

Understanding Trauma and Healing - A Dialogue with Dr. Kelly Roberts Part 2

Don Drew: [00:00:00] Hello everyone and welcome to Peaceful Life Radio, your place on the internet dedicated to helping people live happier and more peaceful lives. And with me is David Lowry. How are you doing today, David?

David Lowry: Doing fine, Don. Cary and I just got back from a trip to the Oklahoma Amish country this weekend and it was a wonderful

Don Drew: That sounds great. I'll have to do that someday. David, we have a wonderful program which is the second in a series on trauma and healing with Dr. Kelly Roberts. We encourage all our listeners to go back and listen to part one of this great program.

David Lowry: It was a great show, but before we continue with part two, Don, I want to ask all of our listeners to download, like, and share our podcast. Be sure to invite your friends to listen as well. I hope everyone will do that.

Don Drew: David. To remind everybody, Dr. Kelly Roberts is a licensed marriage and family therapist and approved supervisor by the American Association for Marriage and Family Therapy. Her career includes teaching scholars from high school through postgraduate university and medical [00:01:00] residency programs. Dr. Roberts will discuss intergenerational trauma and moral injury in this second episode. Welcome Dr. Roberts.

Intergenerational Trauma

Don Drew: I understand there's something called intergenerational trauma.

Can you tell us a little bit about that?

Kelly Roberts: Intergenerational trauma is another category of trauma. It's one that we're starting to measure epigenetically, meaning we can take blood samples and other types. These types of samples go to the lab and say this pattern looks just like the grandparent and the great grandparents patterns.

And this kind of trauma is, as markers that we've been passing down, it um, trauma that happens to a mother carrying a developing child in utero. Then you can actually see and measure those markers. It's interesting that there are populations so massively traumatized that those markers are still being passed down.

and Collectively in complex ways, mass populations are still dealing. For instance, our first Americans are enslaved peoples. And so many populations still deal with [00:02:00] intergenerational trauma.

David Lowry: And this is something many people find astounding. When a person is born, they come into the world, tabula rasa, blank slate, welcome to the world, and everything begins there.

But I think what you're saying is, epigenetically, that's not true.

Kelly Roberts: Absolutely. We have distinct markers on our bodies, like fingerprints. We also have distinct patterns of physiological, It's interesting that I don't see sometimes as so much of a deficit, but there is definitely a story to tell. People are responding in different ways to intergenerational trauma just by learning that it exists.

And now I understand why these things are going on. I'm making sense of the world in a different way. And so just the knowledge about trauma, I think sometimes is a healing thing.

Don Drew: If the stories we tell ourselves reinforce certain traumas or responses to traumas, is it possible to learn how to reframe or retell that [00:03:00] story?

Kelly Roberts: Yeah, there are many interventions that help retrain, reframe, Sometimes we try to fix them over and over, but this is maybe fixing it in a different way. There are pervasive research studies that show EMDR, which is an eye movement desensitization and reprocessing intervention. You will find that that's a really highly recommended frame of treatment for, um, seeing and reframing things differently.

You can see the word reprocessing, right? Reprocessing. So we process it in a certain way, processing what happened to us in a different way and reframing. There are other ways that desensitize many treatment models. Well, how you have you tell the story or journal the story or say the story out loud and read it.

So you're desensitizing your physiological or emotional response over and over. Once your response is at a baseline or a more regulated state, you can see things differently because you're not overthinking or being reactive. Being in a different [00:04:00] state about something you were traumatized about helps you see things differently too.

Don Drew: I first heard about this, uh, eye movement therapy about a year ago and my first reaction was, wow, that's, that's kind of weird. Can you tell us a little bit more in terms of, uh, how that works?

Kelly Roberts: I'm going to offer a simplified explanation. One of the things that happens to our bodies, and this is part of learning theory, is there's something called a gateway.

We get so flooded with information that the gate just kind of closes. We just shut down. There's too much information. Too much

David Lowry: coming at us.

Kelly Roberts: Too much coming at us. And so it's kind of like the gate closes and nothing else gets through. It's interesting that Sometimes people learn best if there's music going on, or if they're distracted just a little bit.

EMDR is a way to help your eyes replicate what they're doing when you're sleeping and you're in a REM state. When you're in a REM state, you are kind of defragging like the old computers. REM is going on in a [00:05:00] mock way that creates. What's going on that detracts our brain a little bit so that new information can come through.

That's how EMDR works in a very simplified form.

David Lowry: I want to go in a different way here, Kelly, if we can.

Relational Trauma and Gaslighting

David Lowry: What are some of the more ordinary types of trauma?

Kelly Roberts: You mentioned something really important for people to understand, and that is there is relational trauma. Relational trauma is psychological harm. Um, That results from unhealthy relationships, and I feel we teach about something called a double bind.

The double bind is that you say one thing, but your behaviors negate what you just said. For instance, you might say. You never show me that you love me. So you go hug that person and they go, what are you doing? All of a sudden your brain is locked and it's very traumatizing when you're trying so hard to do something a loved one wants.

And then they tell you, I didn't want that. This is crazy making like crazy making [00:06:00] as a type of trauma. Gaslighting. That's another term that's very out. And we don't want to take away from that very real thing because. I mean, I've been gapless before. I had a professor. I went by and this person was in their office.

And they were talking to someone and I had a meeting and I waited and waited and they just kept talking. So I finally left after about 15 minutes and sent an email and I said, I came by, but you were busy. They've responded in the email. I wasn't busy. I was here. I wasn't meeting with anyone. And I'm like, I just saw this person with my very own eyes.

That is a classic form of gaslighting where they're telling you your reality is not real. So all of a sudden, psychologically, I'm feeling harmed and very less inclined. to interact and bring up anything. So gaslighting, power and control, coercion, exploitation, all kinds of ways that relationally we can be traumatized.

David Lowry: There's so many ways that can happen in relationships and [00:07:00] Part of what we hope to accomplish in a program like Peaceful Life Radio is to retrain ourselves to be the kind of person that doesn't inflict any more of that on others. We know what it's like to have it happen to us. You've heard hurting people hurt others.

There's a lot of truth to that. Can we learn to let it stop with us? Maybe you were abused by your parents. Can you be version 3.0 and not pass that along? Not be version 2.0 that just does it even better, but Stop it, and jump a generation.

Kelly Roberts: One of the things that's key to that, David, is realizing it. So, many people have a lot of harm they're carrying around that they can't see or understand.

Once you can see or understand, you can take steps to turn that around and help the 3.0 version be realized. The people around us, come into play about us being willing to lead and grow a next generation who is [00:08:00] more

resilient and more healthy. We'll have our intergenerational peace instead of intergenerational.

Trauma. I want to say that realizing it is probably a most important key that has to happen first.

David Lowry: And it's probably the hardest thing. You've always heard our good friends at AA and all the 12 step groups saying, you've got to admit you've got a problem. Some people say, well, you mean I have a problem? I don't have a problem.

It's like, well, you're doing this, this, and this an awful lot. And it's like, yeah, but everybody does that. There's a lot of excuse making. At

Don Drew: the end of the day, peace is also a choice. We have to choose peace for our lives. Sometimes that means we need to take action on the deals to the, the traumas in our own life and find ways to positively respond to that.

Maybe it requires reframing, maybe it requires extensive therapy or who knows what exactly. I'm sure you're going to be able to help us out more there.

Kelly Roberts: Sure. And one of the things I liked that you served up to me was the word positive. Yes, there are many trauma informed therapies, [00:09:00] therapy that is as personal as maybe art therapy or music therapies many times can be healing.

There's prolonged exposure. There's TBRI, which is a trust based relational meaning that Perhaps there's a harmed child and we're learning how to help that child grow, trust, heal, TFEBT, which is another very scientific gold standard way to approach. It's called trauma focused cognitive behavioral therapy.

One of the things I want to make sure is there's not just interventions, there's also preventions in ways that we can build an environment that helps foster resilience. And so one of the scientific terms I can end here with is using the word positive. This is something that now is in science called positive and compensatory experiences, PCEs, PACEs.

Positive means, hey, you did a great job. let me help you if you'd like. Hey, let's do something that is fostering [00:10:00] resilience, that helps us be healthy, that helps us feel good, helps us feel confident, helps us feel independent, be able to navigate our world. And compensatory means that you're mitigating, you

know, and you're compensating in some ways as an adult for a child, or you're compensating in some ways if your partner is having a bad day.

If it's compensatory and that experience is doled out. positively and received positively, you're actually preventing another trauma response that might be harmful. So you're not just healing trauma, you're actually building up antibodies.

David Lowry: So I had this utopia that I want to start and we had the person in the room who can help us lead our charge.

We really want to be sensitive to people and what their life experience has brought them. How do we recognize some clear signs this person probably, it's not us, it's probably something they've experienced, and to sort of let it go and at the same time be a supportive, peaceful person. Who's gone through [00:11:00] all of this stuff?

Kelly Roberts: One of the things we can do to be a healthy presence is to notice when we're co regulating because someone around us is healthy. You may be wired up a little, or maybe you're a little down in the mood. Like today I walked in and I was hot. And David said, You look a little down and made me realize I'm just hot, but weather makes me in a bad mood.

And so he helped me co regulate and Don, you were kind of joining in that conversation and all of a sudden I'm feeling okay again. And so what we have is we're compensating for me bringing in my, I hate Oklahoma summer's mood. If you notice around people, if they help you co regulate. then you know they're probably doing okay.

If you notice yourself always regulating because someone can't join that process, they may not be okay. If they're never helping you regulate, if they're not very regulated, that might be a sign. I think if your [00:12:00] ears are open and you're hearing, gosh, this person, they just keep showing up late all the time and you're noticing that they're also late with you.

If you have multiple data points, then you can know that perhaps it's time to check in with that person and say, what's going on that keeps you from walking in the door on time? That's not the person I used to be early and just wanted to let you know that you've been on my mind. Those kinds of data points are helped by people around us, but we can do it.

If you see somebody that's just not balanced, then probably that's your sign.

David Lowry: This brings up a question. Sometimes we find a person who's not doing anything about it. Yes, it's trauma, but we're in a relationship, maybe a coworker, and they're not owning their stuff. It requires compassion on our part, but also some boundaries.

Can you help us with some healthy boundary ideas?

Trauma-Informed Workplaces

Kelly Roberts: I think one of the things that, if we blended this conversation, we would say, What does a [00:13:00] trauma informed workplace look like? When you have Goals to meet. You have a culture to set. If one person is coming in late all the time, that changes the way the rest of the culture may be responding or thinking about the themselves or who the leader is and how they're responding in some ways being trauma informed as a leader or culture setter is a great way to think you absolutely have to have boundaries HR is good about having those boundaries, but Understanding that trauma could be part of the key Then I think what you're going to do is you're going to get help from HR and yourself to say we have to have these boundaries But is there a way that we could give healing time or invite back in?

And so I think sometimes in the past, historically, people have just been fired. You show up late 20 times, you're fired or 10 times or 5. And so I think now what we have is we can create a positive or compensatory plan. [00:14:00] Where we can say, if there is something going on, we're going to give you time to change that, to heal from whatever is going on.

This is your plan, and let's co create it. If they created a plan and say, yeah, I need to do this, or I need to get therapy, or my family wiped out my bank account, or whatever those things are. I think that even As business leaders, if we have the additional trauma informed view of our work culture, then it's going to help us get more creative in plans.

That may be growing some of the very best leaders that we thought were going to walk out the door because we couldn't help them.

Moral Injury

Don Drew: Kelly, I don't want to miss our opportunity to ask you about a kind of trauma you have specific background in called moral injury. Can you talk about that?

Kelly Roberts: Moral injury is relational trauma and it's relational trauma many times within the confines of a workplace.

A moral injury is defined as an injury to the soul. The injury part, and this is the trauma [00:15:00] piece, is that your workplace, leader, or perhaps a whole system, like a military system, Require you to do something that you believe is absolutely against everything of who you are. And so, you can be charged with the mission of carrying out some kind of task that goes against everything you believe because of your spiritual or faith.

You have the choice of either quitting a meeting, getting court martialed, or carrying it forward, being the sniper that picks off somebody that you never wanted to kill. You took their life because that was your job. This happens in the workplace all the time where You absolutely believe that you work for this kind of company that has this kind of mission, and yet you're being told to go against that mission and against who you are, that is deeply injurious to your soul.

That's a relational trauma. It's your relationship with your work.

Don Drew: A type of cognitive dissonance. You have to resolve it. That stress remains embedded until you find a way to resolve it.

David Lowry: My oldest son [00:16:00] graduated with his MBA and was so excited to get this really nice job. Part of his job was collecting debt, which he didn't know that was going to be a part of his job, but it was part of it.

Part of the debt that was owed was owned by a children's home. These orphaned children living in this Catholic home, running on a shoestring, and they're behind. They were very upfront with him and said, If they don't pay this debt, we're going to take the home away from them. It caused him to give up the job.

This is moral injury.

Kelly Roberts: Absolutely. I had a grad student who was supervising for licensure and she was put in a research position where she had to push people, even if they said no. In the research world, you have to respect free moral agency and the choice. And more than once you were supposed to say, At any time you want to back out of the study.

It's your choice. It's your life. And she was trained and told and must recruit and push and make the [00:17:00] quote sale and quote while the research she was Absolutely dying inside because of that.

David Lowry: Moral injury happens, uh, a lot more than it should. There's a lot of pain and suffering in the world. But I think you've given us a lot of hope today, Kelly, as well, as ways of moving forward.

If we recognize this, it's important to do something. What are some things that our listeners who say, I think I've suffered long enough and I want to be happy. I haven't been happy in years or I'm happy, but I think I could be happier because I have these recurring thoughts or I have these post traumatic images in my mind.

What are some positive things that people could do to get started on that road to healing?

Resources and Final Thoughts

Kelly Roberts: One of the things that people generally have in the United States is an area resource place they can go to. There's a whole network across the United States called The community mental health agency, they can look up where their community mental health agency is and say, I'm seeking help for trauma.

[00:18:00] I would be interested in maybe one of these treatments I've looked up and that person has to provide a referral by law. If they're really distressed, they can call 988 and 988 can connect them to services. There's the nationwide community mental health agencies. There's 988, but there's also local. And if you live around the university.

We have many experts in the area on trauma and different kinds of models. We even have some right here in our own training clinic. We have a graduate program that trains marriage and family therapists and we have trauma. I would say 30 35 percent people are walking in the door and they're aware that something happened to them and they'd like to work through that.

What we find is most people that walk through the door eventually realize trauma may be a part of the work. There are a lot of ways to look for treatment. I think those resources, making sure that everyone understands there's and local resources. They can look on psychology [00:19:00] today and search for trauma informed treatments.

I want to say this to people. If they start treatment, please remember that the first session or the first two or three, it's an interview and you have to feel comfortable. and confident about the provider. If you get lucky the first time and it works out, great. But just like any other kind of provider, it may be that second person that really helps you get where you want to go.

Don Drew: 988 is the mental health version of 911. It's what you call when you're having a, some kind of mental crisis.

Kelly Roberts: That's right. It's a crisis line. Generally, they're geared up for more suicidal type calls, but they're actually a resource center. Is that a

David Lowry: U. S. standard?

Kelly Roberts: It's across the U. S.

David Lowry: Any last things you'd like to say before we close?

Kelly Roberts: Everything that you're doing here and your guests all point to a peaceful life. I would encourage people if they Have something many times people will say I've never told anyone this and they say that in therapy if there's something that you've never told It's likely there is still some dissonance and struggle something going on and so I would say to [00:20:00] just listen to that message for yourself and Acknowledging or externalizing working through it.

You can have a more peaceful life on the other side I have seen it my whole 25 years and I believe it.

David Lowry: Kelly, thank you for being with us these past few weeks. It's been fantastic. And we invite all of our listeners to join us next week on Peaceful Life Radio, your place on the internet dedicated to helping people live happier and more peaceful lives.