

CATHOLIC TEACHERS' **SAFER SPACES SERIES**

# Understanding Trauma



It is important for OECTA leaders and members to have an understanding of trauma so that they can be appropriately responsive in various contexts.

Noted Canadian researchers Gabor Maté and Daniel Maté describe trauma as:

“[A]n inner injury, a lasting rupture or split with the self due to difficult or hurtful events. By this definition, trauma is primarily what happens within someone as a result of the difficult or hurtful events that befall them; it is not the events themselves.” (Gabor Maté and Daniel Maté, *The Myth of Normal: Trauma, Illness & Healing in a Toxic Culture*).

## Types of Trauma

Trauma occurs for different reasons for different people. It can be caused by a specific event, or it can also be cumulative due to repeated circumstances a person might experience. The difference between these is often described as “big-T trauma” and “small-t trauma”:

### Big-T trauma

Automatic responses and mind-body adaptations to specific, identifiably hurtful, and overwhelming events, whether in childhood or later... It underlies much of what gets labeled as mental illness (Maté and Maté, *The Myth of Normal*).

### Small-t trauma

Long-lasting marks on seemingly ordinary events... often left on the psyches of children. These might include bullying by peers, the casual but repeated harsh comments of a well-meaning parent, or even just a lack of sufficient emotional connection with nurturing adults (Maté and Maté, *The Myth of Normal*).

These terms are not meant to suggest that one form of trauma is more difficult than the other. The impact of one major traumatic event, or big-T trauma, and the cumulative impact of small-t trauma vary, and are unique to each individual. It is important to listen carefully to the information that is being shared, to withhold judgement, and to recognize that no two experiences of trauma will be the same.

## The Social Context of Trauma

Some people are disproportionately burdened by societal pressures that unequally privilege some groups over others. The everyday stressors that many people in Indigenous and equity-deserving communities face, in a culture that makes it difficult to experience optimal mental health, can compound the impact of both big-T and small-t traumas. Researcher Bruce McEwan calls this experience “allostatic load,” and defines it as: “the wear and tear on the body having to maintain its internal equilibrium in the face of changing and challenging circumstances, trauma salient among them.” (McEwan, as cited in Maté and Maté, 276.)

According to Maté, North American culture includes disparities along racial and gender lines, which leaves:

“[S]ome people far more physiologically burdened than others... And while the personal stresses of a disconnect from the self and the loss of authenticity may cut across class lines, the allostatic strain imposed by imbalances of power falls most onerously on the politically disempowered and economically disenfranchised.” ( Maté and Maté, 276)

For these reasons, being appropriately responsive to equity-deserving members and students is essential. Trauma researcher and specialist Judith Herman found that, “when members of subordinated groups come forward to seek justice, it quickly becomes clear just how little they do not matter and how little credit is given to their testimony.”(Herman, Judith Lewis. *Truth and Repair: How Trauma Survivors Envision Justice*.) Thus, she

advocates that for healing trauma, the first step is listening. Herman further suggests that:

“... survivors of violence, who know in their bones the truths that many others would prefer not to know, can lead the way to a new understanding of justice. The first step is to ask survivors what would make things right – or as right as possible – for them. This sounds like such a reasonable thing to do, but in practice, it is hardly ever done. **Listening, therefore, turns out to be a radical act.**” (Herman, Truth and Repair)

The sections below contain additional information to help foster a trauma-informed culture of listening and care.

## What is a Trigger? What is Upsetting Content That is Not a Trigger?

### Trigger Responses

A trigger is any sensory reminder of a traumatic event which could include smells or sounds that recall a past trauma. Some of the most common triggers include representations of sexual, racial, or homophobic violence, oppressive language, and representations of self-harm. It is difficult, if impossible to account for all possible triggers. Despite this, being trauma-informed can help minimize the harmful impacts of re-traumatization. Some key considerations on triggers include:

- Some are identified and anticipated easily, but others catch the person off guard, increasing the damage they cause.
- They can be associated with time of day, a season, holiday, or anniversary of an event (sometimes referred to as a “trauma-versary”).
- They set off a memory of a trauma or a specific portion of a traumatic experience.

### Upsetting Content That is Not a Trigger

Sometimes, listening to difficult experiences or historical settings can be difficult. Having a more fulsome understanding of the impact of the Residential School system, as an example, might evoke anger, sadness, and other emotions. If you have not personally experienced the events, situations, or have intergenerational traumas related to them, you are likely experiencing a response to the content. This is human and understandable, but different from a psychological trigger.

A psychological trigger based on personal experience can make the person who is experiencing it relive the event psychologically. This is why many presenters provide trigger warnings. They allow individuals who may have experienced related issues to excuse themselves or seek support from designated personnel. An example of this is discussions around intimate partner violence. Those who may have lived this should be warned of any content regarding the topic before it is shared with them. The warning should not single any one person out. Instead, it should allow for each participant to personally discern the best path for themselves and clearly lay out options to enact self-care, such as taking breaks and speaking to those in the best situation to support, among other pre-arranged and considered trauma-informed approaches.



# Common Trauma Responses

Trauma Responses	
Fight Response	<p><b>A trauma response of self-preservation by acting aggressively towards the threat.</b></p> <p>Cortisol and adrenaline levels rise, making it harder to think clearly and react calmly. Anger is expressed through domination and the pursuit of power.</p> <p>The fight response can look like:</p> <ul style="list-style-type: none"> <li>• Impulsivity and hypersensitivity, such as yelling and screaming.</li> <li>• Physically defending yourself from a threat.</li> <li>• Glaring at someone or using a biting tone.</li> </ul>
Flight Response	<p><b>A trauma response controlled by panicked, or avoidant behaviour, pushing oneself to isolate from the perceived threat.</b></p> <p>When triggered, it can be hard to sit still, stay in a room, or even talk to people. Restlessness, darting eyes, shaking hands and legs – the physical reaction of this trauma response can even trigger chronic pain.</p> <p>The flight response can look like:</p> <ul style="list-style-type: none"> <li>• Running away from perceived danger, such as loud bangs in public.</li> <li>• Leaning on perfectionism to avoid criticism.</li> <li>• Difficulty focusing on anything but thoughts of the trigger.</li> <li>• Difficulty resting, relaxing the body, and falling asleep.</li> <li>• Using substances, such as drugs and alcohol to dampen anxiety.</li> </ul>
Freeze Response	<p><b>A trauma response that relies on dissociation to detach oneself from the perceived threat.</b></p> <p>A person feels immobile, unable to move or look away from the threat. Their heart rate builds, breathing quickens, and they feel detached from their body.</p> <p>The freeze response can look like:</p> <ul style="list-style-type: none"> <li>• Difficulty expressing emotions, such as using a monotone voice.</li> <li>• Brain fog, confusion, forgetfulness, and attention issues.</li> <li>• Leaving conversations without clarity.</li> <li>• Making choices becomes harder, resulting in decision fatigue.</li> <li>• Escaping reality through an addiction, such as marijuana, alcohol, video games, or television.</li> </ul>
Fawn Response	<p><b>A trauma response that relies on people pleasing so one can avoid conflict, trying to placate a perceived threat.</b></p> <p>The person prioritizes the threat and tends to its needs by focusing on giving more to the other person. They smile, tense up, and no longer act in their own best interest. Their tunnel vision focuses on eliminating the threat with flattery and self-denial.</p> <p>The fawn response can look like:</p> <ul style="list-style-type: none"> <li>• Over-apologizing or accepting blame for something they did not do.</li> <li>• Assuming they are responsible for others' emotions.</li> <li>• Prioritizing someone over them, even abandoning their need to be heard.</li> <li>• Assuming they are responsible for others' emotions.</li> <li>• Defending people who hurt them and staying in toxic or abusive situations.</li> </ul>

# Use Coaching Techniques to Ask Questions

If you believe that someone is in need of support, consider using the following questions as a supportive guide:

- If the individual is struggling to communicate the problem, give gentle encouragement.
- Help the person confront their fear, embarrassment, or other emotions that arise.
- Communicate with empathy, hope, and affirmation of the individual's self-worth.
- Reward and praise courage.
- Model courage and emotional maturity in one's own behavior, confess fear, and explain how to move toward it rather than away from it.
- Ask clarifying and reflective questions to guide the process.

## Trauma-informed Approaches to Hearing Difficult Disclosures

### LISTEN

DO	DON'T
<ul style="list-style-type: none"><li>• Offer choices (communication in-person or by email, locations to meet, resolution options).</li><li>• Listen actively.</li><li>• Hear what is not being said (context clues) and ask clarifying questions.</li></ul>	<ul style="list-style-type: none"><li>• Offer answers before hearing or observing the challenge.</li></ul>

### ACKNOWLEDGE

DO	DON'T
<ul style="list-style-type: none"><li>• Thank the person for trusting you.</li><li>• Express genuine empathy.</li></ul>	<ul style="list-style-type: none"><li>• Offer empty platitudes.</li><li>• Centre yourself.</li></ul>

## SHARE

DO	DON'T
<ul style="list-style-type: none"><li>• Speak in short, clear sentences.</li></ul>	<ul style="list-style-type: none"><li>• Lecture the complainant or respondent.</li></ul>

## EMPOWER

DO	DON'T
<ul style="list-style-type: none"><li>• Ask what they need and provide it (e.g., water, tissue, etc.).</li><li>• Ask how you can help. Offer advice if requested.</li><li>• Help them take the steps they wish to take.</li></ul>	<ul style="list-style-type: none"><li>• Falsely praise the respondent because you don't want to hurt their emotions.</li><li>• Blame the victim.</li><li>• Criticize the complainant or respondent.</li></ul>

## RETURN

DO	DON'T
<ul style="list-style-type: none"><li>• End the conversation gently.</li><li>• Ask if there is anything else they need to know.</li><li>• Remind them of the next steps.</li></ul>	<ul style="list-style-type: none"><li>• Over focus on the case causing your own burnout. Return to yourself and other things happening in your life and work, and consider self-care.</li></ul>

## Tips for Recovering from Difficult Conversations

DO	DON'T
<ul style="list-style-type: none"><li>• Breathing exercises.</li><li>• Go for a walk.</li><li>• Use your senses – see, smell, hear, and feel.</li><li>• Release tension – flex toes/stomach and release.</li><li>• Focus on something calming (e.g., picture your loved ones or your favourite vacation place).</li><li>• Give feedback of what was done well and what needs to improve.</li></ul>	<ul style="list-style-type: none"><li>• Criticize individuals involved in the process outside of the formal meetings.</li></ul>



### » Additional Resources

See other resources in the Catholic Teachers' Safer Spaces Series, including:

- [Safer Spaces? Braver Spaces? – Our Collective Responsibility](#)
- [Reflection Tool – Checklist for Safer Spaces](#)
- [Moral Elements of Care](#)

See other resources in the Catholic Teachers' Mental Health and Wellness Series, including:

- [Understanding Stress](#)
- [Strategies to Promote Mental Health and Wellness](#)
- [Understanding Anxiety and Depression](#)