



Conscious Life presents

# TRAUMA SUPER CONFERENCE

## Humanizing trauma

**Guest: Sarah Mariann Martland**

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### **[00:00:09] Jaia Bristow**

Hello and welcome back to this Trauma Super Conference. My name is Jaia Bristow and I'm one of your hosts. And today I am so very delighted to be welcoming the founder and director of Trauma and Co, Sarah Mariann Martland. Welcome Sarah.

### **Sarah Mariann Martland**

Thank you so much for having me.

### **Jaia Bristow**

Thank you so much for joining us today. So today we're talking about a very exciting topic which is humanizing trauma because I think especially there's this conference which is now in its third edition. There are many other online summits and conferences, there's lots of instagram hashtags around trauma. It's this sort of buzzword. But let's talk about the human aspect of it. So let's start by defining maybe what trauma means to you and then we can get into what humanizing trauma means to you.

### **Sarah Mariann Martland**

Yeah, absolutely. I think that's such a good question because like you say, I think it can be such a buzzword, which in some ways I think is a really good thing because obviously more and more people are talking about trauma and yes, it can be used in lots and lots of different ways. So yeah, I appreciate the question. I think for me, when I'm talking about trauma, obviously we can look at it... I'm not a scientist specifically, but we can look at the level of the body and the nervous system and how trauma is not the experience that happens necessarily.

It is what gets kind of stored in the body in response to so many traumatic experiences and then even what we can class as a traumatic experience. So when I talk about trauma, I am kind of widening the definition, as many people are these days, in terms of looking at kind of one off traumas, like a singular incident of an accident or a rape or a singular assault, but also looking at intergenerational trauma where there's a lot of complex trauma, chronic patterns of abuse, perhaps going on that then become complex trauma.

**[00:02:18]**

So these patterns of our survival responses are then coming up over and over and over and kind of becoming learned patterns within our bodies, within our behaviors. And then to expand beyond that to the way our cultures and oppression can be really traumatic for so many people, for all of us, in various different ways, depending on how we identify, what our bodies look like. And then even going further than that to kind of ancestral trauma the trauma that's carried within our DNA passes from generation to generation, depending on the different kind of trauma work that someone might do to kind of either be kind of halting some of those patterns or possible cycles that are being continued over and over.

So when I talk about trauma, I am talking in that kind of really big sense. I don't like to reduce it just to, oh well, if this happened, if you went into this response, then it's trauma. Or if you have to have had these experiences for it to quantify as trauma. And for me, who's kind of allowing people to name something as trauma, well, for me, I will very much believe someone if they class something as a trauma in their life, then it's a trauma in their life.

### **Jaia Bristow**

Absolutely. And I think I was just talking today with a friend about how he was saying oh, I hope I didn't hurt you. And I'm like hurt is going to happen in life, right? So whether it's physical hurt or emotional hurts, these things happen and they don't necessarily create trauma and it doesn't matter again, whether it's big or small hurts, right? So it could be like I stubbed my toe.

Okay, that's maybe one extreme, but or it could be I was in a car crash and my whole body is in plaster and spending weeks and weeks in hospital and that kind of thing in terms of a physical and then emotionally, same thing. It can be a huge assault that will really impact the person. Or it can be a flippant comment made by someone about something. But that the idea is that it's not the hurts that create the trauma themselves, as you say, it's the way it gets stored in the body and that's largely to do with the holding environment and the way that we're supported or not supported in those moments of hurt.

If you bash your toe, for example, and you go ow and someone's like why are you complaining? What's wrong with you? It's not a big deal, or whatever it is, then that might create more trauma than someone who's had an awful car accident that had all the support they need to process and let go of what's stored in their body and metabolize things. And of course, like you say with the oppression and stuff, trauma is also very much layered.

So there's different we talk about these days, people hear the term intersectionality a lot, but there's also the intersectionality of trauma where different aspects ...And again we can get retraumatized and yeah, those traumas can be perpetuated if every time something comes up, we don't have the right holding environment, whereas if sometimes they do, it can be metabolized or released. So I really appreciate you talking about trauma on such a broad scale and I've heard big T trauma, small T trauma but honestly it's like some people have some trauma stored in them and once they have trauma, then it's more easy for it to be reinforced and perpetuated and have extra layers.

Some people are very good at regulating themselves either because of their early environment or just because they were born with less ancestral trauma, who knows? And so we are all unique

individuals and I love the idea of humanizing this broad topic and not pathologizing so much. So do you want to tell us a bit about your work and what humanizing trauma means to you?

**[00:06:25] Sarah Mariann Martland**

Yeah, absolutely. So I find as a society as a culture, sometimes when we say the word trauma, people might instantly think of something that oh, this is a mental health problem or it's a mental illness or it was disordered in some way or somehow someone's broken in some way. And so even if someone's been through an experience that has been traumatic for them, they might be very reluctant to even utilize any sort of language around trauma because sometimes those stigmas can create even more harm.

And so for me, when I'm talking about trauma, I'm really trying to move away from any sort of pathologizing model of trauma. Now don't get me wrong, I understand that trauma does have some mental health, even physical health impacts and I'm not denying that. What I am trying to do is to kind of say these responses that we're having or these coping mechanisms that we're using are actually really human responses to an experience, whether that's your body having gone into survival mode or into overwhelm in a really overwhelming experience.

And either or have created these either trauma responses, be it adaptive trauma responses, or we've needed to utilize some coping mechanisms, which even the coping mechanism in and of themselves... A lot of them can be looked upon as kind of healthy or unhealthy when yes, there might be things that an individual wants to change in their life because it's not useful to them anymore. But really, if we can kind of step back from that really shaming of people and othering people to say, oh, yeah, that's a trauma response that's really understandable given what you've experienced in life.

And then whoever we are or whatever type of practitioner we are because it's not only therapists or psychiatrists who work with people with trauma. We're all working, anyone who works with humans works with trauma. And so if we can approach the people that we're working with from that perspective, as opposed to, oh, this patient or this client, oh, there's something broken that we need to fix here, then for me, hopefully, that can open up the conversation and actually allow for a lot more healing and a lot more avenues to supporting a person as a whole person, as opposed to this problem in this box over here.

**Jaia Bristow**

I love that. I love that on so many different levels. I'm all about beyond boxes and not categorizing. I have a whole yes, podcast on that topic and I really appreciate what you're saying about how we have these reactions, these responses and they are natural, they are human. Like they are not always helpful, but they are human, right? And so again, I was just talking to a different friend about that, about how I noticed with myself something got activated in me, some insecurity and it's so easy to dismiss that as something trivial and why am I having the reaction I'm having?

So as well as learning to better understand the humans around us also like turning that towards ourselves. And so often we can be so harsh with ourselves for having the reactions we have but they're human, they're natural. Our brains are wired to make us not feel pain, not feel discomfort, not feel fear, to run away from any perceived danger. And the world has changed so much over the last few hundred thousand, however many years, and our brains haven't always evolved the best alongside that.

**[00:10:19]**

So something like heartbreak or like... There's all kinds of things that might put us in a trauma response and feeling like, oh, this is stupid, this is so trivial, this is whatever, just reinforces that. So if we can learn to just have more understanding of each other and ourselves and more compassion is honestly what I'm hearing and what you're saying, and that can enable more connection. And of course, there's also the idea that sometimes certain things might explain but not necessarily excuse certain behaviors either. So it's not about, okay, well, giving a free pass to everyone and anyone at the same time and to do anything they like and to create the whole hurt people, hurt people is something we hear a lot as well around this topic. So maybe you can say a bit more about that.

### **Sarah Mariann Martland**

Yeah, absolutely. Just to kind of give a bit of backstory to how not really how I started talking about this, because I think I was already talking about it, but how much I realized that this was such a needed part of the conversation around trauma. And then just some of those responses that I've had from this, actually, which speak to what you were just mentioning about the kind of, oh, well, what if those responses are harmful?

So I created a post at the beginning of the pandemic, so kind of I think it was around March 2020, so when we were really in the thick of it and I just put it up on social media as I do with various other posts. And really what it was, was a list of really understandable either coping mechanisms or responses to trauma. And I was saying, hey, if anyone's going through any of these right now, there's nothing wrong with you. This is a really natural response to what we're going through because as a collective and for many people individually, they were going through trauma and or were being reminded of past trauma based on the survival responses that were coming up within them.

There's a big long list of different things like eating disorder resurgence coming back up for some people, or some people using alcohol more to cope, or compassion fatigue even, or the grief that was coming up for people around the different aspects of what was going on. And there's lots and lots of things on the list, if I start trying to remember them all I'll surely miss many of them out. So I put this post up and for me, which isn't really in the big scale. I'm not kind of Beyoncé scale but for me it went viral this post, it was shared tens of thousands of times.

I was getting colleagues because I work online, so I have I'm in contact with people kind of all around the world. I had colleagues...I'm in England, I had colleagues in Australia and America kind of going, oh, I was in this support group, and someone started reading this, and then they stuck my name at the end, and was like, oh, I know that person. So that for me was like, quite big going on. And so I was like, okay, people are really taking to this post.

And what I was getting from people in terms of the feedback, the majority of the feedback was, wow, I feel so seen, like, oh, yeah, this is going on for me. And now I don't feel like I have to treat myself as broken or like there's something wrong going on for me here. I always say at the end of this post, if it's also okay if you need support as well, I'm not dismissing people in a way of going, oh, well, that's just human, off you go. Yes, this might be going on for you, we get to bring in the compassion, and that in and of itself can undo so much, like the stigma and the shame that we can hold around trauma can be so much of the battle.

**[00:14:14]**

And from there, yes, if we need support let's look at what's available, which in the pandemic was probably quite limited and can be limited in other areas generally actually anyway. But one of the things that I did get back from some of these things, because some of the points were people might be using alcohol more, and they're going, well my abuser was an alcoholic how are you telling me that that was okay? And so I took a step back from that and I've written and I've spoken about it a few times where I'm not naming any sort of abuse or harm as being okay.

What I'm looking at when I'm talking about humanizing these behaviors, is the behavior itself before anyone takes any steps into abuse or into harm. So if, for example and, you know, this is an example from my own life I can give that someone who was in my family was an alcoholic and became abusive. The reason he was using the alcohol, likely, if we could look back on his life, we could probably find an element of being able to understand that, oh, that was a coping mechanism for him based on his trauma and his life.

Does that make it justifiable that he then goes on to start abusing other people? No and so I think it's being able to piece apart the conversation a little bit and to kind of go our coping responses are human and they're natural and yes, sometimes we will all do harm. We will all harm ourselves in various ways and it's not saying oh, we're just giving a free pass to that. We're saying how can we look at this behavior as something that is deeply human?

And then from there if it is then becoming harmful to ourselves or to somebody else and if it is especially then turning into abuse well then it's not necessarily that we're saying that the coping mechanism wasn't human. We're saying that now it's being used in a way that isn't okay and then a different kind of intervention needs to be brought in and that's a whole other conversation around how we treat each other relationally and how we kind of deal with abusers and that's a big conversation there.

And if we're looking at something as a coping mechanism in and of itself we're not saying that the abuse was a coping mechanism. We're saying that the alcohol might have helped them in other moments to get through the day. Again, if that person individually can identify that actually that's not really helping me anymore. It might have kept them alive to a point but then they may get to a point in their life where they're saying actually this is doing a lot of damage to me physically or maybe it is starting to impact my relationships and now I need support to change this. Absolutely.

We should all then have paths into finding different ways of coping which is a lot of what trauma work is about finding that easier pathways into healing and finding easier ways of being in our bodies that aren't perpetuating harm either to ourselves or to somebody else. And whatever our coping mechanisms were to begin with, they're likely going to be understandable if we can really peel it back.

### **Jaia Bristow**

Definitely. And it's interesting you use the word about not being broken that people would read the thing and be like oh I'm not broken. And that's a word that gets used so much in people who have suffered from trauma feeling like what is wrong with me? I am broken and therefore either I need fixing or I need discarding, often that's what you do with broken things.

**[00:18:06]**

And so what I'm hearing in your description is like the cycles and of trauma, of abuse, of harm and the way they get perpetuated through these painful narratives and these towards other people and then and towards ourselves. And then again if we talk about hurt people, hurt people and then they get hurt and then they hurt other people and then they get hurt and then they hurt other people. And we see that, especially in families, for example, families where alcoholism is present, which I'm familiar with as well, can often then continue across the generations. Right?

And it's not like it's been inherited necessarily, but the trauma has been inherited, that coping mechanism has been inherited and so the ways that we can break those cycles, break those cycles is again, that kind of compassion, that understanding, not the justifying. But if we can understand someone's behavior, then we won't maybe be as dismissive or defensive or attack or feel attacked in the same way, which would just perpetuate the cycle. It's a way of just interrupting with I understand. And again, like you said, that thing of people reading your list and really feeling seen like, oh, this is normal, this is okay, this is human.

Yes. The reality that we are all going through really traumatic times right now. Let's talk about the pandemic, let's talk about the climate crisis. Let's talk about just systems of oppression which people are waking up to more and more and like they're bad enough in their existence, but actually waking up to them can trigger and bring up lots of stuff as well. There's all this stuff happening in the world right now and there is a lot of collective trauma and then we all as individuals have our stuff to work through.

And the other thing I really heard and what you were saying was the word coping mechanism. Coping mechanism doesn't mean this is a habit that I do forever. It means that right now to be able to cope with this difficult situation, I am doing something or behaving a certain way, which may or may not be healthy, but it's getting me through it, right? So like, for example, one of my coping mechanisms often is disappearing in a Netflix void. And also it helps me when if I know my own coping mechanisms, they serve as alarm bells for me.

When I notice that I'm suddenly spending 6, 7, 8, 9, 10, 11, 12 hours in front of Netflix, I know, okay, something's up, this isn't normal and it's very different. And that's not to say there's anything wrong with watching TV. In itself it's nothing wrong with watching TV and there's not even something wrong with me for doing that.

It's the idea that, okay, there's the whole expression, everything in moderation as well. But also it's like, okay, this isn't just a case of watching one or two episodes of something to unwind in the evening, or I like to watch things in the afternoon because I have my evening routine with no screens and stuff like that, my sleep hygiene routine.

But there is a compulsive urgency and reaction here because there is other stuff going on and so if we use those coping mechanisms, not to demonize ourselves or other people, but as an alarm bell of what's going on here and what support do I need? Does this person need? How can I be of service to this person, to myself? I think it is really important and again, that's not saying, okay, you're going through trauma, I accept all your terrible behavior. It's like, no. It's like, okay, this is an alarm bell. What do we do about it?

**[00:21:54] Sarah Mariann Martland**

Yes, when it comes to coping mechanisms I think sometimes, like with the example you've just given. For me, I also love watching Netflix for hours and hours sometimes. And yes, sometimes it can be a way to distract and to lose myself in something that isn't constant news or constant whatever's going on in my own life.

I say that knowing that sometimes I will make the choice to distract sometimes. Other times, like you say, I can catch myself going, oh yeah, I've got a bit lost here into this. But if that's the only coping mechanism I have we're kind of going, okay, so we need to break that cycle. It can be very different from person to person. So what one person might see is quite harmful in their life, to themselves or to other people, for somebody else, might not be harming themselves or somebody else.

And so if I identify that, oh, this isn't actually very good for me anymore, if I then kind of look out around me and inside of me and go, I don't know what else to do. I have nothing else. I don't have access to any other support, I don't have access to the type of support that might teach me some of the internal resources that I can maybe draw up on or then we're leaving people in that kind of void and just putting a judgment on them. So in the case of any sort of addiction, alcohol isn't the only one. There's so many different we could be even talking about exercise, someone getting addicted to exercising too much and they might eventually go, oh, that's actually not doing me that much good, or it's harming my body, or it's stopping me from doing all these other things in life or whatever the thing is.

Where we're looking at addiction, if we're then just saying, oh, okay, so this person just cuts that off and if they don't have anything there to support them, well, of course they're going to keep carrying on in the spiral of addiction and addiction is just one of them.

So even when we are talking about sort of bingeing on Netflix, if we don't have anything else there, then of course we're going to continue doing that thing where if we then can bring in more really trauma informed ways of working with people and networks of support and community support and really understanding trauma and understanding what it's doing to us even physiologically but as a whole being, then my hope would be that if we then go, okay, I'm going to stop watching Netflix for today because I feel like I need to do something else.

Oh, now I've got all of these other coping mechanisms that I can drop on. Oh, I've got this support network that I can go and spend time with or whatever it is that we're needing. But I think so often we were told that, oh, this behavior is bad, stop it and now what? And so often we see people even if in the moment that they're trying to stop the behavior, they might not be in crisis in that moment, but then they might go into crisis because, oh, well, you've taken away my coping mechanism here. What else do I do?

And so they're still just living with the trauma responses over and over and over and over with nothing then and so if we're demonizing that response or if we're calling it abnormal and then that person is just living with shame around it, I don't really know where we expect anyone to get to. Again, that isn't to say that if that person then makes choices to go and abuse someone, then we're in a slightly different conversation there.

**[00:25:47]**

And I think the whole thing of kind of the hurt people hurt people. Well, humans hurt people. We all hurt people at some point or another. Do we all go and severely abuse people? No, we don't. And when we look at that, well, okay, well, there will have been an element of choice there, or there will have been an element of this person got support at the right time before it escalated or, you know, on various things. And, you know, I know we're not talking about kind of harm prevention here necessarily, but I do think where we are talking about hurt people, hurt people. Well, everyone is hurt in some way and therefore that would mean everyone goes out and hurts people, but also humans hurt people.

### **Jaia Bristow**

Yeah, it's like what I was saying at the beginning, right? Hurt happens regardless of it's just life, whether again physical or emotional. And hurt happens because we hurt each other a lot of the time. Sometimes it's I stabbed my toe sometimes it's someone said something to hurt me. Sometimes it's someone accidentally closed the door in my face and like, you know, whatever it is. And the image that came to mind as you were speaking was like a newborn baby who has a comforter or blanket or dummy or a pacifier for our North American listeners or, you know, something like that.

If you were to just take that away from them and be like, now deal, the baby's going to start crying. It's going to feel dysregulated and disrupted and I think that whether we're talking about Netflix or alcohol or anything else, those are our adult versions of that blankie or dummy or whatever it is we do it to get comfort, to have temporary relief from pain and discomfort and everything and difficult emotions and triggers and activations and all these kinds of things.

So it makes sense then that just taking that away isn't going to be supportive. That instead it's like, okay, what can we replace this with? What are some more supportive tools that would help and do you have any that you would like to talk about?

### **Sarah Mariann Martland**

Well, I think it can really vary from person to person. Even in the case of that baby that you were just talking about, if that domino, the pacifier gets taken away suddenly and then the baby's just left just in a cart somewhere just cry and cry and cry. The baby's not going to learn any ways of self soothing because they haven't learned to be soothed by a parent.

Whereas if there's another baby that does have the dummy taken away and then there's a parent or a caregiver soothing them and teaching them how to soothe and giving them different tools to find that way of soothing, then they're going to carry on being able to find those resources for themselves. Now, for that one baby, it might be that, yes, okay, they've literally been held. So they're learning a lot of relational tools around how to soothe, but also the teaching themselves, probably some internal soothing techniques, whereas for another child they might be given, okay, here's a blanket instead.

And so what I'm saying with that is even in that case, we can see that there was a different technique used there to move it slightly away from child development because babies aren't necessarily... I know bits about that area but it's not my kind of expertise. But I think where we're looking at, okay, so what are some alternatives for adult coping mechanisms? Well, do we have



access to something that's teaching us about the body, about the nervous system, the absolute fundamental kind of looking at safety and stability?

**[00:29:50]**

Are we looking at how we regulate our nervous systems? And there's so many different tools that we can look at for that. Some work great for some people and some don't and so do we have access to support that can teach us some of these things, that can actually practice some of these things with us? Do we have access to therapy in various ways, whether we're looking at psychotherapy in terms of that could be somatic or talk therapy, but also do we have access to other therapeutic models like bodywork, massage, craniosacral therapy, dance movement practices and all of these things?

And I think they can all add up. And I think I don't know anybody actually who can sit and say, oh, this was the way I found through, or these were the things that were helpful to me that are going to be identical to somebody else. And a lot of the time, the reason for that, well, we're complex as humans, so we all have different identities, different needs, different things that are going to land for us in our bodies in different ways.

Trauma itself is complex, so we're going to have so many different histories around that and therefore different needs because of that. And then when we look at the world around us and how that's impacting us and not only the impact of the world around us, but what do we then have access to? So something I might have access to in the Northwest of England might be very different to something even someone in the South of England has access to. But then if we go to a different country, it might be a completely different picture and that might be in terms of professional support.

Then we might go to another country and we might look at their cultures and things that we have maybe co-opted in kind of white, supremacist western culture that we then look at as this new kind of, oh, we'll turn this into a therapy model, might have been something that actually just is very culturally embedded into certain cultures, certain people where they are very much more in tune with their bodies or movement practices, for example, or singing together and all of these things.

And so I think part of humanizing trauma for me is really starting to look at complexity and nuance and moving away from these singular linear paths of oh, here's my ten step program. You take this program because it worked for me, so it has to work for you. And with that, when you've been through that, if that doesn't work, well, there must be something wrong with you. So we'll turn you into something that's even more broken, even more disordered, even more pathologized because it can't be my program that's wrong, it must be you.

And so I think I couldn't sit here and say, oh, here's all the alternatives. I mean, we could talk and talk and talk about we could probably talk for hours about different paths for different people. But I do think that a lot of the time if we're just looking at one thing, it becomes quite reductive and it doesn't account for complexity, it doesn't account for nuance, it doesn't account for difference. It's really about binary thinking and this is the linear path or this is the ten step model or this is the box you need to fit in and if you don't fit into that, well we've got nothing for you then.

**[00:33:28] Jaia Bristow**

I think that's so important to bring that in. I teach workshops on power, privilege and prejudice where I look at systems of oppression and humanity and that's one of the things they say. We're all trying to put people in neat little boxes and life is more complicated. It's not as binary as people like to make it out. And what you're saying really resonates both in sort of the trauma world but in lots of different ways, you mentioned in your bio about how you have chronic illness, as do I.

And I think we really see that in the world of sort of like medicine or holistic, alternative medicine or people with disabilities and chronic conditions. I've found the miracle cure, this is what's going to work for you and if it doesn't work for you, there's something wrong with you. Because I found the miracle cure because it worked for me. And it's like we all have such different bodies. We all have such different, not just different traumas, but different responses and reactions to trauma.

No two people are alike. You can get twins who have grown, identical twins who have grown up with the same parents and everything. They will have different personalities, they will have different things that have happened to them. It will not be the same. There are no two same experiences and so this idea that I have a perfect program which works for every single person doesn't work. And that's why I'm always drawn to modalities which encourage me to figure out what works for me, right? And it's true across lots of different ways.

And again, for me especially in my chronic illness journey, in my trauma healing journey and all these different things, I see that there is not just one cure. We're complex beings, but we're also totally interconnected with ourselves, right? You can't just go, okay, now I'm going to heal your trauma. Okay, now I'm going to heal your digestive issues. Okay, now I'm going to heal your heart. Okay, now it's like everything is interconnected. Even my healing, my journey around my disability, my health issues, and my journey around trauma, they're interconnected my journey with everything. So I love that you're bringing in this complexity and that you're talking about, there isn't just one miracle cure.

It's finding ways that work for you. The same way we don't all have the same coping mechanisms and as you said, some coping mechanisms are going to be perceived as really healthy and really work for some people, and for some it won't. And like the same thing, like exercising, like you say, most people might associate exercising with being really healthy, but for someone that it might be an addiction, a compulsion. For someone else, it might be like pushing themselves too hard and burning out three times before the age of 30 like I did.

So I'm also curious when we're talking about support systems and strategies, that there's certain things that people... That are created to support and heal trauma but that can actually end up perpetuating harm. Do you want to talk about those a little bit?

**Sarah Mariann Martland**

Yes, absolutely. I think I know whether we're looking at trauma or whether we're looking at chronic illness or even areas of neurodiversity and all of these things that... We live in, a world that, we live in a society that really encourages this kind of wellness culture. And it's seen as if you're not well or if you're not healthy in very specific ways, then you're not as worthy as a human being.

**[00:37:01]**

Now, don't get me wrong I understand many of us I wouldn't say all of us many of us want to live as long as we can or we want to be living with as much ease in our bodies as possible, that's human. I understand that, I'm not trying to say let's all just kind of throw our hands up and go, oh well, I'll just be knocked down my bus tomorrow and that's fine. I'm not saying that. What I am saying is that for someone who isn't well, who isn't healthy and even saying that, it comes with a bit of a sting when you say or for someone who's unhealthy, we're not really supposed to say that about people. But for me, I live with a chronic illness, therefore I'm not healthy.

I'm not healthy in the way that health is kind of given to us as this kind of ideal and so does that mean that I'm not as valuable as a human being as anybody else? Does that mean that my worth is any less? Well, no, it doesn't. It's taken me a long time to understand that, though, because the messages that I am given and that many of us are given day in day out because of my chronic illness, because I live with trauma, because I live with my own different neurodiversity. I'm given the message that I'm not as valuable as a human being in society as anybody else. And I think within this wellness culture, we are being pushed to try to find something that will assimilate this version of health for everyone.

So then as individuals, of course, with all of that conditioning that's around us constantly, whether it's on social media, whether it's on the TV, whether it's through conversations with friends and family, it's really understandable that we do strive for these things. Even with trauma, where healing comes in, that we're given this model of, okay, you'll go back to what you were before this thing happened. And it's like, well, actually no, clients working with me...

And I understand it on the individual level where we're living with the trauma to want it to be gone, I completely understand that. I've wanted that myself. But then as practitioners, if we are then offering someone, oh, okay, so if you just do these things, you'll be completely healed. What do you mean by that? What do you even mean by healing? And I think healing with the 'ing' at the end, absolutely we can work with healing. There are so many things I've found personally healing for myself or continuously healing. Do I think I'll ever be healed of my trauma? No.

And that doesn't mean that there aren't lots of amazing things I can engage with if I have access to them. I will find healing in or I'll find shifts in my body, or shifts in the way that I respond to something or shifting relationships in ways that were very much being led by a trauma response or whatever the things are and all of these things can be happening. And I'm not trying to say there's no hope for anyone because there's so many shifts we can make with trauma. But I think when as practitioners or services, we start, even within marketing.

Marketing can be one of the biggest areas for this. We market this service as this is how you are going to heal, this is how you are going to because I did and I even questioned that because I'm like, well, what are your parameters for your own healing? Are you being upfront about that? If you are, fair enough. But even then, even if you are saying, well, this is healing for me, if I can do it, you can do it too. Are you accounting for the differences that you have with that person?

And again, coming back to what we were saying before when that doesn't work for that person, or when that doesn't work in the way that the person wants it to, what are we calling that then? Are we just dismissing them as, oh well, you just must not be a worthy human being anymore because you aren't healthy in the way that you should be, or you're not living into this version of healing that we're presenting when actually maybe that problem just didn't work for that person.

**[00:41:12]**

And the next one might work in amazing ways. Will they be fully healed? Likely not. It may be that they're having to go through lots of different things over a lifetime, or that we find things that help us to cope in moments that are just gentle with our bodies or we start talking to ourselves with so much more compassion. Or we start holding those different parts of ourselves, different ages, parts of ourselves that are holding these traumas, when they get activated, we hold them in a slightly different way than we used to.

We don't maybe banish them or we don't talk to them, our kind of self talk isn't as harsh. All of these things for me are healing, but I think when they get packaged into this is the healing model, it does so much harm because not only does it tap into people's urgency response, because of course we want it because we're living in distress, perhaps day in, day out. So of course we have the urgent response to want to find healing. So we tap into that urgent response, that urgent response in and of itself starts tapping into our survival responses.

Then we go through the program, it might be great in some ways, but if it doesn't do what it says on the tin, then we're going to be left at the end of that going, well, what now? Oh, it must just be me and I just must be broken now.

### **Jaia Bristow**

Yeah and I think it's so interesting, some of what comes to mind is the conversation I had with Tiana Dodson, who I know you know, who I interviewed about trauma around body identity and fatness and anti blackness and anti fatness and all these kind of things that's again, like placing self worth on the way we look. And how again, if you don't fit this idealized model of what the perfect human is, then you're somehow inferior and less of a human and less worthy. So we talk about that so I recommend people check out that interview if they want to know more about that.

And then also what comes to mind is I often talk about my healing journey and I've been churning out all the cliches tonight, but it's about the journey, not the destination. And like you say, I really appreciate this idea that we're not going to get to a point where everything is magically fixed and better, but there can be so many shifts and transformations and ease and spaciousness along the way.

I am not the same person I was like a year ago, two years ago, five years ago, ten years ago. I've done all this work. So it's not saying, what's the point then? If we're not going to magically heal, what's the point? It's because we are healing. We are learning. That's what life is about, as far as I'm concerned. If it was just suddenly you find a magic pill, you find the magic course and the magic program and then everything's better, then it would get pretty boring pretty quickly. Right?

And there was an interview, I was trying to remember it. It was my colleague Alex who interviewed this woman on a previous conference, and I can't remember her name, but she talked about the difference between the hero's journey and the heroine's journey, and how the hero's journey is this idea that you slay the dragon, save the princess, and everybody lives happily ever after.

And that's a narrative we get a lot, especially around health and healing in society of the cure, the get better, whereas the heroine's journey, it's much more...if I remember correctly, it was a few years ago this came out, but was more about the process. It's okay to not just slay the dragon and

live happily ever after. It's okay to explore and notice the shifts and be on the journey and not have the ending all neat and tied up in a bow. And it really got me thinking because I know that with my journey, I've really struggled again, whether it's around my health stuff, trauma stuff, life stuff, of this idea that I'm meant to have it all figured out, I'm meant to fix everything.

**[00:45:09]**

And if there's something, if I have some health issues or if I'm still working through patterns of trauma or something, then there's something wrong with me. It goes back to that idea we were talking about, about people being broken. And it's like, no, I'm on this path and I really believe... And again, Tiana and I talked a bit about this and I've spoken about this with other people, but that those of us who are on this journey by just existing and modeling and speaking about it and connecting and doing the work of humanizing each other and ourselves and bringing more compassion into the world that that in itself is healing and is powerful.

So to people who are going through difficulties, who are going through trauma, who are going through chronic illness, who don't fit the perfect idea of what a human should look like or be like, just be yourselves, continue watching these conferences, continue seeing what works for you, continue evolving, continue communicating, continue connecting with people. And I call it the ripple effect. Slowly by slowly it does make a difference.

**Sarah Mariann Martland**

Yeah, absolutely.

**Jaia Bristow**

I'm mindful of time. I have two last questions for you. One is just briefly, I sort of talked about that just now, but how would you like to see change? What would you like to see change? And how do we continue to humanize trauma altogether?

**Sarah Mariann Martland**

Well, I think one of the things for me is being able to lean into difference and nuance and complexity and have services, but also even individual conversations be able to we are capable of holding complexity. We are capable of two things being different and also true, we are capable of having something different between myself and another person and being able to celebrate that. Not just kind of deny that one, it just must be one or the other and I think if we can bring that into services as well, where we are not only looking at different people but different aspects of people, where we're not going, okay, we'll just look at your trauma.

Now, it may be that within the scope of a service, they are only really looking at trauma, for example, or looking at a specific illness but I do think there is a way, even within that, while acknowledging the boundaries of a service or what we can offer, I do think there is a way where we can allow for expanding that conversation to go I also understand that this chronic illness, for example, may be linked to trauma. But I'm not going to back you off as oh, this is just in your head. I'm going to be saying, okay, what are the impacts and what are your needs? How can I treat you as a whole human being?

**[00:48:08]**

And I think, yes, in services we can do this. But I also think in relationship, whether in one to one relationship, I would like to see us doing that more. And I do see that happening, I don't think this is such an abstract concept. I'm not the first person to have ever said any of these things. And I think if we can be moving in that direction, whether we're talking about trauma, whether we're talking about oppression, whether we're talking about chronic illness or neurodiversity or all of these very human experiences and realities, how much richer would and I don't mean richer in terms of in a monetary sense, but how much richer would the services we offer be?

How much richer would our relationships be? And then I think as well, in terms of where we're looking at pathology to remember that we're not fighting individuals. Some people may get a lot of support or find meaning or identity or find a sense of community through being given a certain diagnosis, being given something that on that diagnosis, it has the word disorder at the end of it. And through that, because of our current systems, because of the way they're set up, that might be the only path that a person has access to, to finding that support.

What I would like to see is as a collective, as professionals, as us all kind of coming together to change the system, the systems that allow for people only getting a certain need met or only getting their support through these really complex experiences if we pathologize them and call them broken in some way. When actually, what I would love to see is that this person has needs. This person has needs based on the way their brain is wired in terms of neurodiversity or this person has needs because of all this complex trauma that's happened in their life.

How can we meet them with those needs without calling them broken or disordered or without telling them that there's something wrong with them for responding in that very, very human way of these trauma responses, human responses or having coping mechanisms that someone doesn't really like the look of so we're going to cast them aside And if we can change the systems, which again, obviously always takes individuals, but I think sometimes that conversation can get shifted in a way that then it's like, oh well, we're trying to not pathologize so we're now going to tell an individual who is just crying out for support that their experience of having such a diagnosis or whatever is wrong.

And I think we can hold the both of that, that some people need a diagnosis to get access to so many things. But wouldn't it be amazing if it didn't? Wouldn't it be amazing if it could just look at them as human.

### **Jaia Bristow**

Absolutely 100%. And on that note, we're coming to an end. So final question, how can people find out more about you and your work?

### **Sarah Mariann Martland**

You can find out more about me, so you can come to [traumaandco.com](https://traumaandco.com). All the links should be pointing outwards from there to the various different things. We're on [Instagram](#) and [Facebook](#), we have a newsletter that's run through Substack so you can read past editions of that as well. If you want to subscribe to that, there's a section that is actually called Humanizing Trauma. And then from there, if you want to actually reach out to me directly, there's various links and ways to do

that as well. We have various one to one and group programs that we run throughout the year as well.

**[00:52:06] Jaia Bristow**

Brilliant. Thank you so much for your time today, Sarah. I really appreciate it

**Sarah Mariann Martland**

Thank you, it's been great.