

# What's Up Podcast Transcription: Understanding Trauma

## Introduction

### Miranda

Welcome to 'WHAT's Up: Wellness From the Third Floor'. This podcast is provided by the Wellness and Health Action Team also known as WHAT from Portland State University's Center for Student Health and Counseling or SHAC. We're located in the old tutoring center suite on the third floor of the University Center Building on campus. Our purpose with this podcast is to discuss a variety of health related topics in a way that will be accessible for our non-traditional campus. My name is Miranda and my pronouns are she/her.

### Quinn

My name is Quinn and my pronouns are he/him.

### Julie

And my name is Julie and my pronouns are she/her. We're all members of the Wellness and Health Action Team, and we'll be the host for this podcast. So let's get into it.

*Soothing jazz music fades out*

### Quinn

Hello listeners and welcome back to another episode! I'm Quinn Westlynd. He's he him his pronouns, y'all might remember me from previous episodes last year. But I'm kind of back to like do like a passion project long-form episode for this term. And we are joined today by Amy Ruff. You also might remember them from previous episodes. So thank you and welcome back Amy! Do you wanna introduce yourself or add anything?

### Amy

Sure. Thanks for having me, Quinn. It's been said, I'm Amy Ruff, I'm a licensed clinical social worker. And I am the mental health promotion specialist at check on the health promotion team. So I don't practice clinically at check, but I do outside of my time at PSU. And historically, since I've been a social worker, even prior to that when I was a public school teacher, I've worked with lots of folks that have experienced trauma in many different forms.

### Quinn

And thank you so much, again, for being a part of like this episode, and a part of the team like you write such awesome insight. And I'm excited to go like, steal some of your knowledge. And like, share it with the listeners

Amy

We'll share it, share the knowledge. *Both Laugh*

Quinn

Thank you. Also I kind of want to like lay down real quick, some intentionality behind this like episode, and kind of offer up through that, a little bit of content warning. As you might have guessed, with the title and descriptor of this episode, we're going to be kind of doing like a 101 course on understanding trauma. So kind of, we've touched on it before in previous episodes and explained like how it can show up in our communities. And some ways of like, like healing that and working through it, we haven't really like been able to, like hold space to like really dive into like, what it is, and like really explaining all the nuances of that. So through this episode, we're hoping to like kind of offer up the space to do that. But by doing that, we will be talking about trauma. Our goal is to not go into in depth about anything like any traumatic events in particular, but more so to just, you know, gain, gain that understanding, like of what it is how it can show up. And some other things here and there. But just know that, you know, topics might be mentioned offhandedly throughout this episode that could be triggering for folks. So like, please take care of yourself. It's a podcast, which is a beautiful tool. So you can pause it at any time and take a break and come back to it or just, you know, you don't have to engage with this media if it's not the right time and space for you. So going into this with intention, and just hopefully, reminding you all like deep breaths, do some self care before and after. And hopefully, you'll learn some stuff along the way through this, but also in taking care of yourself. Is there anything involving like intentions that you'd like to add Amy?

Amy

No, I think that was really well said, Quinn. I hope this serves as maybe a primer for some folks, or makes you more curious about learning more about your own experiences, or the experiences of folks around you.

Quinn

Yeah, awesome love that. Um, yeah, so with all of that said, I guess we can just start jumping right into the topic. So broad, broad, broad topic, but what how would we, like I guess, professionally in like that clinical world, how do we define trauma? What exactly like, is it?

Amy

Yeah, and actually, right before I say that, maybe I could have offered this up with my intention, I just want to name that there are multiple ways multiple ways of knowing and understanding this human experience. And it's different for people and cultures around the world. But we've been negotiating and dealing with these experiences since humans arrived on this planet. And so you know, what I'm offering today, as you said, is grounded in neuroscience. I'm a queer White person who is steeped in Social Work theory and practice. And so that's very much the lens that I'm bringing. And so this is one way of knowing and understanding, but it is certainly not the definitive way of knowing and understanding. So just want to throw that out before I give you definitions and we jump in further.

Quinn

No, I, I really love that and like thank you for mentioning like that and bringing that up. Hopefully, throughout this episode, too, we'll we'll reiterate that and point that out through different professionals within the field that kind of cross different- apply intersectionality of lenses within their work, as well as just again, reiterating this is just kind of the Western psychological medical model of understanding trauma and kind of what's accepted in like our Western academic field, as like "the definition" currently, but there's lots of definitions and that's getting, we're hoping to challenge that within academia, and kind of within this episode, hopefully add some, of that challenge in there, but thank you so much for stating that.

### Amy

And I can actually like trouble it right off the bat, you know, the working definition that I've been operating with and sharing with people is that 'trauma is the body's response to an event, a series of events, or an ongoing circumstance that is experienced as physically or emotionally harmful or life threatening. And that has lasting effects on how the individual relates to the world'. Now, that definition is a mash up of SAMHSA, which is a Substance Abuse Mental Health Services Administration. And Resmaa Menakem, who is a social worker, he is a Black man, and he wrote the book, "My Grandmother's Hands" that is primarily concerned with healing racialized trauma. And really, what Resmaa added to SAMHSA's definition was that trauma is the body's response to these events. I think Previously, I had conceptualized it, and many other folks, as did as it is this event, it is the car accident, that is the trauma. But in reality, we know that it is how our body carries that event, and how that affects how we interact with the world. And I think that goes nicely into the next point that trauma is always an individualized response. So how so we might say, Quinn, be in the same car accident, and how we walk away from that car accident and how we heal. And how we make meaning of that is going to be very different. And perhaps I hold on to it differently, it lives in my body differently in it has lasting impacts on my ability to ride in cars for the future. But perhaps you're able to get different resources around that event. And it is not that for you. It doesn't live in your body, it does not reshape your your relationship to driving in cars. And so it's very much individualized in that regard. It's also worth noting that trauma does disproportionately affect the most vulnerable. And by that, we know that folks who have the most resources to manage a traumatic, potentially traumatic event, or a stressful event are going to be able to heal and recover greater than those that have fewer resources. And we can think of that, you know, really practically like resources as in monetary things like access to mental health care or access to health care. But we know also, you know, huge resource, if we experienced trauma or something that is extremely stressful is having people in our lives that validate that experience that acknowledge that it happened in that given witness to what we just endured. We know that it can be really invalidating for folks to say that wasn't a big deal, or that didn't happen in worse in a worst case. And so those are the types of resources we're thinking about. There's also communal resources, which we'll talk about a bit later when we're talking about how folks heal and recover from trauma. But having community that engages in ritual, that comes together to commune and to co-regulate, is also really important. And then there's kind of three other big pieces that I did want to mention is that trauma can be experienced collectively, historically, and generationally. And collectively, one simple example right now is this pandemic that we're all living through. You know, for some folks, it is not a traumatic event, I want to make that clear. But for many people who are

experiencing grief and loss or extreme anxiety as a result, and just precarity and overwhelm. It is a traumatic event and it is collective, we're all experiencing this at the same time, or many of us are experiencing this at the same time. Historical trauma, I will offer Kai Cheng Thom's definition, which I really appreciate. And Kai is an activist and an advocate and an educator, and an artist as well. And she says that historical trauma is the story of wounding that is carried by an entire group of people, and that informs individual expressions of conflict. So there are these stories of wounding that we tell people in our lines, and folks that share similar identities about how we were harmed and by whom we were harmed. And we can hold on to those and re-experience that harm. Even if the initial event we were not a part of, which is somewhat similar to the idea of generational trauma. Which is this idea that trauma because it impacts our stress hormones and how our body functions. Primarily it sends cortisol and adrenaline into our system. It changes the way that our genes express themselves. So it doesn't change our gene structure necessarily, but the expression of those genes changes as a result of exposure to high levels of stress hormones. And so through epigenetics, we can pass down trauma to different generations. So I might be carrying in my body in my felt experience with the world. Trauma that was incurred by my grandparents or maybe by my great grandparents, that still hasn't been resolved in our ancestral line. So just wanted to trouble things by adding those three extra kind of categories of trauma there. Because I think so often we just think of it as this one thing that happened to me.

#### Quinn

No, I, I, I absolutely, I love that. And thank you for, like, bringing those into the conversation as well, because we definitely want to piece those apart a little bit more. And gosh, there's like, there's like several directions of like questions like, like, see coming, like, out of that, that I want to touch on. One thing, I think circling back to, like, the start of that is just historically within like, you know, psychology and like mental health, and like the medical model of like how, like trauma and like discussions around trauma have been discussed. There really is like a, I don't know, I have personal conflicts with like the "big T trauma", "little t trauma", like descriptors on how we like put weight in certain events. And then like culturally like the, or, you know, in like American culture, I should say, like the dominant American, like White culture, like the idea of like trauma and traumatization being kind of, I don't know, a stigmatized, describing someone as that is like, talking using that as like a descriptor of like weakness, or it's like their fault that they're feeling that way. Instead of like, looking at like the events, you're looking at the individual. I don't know, if is there, could you like, kind of, like, elaborate a little bit more on that, and like how that shows up and in ways that we can like work on kind of like changing that, like narrative, those ideas?

#### Amy

Yeah, you know, and I know one way that I think gets a lot of traction or allows people who would not otherwise offer empathy or even sympathy to folks who are experiencing trauma on any level, whether they would label that a "big T" or a "little t", is when we move away from this idea that being mentally tough, would prevent us from having experiencing trauma, and really looking at it to consider that trauma is a way that our nervous system is activated, and it is

rewiring. So our responses to it are not often, they're not conscious responses in most cases. They are unmediated by our thinking brain or our prefrontal cortex. They're actually having, they're happening along our spinal column along the parasympathetic and our sympathetic nervous system. And so when we, for some reason for some folks have to take it out of the hands of the mind, because if it's in your mind, then you're responsible for it, and you can rationally think your way out of it. But we know that that's actually not the case, when it comes to trauma. So my body's response, again, if we go back to that, you know, car accident metaphor, you know, heaven forbid, but my body's response is going to be different than yours, because our nervous systems are fundamentally wired uniquely and differently. And it's worth noting that they are wired as a result of the environments that we grew up in. They're wired based on our exposure to stress, or potentially trauma or adverse experiences as a young person. And those experiences inform every activation, or every stressor, or every potential traumatic event thereafter. So it has this compound, it can have this compounding effect, so that folks that are maybe most sensitive to acute stress and trauma, maybe have larger reactions to it, than necessarily someone who has always had a safe mediated environment where they always had all of their needs met. You know? And so I think it's really important to recognize that all of our experiences inform our reactions to any event that we encounter. And we need to get away from this idea that if it's not big for me, if it's not a big deal for me, it's not a big deal for you. That's just not how it works within our bodies and our systems.

#### Quinn

Yeah, thank you for that. The, the context is something that gets like overlooked a lot I feel like especially like in academia and like, like research and like, just the medical psychological like model that we work within in this country. But like, context is like everything for stuff. So thank you for touch on that, and in that you kind of like mentioned and brought up like stressors versus trauma? Could you take a second to kind of like, define or kind of like flesh out the difference between like, what's like, like a really like acute or like toxic stress situation? And what's trauma? Are they completely different? Like what's the relationality there?

#### Amy

Yeah, well, they're worth bringing them up because our body's reaction to them. I mean, they're threats, right, a traumatic event is a threat to our well being our emotional well being in stressors, generally, our responses to things in our environment that we perceive to be threats, or that we recognize that we need to do something in order to meet the demands of the situation. So we know that much stress is positive, you know, where there's brief increases in our heart rate, there's mild elevation and our stress hormones, allows, you know, our body to lock in and get into flow states, you know, it's how we prepare for tests and how we take tests. So stress isn't inherently bad or traumatic or toxic. But we know that the intensity of stress increases and our tolerance or tolerability becomes more serious, when those temporary stress responses are more frequent. So it's prolonged. So our stress response continues, you know, it's like thinking about how you are operating in your body in week 6, versus how you're operating in your body in week 11. Right, you're pulling on more resources, you're, you know, meeting fuel storage, you're drinking more coffee, you're just maybe going on fumes, folks say, and maybe you're super nervous, you know, there's butterflies, and you're using that energy, that stressful energy to drive your work. But that can become toxic, if there is no end to that

stress response, right, you need finals week and right, you need to be able to take a nap in drink some water. And also we know that huge piece of you know, stress that's tolerable, and stress that's toxic, the big difference is our access to resources to manage that stress in relationships. So when there is no when there are no resources to help you mediate the stressor that's in your environment, or there's no protective relationship, there's no one that says, "I see what you're going through. Can I help you with this? Just know that you're not alone". That's when that situation can become toxic. And toxic stress inherently can become traumatic, if it starts to live in our body, and our body starts to process similar experiences in the same way. So even when the initial stressor has passed, you know, the initial toxic stressor has passed, it's gone, finals week is over. But if your body is responding to doing your homework, the memory of it in your body and your brain is feeling like it did during finals week, when you were not prepared for your final and you walked into the classroom. And you're remembering it and your alarm system is going off, even though you're not being handed a final, you know in the middle of the term. If that makes sense. I hope that one. It went added up.

**Quinn**

Yeah. Is it safe to say and kind of describe that then, that through that prolonged like, right? Neurons that fire together wire together? Right?

**Amy**

Yes.

**Quinn**

Creating that, you know, that prolonged stressors, like in our life, and it's like being felt like that it's like rewiring, your like connections in such a way that that it does become like that. "Oh, I see something" like it's conditioned to like bring all of that up all that like 'felt sense'.

**Amy**

Yeah, absolutely. And I think another piece too, about trauma, or at least the definition that we're working with, is that it has long lasting effects and how the individual relates to the world. Right. So the story, my understanding of how the world works, and how I keep myself safe in it is fundamentally different. When something is trauma, right. So toxic stress, it might be this is just what it feels like to be in finals week. And I'm horribly prepared this year. And I'm even going to like, freak out when I'm handed some homework, and have trouble with that. Maybe start sweating, and I don't need to be, but I'm still able to understand that. If I prepare and I go to classes, this will happen and then it'll end and then I will be okay. You know that the story we tell ourselves about being able to protect ourselves and stay safe changes after a traumatic event. Doesn't necessarily after toxic stress event, but it can you know, it can I think that we're all actually we're in a period of time where we're all exposed to some toxic stress given this pandemic. And it kind of remains to be seen how our relationship to the world changes as a result of this stress that we've been exposed to for so long.

*3 second jazz music interlude*

**Quinn**



So in talking about, like, both stress and like trauma, those are both like really like, felt, oh my voice, felt like embodied things. Um, can we kind of flesh out and go more in detail? Like, how do they show up within the body? Like what, what are kind of the reactions that might, you know, be like felt or displayed or like acted out because of that?

### Amy

Yeah, absolutely. And so, if you were in a calm state, you're sitting down, you're grounded, you're present, you're open to new information. And then a stressor enters your environment, whether that is a barking dog, or you're in class, and it's a pop quiz that you have not studied for, right, your sympathetic nervous system is going to respond. And that is going to inherently increase your blood pressure, your heart rate, your adrenaline, and it is going to demand that your body respond to take some action around the threat that's in your environment. You know, we might be worried or anxious and potentially even angry as a result of it. And if it's so great, if that threat that's in your environment is so great, it might even cause us to feel overwhelmed, and then we shut down, right, our body says, "I can't handle this, I'm feeling helpless, I'm feeling numb, and I'm tapping out", right, and even then our heart rate will decrease our blood pressure will decrease, but so will our ability to connect with other people. And you know, our eye contact will be less and will just be shut down. Right? dissociated even. So that's a common response to a stressor or a threat that's in your environment. So how trauma reacts with that is that someone might be or someone, or something might be considered traumatic, or the trauma might have happened to you that you perceive something in your environment to be a threat, that might not be an active threat, but the memory of what was previously a threat. It matches what's in your current environment. And you might be sitting around a bunch of other people who are all grounded and talking and feeling good. And enter, say, this dog. And maybe this dog is on a leash, and no one else is concerned about it. But you have a history with a dog that has potentially harmed you in the past. And so your body responds as if it needs to pour adrenaline into your limbs, and you need to get up and you need to get out of the way. Because this dog will harm you. Maybe you get up and you run away from your group, right? So your response has been mediated by your previous experience in that trauma that has lived in your body, that response you have to dogs, that is different than those folks that are around you. So trauma can kind of make us jump around on that activation response in ways that aren't as plain as simply I go into action, I go into fight or flight or I go into freeze if it's so bad, you know, it's like we might be moving around on that kind of hierarchy of response in ways that don't seem rational or are different than other people that are in our environment that perceive them to be different. And I do want to make a point that I'm talking when I say something that's a threat or an activation in your environment. These are commonly called triggers. That's most commonly people say like, "there's a trigger that causes you to act like something". I try not to use the term trigger, trying to demilitarize my language move away from weapons as a way to describe our felt experiences. But that probably resonates with a lot of folks. So that's what I mean by being activated or feeling a threat that's coming from your environment.

### Quinn

No, thank you and I appreciate you bringing that out because I that's a terminology that gets brought up quite a bit in this work. And it was, that's a lens that I haven't heard like expressed by someone before. So thank you something always learning something new I really appreciate

that. In kind of touching on that were really like hammering home in those like physiological like responses to that. I know that also gets discussed occasionally are like revolving around like conditioned responses that might pop up. In particular I'm thinking there's talk of right in fight flight freeze the common like, reaction like labels. I also hear discussed, you know, more and more frequently like fawn. So many if you could kind of jump into that and kind of explain like the difference compared to the other three and like also like just how it might show up.

### Amy

Yeah, so maybe a place to start would be to give an example of what fawn might look like. And I've been trying to I've been racking my brain for a less stereotypical obvious example. But I haven't come up with one yet. And I will work on it for, for folks in the future. But I think a very simple way to understand a fawn response to a threat in your environment, would be the example of potentially a small woman who's at a bar, and is standing by the bar, and is maybe by herself waiting for friends to arrive, and potentially a very large man approaches her, and does that in a way that is aggressive, or does that in a way where it is physically imposing. So the conversation, or the way that the man is around that woman makes it so that it doesn't feel like the woman could easily leave the scenario, right. And so potentially, This man wants to buy the woman a drink, and maybe is flirting with her. And so, physiologically, in this woman, she might be responding with adrenaline and cortisol and going into fight mode. But she is aware that if I go to flight, if I attempt to fight, or if I attempt to meet this person with rage, or I meet this person with "no", that is only going to increase the level of threat in my environment, that's only going to serve to make this person mad. So instead of choosing to engage in a fight, or in telling him to back off, this person, then maybe flirts back to the man, and gives them a little bit more time and smiles at them, and maybe gives them a fake phone number, maybe says things like, "Yeah, I'll talk to you later about that". Because that decreases the level of intensity that is coming from the man in creates more safety for that person for that woman in that environment. And I apologize, for that being said, your binary heteronormative example. But I thought it was the simplest way that we could offer what fawn might look like in practice. And it obviously takes on a lot more complicated behaviors. But the reason why fawn isn't often listed when we say fight, flight or freeze, or when we talk about, you know, common responses to stressors in your environment, is because it's not necessarily driven by the nervous system, right. So in this case, the nervous system is activated. And then the behavior is mediated by the individual to achieve optimal safety. And I think oftentimes, this behavior gets stigmatized or labeled as like manipulative, or somehow because you mediated the response, it means you had more agency than perhaps you actually do in this scenario. And I tend to think that when we do this, it's there's a whole lot of misogyny at play often when it comes to fawn responses, or the pejorative labeling of them. But it's a lack of understanding of what context is and what is actual real choice and how safety could actually be achieved by that individual.

### Quinn

Thank you for touching on that and kind of like breaking it down. Kind of like now that we've kind of got like our responses like labeled. I do want to kind of delve a little bit deeper into like the fight flight freeze. There's a really lovely theory that I know a lot of like therapists and counselors love to throw around and it's getting like talks about in explored more. So polyvagal theory is the label for that, if anybody doesn't know, believe me and Logan, our our previous like other psych



nerd within WHAT, we talked about that a couple of times, but I was wondering if you could like touch on polyvagal theory like one just like what it is and also how it plays into that fight flight freeze.

### Amy

Yeah, so Dr. Stephen Porges came up with polyvagal theory. And this idea of neuroception, which is describing how the autonomic nervous system scans for cues of safety and danger and life threat without conscious thought. And Dr. Porges, posits that that process informs the stories that we tell ourselves about the world and the shape that it takes in our daily life, so much like trauma. Really, Dr. Porges polyvagal theory is grounding those autonomic responses in the vagus nerve, which runs from our brainstem and it has many branches. It's considered the wanderer because it goes to our chest into our heart and through our intestines and our spleen. And then that is the nerve that is largely mediating these unconscious responses that we feel in our body. So the idea of like, I feel butterflies in my stomach, we would say like that's your vagus nerve. That's your vagus nerve doing something and acting up in addition to naming the vagus nerve as the central piece of the autonomic nervous system that is mediating a lot of these responses. Dr. Porges offers that there are two main stems of the vagus nerve and one is the ventral vagal nerve, which originates in the brainstem, the neck and the facial muscles. So I like to say ventral vagal is your head and your heart. And Dr. Porges offers that that nervous, that part of your nervous system is firing and doing the most, when we are safe when we are in a social state. So like when we are sitting down and having food with friends, like our ventral vagal nerve is the one that is most at play and is most active. That's the grounded the joyful state the easy breathing our immune system's working state that we're in. And then he offers that the dorsal vagal branch of the vagus nerve, which again, originates in the brainstem and includes the stomach, the liver, the spleen, the small intestines, responds to cues of extreme danger. So that is the one that's respond responsible for like dissociation, or freezing or numbing or that shutting down when we need to take care of ourselves. And then the, you know, the other piece that we're not we haven't quite mentioned, then is the sympathetic nervous system. So the ventral vagal and the dorsal vagal are parts of our parasympathetic nervous system. And then that fight or flight mode, that action place is the sympathetic nervous system. And that exists along our brainstem has little branches thereafter. So there's many pieces that was kind of a haphazard piece, I really wish I could show all of our listeners some, some pictures of the vagus nerve and kind of how this is mediated throughout the body. But really, I think the main thing to take away from is that with the polyvagal theory, we're grounding our traumat-, our responses to stress in the body, it's really moving it away from the idea that it's all a mediated, rational brain thing that's happening, right, that it's not just in the brain, it's our body. And in fact, I think Dr. Ford, Dr. Porges theorizes that 80% of the vagus nerves, they fire, they communicate from the body to the brain. So 80% of the feedback that we get about danger potentially in our environment, we feel it, because our body responds unconsciously to it. Whereas 20%, then, of the firing of that nerve, is the brain communicating with the body. So it really puts the onus and really changes the way that we relate to our trauma that we grapple with our trauma and we transform from our trauma it takes it a bit out of our brain as the source in the area to focus on and puts the onus on getting into our body and figuring out what's going on there.

### Quinn

I think too, to like, touch on the thought it really like challenges that like, like really long held like Decartes like, like philosophy, Mind-Body Disconnect that, like the Western like medical model has, like really, like married onto for hundreds of years now at this point. And it's like, it's still like present, definitely see it, like challenged more and more in like, the mainstream, like kind of psychology, medical spheres. But like, that is just like, so ingrained in like, the culture of like medicine that we see, like, in the United States. And I just I love, don't love the trauma exists, but like, but I love that, that through this study of this, it's like really, I don't know, it really like is kind of like, slapped in the face of like Western like understanding of like, hey, there's so many other like, cultures that made me think and particularly can like speak, like on like Dr. Michael Yellow Bird. He's a licensed social worker and teacher and neuroscience advocate. And, like, really incorporates, like, in Indigenous, like, research paradigm and like understanding into like, the work that he does within like mental health and the fields, and he just I think he's like such an you know, if y'all haven't listened to him 1,000% Go listen to him. But he does a really good job of like pointing this out of like, hey, look, this has been understood in like cultures for hundreds of 1000s of years. Y'all are just now catching up. But since you are catching up, like let's talk about this and like really, like highlight and show just how wrong that like, right that the idea that our brains are can override our bodies.

### Amy

Yeah, we're inherently thinking feeling beings like we're thinking feeling beings and like we're thinking beings and if you rationalize your way through things, and that's the source of the problem, and in fact, we're thinking feeling beings and I appreciate you mentioning Dr. Michael Whitebird and going back to or Yellow Bird. In mentioning that there are all these historical ways that cultures and peoples have dealt with the experiences of trauma and stress that live in our body, that when we apply neuroscience to them, we're able to say now like, oh, yeah, that's a direct intervention based on my thinking, understanding of what trauma is. And we can talk about that a little bit more when we get to, you know, recovery and healing can look like for folks.

### Quinn

Oh yeah, we'll, absolutely circle back to that. Um, I think before we get into the the meat of that kind of conversation, I do want to kind of steer it back towards kind of talking around in the previous examples that we've given. I'm specifically thinking like that car accident one. And I think a lot of like, understanding, like, mainstream understanding of trauma and like descriptions of trauma, it really talks about like, more like physical like events that can happen in like short term, like one off experiences. I'm curious to like, explore a little bit and like, talk more around how like relational, like, trauma can show up, and like what that might look like within an individual.

### Amy

Yeah, you know, I think you're maybe talking a bit about emotional neglect, and emotional abuse that can happen, or not having your social and emotional needs met, especially as a young child, that's when we see that manifest a lot for folks. And when the folks that are tasked with taking care of us or purport to be our caretakers, when people say, I'm going to take care of you,

when those are also the people that harm us, or the people that don't provide support, that can be inherently traumatic. Because we know, you know, if we go back to even the definition, it's a circumstance that is experienced as emotionally harmful or life threatening. So there's a threat to our well being when the folks that are closest to us are saying that they're going to provide something and then they don't, right. That leaves us especially when we're younger, and we're more vulnerable because young children are more vulnerable than adults, right? That has that can have a more serious and lasting impact on our function in the way we relate to the world.

### *3 second jazz music interlude*

#### Quinn

Since we've kind of like covered like responses, and in different, like ways trauma might be, like, incurred throughout life. I think really like the thing I feel like both of us are very passionate about talking about is like, how do you take those experiences, and like, what is the healing process look like? How does one like go about it? How does it show up within the body within like communities? That kind of stuff. It's really like, our, like, passion and drive as like folks that want to be within the mental health field.

#### Amy

Yeah, absolutely. And I always I have been starting to reconcile or use the term just transformation, as opposed to healing because we can heal from trauma, and we absolutely can recover from it, but we can't undo it, it's not just going to go away, right. So if you consider it like a wound, there will still be a scar, there will still be a lasting, visible and physical impact from that event. So I think a transformation in kind of as we move towards healing is the process by which we integrate our experiences of trauma and toxic stress, and we turn them into something different. And I think it's important to know that trauma will inherently turn us into something different, right, and inherently impacts our body and our functioning in the world. But when we heal, and we want to seek recovery from it, we are mindfully and intentionally engaging in integrating that experience of harm in such a way that we can move forward and meet the demands that life is throwing at us and live a life that feels good and authentic to us. Yeah.

#### Quinn

I, there's a there's a phrase that gets talked about a lot. And I'd love for like, to kind of like dialogue more around like, like, what is like neuroplasticity? And how can that be used as like a way of facilitating that transformation that can occur?

#### Amy

Yeah, that's great. And so neuroplasticity, meaning, like the brain's ability to change and adapt its structure and function. Yeah, so our brains can change it and will absolutely function in new ways. But you also mentioned earlier, what fires together wires together. So this is like some good jargon neuroscience jargon. There's this idea that, you know, we know say that if we are activated by something in our environment, due to previous trauma, and that causes our body to respond. And then it causes our behaviors to change as a result of it, we have the ability to with intentional work to recognize one, okay, this, what's coming up for me or what I'm seeing now. It's reactivating old trauma, this is old trauma that I have, recognize where our body is, what's going on with my body, this is trauma, and then intentionally engage in behaviors that are different that can bring us to calm or bring us to a more settled state, so that our behaviors are natural aren't just being manipulated by that trauma, that we're actually intervening through mindfulness and intentionality to do something different. And as we are exposed to things that

activate us, when we do something different behaviorally. And when we engage with our nervous system differently, we start changing the way that our brain is wired. So that ideally, over time, when that initial activation point or that stressor enters our environment, we don't necessarily get so heightened, we don't immediately move to 100 of fight mode, right? Maybe we just move to 20. Right, and then we take a walk and we have a drink of water, and we're able to carry on with our day. Whereas previously that activator or that stressor in our environment might have brought us to one 100 it led us to screaming it led us to having to like having rupture and relationships around us and then us leading or ghosting the situation for a very long period of time. So we're able to mediate our responses with that intentionality and that mindfulness that then changes the way our brain functions in response to the initial stressor.

### Quinn

Like throw into like mentioning back I- Dr. Michael Yellow Bird is like a really a huge influence for me and like, my personal journey of like understanding like what trauma is, and all of that. A lot of his work revolves around that right like this idea of like neuroplasticity, and specifically around like the healing of intergenerational and like historical trauma. So it does some really cool work around like neural decolonization and how that can be used as a tool of transforming through trauma. I think also just highlighting again, kind of like mentioned it right. But because we have like the ability and like the gift of neuroplasticity and rewiring the brain, right? Like the, you're not necessarily stuck with trauma in the way that it might be currently manifesting.

### Amy

That's a great way to put it. We're not stuck with the way that it currently manifests for us for sure. We can't change our history or the history of our ancestors, we can act Yeah, we very much can intervene with how that informs our functioning in our daily life.

### Quinn

Hey, I would I know we've mentioned that and like talked about it, within a previous episode. Shout out to the community, the healing of community trauma.

### Amy

And Bella!

### Quinn

Yes, miss you! If you are listening, or listening, go back and listen to that. We'll have a link in the description of the episode for that episode. But I think that it's worthwhile to like kind of touch on that within this episode as well. How are we seeing... Right, because those having resources to pull from and specifically like relational like relationality to pull from and have support from is so important, just in general in life, but particularly in this work. Could you kind of like touch on like, how we're seeing community come together to, like, address trauma or to like help transform?

### Amy

Yeah, I mean, I think, again, you like community and relationships are a resource, right. And so there are obviously clinical pathways to doing this work that are very specific, and that are very much based in like evidence based research. And they're giving us tools and coping strategies, and they're very necessary. That's a that's a major component. But we know that buffering that are our ability to talk with other people that have the same lived experience, for us to be able to talk to someone that is not a professional that is like "I have lived through that. And I'm here right now living through it in here's what I've done". And being able to commune and share stories that's really powerful that can take away some of the stress that we carry, of like, "oh my gosh, this happened to me, how am I going to continue?" You know, like, "Oh, my life is not over

as a result of this. I can live a meaningful life. And actually this person has, and I'm witnessing that" that's really powerful, important,

**Quinn**

Yeah that group challenging of that narrative trauma gets you stuck in.

**Amy**

Yeah, absolutely. You know, and just yeah, having that validation from folks as well is really important. And I think, you know, community, there's so much power in community, whether it's actual direct mutual aid, that we're offering each other and collective care and concern for folks listening, and validating and working to create a different outcome. You know, an activism and advocacy is absolutely a step to healing in many cases for trauma, because when our trauma has, when we've experienced trauma as a result of systemic oppression, being able to actually take that step to fight back and to do something with other people that you're supported around, changing that system is really important, really important, it is a huge step for folks in kind of healing and taking power back when it might have been taken away. But you know, even things like prayer, singing together, coming together, these are things that people have been doing for a very long time, that we know to be regulating to our nervous systems. You know, we co-regulate together, we can dysregulate together, like I got on this call, and I was really heightened and really, pissed off and I was just like, coming at you really hard and very pressured, you know, you would likely would take some of that on, you'd be like, "Oh my gosh, my guest for the podcast is really dysregulated like, I'm a little nervous about how this is gonna go". And we would be somewhat dysregulated together. But in the same sense. We can regulate each other if we're both calm and we're both saying, Okay, we're going to meet whatever challenge comes up. As we approach it, and we're breathing together, we our bodies start to match the tone and the posture, in the breath, even of those around us. You know, it's like the power of when a small child might be crying and you just put your hand on their back and you breathe with them. Over time, they're going to come into regulation with you and they're going to start to breathe again. And so that's that's when you know, the more bodies you have, that are engaged in more intentional ritualistic movement together can be extremely powerful in resetting the nervous system and bringing us back down to a place of groundedness and connectedness so we can go forward from there.

**Quinn**

Yeah absolutely thank you

*3 second jazz music interlude*

**Quinn**

In kind of like touching on like the like the the individual transformation that can happen like through like neuroplasticity, but also how that can work in, like community situations and settings, how communities like can come together, I think like following this thread of, like transformation and like growth and like working through trauma? Because are there answers out there have a place to kind of like start and where we can like begin to start doing the work of like, kind of working through and processing trauma that might show up individually? Or collectively? Do you know of like "the answer"? *Laughs*

**Amy**

I definitely don't have "The" the answer. *Both Laugh* You know, the, you can't what did James Baldwin. So he has a wonderful quote, that's essentially like 'not everything that is faced can be changed, but nothing can be changed until it's faced'. You know, there's the old adage in, throw more jargon in there that 'what we resist persists'. And that's some therapy speak. And that works, though I think on individual and collective levels, we need to acknowledge and to see and to not fight against the trauma that we have maybe experienced, or the trauma and stress that we have perpetuated. Because when we ignore it, or we pretend that it doesn't exist, it continues, it persists, it will continue to show up. You know, and that's very much individual work that we can do. And I think that is also the challenge in the ask currently of our country and our society is will we actually reckon with the damage and the trauma, and the generational trauma of our country's inception. And folks don't want to do that work. And so it persists. And so we're seeing it come up again. And so that's collective that's societal, but that's also individual. But it's scary, sometimes we don't know why our body's responding, or we don't remember traumas, or we packed them deep down. And we have not looked at them for a long time. Or maybe they happen before we were even verbal. And so we don't even have the words for it. So it takes a lot of curiosity. It takes vulnerability. And it takes support, you know, we can't do this work alone. Our bodies don't thrive alone. And so we need to we need to partner with folks that are willing to do it with us.

**Quinn**

No, thank you for for that and sharing that for folks. I think really, the key key key takeaways. I least hope that folks get from this is that it is an embodied like body felt experience. And that it really is the process of processing needs to be a collaborative experience, you know, in some way, like lean on, like those supports that you have engaged with community if that in whatever capacity looks and feels right for you. But it's a it's a felt a deeply felt like human experience.

**Amy**

Yeah, and I know Quinn, you do a great job of always throwing resources and links to the show notes. And if those aren't serving you, listener, please reach out, we'd be happy to support you find a place to start, if this is a journey you'd like to begin and you're just feeling overwhelmed. So health promotion team will be happy to help guide you and provide some support.

**Quinn**

Absolutely and thank you for adding that Amy. Um, and thank you again, so much for being a part of this and like collaborating in this I always I love like listening and like learning from you. You always have such awesome insight to like, share on things. So thank you for taking the time to be here. Is there anything else that you would like to add?

**Amy**

No, thank you so much for having me, Quinn.

**Quinn**

Awesome. Alrighty, well, hopefully, you can, listeners, you found this as a useful resource. And again, there'll be a whole bunch of like links to like resources, and other like, like, I'll include some like videos from other folks with that focus within this field, in different capacities, to kind of be like further, deep dive into understanding trauma if that's something that you'd like to engage with. But again, I hope you all can take a deep breath and do some self care and take care of



yourself. And you've got some things to like think about and be curious over. But until next time listeners take care

*Soothing jazz music fades out*

## Outro

### Julie

We hope you enjoyed this week's episode of the WHAT's Up Podcast! We'll catch up with you next week. We at SHAC are fully committed to the physical and emotional health and wellness of PSU students. Please call ahead to use our health services for flu shots, free COVID testing, or general appointments at (503) 725-2800. Counselling services are still available via telehealth, and you can schedule your appointments by calling that same number at (503) 725-2800. If you're looking for more health and wellness resources, you can check out our online health magazine that gets sent to your pbx.edu email every Wednesday, or you can download the Campus Well app. Also feel free to check out the Virtual Mind Spa Experience to rest, relax, and rejuvenate wherever you have internet access. We will be including resource links in the episode description, as well as the link to the episode transcript. If you have any questions about health, wellness, SHAC, or anything we discussed in this podcast, please fill out the Google Form in the episode description. Thanks for listening and take care. We'll see you next week on WHAT's Up: wellness from the third floor.