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A Commentary on Trauma's Different Layers

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This article highlights how trauma may be caused by factors aside from catastrophic events, physical violence or accidents resulting in physical injury. Examples of trauma beyond the more commonly known causes are detailed. This article also emphasizes how individuals engaging in psychotherapy may at times lack awareness that their self-reported dilemma, or symptoms, may stem from early relational trauma. The following commentary originated with first-hand clinical experience and was reinforced by literature. It is important to recognize that individuals reporting symptoms of depression and anxiety are most effectively treated in psychotherapy when past trauma is accurately identified as the root of their dilemma.

KEYWORDS: PTSD, trauma, early relational trauma, attachment trauma, depression, anxiety, psychotherapy, early life experience, traumatic memory

Trauma's Different Layers

Many individuals might not know that trauma is not always the result of a clear-cut disaster or a lone tragic incident. People who have not engaged in psychotherapy or other modes of self-examination are not always aware of various causes of trauma. Individuals presenting for psychotherapy may identify as suffering with symptoms of depression and anxiety. These symptoms can manifest in adults as a result of difficult, possibly traumatic, early life experiences (Chu et al., 2012). They may seek counseling with a protective lack of awareness why these difficult, trauma-related feelings are coming up for them (Goldsmith, Barlow and Freyd, 2004). Therapists might describe a troubling experience from an individual's upbringing as an *early developmental trauma* or *early relational trauma* as this concept has come to be known through its evidence base (Schore, 2001). A difficult life experience processed during a state of overstimulation may create a traumatic memory (Kolb, 1987). This type of experience might lead to adult symptomatology that does not fully fit DSM criteria for Post-Traumatic Stress Disorder (McDonald et al., 2014). Also, the context of the difficult experience is not so significant. Other people reacting to something similar without a trauma response (Crestani, et al., 2019) is not significant. What is significant is that for one person, something happened causing a fearful reaction, perhaps even leading one to feel *frozen* by an experience (Roelofs, Hagedaars, Stins, 2010). This can sometimes be enough for an individual to tuck that memory away in a fight or flight context (Cantor, 2005).

Take for example, a young child being scolded by a parent or feeling alienated by a friend. These events can create attachment wounds and emotional symptoms that over time, if not addressed, can manifest for some individuals similarly to PTSD. Perhaps these *milder* traumas do not reach a level of debilitating symptoms diagnosed as PTSD. If this is the case an individual can still attain life achievements despite considerable emotional strain. One may lead a productive life professionally and socially, achieving financial success while surrounded by friends and family who care about them. However, one can simultaneously be affected by early developmental incidents that hinder feelings of joy and satisfaction. One may identify feeling *anxious* or *depressed*. An individual may also develop a negative sense of self as a result of frequently

receiving negative messages from someone. For example, when a parent subjects a child to emotional abuse a negative sense of self as an adult is often part of the outcome (Chiu et al., 2019). For some adults, stunted capacity for emotional expression resulting from troubling early life experiences (Sayfan et al., 2008) may not always be something they understand as coming from childhood.

The concept that certain social factors play a part in how trauma can manifest is being more widely examined (Maercker & Hecker, 2016). This is a fortunate awareness as social factors in much of trauma's research base are somewhat disregarded. We are also becoming more aware that certain stereotypically *non-catastrophic* experiences such as a pregnancy can lead to symptoms of depression, anxiety and even PTSD (Roberts & Homer, 2019). Events not always perceived by society as leading to long-term emotional wounds can have a traumatic effect.

A Silver Lining

Perhaps there is a silver lining. Awareness of the struggles of others can create enhanced sensitivity or empathy within oneself. As awareness increases, one might begin to see that an incident does not have to be defined as disastrous in order to weigh heavily on someone. And weigh heavily enough to adversely affect their emotional and physical makeup. This can be the previously mentioned difficult experience from childhood, a difficult sustained relationship or an employment struggle. Traumatic wounds can occur without involvement in a physical accident, natural disaster or other event that was once more typically recognized as *Trauma with a capital T*.

As someone begins counseling/therapy, they might use words like *anxiety* or *depression* to describe their dilemma. Those descriptors are sometimes effects of *trauma with a lowercase t*. Those troubling feelings are not always caused by an isolated tragedy but instead by ongoing emotional strain as fallout perhaps from difficult relationships. If anxiety or depression are accurately identified in therapy as symptoms of trauma, this gives a therapist a helpful line to the root of a dilemma and a chance to provide lasting relief.

Hopefully another part of the silver lining is that people will begin to feel more optimistic about these dilemmas being workable and able to be overcome. People frequently come out on the other side of these roadblocks. Although a difficult early childhood memory exists, it does not have to permanently have a grip on us.

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