

# Defining Trauma

Let's take a look at what the word 'trauma' actually means.

There are a number of lenses through which to look at trauma, and if you were to take another trauma-informed training, you may get a different definition.

However, looking through a somatic, or body-oriented, trauma-informed lens, is at the leading edge of trauma healing. Cutting edge neuroscience and the leading research in human development is showing us what mystics and shamans have been saying for millennia, which is essentially that the body and mind are intricately and intrinsically connected. In fact, the body and the mind are one and could be called the body-mind.

The root of the word 'somatic' is 'soma' which comes from ancient Greek and is often translated as "the body." However, the ancient Greeks didn't distinguish between body, mind, and spirit. They were all one. So 'soma' really means the "living wholeness" of the being. The full expression of the human. We're not just these mechanical physical bodies— we have a spiritual aspect of our being, a mental aspect, an emotional aspect. We are multifaceted beings, and 'soma' is really the best word we have to describe this 'living wholeness of being.'

Through the somatic lens, 'trauma' is the lingering psychosomatic response to overwhelming events.

What it's not: it's not 'what happened.' Trauma is not defined by the event itself. People will often use the word 'trauma' loosely, in reference to something unexpected, intense, or uncomfortable. Or, there's an assumption that something shocking is inherently traumatic.

But this is why two people can go to war, be on the same battlefield, and essentially have the same experience, and one person comes back with PTSD and the other person doesn't. It's because trauma is not in the experience itself, it's in how the body responds to something that was "too much, too fast, or too soon."

Trauma occurs when something was too much for the primal, self-protective animal-self, to assimilate.

Whether an event results in trauma is determined by a number of factors, including if there's a history of developmental or complex trauma, the degree of intergenerational trauma a person inherited, what kind of support the person has to integrate the shocking experience and more.

Trauma is the lingering experience, in the body, in the psyche — psychosomatic, meaning psyche the mind, somatic the body. This is the definition of trauma through the somatic lens.

Peter Levine is sort of the 'grandfather of somatic trauma healing.' He's the creator of Somatic Experiencing, a lead-edge trauma resolution modality, and he says, "Traumatic symptoms are not caused by the event itself. They arise when the residual {self-protective or survival} response energy from the experience is not discharged from the body. This energy remains trapped in the nervous system where it can wreak havoc on our bodies and minds."

If you've ever seen a gazelle being chased by a lion on National Geographic, you'll have seen that when the gazelle gets away, they tremble and shake. This is nature's way of discharging the intense burst of adrenaline and cortisol that is necessary for them to flee and protect themselves.

This burst of stress hormones is necessary and healthy when used in small doses. The issue comes in when the stress hormones don't settle because either the natural impulse to "shake it off" is inhibited or the stressor is so chronic that there's no opportunity for the nervous system to come back to baseline. Some people and specific populations are born into or grow up in situations where their baseline level of stress hormones is higher than is healthy because their nervous system is oriented towards self-protection to a situation that is unsafe.

Through social conditioning or chronic stress, this discharge is inhibited. Think about a time when you stubbed your toe or dropped something on your foot and wanted to cry out, but you held back because you didn't want to make a scene. Or think about a time when you felt like crying, but you pushed it down because it wasn't a "socially acceptable" moment to be emoting.

There are thousands of ways that humans inhibit their authentic, nervous system based expression to 'save face' or 'prevent being ostracized from the tribe' by being strong or inhibiting their sensitive response to a situation.

Studies have shown that wild animals express fewer trauma-symptoms than their domesticated animal counterparts. Think about zoo animals, their natural environment gets altered, and as a result, they start exhibiting symptoms of stress and trauma such as anxiety, depression, eating disorders, and self-harm.

Wild animals have a natural process for dealing with the stressors of their everyday life.

Humans, however, have become domesticated and socially conditioned to inhibit and hold back their body's natural intelligence.

Trauma occurs when the fight or flight energy essentially gets embedded in the body. Think about it this way, if the energy and resulting biochemistry of hormones and neurotransmitters and such doesn't get discharged, it has to go somewhere. So it gets stored in the fascia, in the muscles, in the visceral organs.

Over time, the body will begin to orient to life as though everything is a threat, because, on a body level, the danger is still present.

There are three categories of trauma:

Category 1: Acute, which results from a single incident such as a car accident or a fall. It's a one-time situation and is often high-impact—something unexpected happening to the body. A single incident of rape would also fall into this category, as well as an invasive medical procedure or a national emergency such as a hurricane or 9/11.

Category 2: Chronic trauma. Chronic trauma is repeated and prolonged, often occurring over an extended period of time. Examples of chronic trauma include child abuse or neglect, domestic abuse, poverty, war, or undergoing extended medical treatment for an illness such as cancer.

Category 3: Complex trauma. Complex trauma results from exposure to varied or multiple traumatic events. Complex trauma often occurs within the context of an interpersonal or relational dynamic, meaning it includes another person.

Complex trauma is becoming increasingly common in our modern world, because once there is an unintegrated traumatic experience, the body's self-protective mechanisms get distorted, making it more likely for another trauma to occur.

We can see this at play in people who are “accident-prone” or people who just seem to be magnets for unfortunate situations. Their nervous systems literally are not orienting and operating at the same level of attunement to the environment because of that unintegrated trauma.

Once there is an initial traumatic experience, the nervous system can become ‘disoriented,’ leading to further issues whether that be simple things such as poor motor skills or hypersensitivity to light or sound, or those manifestations of the trauma may have a larger impact on their life, like a lack of safety in intimacy, impacting their ability to form close or bonded relationships.. It could impact their health leading to mental health challenges, or even food or environmental allergies and autoimmune disorders.

Complex trauma can also have systemic oppression at the root, such as racism or sexism, and/or an intergenerational component, which is often present in the children and grandchildren of Holocaust survivors.

In these instances, the person's nervous system has potentially never accessed safety— their system being on high-alert for threat and danger from the moment they're conceived and throughout gestation in the womb.

We can also include under complex trauma, developmental trauma, which is essentially a traumatic experience or set of experiences that occur between the time the baby is in the womb to the time they're 3-5 years old. It's important to note that the unintegrated traumas parents hold in their bodies can get passed on to their children— the self-protective orientations, the stress hormones, the capacity for intimacy; all of these are inherited either biologically through genetics and biochemistry or through the relational dynamics at play in the early years of human development.

As social creatures, our parent's or primary caregivers felt-sense experience of safety, belonging, and dignity, or lack thereof, has an impact on our development. Humans aren't born with a fully developed nervous system, which means that we require human contact and support to grow and develop.

In doing so, we attune to and model the foundation of our orientation to the world from the nervous system of our caregivers. This is biologically and evolutionarily intelligent because these grown, adult humans have been around a lot longer than this little baby nervous system who is still getting its bearings in the world. As babies, we need to know the world we're growing up in, and the best chance at survival is to learn from the people who have been here longer than us.

We essentially learn what is necessary and what's not when it comes to survival from our elders, primarily our mother and/or father. Essentially, how our parents inhabit their body because of their nervous system's experience of the environment around them, imprints on us. Our earliest learnings as infants are:

“What is safe, and what is not?”

“What cultivates belonging, and what threatens it?”

“What supports dignity, and what endangers it?”

And so, we grow and develop as human beings in response to these unspoken messages that we receive from the world around us as children.

As a trauma-informed helping professional, it's important to keep each of these types of trauma in mind, because someone may not come to you and speak directly to their lived experiences, and yet you'll be learning throughout this program how to spot the impact their lived experiences have had on them as an organism.

Without needing to know your client's full history, it's helpful to track the way this person in front of you navigates life on an unconscious level, knowing that who they are now is the result of how they have adapted to the stressors of life.

Now let's cover the more nuanced categories of potentially traumatic experiences that your clients may have lived through.

Trauma occurs when something happens “too much, too fast, or too soon” for the body to process. When the person feels helpless to their situation and doesn't have the right support to integrate the intense experience, trauma is what occurs.

As we just covered, developmental or pre and perinatal trauma is not uncommon. Studies have shown that children are essentially in a hypnotic brainwave state until 6 or 7 years old, and that person's baseline personality is pretty well set by the time they're 3 years old. This obviously doesn't mean that people can't change or grow through neural plasticity, and it's good to be aware that what happened that shouldn't have, or what didn't happen that should have in their early years could be impacting their experience of the world, and thus, your work together.

Suffocation, choking, or drowning all leave an impact on the body.

Falls, Traumatic Brain Injuries, and other high-impact traumas such as car accidents, things that are acute and shocking to the nervous system have an impact.

Inescapable attacks include animal bites, harassment, rape, or abuse.

Estimates say that nearly 1 in 5 women will have been raped at some point in their life or 1 in 71 men, and this is a conservative estimate based on the people who do come forward about their experiences.

Other potentially traumatic experiences include surgery and other medical procedures including abortions and other gynecological procedures, even yearly wellness exams can be experienced as traumatic.



Shots given as a kid, dental procedures, breast implants, and anything including general anesthesia can also fall into this category. Any kind of invasive procedure done to the body has some sort of impact. We don't know exactly what the impact is or will be, but there is always an impact, especially if the person was young or not in the position of choice when it came to consenting the procedure, such as in an accident.

Poisons and burns are also potentially traumatizing, not just from the initial shock but from the often prolonged medical care that's required afterward. Natural disasters, torture, ritual abuse, war, terrorism...

Everything that humans go through, and specifically anything that challenges our ability to care for and protect ourselves, has an impact. Certain people in certain times and certain situations will leave feeling a stronger sense of inner resilience as a result of their challenges, and some people will leave with trauma.

We're covering the categories with the potential for trauma to illustrate the numerous experiences your clients may have encountered that could leave trauma in their nervous systems. And again, while you may not know the whole story of what your client has lived through, what you can begin to see here are the ways that we as practitioners can be on the lookout for the impact of these experiences and be sensitive to our fellow humans.

Some other categories to be aware of are childhood neglect, which can coincide with abuse, or could be a standalone experience. It's the "what should have happened that didn't" category. For example, being fed regularly, having emotional needs met, and receiving healthy physical touch.

All of these are things that children require to grow and develop optimally. And if these needs aren't met, it has an impact. If the people who are caring for us as children aren't attuned to our needs, we will adopt unique survival adaptation behaviors that turn into habits and personality structures as we mature.

We've already touched on the intergenerational or inherited aspect of trauma. So looking to the lineage, the family dynamics, the patterns of addiction, or mental illness. Remembering that the organism, the base functions of the human in front of you grew in response to what they were given when they came into the world.

Systemic oppression, religious oppression, socioeconomic disparities, racism, poverty, sexism, bullying— all of these leave a lasting impact on the implicit or unconscious memory that your client's body's hold, that they bring into your sessions, and that they carry with them as they move through their lives.

Remember that every client is coming from a different background. The nervous system of every person you meet has a story to tell. A person's nervous system is as unique as their fingerprint.

Just like a tree, their growth as a human was dependent on the environment they grew up in. So just like in a forest, we can have hundreds of the same type of tree, each one is going to look completely unique based on a number of varying factors.

So keep this in mind as you work with clients— what is the story of their nervous system? What implicit memories and self-protective adaptations do they hold?

When it comes to working with trauma, there are layers to keep in mind—

How did this person in front of me come to be who they are? How did this nervous system develop? Were their needs met, emotionally, physically, mentally, spiritually?

Then there are the layers to consider of how it is or was to be in their skin. A person of color in the US is going to have a very different experience of safety, belonging, and dignity than someone who has white privilege.

A person who has always had full access to essential resources such as food, education, and medical care, their experience is going to be different than a refugee who came from a war-torn country.

At the base of being a trauma-informed practitioner is the awareness that each person entering into your professional container is a unique being with a highly personalized set of lived experiences and a one-of-a-kind set of needs.

There is no one-size-fits-all process or set of techniques when it comes to working with human beings— whether you're a coach, a healer, a doula, a facilitator. This is why cookie-cutter programs and approaches only work for some people and not for others.

Working in a trauma-informed way requires us as the space holders to pay close attention to what the client's body is telling us in this moment— are they open and available, or closed and restricted? Are they curious and exploratory, or rigid and fixed? Are they embodied or are they stuck in their head?

By attending to your client's real-time, present-moment experience of the work that you offer, you have the opportunity to meet the deeper needs of their nervous system and psyche in a way that they potentially have never experienced before, or may have only experienced a few times in their life.

A key to somatic trauma-informed work is approaching every individual with curiosity. You have no idea what this person has lived through, you have no idea the adaptations that they have cultivated over a lifetime to maintain safety and security, connection and belonging, and dignity. And even though you don't know the story of their lived experience, with enough presence and attention, and the tools you'll be learning throughout this program, you have the opportunity to create safer spaces for lasting healing and sustainable transformation to occur.

Dr. Judith Herman, author of *Trauma + Recovery* writes, "The severity of traumatic events cannot be measured on any single dimension; simplistic efforts to quantify trauma ultimately lead to meaningless comparisons... Nevertheless, certain identifiable experiences increase the likelihood of {long term} harm. These include being taken by surprise, trapped, or exposed to the point of exhaustion... The {most important} characteristic of the traumatic event is its power to inspire helplessness and terror."

It's safe to assume that every individual you meet has experienced at least one moment of helplessness or terror in their lifetime, so it's safe to err on the side of caution when working with someone especially when you're still in the process of building rapport or if the work you're doing is particularly vulnerable such as birth work, tantra, or plant medicine healing.