

# UNDERSTANDING TRAUMA: Learning Resource

## OBJECTIVES

This resource provides an overview of trauma . After completing it you will be able to:

- explain the different types of trauma and their causes
- recognise the symptoms and impact of trauma
- better manage trauma, both in yourself and in others

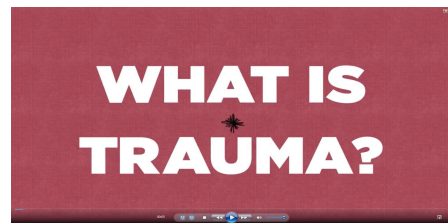
*“Trauma is not about what happened to you. Trauma is about what happens inside you as a result of what happened to you.”*

*Gabor Mate*

How to establish the first steps on the journey to greater resilience is explored in a later learning adventure.

## What is trauma?

Before we dive into more detail about trauma you might like to watch this [5-minute overview](#) to get a better sense of it. Let's explore the two different types of trauma and understand the key differences.



**Shock Trauma** can happen to an adult or to a child. It happens usually as a single event and is a response to a mortal threat. Examples include:

- losing your job
- going through a divorce
- handling an unexpected death of a loved one
- being a victim to or witnessing a violent crime
- being involved in a serious accident

Not every such event becomes a trauma. For example, some divorces are quite amicable. Trauma happens when there is no opportunity to process the event, in the presence of another. This processing can be verbal and / or physical. Physical processing is about allowing the body's natural expression such as trembling or shaking.

If the event is not properly processed and normalised, then the event can become a trauma. Here, normalizing means recognizing that a shock reaction is fitting and appropriate. Two different people may experience the same event, one may be traumatized by it and the other may not be.

There are many factors that influence what turns a difficult event into a traumatic one. Factors include:

- the person's prior life history,
- how resilient the person is
- what else is going on in the person's life
- the meaning that they give to the event and what they tell themselves about it

- the thoughts and feelings they have about what happened

**Developmental trauma** is quite different. Development trauma is something that happens to us in our developing years. Although it can be a single event, such as a divorce or the death of a parent, it is usually something that happens repeatedly over a long period of time. Examples of developmental trauma include:

- Physical abuse or violence from a caregiver or other adult
- Emotional abuse such as frequent criticism, put-downs, insults or humiliation
- Physical neglect such as not getting enough food, shelter or clothing
- Emotional neglect – not receiving enough emotional care and attention

As a child is still developing their own sense of self, they often don't understand that what is happening is not their fault. It is usually safer for a child to believe that they somehow caused or deserved the situation than to recognise that their caregivers are at fault. A child needs their caregivers to survive and will do anything to adapt and fit in because of that. So, children learn patterns of behaviour or strategies to survive these difficult circumstances. These strategies are driven by shame. A child may learn ways to avoid the wrath of a parent by doing what the parent wants. Another may criticise themselves before anyone else can criticise them. These strategies are usually unconscious and continue into adulthood. These strategies are creative intelligent ways to deal with challenging circumstances. Until the root cause is addressed in some way these patterns usually continue unconsciously.

## Symptoms of trauma

**Shock Trauma:** In the moment of the shock trauma happening the body has a physiological response: things like loss of blood pressure, nausea, loss of conscious, trembling or shaking. This is the body responding to the sense of threat. But sometimes the impact of the shock is longer term and more emotional. This is because some shocks are more emotional and, also, because of the meaning that is given to what happened. Ongoing symptoms of this kind of trauma include:

- |                      |                       |
|----------------------|-----------------------|
| • Denial             | • Difficulty thinking |
| • Becoming defensive | • Nausea              |
| • Panic              | • Dizziness           |
| • Anger              | • Headaches           |

An event in the present can trigger a prior trauma event memory. The memory may not even be conscious, or it may be a composite memory. The person may respond in the present as if the original trauma was happening again. Their response may be inappropriate or disproportionate to the present-day event. This happens because the brain cannot tell the difference between the present and the past. It behaves as if the original event is happening again.

**Developmental trauma:** This can result in a variety of survival strategies including:

- avoiding situations or procrastinating
- attempting to control others or situations

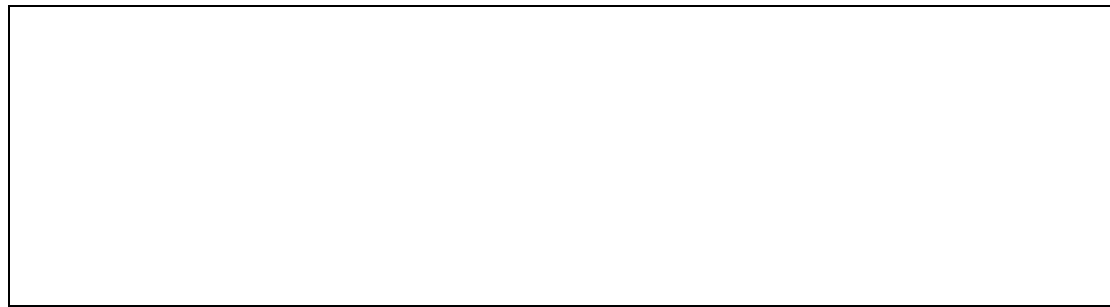
- hyper-achieving – being a driven, high performer
- being hyper-rational – over intellectualising and avoiding emotions
- being hyper-vigilant – by over-focusing on possible risks
- attempting to please others by prioritising the needs of others
- being constantly restless, moving from one thing to the next
- attempting to be “perfect” to gain the acceptance of others
- playing the victim in order to gain attention

These are patterns of behaviour that are common in office environments. Some of them are considered acceptable, even ‘desirable’ habits. Others much less so. Have you ever met a victim of developmental trauma? Almost certainly YES! Whilst developmental trauma is not the only cause of such strategies, it is a very common one.

### Exercise: Reflecting on trauma in myself and others:

Take a look through the list of symptoms described above. See if you can recognise any of these patterns of behaviour in yourself. Are your reactions ever disproportionate to the situation? This may be an indicator that you may be in a ‘trigger response’ from an earlier traumatic event. Record your thoughts in the space below:

Now reflect on the people around you at work. Do you recognise any of those symptoms displayed by others? Record your thoughts in the space below:



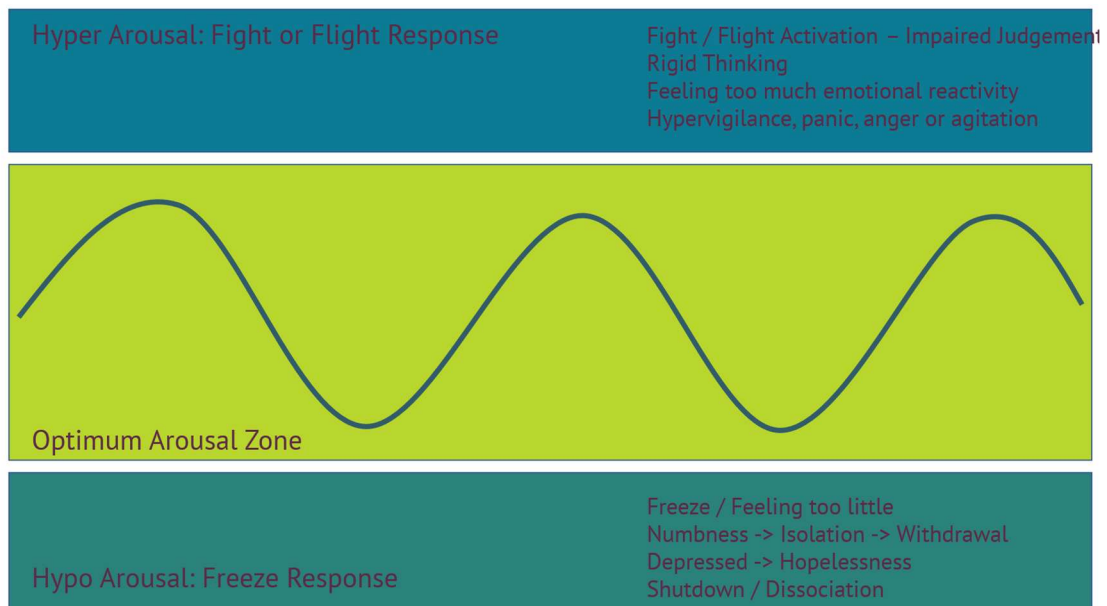
## Managing trauma

### The Window of tolerance

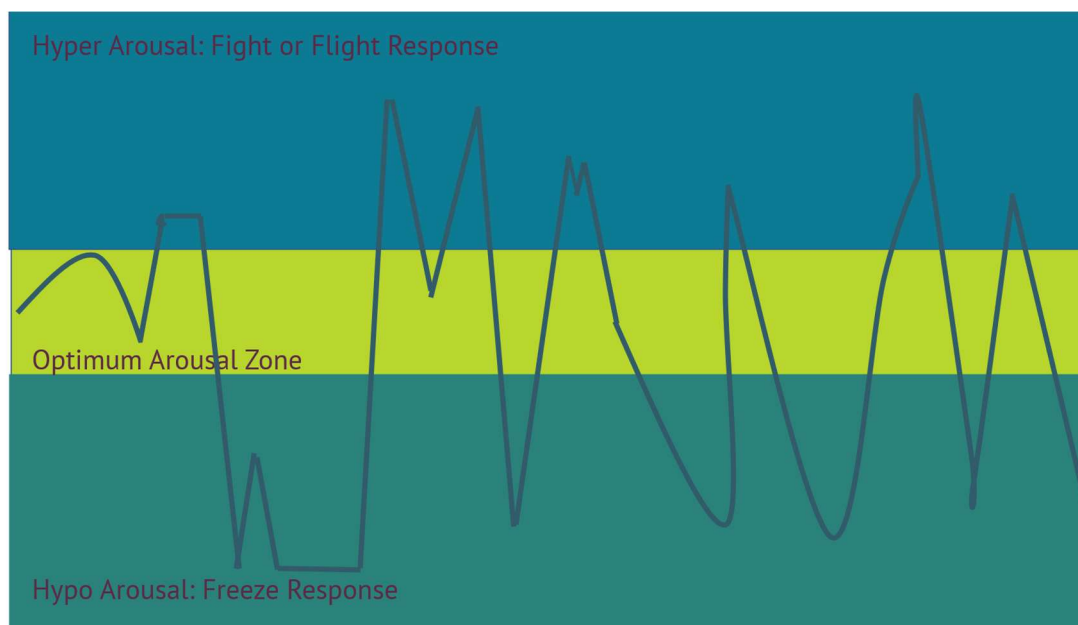
The Window of Tolerance is a term that describes the physiology of stress in the nervous system. The model was first developed by Daniel Siegel in 1999. You might like to watch [this video](#) animation that describes it in an easy to understand way .



According to the model, the window of tolerance is the calm state where we can function well. There are low-level ups and downs within the window. A well-functioning nervous system looks like this



A poorly functioning nervous system looks more like this.



Not only is the Optimum Arousal Zone much narrower, but there are also much more sudden changes between states. The sudden changes are triggered by conscious or unconscious trauma memories popping up.

The body responds to stress either by going into hyper-arousal or hypo-arousal. Hyper-arousal is -more commonly known as the fight-flight response. Hypo-arousal is the freeze state. Understanding where you are in this model can help you come back into your window of tolerance. The following techniques can be used to better manage arousal:

#### Hyper-arousal:

- Taking deep breaths
- Noticing the space around you, and the ground under your feet
- Bring awareness to the physical body and support from the ground
- Mindfulness

#### Hypo-arousal:

- Moving and stretching
- Physical exercise
- Mindfulness
- Awareness of the breath

#### How Does this Model Connect with Managing Trauma?

We can come out of our window of tolerance - for some people more often than others.

Here are some examples:

Someone bumps into you unexpectedly

A colleague or friend says something that was unexpected or unkind

You are about to give presentation or a difficult meeting  
You had an accident  
You had a falling out with a friend or colleague

For people who are carrying trauma ( especially fir developmental trauma) they are more likely to have a narrower window of tolerance and be pushed out of it more easily. These people may need more support to find their way back into the calm state using the tips above.

### **What else can you do?**

The Window Of Tolerance can help you manage your stress physiology but what else?

If you know what situations trigger you – you can more prepared for them

Here are some examples;

A manager knows that he is likely to get reactive and triggered in a certain type of meeting. He can identify what types of meeting these are. He can take time ahead of the meeting to notice the trigger points, so when it happens – he is more likely to remember to take a breath, notice his feet on the ground – before saying anything

Take a moment now to reflect on the types of situation that trigger you ( or reflect on a team member) and answer these questions:

What types of situation are triggering?  
What usually happens?  
What is the actual trigger to this behaviour?  
What would be a better way to do things?  
What practices can help move towards the idea behaviour?  
How can you support this person

## Tips for Managers and Leaders

If a meeting is getting a bit heated – call a break

If a person is struggling with a difficult situation at home such as divorce or the loss of a loved one you may suggest that they take some time off. This can help them process their situation.

If a team member often reacts disproportionately, they may be dealing with some form of developmental trauma. You may wish to support the team member at the behavioural level if it is causing problems and to help them come up with strategies to try something different. It may also be useful to help the person get curious about what happens for them, to help them become more self-aware. If they are able to bring curiosity to their situation, they are more likely to try something different than if they are harshly self-critical.

Remember you are not a therapist; you are a manager and you both have a job to do. The person may not want to open up to you about things that happened in the past, and it may not be appropriate. Part of your support may be to help the person realise for themselves that they need professional support. It would usually be better not to tell them directly (unless there is a crisis).

## Summary

In this Learning Resource, we have explored what trauma is and how its impact can be felt in the office. We have looked at the physiology of stress and how you can get back into your window of tolerance. You have also had the opportunity to reflect on your own experience of trauma. We have looked at appropriate ways in which you can support your colleagues.

Sometimes dealing with trauma needs additional support through coaching, therapy or training

Please book an appointment [here](#) to discuss your needs further

## References

Siegel, D. (1999). The developing mind. New York: Guilford. Cole, E. (2020).

Expanding the “Window of Tolerance”.

Heller, L and Kammer, B , The Practical Guide for Healing Developmental Trauma. (2022)