trauma-informed-workplaces/>

Trauma & the Nervous System: A Polyvagal Perspective
<https://youtu.be/ZdIQRxwT110>

<https://www.ctctbay.org/community/community-partner-table-resources/trauma-informed>

<https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Trauma-informed-Care-Toolkit-2014-en.pdf>

<http://www.bcmhsus.ca/health-professionals/clinical-resources/trauma-informed-practice>

<https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>

A Quick Look at Attachment Theory: How Trauma Can Influence Relationships (continued)

- **Anxious** – these children experienced parents or caregivers that were inconsistent; sometimes their needs were met. This created a sense of uncertainty of what to expect, and anxiety. These children were clingy, would cry upon separation and be difficult to console. As adults, they typically crave intimacy and become preoccupied with relationships, but feel insecure about their partner's ability to love them back.
- **Avoidant** – these children experienced caregivers that were unavailable, or unaware of their needs. They would not show distress upon separation (although when heartrate was measured it was elevated, suggesting that they were feeling distress but had learned how to mask it), and would not show much interest when their caregiver returned. As adults, they tend to equate intimacy with loss of independence, and try to minimize closeness.
- **Disorganized** – typically thought of as a mix of anxious and avoidant, these children often came from backgrounds of abuse. For these children, the person who was supposed to keep them safe became a source of fear. As adults, they are extremely inconsistent with partners, often fluctuating between clingy and distant. Not surprisingly, they have a hard time trusting others.

It's important to remember, that there is no wrong, or bad, attachment style. Whatever style you developed as a child was the best way to cope with your circumstances. Essentially you adopted the best strategy for self-protection. Those with secure attachment do tend to find more ease with romantic relationships than those with one of the insecure styles. This means that if you have a history of trauma (big T or little t), and you're noticing that getting into or maintaining relationships feels difficult, this is more than coincidence, it's attachment style. Although knowing your attachment style will not be enough to change it, it is a really good first step. As with most things in life, knowledge is power.

*If you're interested in learning more about adult attachment, I recommend reading the book *Attached: The New Science of Adult Attachment and How It Can Help You Find – And Keep – Love* by Amir Levine and Rachel Heller

