



## Conscious Life presents

### Navigating Trauma Triggers

**Guest: Sander T. Jones**

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#### **[00:00:09] Jaï Bristow**

Hello, and welcome to this conference. My name is Jaï Bristow, and I'm one of your hosts. And today I am very pleased to be welcoming Sander T. Jones. Welcome, Sander.

#### **Sander T. Jones**

Hi. Thanks, Jaï. It's so great to be here.

#### **Jaï Bristow**

It's great to have you. So you're a clinical social worker, a certified hypnotherapist, and the author of *Cultivating Connection*, which we talked a little bit about together on the Heal Toxic Relationships Super Conference. So I recommend people check that out if they haven't yet. Now, today we're talking about trauma, and more specifically, we're talking about trauma triggers. So do you want to start off by telling us, what are trauma triggers?

#### **Sander T. Jones**

Sure. You hear people talk about being triggered a lot in common, everyday language, but there's a real specific clinical meaning for being triggered. And it's a word we use when we're talking about trauma. And basically what it means is when a person is either reminded of their traumatic experience or they've got an intrusive thought that reminds them of their traumatic experience, they become triggered into the fight flight freeze response. So it's a specific terminology in the mental health field, and then triggered into the fight flight freeze response is really distressing.

And sometimes a person experiences just the physiological response. Sometimes they can be triggered into dissociating, and sometimes they can be triggered into behaviors that can be problematic. And in addition to the physiological experience, they can relive the traumatic experience both in their mind and in their physical sensations. So they might smell the same thing that they smelled during the trauma or hear the same things they heard during the trauma. And all of that comes back. And we often call that a flashback.

### **[00:02:01] Jaï Bristow**

Thank you. I think it's really interesting how you talk about that, how it really can be reliving it, not just, like, seeing it or imagining it or having the same emotional response, but sometimes, literally, the physiological senses, being able to smell, hear, feel. And so how, like you say, it's a word that gets used very easily and sometimes a bit dismissively, in today's world, like many clinical terminology, much clinical terminology where it's like, oh, I was so triggered by... And often it's not actually triggering, because when your traumas are triggered, you're in a trauma state. You're reliving that painful, harmful, difficult experience. So I think it's really important to separate that.

So with these trauma triggers, then, that you've just described, how do we avoid, now that we see how painful and difficult they are, how do we avoid both triggering other people and the people around us and getting triggered ourselves?

### **Sander T. Jones**

As far as trying to avoid triggering other people, and I talk about this a lot in my book, *Cultivating Connection*, particularly the people that we're closest to or the people that we spend the most time around, it's really important to communicate with them about what we need. It's going to be super specific to every individual person. Every person's trauma is different. Their triggers are different. They can be things that no one else would ever think of, like hard boiled eggs or a particular TV show.

So that communication element is really important and can also be extremely difficult for the person with trauma because that requires us to talk about the traumatic experience at least tangentially. Right. And avoidance is one of the primary symptoms of trauma, and so we tend to avoid talking about trauma. But if you want other people to be able to be respectful of your trauma triggers and help protect them as if they're their own, because they care about you and they want to protect you from that experience, then you have to talk to them to some degree and let them know what you need.

So an example of that would be if I have a trauma that is similar enough to something you might see in a true crime show, and I walk into a room and one of the people I'm living with is watching a true crime show on TV, and it's upsetting for me, or it triggers me all the way into a fight flight freeze response, I need to talk to them about this. And so it's important that asking for respect for our trauma triggers is pretty much a non-negotiable. We really need people to respect those.

Anybody who cares so little about our feelings that they will know what your triggers are and still do those things anyway is not someone I want in my inner circle. But be flexible on how that need is met. Like for the true crime show example, I might say, hey, it's really upsetting for me to just walk into a room, I don't know I'm going to be exposed to this, can we talk about how you can still watch the shows you like and I can not be triggered?

And so we might negotiate things like the other person could use headphones if they're listening to a true crime podcast, or they might watch those shows in their room rather than in the big living area with the public TV. So there's a lot of ways to get those needs met without having to be super rigid about them most of the time.

### **[00:05:31] Jaï Bristow**

And I really appreciate the way you bring in that piece about negotiating the agreements and finding ways that fulfill both people's needs as opposed to that rigidity, right? Because sometimes people can use trauma as an excuse, and it sounds bad to say that, but it's true. Sometimes it's like, and it can almost be used to sort of become controlling, you can't do that because that triggers me, right? And then that doesn't work either, because you don't want to... as has been talked a lot about on the Heal Toxic Relationships Super Conference, we talk a lot about that kind of controlling behavior and that kind of thing as well.

So I think it's really important, like you say, to have those conversations where everyone can be heard and that there's respect on all sides, right? You need to respect that something that one person might see as maybe even entertaining or no big deal or just part of everyday life might be really overwhelming and triggering for another person because they have different histories, they have different trauma. And it's interesting as well, you're talking specifically about people in your inner circle, right? So partners, friends, housemates, family, whoever that is, as opposed to people just out in the world.

And that's the other thing, right? So as much as maybe we can name those traumas and realize what some of our triggers are or might not be and start negotiating with the people in our inner circle to make sure that we feel safe so that we're not suddenly exposed, because that's the other thing, often with triggers, it's the unexpectedness or the being suddenly exposed to them as opposed to being mentally prepared.

So it's like, okay, you talked about boiled eggs earlier, so I'm like, okay, I'm going to boil eggs, if you would like to remove yourself from the room, and then if there's an odd whiff, I don't know what people's traumas are, right? Which where is the... it's the suddenness. But in life, we are going to be exposed to things and we don't have control of our environment most of the time. And I think that's why it's extra important, as you were saying, to have these agreements not just in our inner circle of people, but also in our home environments, that we can feel safe in our everyday environments.

And at the same time, when we go out, when we're in the street, when we're at the supermarket, when we're just living life and we're in new environments, or we go around to someone's house and they've cooked those boiled eggs without knowing, then what do we do then? How do we manage when someone has been triggered? Or if it's someone in the ones in a circle who just, for whatever reason, either didn't know about one of... Especially when you're still getting to know people, or sometimes it's old stuff that we forget ourselves and then we get those flashbacks.

### **Sander T. Jones**

Yeah, well, again, communication can be key because what a person finds soothing and calming and supportive is going to vary from person to person. But I'm glad that you brought up the whole idea of this happening out in the world. But also, it's important to remember that a person with trauma can be triggered just by their own thoughts, that intrusive thoughts is one of the primary symptoms of PTSD. And so you can be in your home where you feel the safest, minding your own business, washing the dishes, and the memory of that trauma forces itself into your awareness, and you're triggered.

**[00:08:56]**

So the people around you can do all of the right things to try and not trigger you and you can still get triggered right there in your own home because of your brain or out there in the world where people aren't aware of your triggers or the world's not going to change for you, especially if they don't know what your triggers are. So once we're triggered, then it's a matter of what calms and soothes us, because we're triggered into the fight flight freeze response, right?

So it's going to determine a lot based on things like, are you in freeze mode? Are you in fight or flight mode? Are you a neurotypical person? Are you a person on the autism spectrum? And also some of the specifics of your trauma. So, in general, if you're triggered into freeze mode, you have to move from freeze mode up to fight or flight, then up to safe and social before you can experience that calming and soothing. And so often when we're in freeze mode and we're like this, inducing movement is really helpful.

It moves you out of freeze up into movement, which we're thinking of fight or flight and then once you're there, then you can use the calming and soothing skills to get you up to what we call safe and social mode. If you're in the fight or flight mode, the people around you might want to keep in mind, keeping themselves or you safe, it's always important to remember that regardless of being a person with trauma, we're still responsible for our actions.

So if we go into fight mode and we're lashing out, breaking things, acting in a threatening way towards other people, we're now traumatizing them, and we're still responsible for our behavior, we don't get to use the excuse of, I was just triggered. Hurt people hurt people. And so the people who hurt us and traumatized us when we were younger most likely also had their own PTSD. Does that excuse their behavior? No. And it doesn't excuse ours if we're lashing out at other people when we're triggered.

If we go into flight mode, sometimes you gotta stop the person you love from running out into traffic, right? Or getting behind the wheel of a car when they're activated, and they're not in a condition to drive. So those things are important. There's also talking to the person about what they need. People who are neurotypical tend to respond much better to calming and soothing physical touch. Hugs and holding and stroking. That's, of course, consensual. People on the spectrum can sometimes really just want to not be touched.

And that can also really be determined by what kind of trauma history you have. If you have a trauma history that's related to physical touch, whether it be hitting or sexual assault or something like that, maybe when you're triggered, the last thing you want is for somebody to touch you, right? So maybe they want to stand at an appropriate distance and talk to you in a calming, soothing voice until you are ready to receive some calming, soothing touch.

So it's going to vary from person to person, the characteristics of the person, the characteristics of the trauma. And then also there's a whole lot of skills for self soothing if you happen to need to access those. Some of the best ones come from dialectical behavioral therapy. And one of my favorites is inducing the dive response. I'll tell clients to create or buy gel packs or slushy packs that you keep in your freezer so they're really cold and flexible.

And then when you're triggered, you go and you grab them, slap them on your face or under your armpits, lean forward and do a breathing exercise that usually involves extending the exhale,

because all of these things will induce the dive response, slow down your heart rate, and it helps move you out of fight, flight, freeze, and back into safe and social and regulated emotions.

**[00:12:43] Jaï Bristow**

Again, fantastic. I really appreciate you bringing in those very practical tools, and I really hear how it varies person to person, right? So just like with knowing what one's triggers are, can vary person to person, knowing what's needed to avoid being triggered as much as possible can vary person to person and needs to be expressed and negotiated and talked about with one's inner circle. And it's the same thing when one is in an activated or triggered state.

And like you say, I think it's really important what you said, that people are still responsible for that action when you are, if you, the person listening, or the person in that triggered state, then you don't want to traumatize someone else or trigger someone else or bring up... So it's about finding ways of managing that. And I really appreciate how you're talking about it, both from self managing, self regulating and supporting another person, and like you say, because it varies from person to person in all these cases, it requires some self awareness and some communication of what's needed to anticipate this.

Because once you're in that state, it can be really hard if you don't have tools at your disposal that you already know and if you're with someone, even if it's someone who loves you, whether this is a new situation to them or even a regular situation, if they don't know what to do, like you say, it varies person to person. So we're back to what we were saying at the beginning of the importance of communicating and negotiating agreements and finding boundaries or tools that can be supportive. So my question is, how do we do that? How do we have those conversations? When do we have those conversations? And yeah.

**Sander T. Jones**

Again, that's going to vary so much from person to person. It's so difficult sometimes for people either with a trauma history or with trauma that they haven't had an opportunity to make significant therapeutic progress yet to talk about it at all, because avoidance is such a strong symptom. So finding whatever ability to communicate that you actually can do communication.

So sometimes clients have the ability to sit down with a partner or a housemate or friends and relatives and actually talk. And sometimes they can't. Sometimes the best that they can do is send a text message and say, I really need to talk about this. This was upsetting. I'm going to send you an email, and then it might take them two days to craft the email before sending it. But if you're a person receiving this information, I really strongly encourage you to definitely don't judge the method that the information comes through to you because that person with trauma is probably doing the best that they can.

And if they can't communicate it to you at all, encourage therapy, because you're clearly going to be able to see that they're distressed. And if they can't communicate to you what's happening with them, even if it's a day or a week later and they still can't communicate to you what happened on that day, or if they're dissociating so severely that they don't know what happened on that day, encourage therapy.

If you're the person experiencing the trauma and you're having so much trouble communicating about it that you can't let the people closest to you know how to help you, please consider therapy,

because just being able to make that much progress so that you can communicate with the people around you is going to help reduce those triggers a great deal and reduce your suffering a great deal.

**[00:16:36] Jaï Bristow**

No, I really hear that, and I think that's really important, like you say, to have that sort of compassion, not that judgment, of receiving the information, to be able to try and provide the information as best as you can to get that support of therapy or other support when needed. But this is talking a lot about once there's already been that trigger, right? What about the anticipation of that? What about trying to, like you were saying at the beginning, be like, hey, I have this thing around true crime, could you not Watch it in the living room? Or whatever it is.

I have someone in my life who has a trauma around the smell of cannabis, which is legal in the country I'm living in. And so that's something that is something that they have to navigate and close windows when it happens and that kind of thing, for example. So if someone is aware of what their triggers are, how and when do they have those conversations with loved ones about managing that?

**Sander T. Jones**

Often people don't think to have those conversations until after a triggering event has happened. But if you happen to think of it before the triggering event has happened, then just have that conversation as soon as you can, preferably in a time where nobody's rushed, nobody's got a deadline, nobody's upset about something else. Pick a time that's good. And, for example, the whole true crime thing is actually a story from my life. I come from a childhood trauma background myself. And so I did. I had to sit down, and it happened after I moved in with the family that I live with right now.

And I walked into the room and the true crime show was happening, and it was an event similar to a trauma I had experienced. So I left because I needed to calm and soothe myself. But then when I came back, I sat down with that person and I said, you know, I have a trauma history, and I know you love these true crime things. I would like to talk about how you can have access to your true crime shows that you enjoy. And I can also feel free to walk around my home without fear that I'm going to walk in on something that's going to trigger me.

And so we just had that compassionate conversation, negotiated so that she could do what she wanted to do and I could feel safe in my home. And it was that simple. Sometimes it's not quite that simple. I mean, you're talking about a situation where a person might get exposed to the smell of cannabis frequently, but they might ask, can we set up a situation where cannabis is not smoked in the home? Can we set up a situation where it's smoked in a particular place away from me? The smell is going to be blown out the window. Or, I mean, you just negotiate back and forth to try and make sure that you have as much freedom and free will as possible. And they also are protected from a traumatic re-experiencing of their trauma.

**Jaï Bristow**

And I think it's really important that piece you brought in about how it's really hard to anticipate your triggers, right? And actually, most of the time, you only know once you've experienced it. And so that's when, like everything you were saying beforehand, that taking as much time as you need,

communicating, and sometimes you can't communicate immediately. Often you do need to self soothe and find ways of managing before you can communicate to avoid it happening again.

**[00:20:13] Sander T. Jones**

You talked about how hard it is to communicate when we're triggered, and there's a reason for that. When we're triggered into the fight flight freeze response, we literally lose access to some, if not all, of our executive brain functions. And so that ability to self regulate, that ability to have compassion for someone else, the ability to even access language, sometimes is impaired or eliminated. And so that's when you see people, like, if I just happened to be a different person with different symptoms and I had walked into the room and been exposed to that show, I might have exploded, right?

Immediately going into fight mode. Exploded, told the person how inconsiderate they were for turning on that show in the first place. And that might have been my response, in which case, I would have needed to go and calm down and then come back and start by apologizing, right? Because now I've lashed out at someone, and I'm responsible for that. So I would start by apologizing and then ask for the accommodations. But that's part of why it's important to recognize that whether it's somebody else who's triggered or yourself who's triggered, the expectation that they communicate immediately can almost always be too much to expect.

**Jai Bristow**

Absolutely. And not just the expectation that they communicate immediately, the expectation that they communicate in a calm, clear, rational way, right? Because like you say, a trauma trigger or a trauma response, as it can also be known, is you're reliving trauma. You're in that, like you say, the brain is in that fight flight freeze response. And different people will have different trauma responses. Some people are more likely to go into freeze or fawn, and some people are more likely to go into fight or flight.

And so again, I think it's so important to remember that. And that different triggers can bring out different responses in us, but also different people will lean more towards certain responses than others. And so having that compassion, having that time, taking a breather, and as you say, it's still not an excuse. So it's still if your response was to lash out or even run away mid conversation, which can in itself be triggering or hurtful or something to someone, or go nonverbal and leave the other person in the lurch.

There are so many responses, and the responses themselves can often, and this is why we end up in these very painful cycles a lot of the time, because different people's trauma responses can be triggers for the other people around them, which is why having the communication, explaining what just happened, especially if someone doesn't know, so I think is already important.

We've talked, or you've talked, quite a bit about avoidance, which you've touched upon. So I'm wondering if we can go into that. You've talked about avoidance as a symptom of trauma. Do you want to explain a bit more so people are really clear on what you mean by avoidance and how to navigate that, again, in oneself and in others as one of these trauma responses.

**[00:23:12] Sander T. Jones**

Sure. Avoidance primarily refers to the traumatized person as trying to avoid getting triggered. So they're trying to avoid anything that they know might remind them of the trauma, or they're trying to avoid their own thinking about the trauma. So that might be exactly why they're refusing to talk about the trauma or refusing to get therapy, because that would require them to talk about the trauma.

So avoidance being what it is, I've had a number of people come into therapy because they need to work on their trauma and they'll find ways of avoiding working on it, even in therapy. And it can take a while to get them ready to actually address the trauma. But what I'm primarily trying to emphasize is that it's really important to have compassion both for others and for ourselves. If you're the traumatized person that rather than blaming yourself and saying, I wouldn't have these problems if I could just get myself to address my trauma.

Avoidance is a symptom for a reason. Being triggered is an incredibly unpleasant experience and sometimes terrifying. And of course we're going to avoid it. That just makes sense. It takes an incredible amount of courage and strength to be in a place where we can address trauma.

**Jaï Bristow**

Absolutely. And I'm curious, this avoidance, would you say that it's usually conscious or unconscious? Like, are people purposely trying to avoid any triggers and any thoughts, or is it that often that's why some responses are to run away or to lash out? Is it a conscious or unconscious thing or a mixture of both?

**Sander T. Jones**

Oh, it can certainly be both, yeah. I mean, if I know what my triggers are, then I may very actively avoid going to certain places, avoid having certain things in my home, avoid certain experiences. So people very actively avoid their traumas. But it can also be a lot of unconscious avoidance where they just change a subject or they come to therapy with some new present day thing that they say is more important to talk about today rather than addressing their trauma. There's a lot of unconscious avoidance as well.

**Jaï Bristow**

And one of the ways I've seen avoidance manifest is sometimes, especially in, again, relationships in the broad sense, but often partnerships or close relationships of different kinds, friendships, housemates, partners, for example, the refusing to engage. And we touched upon this a little bit already in the Heal Toxic Relationships Super Conference, but how do we do that? What does someone do if someone is avoiding literally having the conversation about the trauma triggers in the first place? If someone's avoiding creating those relationship agreements, avoiding having a talk about boundaries or requests or any of these things that are really helpful but really difficult if people aren't even willing to engage?

**Sander T. Jones**

Yes. That is a big additional layer of complexity. One of the versions of fight flight freeze that we hear people talk about in just popular discussion because it's not scientifically recognized is fawning. And fawning is one of those avoidance techniques that particularly those of us with



childhood trauma backgrounds will do. And so let's say I'm triggered by something, but I don't talk to the other person about it, and the other person says, hey, you look like you're upset.

**[00:27:11]**

That alone might trigger me into a fear that they're going to abandon me or not want to be in a relationship with me if I am difficult. And so I might go immediately into a fawning version of fight flight freeze and say, oh, no, it's fine, there's nothing wrong. I don't want to be a problem. I don't want to be difficult. I don't want to be a burden, and that can make it really difficult for the other person to figure out how to help you. So on one hand, I want to say there's only so much you can do as far as extending yourself when the other person can't face their own struggles.

On the other hand, if you've got the energy to extend yourself and it's not going to harm you or cost you too much, and you want to extend yourself, some very compassionate ways you can respond to that is to say, okay, I hear you and still, seemed to me that you were distressed. I'm not sure what distressed you, but I'm just going to turn off this show. Maybe we can talk about it later, and then I might approach it more gently instead of saying, were you triggered by the show, I might say, do you maybe not enjoy those shows? And just gently try to get them to express it in preferences.

Because sometimes people are very avoidant and afraid to say very clearly that they need a boundary, because they're afraid that you'll then go, oh, that's too much, and you'll leave.

### **Jaï Bristow**

I'm so glad you brought in this piece around fawning, because it's something I hear a lot and that I sometimes struggle to understand. So I'm glad you brought it in alongside the fight, flight, freeze. Fight, flight, freeze, fawn. Often these days go hand in hand or are different options that people can have when they're triggered. So that's really helpful. Thank you.

Another topic that I'd like to talk about in relation to trauma and to triggers and avoidance and all of this is shame, the role of shame, because I think shame and trauma can go hand in hand, and I will develop on this topic more in other conversations, but we have a little bit of time left, so I'm wondering if you had anything to say about that.

### **Sander T. Jones**

Oh, absolutely. Shame is an almost universal, at least from my experience working with clients, an almost universal byproduct of trauma. I sometimes don't see it in one incident traumas, like a car accident, but sometimes I see it even in those situations. With particularly complex trauma or interpersonal trauma, there's often an abuse of power that is part of the traumatic experience. You've got one person we'll call the perpetrator who has a power advantage of some sort, whether it's physical or positional, they're your supervisor or your boss, or it's relational.

They're a parent and you're a child, and they take that power and they abuse it, and they violate your basic human rights in a way that is very distressing to you. And that's the traumatic experience. What the traumatized person is experiencing is their own lack of power, their own inability to protect themselves or to escape. And we often experience shame around that, and our brains say, I should have been able to protect myself. I should have foreseen that coming. I should have been able to get away or avoid it.

**[00:30:53]**

And that should have is the shame in action. And so that shame becomes additionally debilitating and adds to the avoidance factor. Also, then, when we're triggered later on, we can develop a shame response to the experience of being triggered, because it can be embarrassing if we're getting triggered in front of other people. And then also, there's another version of shame where most of the people that I've worked with who have complex trauma, particularly childhood trauma, are really adept at being able to say something like, I can think of someone, somewhere in the world who has experienced something worse than me.

Therefore, who am I to say that this experience is trauma? That was worse in my imagination than what I experienced. And so I should not have been traumatized by this. And that version of shame is like, I should have been strong enough to experience this horribly distressing event and somehow not develop PTSD. So, multiple versions of shame built into that, and none of them helpful. All of them perpetuate the triggering response and the PTSD and make it harder and harder for us to overcome that avoidance and get the treatment that we need.

### **Jaï Bristow**

Absolutely. And I think that kind of shame and blame, that kind of blaming yourself, feeling like, and those kind of shoulds, I should have behaved differently, and again, as you say, it can happen around the traumatic events themselves, but it can also happen around the triggers, the trauma triggers, right? So I think it's really important to name, and then again, that comparative judgment of like, oh, but my trauma isn't that big, or that person went through something similar and seems to be dealing with it much better, or all of that kind of stuff is so painful, and I think sometimes gets overlooked a little bit.

So all these shoulds, these ideas of whether it's blaming oneself, sometimes blaming another, like, oh, everything is that person's fault. Or the comparative judgment you were talking about. And that invalidation of one's experience definitely is an obstacle to healing. Right? Or is an obstacle to navigating, to being on this journey.

### **Sander T. Jones**

You reminded me of two different things that I wanted to add to that, and one of them is the invalidation that you talked about. I mean, often in an interpersonal trauma, the person traumatizing you will actively invalidate you either in the traumatic moment or as time goes on. And they'll say things like, well, if you hadn't done XYZ, I wouldn't have had to do that. If you were a better kid, I wouldn't have to punish you the way I do. They'll say things like that, actively invalidating your experience and telling you that you deserve this. You brought this on. I'm not responsible for whatever pain you're going through.

And then there's also the cultural element. I mean, we certainly have cultural elements where people get ranked into different levels of power and influence. And of course, the one that popped to mind as you were talking about this is the cultural element around misogyny and rape culture and how it was extremely common when I was young to hear things like, well, she shouldn't have been at that party, or she shouldn't have been wearing what she was wearing, or if she did this, then she was asking for that experience. And so there's a huge cultural element to shaming and invalidating the victims of trauma as well.

### **[00:34:36] Jaï Bristow**

100%. And sadly, even today, that kind of messaging can continue. And I think it's really interesting how you're separating or distinguishing between interpersonal trauma, which can happen, like you say, often in early childhood with our caregivers, and then that's reinforced in different relationships. I was in a very toxic, abusive relationship at one point, which had a lot of that messaging, right? And then what we hear, and which reinforced already my own fears, my beliefs, all the shoulds that were in my head got reinforced by this person.

And then it became a vicious cycle where what this person said then reinforced those voices in my head even more. And I think sometimes we name that superego or inner critic or all these kinds of voices that can really play out and make it worse, that kind of the messaging. And like you say, the messaging can come from primary caregivers, it can come from culture, it can come from teachers, it can come from partners, it can come from advertising. There are all these different elements which contribute to these beliefs and these voices.

And I use the term voices, sometimes it does feel like actual voices, sometimes less so, but like these beliefs about how we should respond or how we should be. And again, then it invalidates how we're actually feeling and makes it much harder to find some freedom and some healing and some spaciousness and holding around these painful events. And so again, I was saying how you differentiate between interpersonal trauma versus complex trauma versus, I can't remember the term you used, but like one incident trauma, maybe, is what you said, like a car crash.

And so, again, sometimes I start off, but I'm going to end in this case with you about not quite asking your definition of trauma, because I think you've touched upon it, but just how all of that is trauma. And just talking about, we were talking about invalidating earlier and yeah, I'm wondering if you had anything to say about that, about validating, how all these different types of trauma, whilst different, again, to not have that kind of comparative judgment of that person's trauma is worse than mine, for example.

### **Sander T. Jones**

How to not have that judgment that one is worse than another. It's just not helpful. We need to be able to access self compassion in order to heal. And if you've got trauma, does it matter if it's a one time accident, or if it's a long term abusive relationship? Does it matter if one seems, by outside standards, quote unquote, worse than the other? You've still got trauma. Trauma is something that literally happens to our brains.

It's like the brain is in the fight flight freeze response when the event is happening. It doesn't matter if the event is someone's making fun of your shoes and it's embarrassing you at a party, or if the event is some huge interpersonal, developmental childhood thing that lasted ten years. Your brain is in the traumatized state. It's in the fight flight freeze response. This event is not getting recorded through the rational part of the brain, where our events are usually recorded.

It gets recorded in a different way, so that it lives in our brain as though it's an ongoing, present, happening right now experience. And that's why it's an ongoing distressing experience. And we just need relief from that. And in order to get relief from that, we need treatment. We need to be able to process that trauma while not in the fight flight freeze response, so that we can process it properly and put it on a timeline so that our brains can become convinced that that event is over.

**[00:38:42]**

The reason that PTSD is so distressing, whether it's single event PTSD or complex PTSD, is that it lives in our brains as though that trauma is continually happening in the present. And that is a very distressing way to live, and it has a huge impact on people's lives. And judging one as worse or less severe than another is just not helpful at all. And I just encourage people to take that and put that away and just focus on this is distressing. I need relief from this distress. Let's do the treatment.

**Jaï Bristow**

Absolutely. And thank you so much for explaining those different types of traumas and how it works in the brain and how we all just... What's helpful and what's more harmful beliefs around our trauma. Now, my final question is, considering all of this and how complex it can be and how it's literally living in our brains, as you say, do you believe trauma can be healed?

**Sander T. Jones**

Oh, absolutely. One of the reasons that I decided to specialize in treating trauma was, as I said earlier, I grew up in an environment where I had extensive trauma for literally the entire 18 years before I left home. And so I entered young adulthood with a case of complex PTSD and some other additional mental health issues that were a result of that. And experiencing my own therapeutic work and my own healing just really fueled me with a hopeful outlook and an ability to encourage clients to go ahead and face that trauma work.

It put me in a unique position to understand the experience of a person who has PTSD and is experiencing triggering and et cetera on a regular basis. It's helped me to be able to explain to people what the treatment plan looks like and what they can expect and also what they can expect for it to be like once they've achieved a certain degree of healing and I can show them, first, we're going to work on your emotion regulation skills for when you're triggered in the present. Then we're going to work on processing the traumas in whatever order you can handle it when you're ready.

And once we're processing those, your experience of those memories will be different, quite literally. Traumas that I experienced as a child that used to be so triggering that I would have intense flashback experiences that could last like half an hour to an hour, where I would literally lose touch with what was reality has just become a memory that is just a memory like any other memory, and I can think about it and not feel triggered at all. I don't wish that experience on anyone. It's not a benign memory. I look back on it and I go, man, that was awful.

But I don't feel those feelings. It's just a memory. Sometimes I've had clients tell me that after they've achieved a certain level of healing, that it's almost like they saw it in a movie or that it happened to someone else. They know it's still their memory, but it doesn't bring up any emotional response, and that's really life altering for a person who's living with trauma symptoms.

**Jaï Bristow**

Absolutely. Thank you. So much, Sander, for sharing some of your experience in that. I really value how you talk about complex PTSD and how easy it is to be triggered in that state, even by one's own thoughts. Right? So everything you were saying earlier about there's so many different

triggers and things people don't even think of, including one's thoughts and how it is possible to heal. It is possible, you know, from your own experience to get to a point where things which were vivid, intense flashbacks, are now just a memory, like a movie. How can people find out more about you and your work?

**[00:42:51] Sander T. Jones**

They can find me on my website, which is [sandertjones.com](http://sandertjones.com). You can find me on social media platforms. You could read my book, *Cultivating Connection*. It's a great way to hear a lot about, particularly, the negotiating with other people, boundaries around triggers and how we are responsible for our behavior, and also a bunch of self soothing skills. But mostly from my website, [sandertjones.com](http://sandertjones.com) is a great place to sort of link up with all of the other things.

**Jaï Bristow**

Fantastic. Thank you so much for your time today and for this really important conversation.

**Sander T. Jones**

Thank you.