



The Impact of Trauma and How Increasing Our Capacity to Mourn Supports Healing

“The health care system is populated by trauma survivors, both those providing and receiving care.” (Fleishman, 2019)

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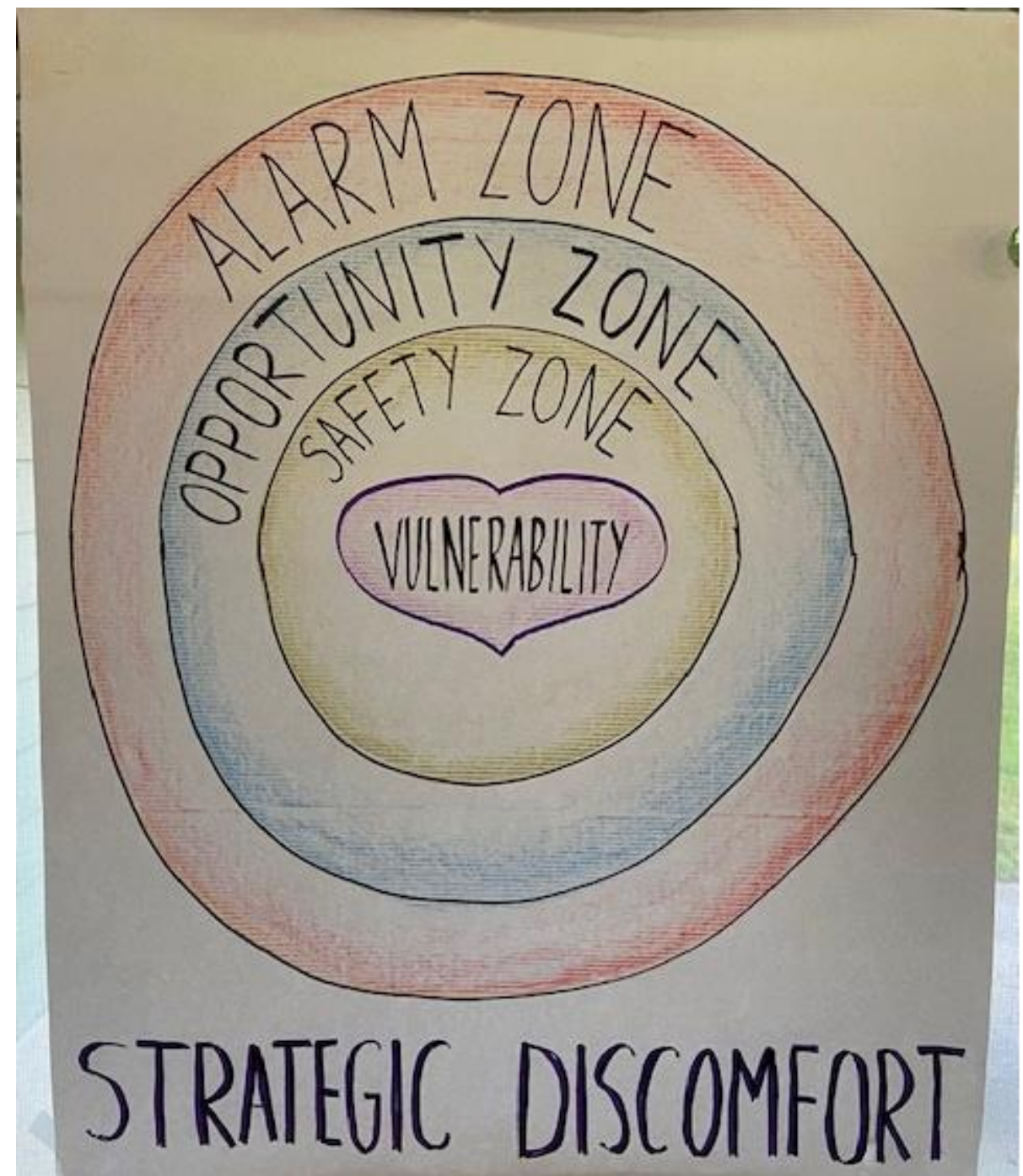
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Objectives

1. Describe three potential impacts of trauma on an individual.
2. Explain what happens with the nervous system when a person is triggered or emotionally stimulated.
3. Use the Nonviolent Communication model for self-empathy to identify what's important to you.
4. Increase individual and collective capacity to mourn as a trauma-informed practice.

Will you join me?



Vulnerability

trusting that we can show
our emotions



How has COVID impacted you?

(at home and/or work)

- Small groups for 5 minutes. Each person shares for ~one minute.
- No interruptions, no advice, no storytelling.
- After each person shares, the group responds together with “We hear you.”



Even before the relentless stress of the pandemic, trauma was recognized as “a widespread, harmful and costly public health problem” and addressing trauma “an important component of effective behavioral health service delivery.”

(SAMHSA, the Substance Abuse and Mental Health Services Administration)

Every \$1 spent on trauma-informed care saves
\$5 over a lifetime of costs. (SAMHSA 2014)

Trauma



An Incomplete List of Possible Traumas

- Verbal abuse (name-calling, being ridiculed, made fun of, or dismissed)
- Receiving bullying or social exclusion
- Neglect (no one talking to you; no one looking at you; being left alone for two minutes or more below the age of nine, eight hours or more below the age of thirteen, more than two days below the age of eighteen – especially without notice or prior arrangement)
- Homelessness, dislocation, emigration
- A parent's suicide
- Seeing someone be killed or die suddenly
- Losing someone to violence, suicide, or sudden death
- Losing anyone to death as a child
- Witnessing violence on television as a child
- Experiencing or witnessing domestic violence
- Sexual assault, attempted sexual assault, or attempted murder
- Hearing about other people's traumatic deaths
- Earthquake, flood, or other natural disaster
- Pandemic

An Incomplete List of Possible Traumas, con't

- Robbery, burglary, or other home or vehicle invasion
- Discrimination, racism, exclusion, bias, or microaggressions
- Poverty
- Community trauma (coming from a difficult neighborhood)
- Your addiction, or the addiction of a parent when you were a child
- Diagnosis with a life-threatening or chronic illness
- Awakening during a surgery or medical procedure when you were supposed to be unconscious
- Complicated births (for fathers, too)
- Experiencing or participating in wars, military interventions, or active military service
- Being a police officer
- Having a rescue/recovery occupation
- Having a mental illness or having a parent who is mentally ill
- Being kidnapped, confined, or tortured
- Disappearance of a parent or caretaker due to death or abandonment
- Sexual abuse
- Physical abuse



COVID-19

Layers of impact in many areas of our lives

COVID-19 was the
earthquake, and PTSD
in healthcare [staff]
is the aftershock



Goulston M, Hendel D. *Why Cope When You Can Heal?* United States of America: Harper Horizon; 2020.



Banner
University Medicine

ATTENTION PATIENTS & VISITORS

Our hospital is a healing environment.
**Aggressive behavior will not
be tolerated.**

Examples of aggressive behavior include:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language directed at others
- Threats
- Failure to respond to staff instructions

There is zero tolerance for all forms of aggression.
Incidents may result in removal from this facility & prosecution.

Administration supports staff in pressing charges for
aggressive behavior they encounter while caring for patients.

Our Policies:

- System Security:
Workplace Violence Prevention Program, #2714
- Harassment and Sexual Harassment Policy, #427

Healthcare staff may be exposed to
difficult or even dangerous situations

Enhanced security measures:

- Signage about not tolerating violence
- Metal detectors
- Banning people from visiting



Edward Machtinger, MD

Professor of Medicine

Director, Women's HIV Program

University of California, San Francisco

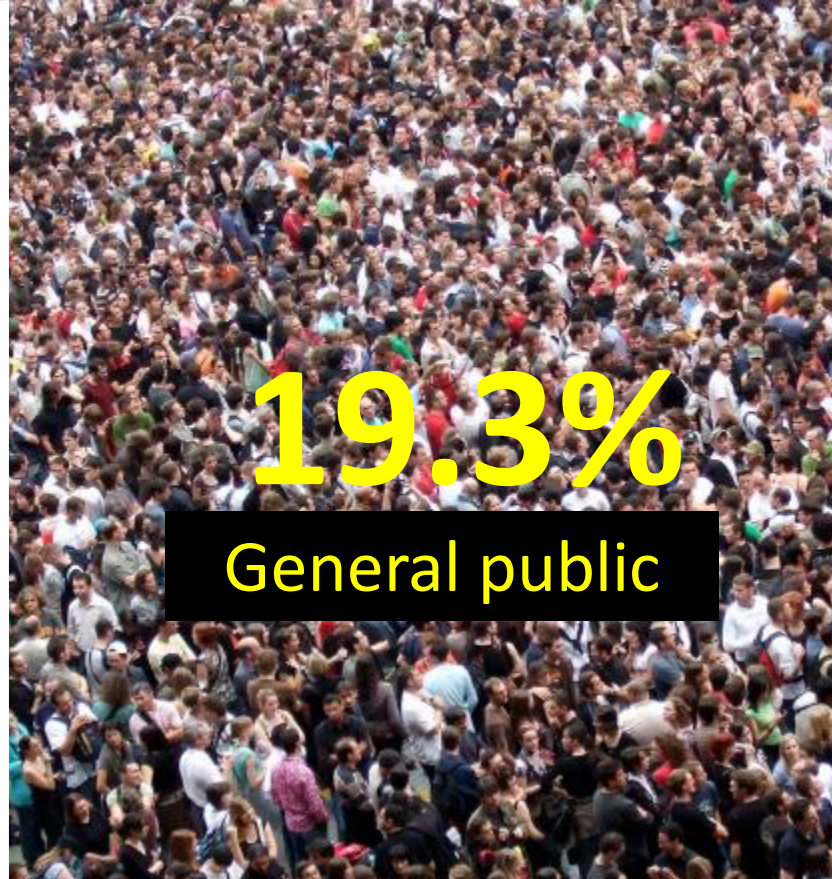
“My framework for thinking about this is that there are two pandemics – one caused by the virus and the other caused by the trauma and stress associated with the pandemic.”

<https://www.chcs.org/how-the-covid-19-pandemic-is-highlighting-the-importance-of-trauma-informed-care-qa-with-dr-edward-machtinger/>



26.9%

Healthcare Workers



19.3%

General public



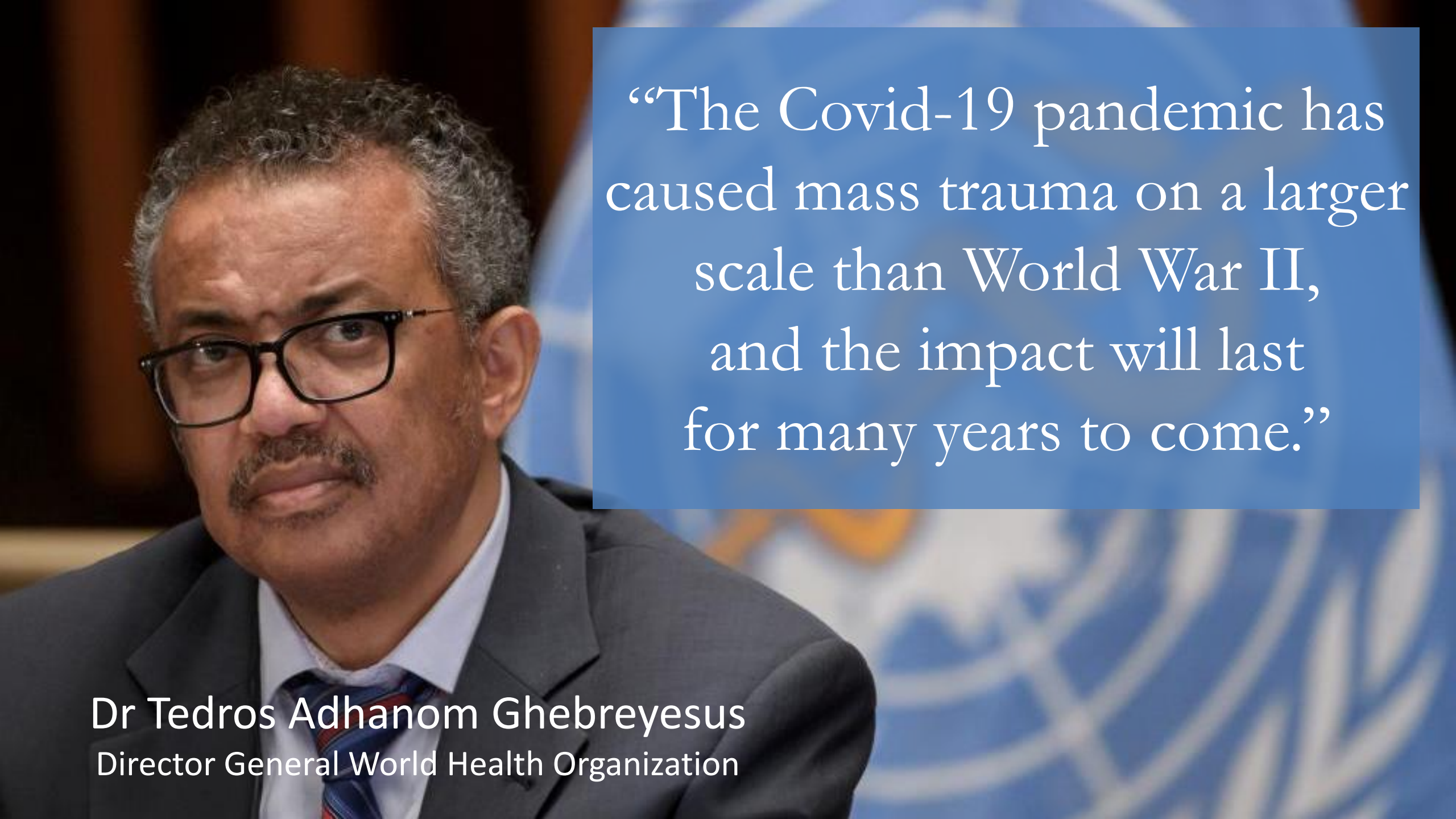
23.8%

Infected Cases

PTSD following pandemics is a significant public health concern

(88 studies on COVID-19, SARS, H1N1, Ebola, Zika were included in this analysis)

Yuan K, Gong YM, Liu L, et al. Prevalence of posttraumatic stress disorder after infectious disease pandemics in the twenty-first century, including COVID-19: a meta-analysis and systematic review. *Mol Psychiatry*. 2021; <https://doi.org/10.1038/s41380-021-01036-x>.

A portrait of Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization. He is a middle-aged man with short, curly grey hair, a mustache, and black-rimmed glasses. He is wearing a dark grey suit jacket over a light blue shirt and a blue and red striped tie. He is looking slightly to his left with a serious expression. The background is a blurred blue and white pattern, likely the WHO logo.

“The Covid-19 pandemic has caused mass trauma on a larger scale than World War II, and the impact will last for many years to come.”

Dr Tedros Adhanom Ghebreyesus
Director General World Health Organization



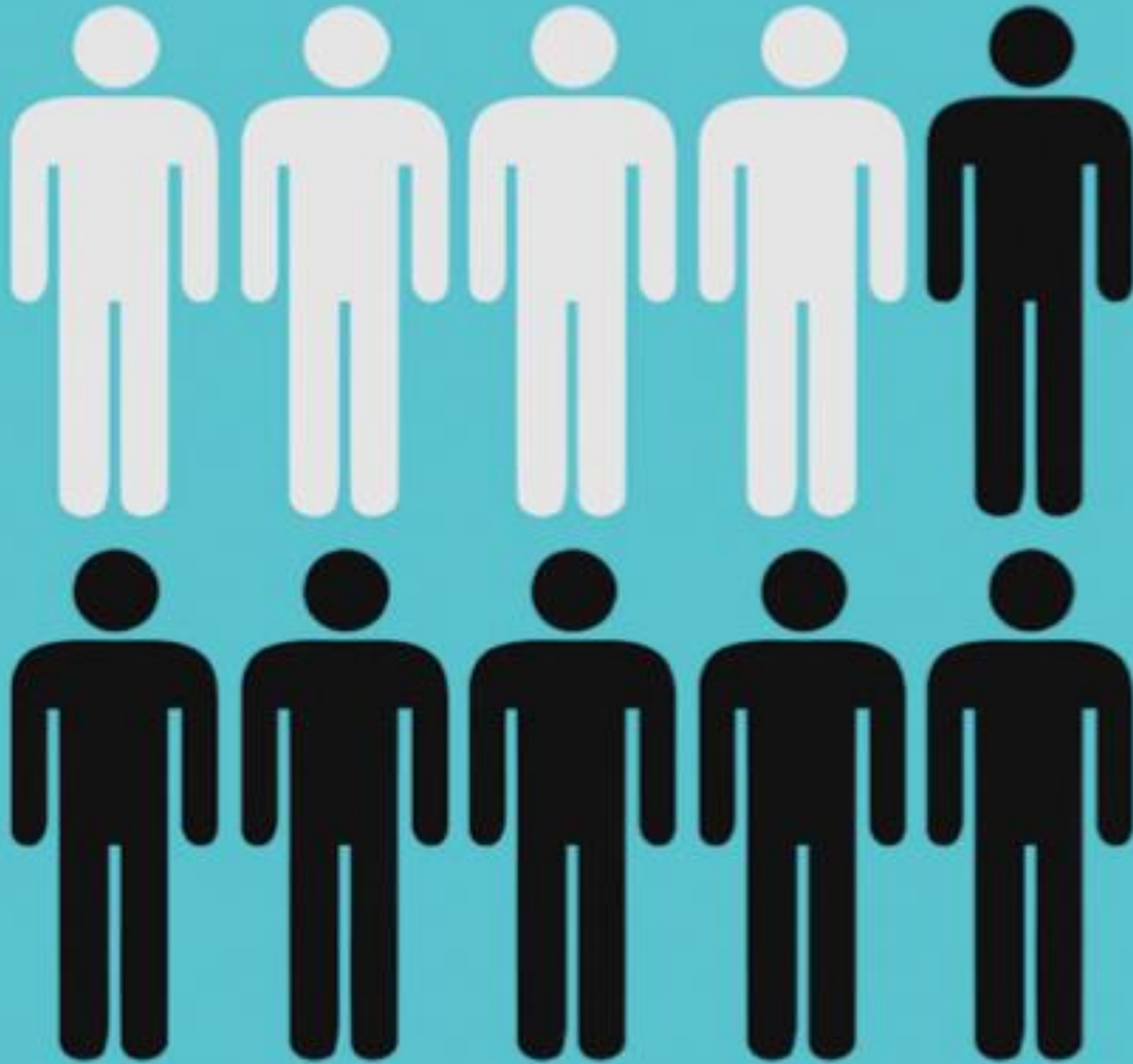
“Trauma pervades our culture, from personal functioning through social relationships, parenting, education, popular culture, economics, and politics. In fact, someone *without* the marks of trauma would be an outlier in our society.”

~Dr. Gabor Mate in *The Myth of Normal*


Trauma in Certified Nursing Assistants (CNAs)

In a study of CNAs working in skilled nursing facilities (>200 beds) in a northeastern city

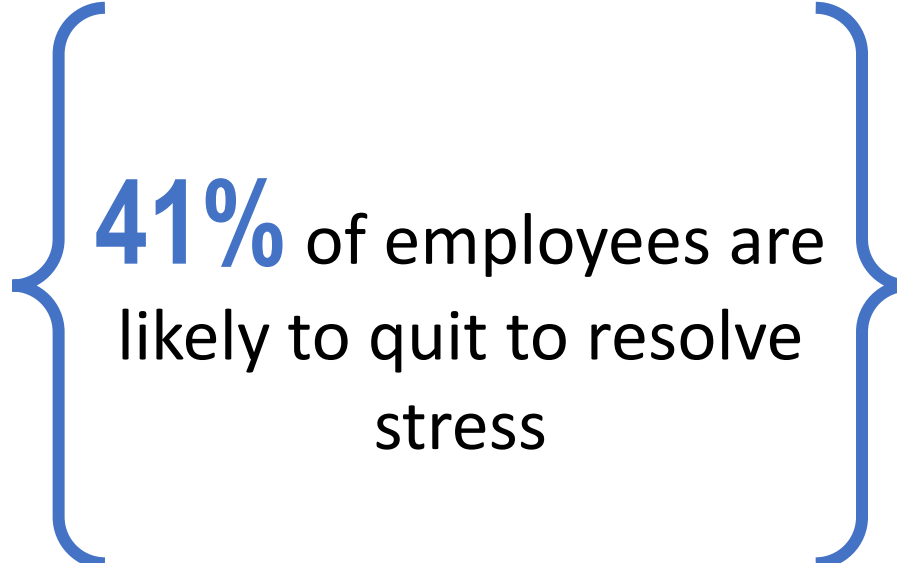
- 90% reported at least one trauma in their lifetime
- Mean number of events = 3.3
- 46% reported physical assault



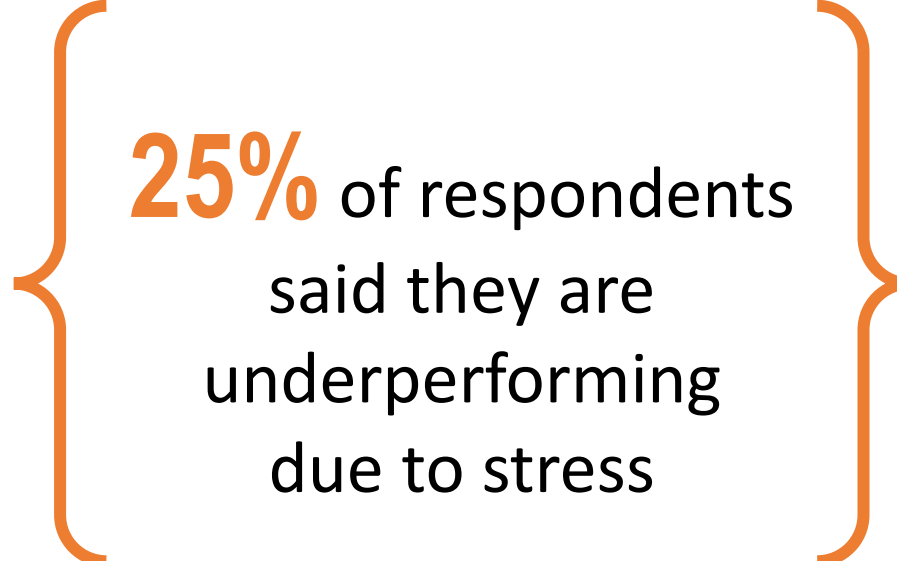
[only] 4 out of 10
US employees
strongly agree that
their supervisor,
or someone at work,
seems to care about
them as a person



67% of employees
ready to quit say
leaders made empty
promises for well-being



41% of employees are
likely to quit to resolve
stress



25% of respondents
said they are
underperforming
due to stress

Emotional Exhaustion Among Health Care Workers (HCWs)



“Emotional exhaustion is a chronic state of physical and emotional depletion that results from excessive job demands and continuous hassles.”
(Psychology Wiki)

- 40% of nurses and 23.8% of physicians plan to exit their practice in the next 2 years
- Comparison of post 9/11 combat veterans to HCWs during the pandemic shows equivalent rates of moral injury in both groups

Webinar Panel



Charlene Chu, PhD, RN

Assistant Professor
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto, Canada



Franziska Zühlke, PhD, RN

University Lecturer, Head of Education
Nursing Science, Department of Public
Health
University of Basel, Switzerland



Michael Lepore, PhD

Vice President, LiveWell Institute; Adjunct
Assistant Professor of Health Services,
Policy, and Practice, Brown University,
United States of America

Charlene Chu, PhD, RN
Franziska Zuniga, PhD, RN
Michael Lepore, PhD

Retention / Intention to Stay

- Stability of staff: long-term relationships with residents / families; knowing the person; retain facility-specific knowledge, better quality of care
- Influencing factors: empowerment, supervisory support, possibility to provide good quality of care

Turnover / Intention to Leave

- Change in staff: new recruitment, temporary replacements; reduced productivity; costly; disorientation for cognitively impaired residents, poorer resident outcomes
- Influencing factors: work stress, burnout, job dissatisfaction

Different concepts with different influencing factors
Eliminating factors related to intention to leave will not have employees stay

Definition of Trauma

(CMS uses this definition)

Individual trauma results from an **event, series of events, or set of circumstances** that is experienced by an individual as **physically or emotionally harmful or life threatening** and that has **lasting adverse effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(emphasis added)

Emotional and Psychological Trauma

“Result of **extraordinarily stressful events** that shatter your sense of security, making you feel **helpless** in a dangerous world. Often involve a threat to life or safety, but any situation that leaves you **feeling overwhelmed** and **isolated** can result in trauma, even if it doesn’t involve physical harm. The more **frightened and helpless** you feel, the more likely you are to be traumatized.”

(emphasis added)

Medical Trauma

psychological traumas that result from medical diagnosis and/or medical interventions

“The idea that medical treatment can be traumatic may seem counterintuitive. We tend to associate medical care with expertise, skill, and advanced technology in service of healing, not harming.”

Medical Trauma by Scott Janssen, MSW, LCSW

https://www.socialworktoday.com/news/enews_0416_1.shtml



Potential Impacts of Trauma

Emotional Regulation

- Control impulses, interpret emotional cues, trust

Cognitive Functioning

- Form memories, learn and concentrate, make decisions, process and express language

Relationships

- Identify and form healthy relationships, trust, express needs and wants, set boundaries

Perceptions and Beliefs

- Core beliefs about self, others, and the world, ability to hope

Physical and Mental Health

- Higher risk of conditions (cancer, heart disease, etc.), substance use, suicidality



Delayed Reaction to Trauma – More Impacts

Box 3.9

DELAYED REACTION TO TRAUMA Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions YES/ NO source_____

Irritability; Aggression; Negative affect; Distress at trauma reminders; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions YES/ NO source_____

Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions YES/ NO source_____

Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions YES/ NO source_____

Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions YES/ NO source_____

Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefining meaning and importance of life, reviewing life assumptions to accommodate trauma.

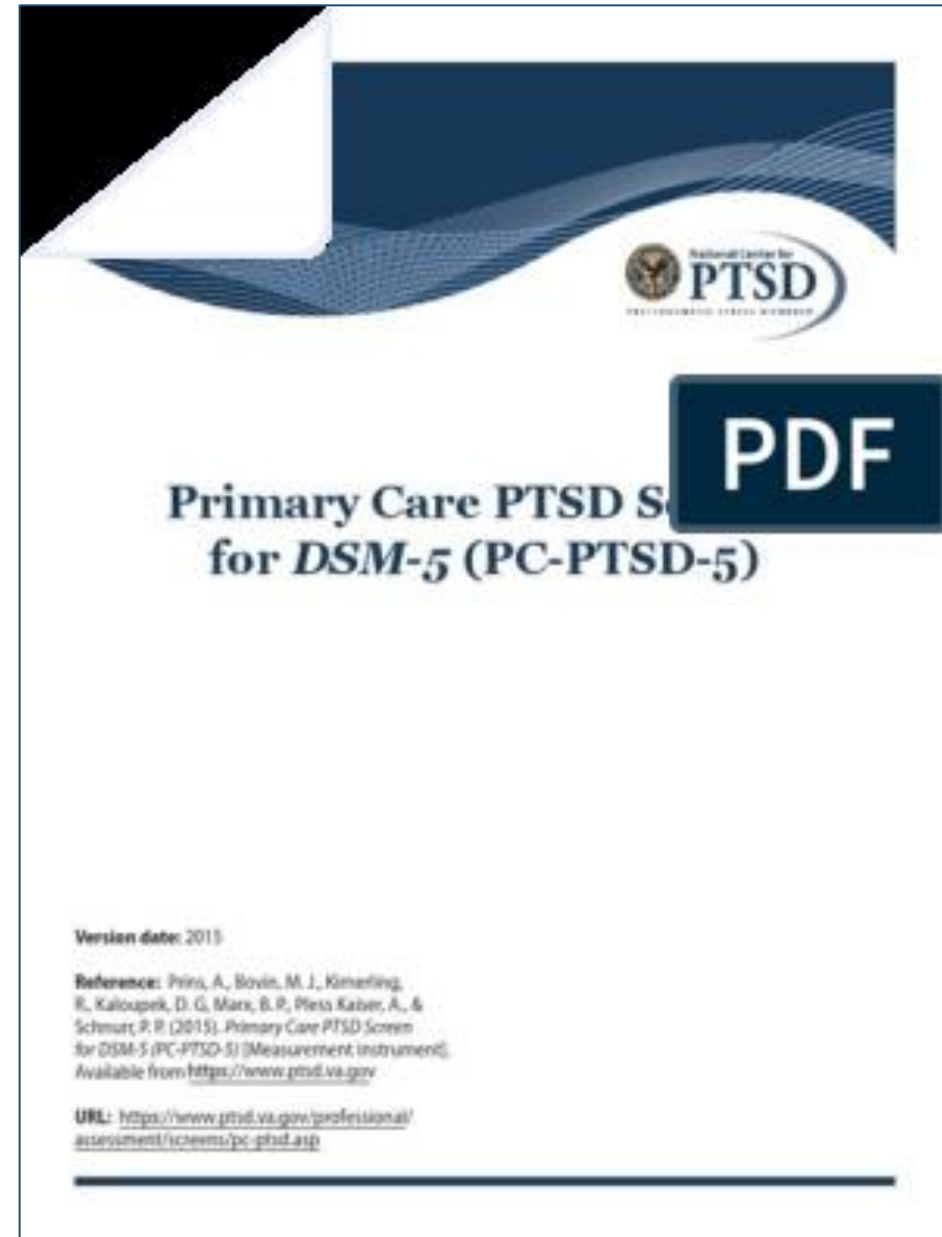
Adapted from HHS (2014). *TIP-57*, pp. 61-62.

Trauma is less defined by what happens to us
than it is by how we are received afterward.

“When painful things happen, the most
significant question often seems to be, does
anyone believe, notice, or care?”

~Sarah Peyton

The Primary Care
PTSD-5 is a validated
screening tool that
focuses on
CURRENT symptoms



Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you ...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	TOTAL SCORE	

Primary Care-PTSD-5 Screening Tool (with an adaptation)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO**
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO**
3. Were constantly on guard, watchful, or easily startled? **YES/NO**
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO**
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO**

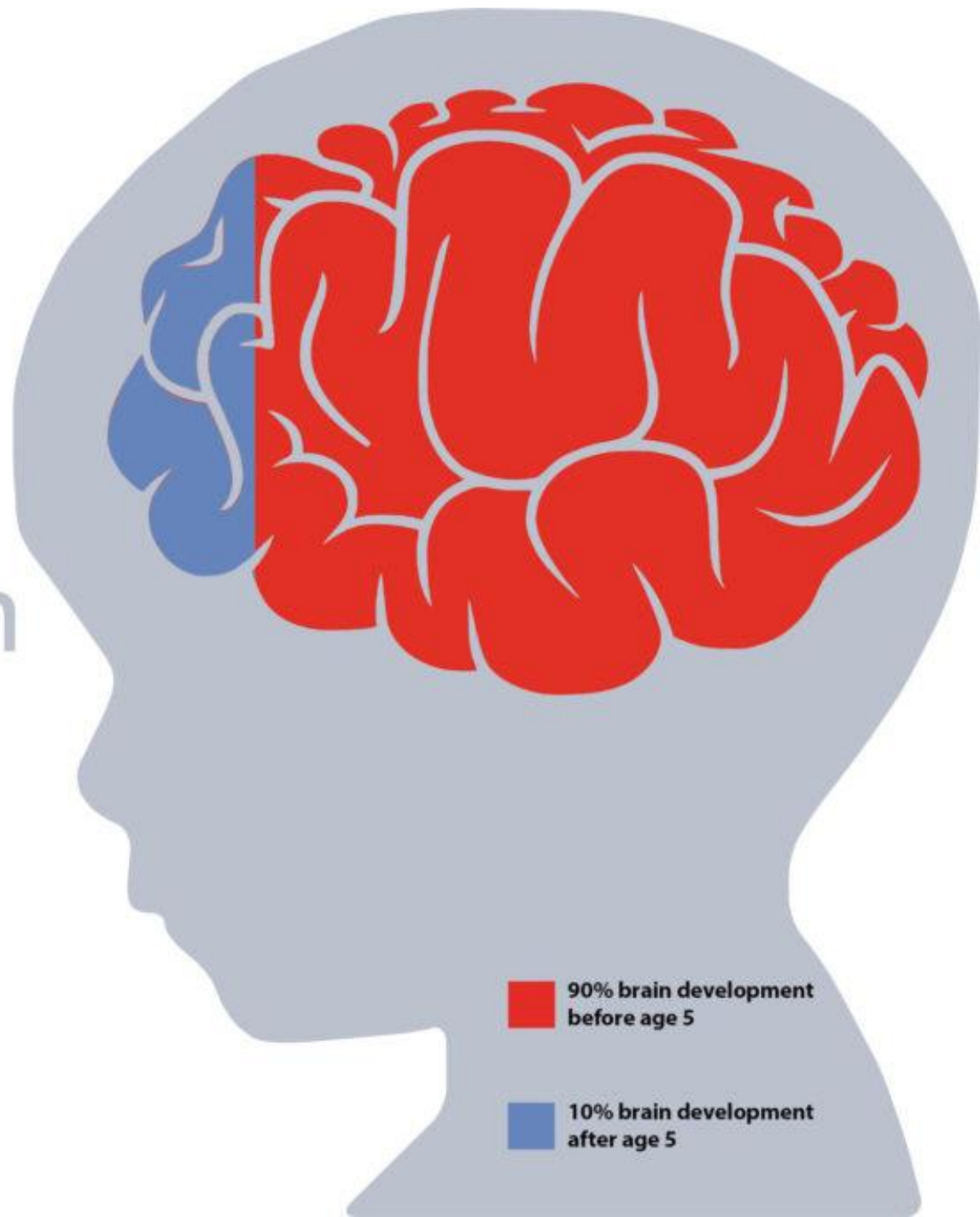
If yes, ask if they would like to share what is going on for them. **If no**, accept that and note it.

A world map with a white border. The text "All of us receive societal training" is overlaid in the center in a large, white, sans-serif font. A thin white horizontal line is positioned below the text. The map shows various countries and oceans, with labels in all caps. The title "THE WORLD POLITICAL" is visible in the bottom left corner of the map area.

All of us receive
societal training

THE WORLD
POLITICAL

90%
of a child's brain
development
happens before
age 5



At a very young age, we have been educated to...

- Compete, judge, argue, demand
- Think and communicate in terms of what is right/wrong, good/bad, appropriate/inappropriate
- These habitual ways of thinking and speaking hinder communication and create misunderstanding and frustration
- Resulting in pain and anger which may lead to violence, even by people with the best of intentions



Societal Training and Messages We Receive

- Be nice
- Don't be a baby
- Suck it up
- Don't be needy
- Stop crying
- I'll give you something to cry about
- Don't be selfish
- Share
- Say please
- Say thank you
- Say you're sorry

Some of these messages are stronger for male-bodied individuals and female-bodied individuals (especially with grief and mourning)

Boys are trained not to cry,
girls are restrained, too (Miki Kashtan)

"Everyone makes mistakes and can say things that shouldn't have been said...it is important to apologize to the offended party."


(Presenter at a national conference in 2023)

As we grow up, we may also learn messages like...

- I don't have any choice
- My needs aren't important
- I'm not good enough
- I don't matter
- I don't believe or trust that I matter
- I'm not worth the effort
- I've not earned it
- Don't ask for help

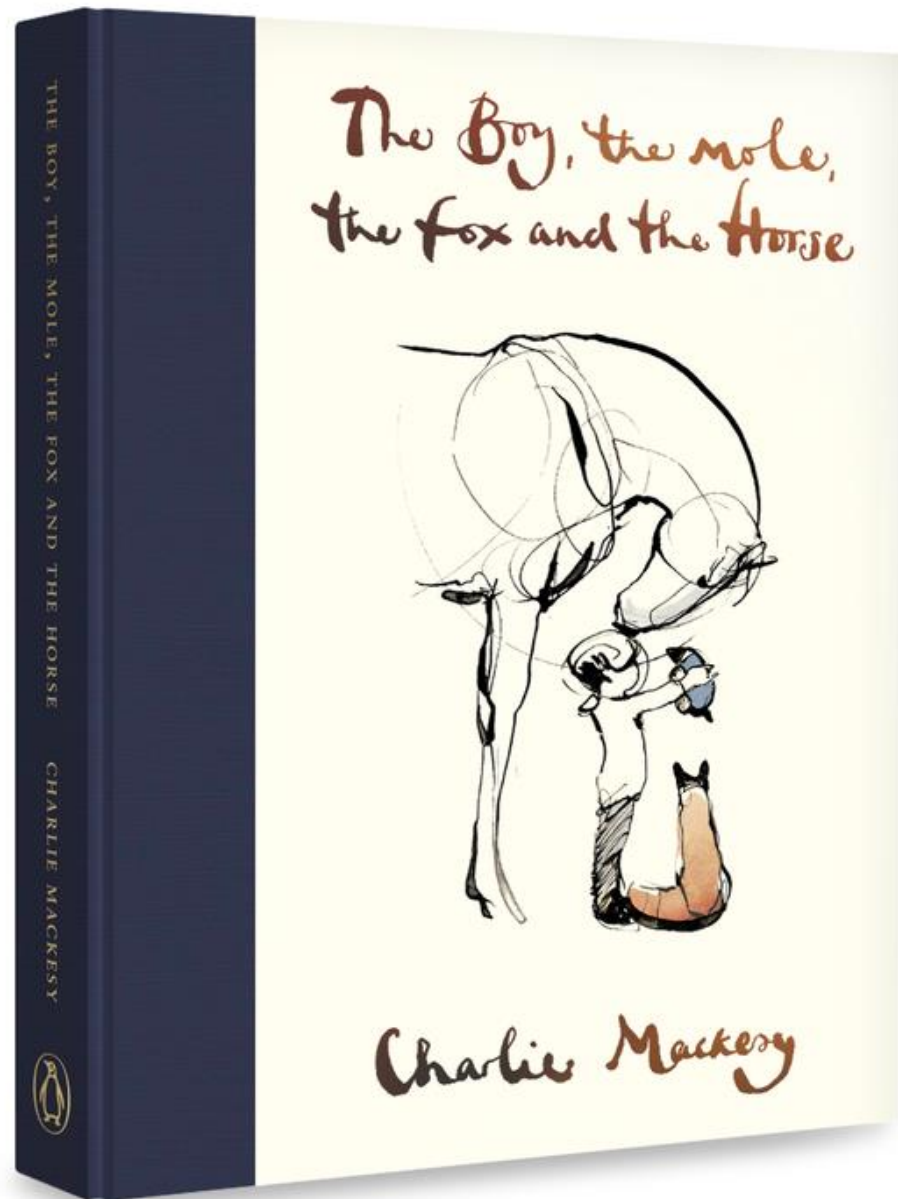


62% increase in suicide among people aged 10-24 from 2007 to 2021.
There is a decrease of 8.4% in the last year.

A photograph of a middle-aged man with grey hair, wearing a dark brown jacket and dark trousers, sitting on a wooden park bench. He is looking off to the side with a thoughtful expression. The ground is covered in fallen yellow and orange leaves, and the background shows more trees and a blurred path. The lighting is soft, suggesting late afternoon or early morning.

“I don’t want to
be a bother.”

What Living as a Resident Can Teach Long-Term Care Staff by Leslie Pedtke



"What is the bravest thing
you've ever said?" asked
the boy.



"Help," said the horse.

Charlie Mackesy

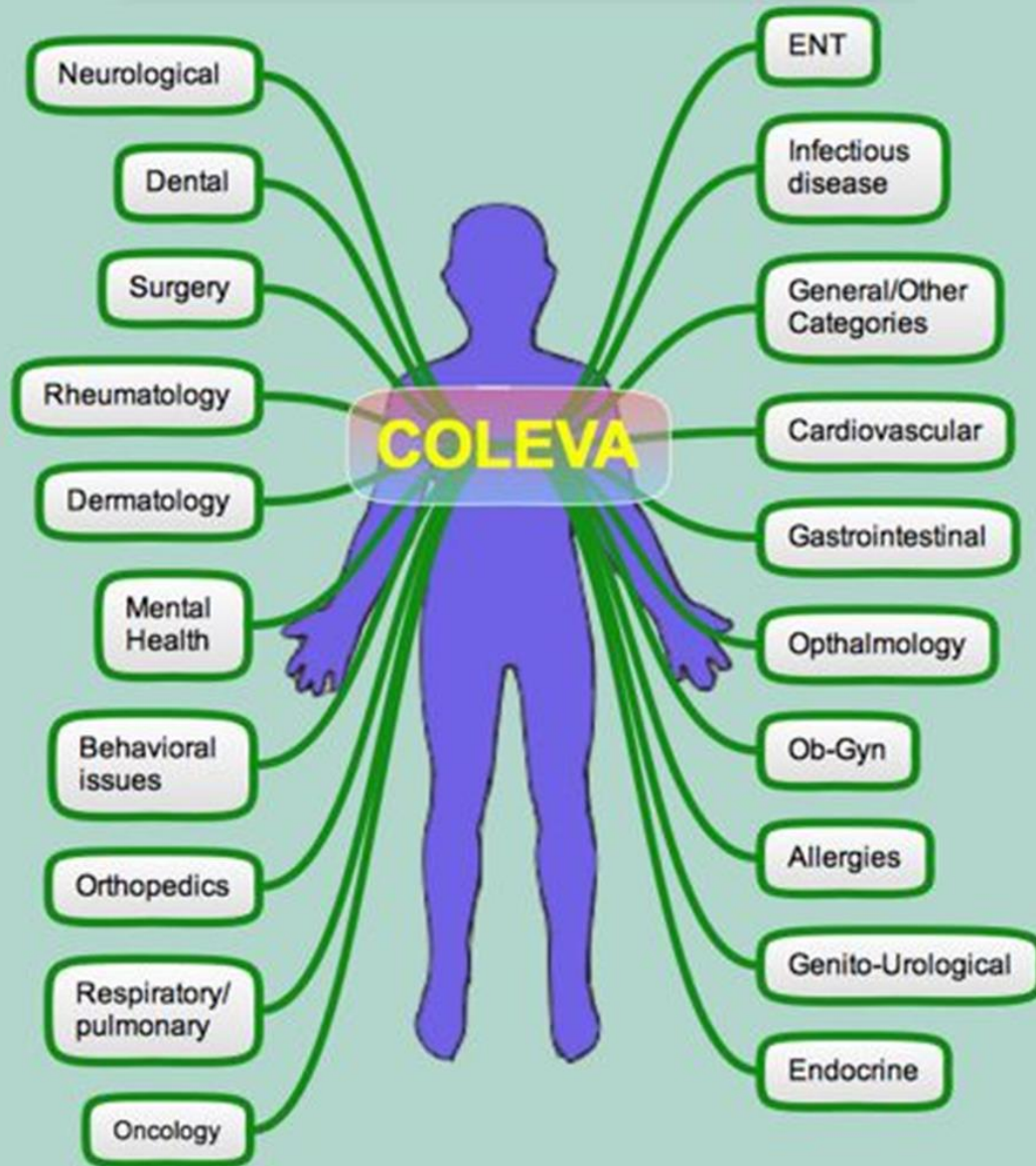
© Charlie Mackesy

Raise your hand if in the past five years you have visited a neurologist, cardiologist, pulmonologist, dermatologist, immunologist, gastrologist...any type of medical “ologist.”



“And yet, those unasked questions had everything to do with why most of you had reason to seek medical help.”

Consequences of Lifetime Exposure to Violence and Abuse



Conditions Associated with Trauma

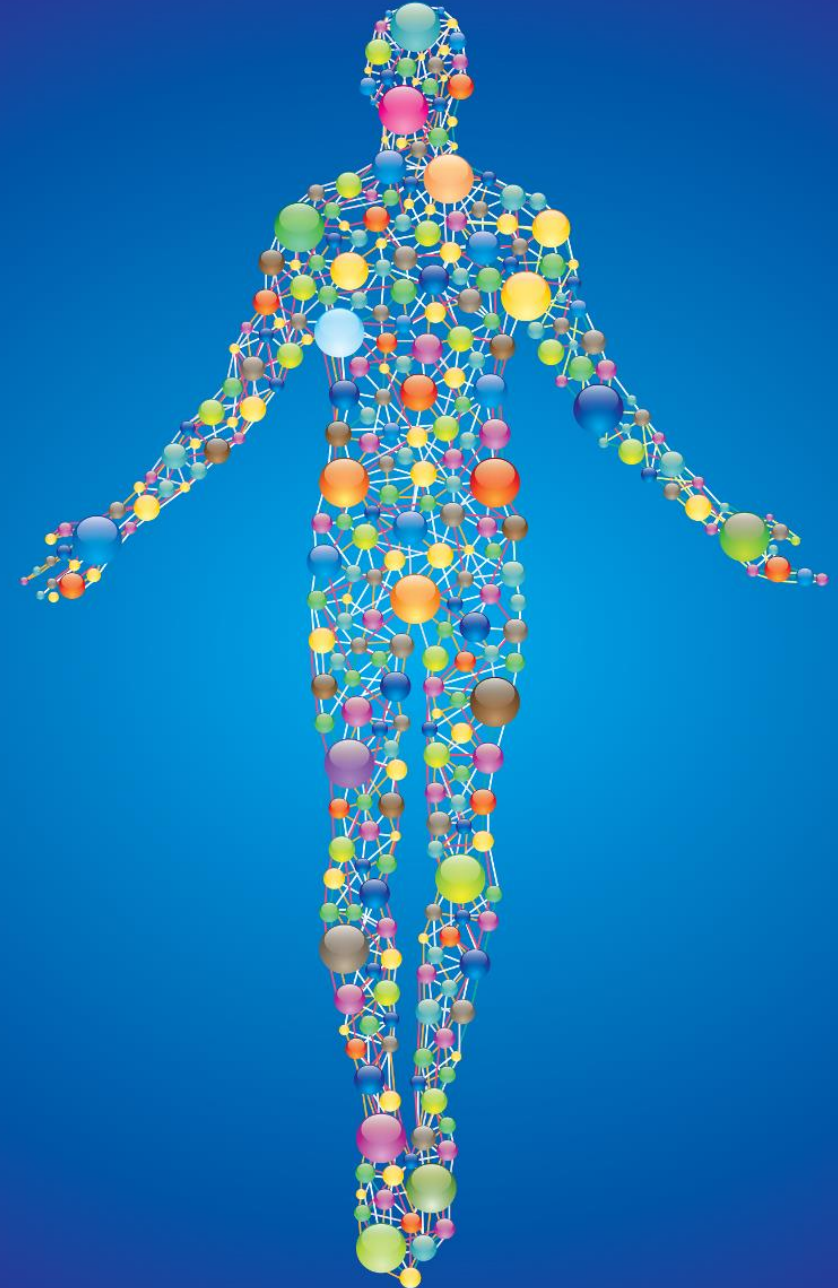
- Chronic fatigue syndrome
- PTSD and panic disorders
- Depression and suicidality
- Addictive behavior
- Eating disorders
- Fibromyalgia
- Chronic pain syndromes
- Dissociative disorders
- Schizophrenia
- Rheumatoid arthritis
- Asthma

Psychoneuroimmunoendocrinology

(first described in 1936!)

“...a discipline that is predicated on the unity between *all* our constituent parts: mind, brain, nervous and immune systems, and the hormonal apparatus.” *(Dr. Gabor Mate)*

- Studies the connections between emotions and our nervous and immune systems and how stress might instigate disease
- We can study the individual pieces, but we cannot fully understand any of them without grasping the whole picture

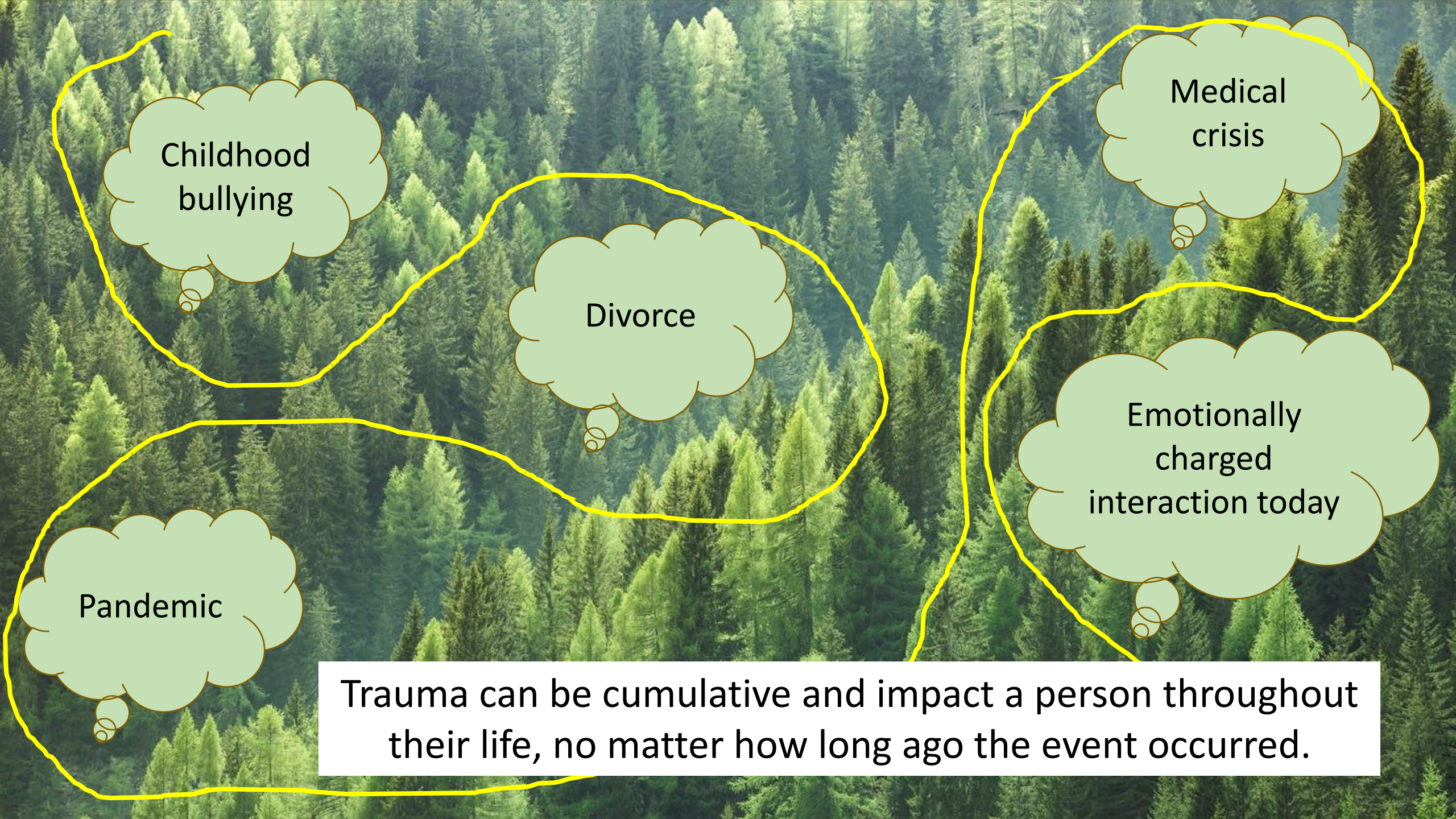


Trauma Imprints the Mind, Brain, and Body

“We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. **This imprint has ongoing consequences for how the human organism manages to survive in the present.** Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.”

(page 21 of Bessel Van Der Kolk, *The Body Keeps the Score*)





Childhood
bullying

Divorce

Medical
crisis

Emotionally
charged
interaction today

Pandemic

Trauma can be cumulative and impact a person throughout their life, no matter how long ago the event occurred.

Nervous System Stress Response



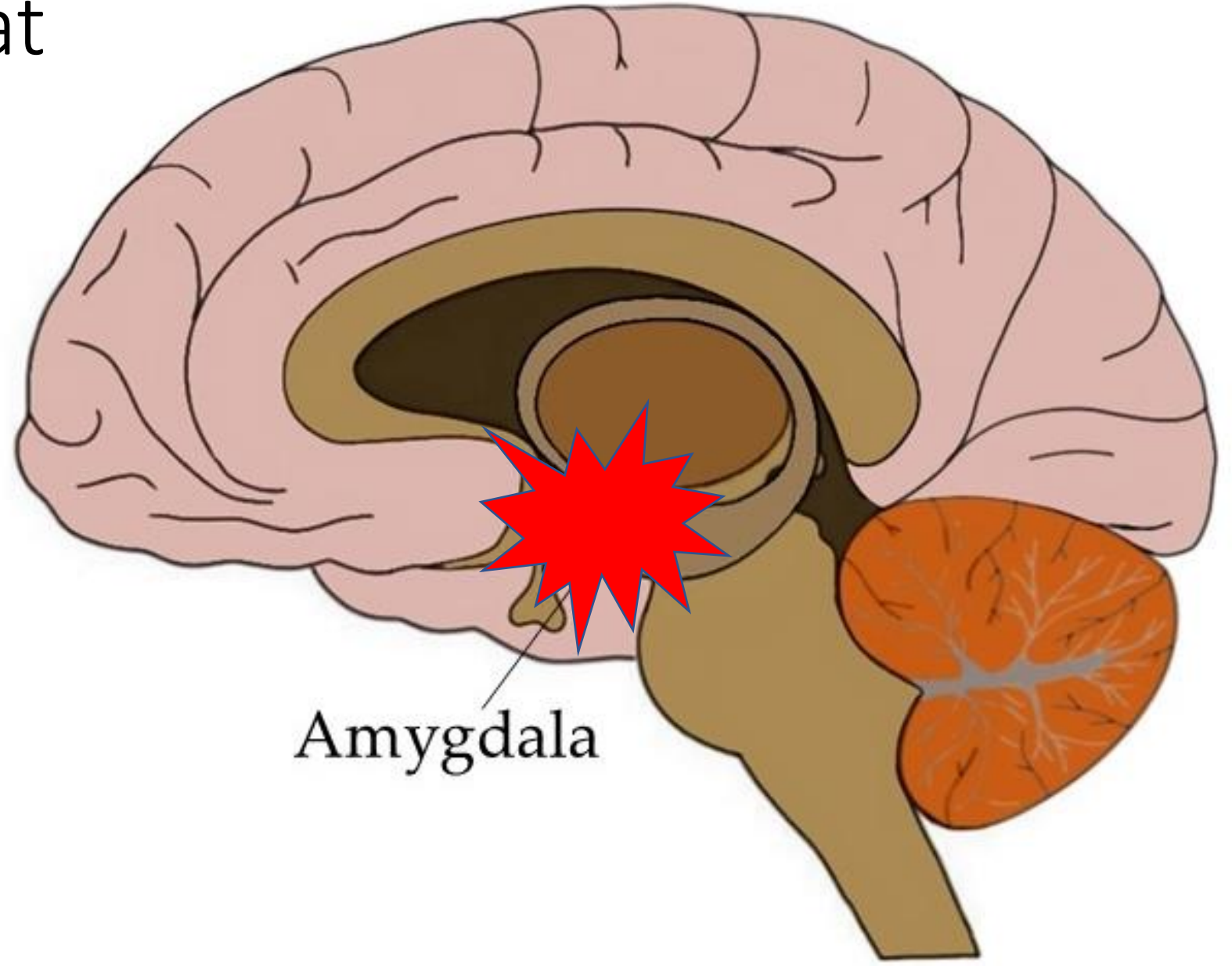


Humans become alarmed
when they don't know
what's going on



Stick or snake?

The amygdala **BURSTS** into action when it perceives a threat



Amygdala

Our nervous system **REACTS** the same,
no matter if the threat is perceived or real.

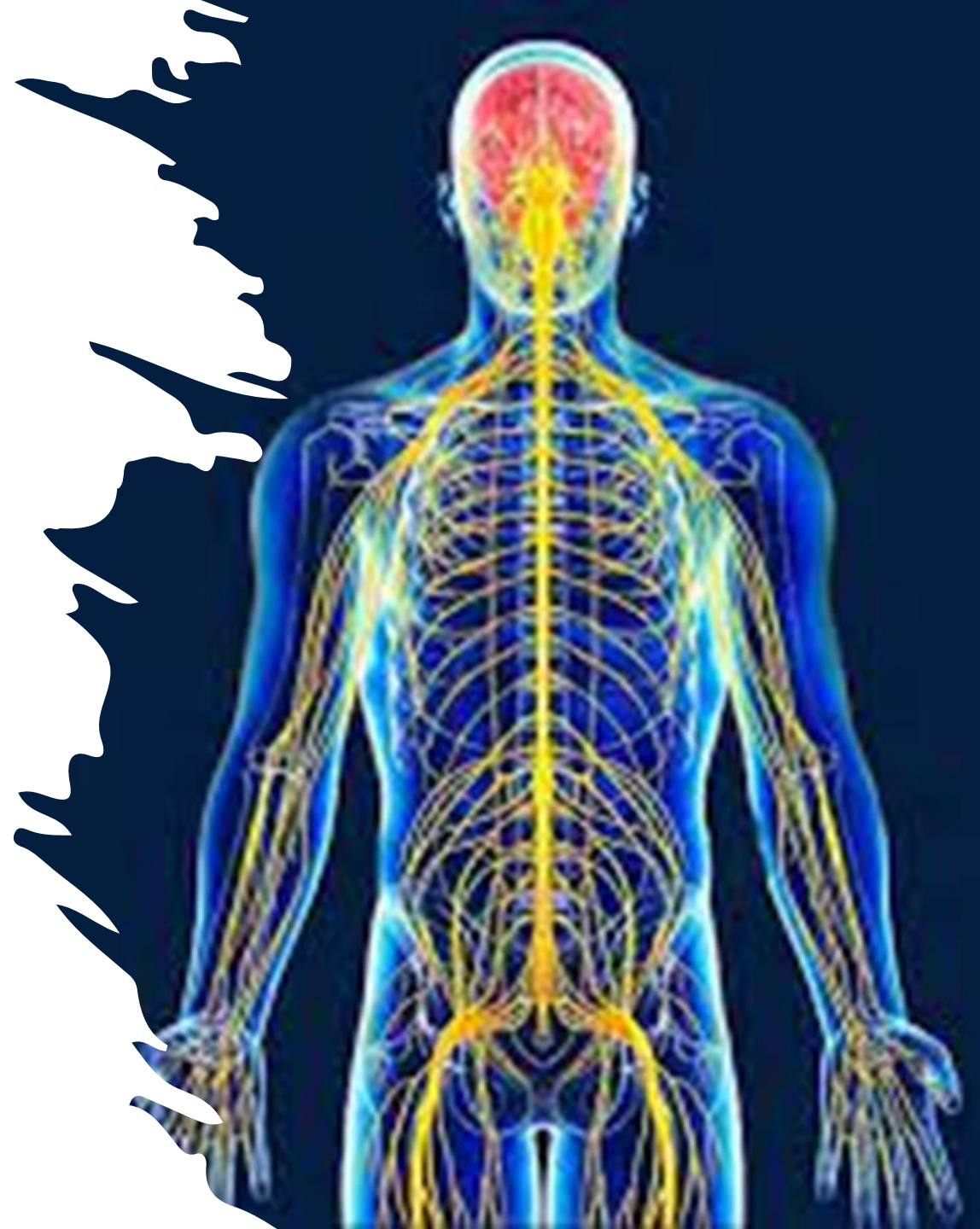
What are Triggers?

- Triggers are reminders of dangerous or frightening things (or people) that happened in the past* and the person experiences the event all over again, even if the current environment is “safe”
 - Intrusive memories, difficulty focusing, feeling flooded with emotions, or feeling disconnected
 - May experience intense fear, horror, and helplessness
- Triggers come without warning and can be ANYTHING and the person may not even associate the trigger with an event or know that it’s happening
 - Sights, smells, sounds, words, social situations, physical sensation, temperature, visual stimuli, a look on someone’s face, lack of choice, being trapped, seating arrangement, emotionality from others, tension between people, lack of communication
 - May be associated with a time of day, season, holiday, or anniversary of the event
 - Triggers can be puzzling or disturbing for others, especially when the person associates us or something we are doing with trauma

*The past can be yesterday or many years ago

An activated nervous system may show signs of distress including:

- Dilated pupils
- Muscles tense
- Changes in posture
- Repetitive movement (twisting a tissue in their hand, bouncing knees)
- Hands shaking
- Changes in speech (rapid, slow, losing coherence)
- Speech volume (louder or quieter)
- Changes in breathing (shallow, racing, holding breath)



Triggers (trauma reminders) can be interpreted as...

“I’m not safe.”

“I can’t protect myself.”

“I’m going to die.”

“I don’t matter.”

When a person interprets their environment to mean they are not safe or don’t matter, they may react in ways that others do not understand or enjoy.



Fight



Flight



Freeze

Nervous System Reactions

We lose our access to choice and we react instead of respond

Alarmed Aloneness

Acknowledges how relational human beings are,
“and that we become actively distressed when we are
worried about someone we love or about being alone,
and that our experience is not anger, and it is not fear,
but is rather a distressed and activated grief and
loneliness that is rarely named or acknowledged.”

"Thinking about Thinking"
Higher Reasoning
Executive Function

Prefrontal Cortex

9 Functions of the Prefrontal Cortex

- 1. Empathy**
- 2. Insight**
- 3. Response Flexibility**
- 4. Emotion Regulation**
- 5. Body Regulation**
- 6. Morality**
- 7. Intuition**
- 8. Attuned Communication**
- 9. Fear Modulation**



Limbic Brain

- 1. Fight, flight, freeze stress response**
- 2. Thinks, "Am I safe? Do people want me?"**
- 3. Emotions live here**



ENGAGEMENT AND CONNECTION

CALM IN CONNECTION

SETTLED

GROUNDED

CURIOUS / OPEN

COMPASSIONATE

MINDFUL / IN THE PRESENT

ABOVE (Response)

The Line (Of Choice)

BELOW (Reaction)

IMMOBILIZATION

FREEZE

HELPLESSNESS

DEPRESSION

SHAME

SHUT DOWN

MOBILIZATION

FIGHT

FRUSTRATION

IRRITATION

ANGER

RAGE

FLIGHT

WORRY

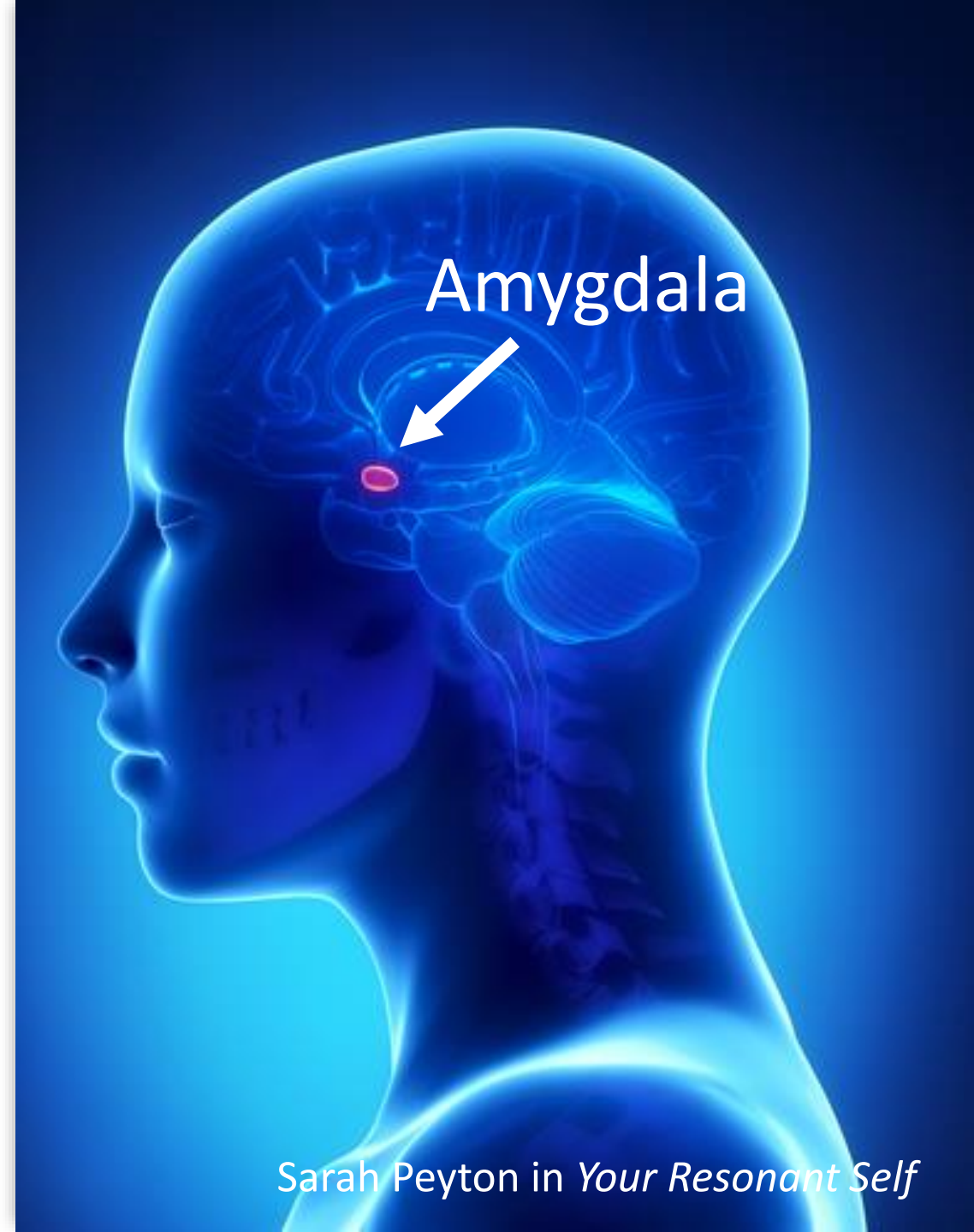
ANXIETY

FEAR

PANIC

The Amygdala Stores Memories

- This tiny part of our brain filters and sorts everything that comes in with the present-day experience to identify similarities to difficult or dangerous situations from our past
 - While awake, the amygdala is constantly scanning (12-100 times per second!) for safety with essentially asking itself, *“Am I safe, do I matter? Am I safe, do I matter?”*
- It sets off an alarm whenever there is a sense of historical or present-time danger



Memories in the amygdala are NOT time-stamped



There is no clear sense that the memory is over, and the body still reacts the same way:

- You receive notice that COVID is on the rise in your county along with the first wave of deaths. You are catapulted to years ago to the worst time of the pandemic. You may lose a sense of time and begin having physical reactions like breathing harder and muscle constriction. You may experience a sense of dread and have a hard time processing information.

Mases of associations that form vivid memories of emotionally significant seconds in a person's lifetime become a glacier of experience, triggerable at any moment.



Sarah Peyton in *Your Resonant Self*

We All Have Triggers

All of us have had past experiences that trigger responses to particular individuals and/or situations

- Importance of self-awareness of our own trauma history and how it might impact us and the care we provide

When our triggers impact our ability to provide care, we need adaptive strategies and a workplace environment/culture that supports **impact sharing**



What is Impact Sharing?

- Acknowledging our reaction (without judgment, blame, or shame) to a situation and the impact on us to help process an experience:
 - What we are feeling and what needs are not met
 - Connections to past experiences that may be triggered
 - Being acknowledged and heard with empathy
- Impact sharing comes before education, discussion of policies, advising, reassurance, or problem solving
- If impacts are left unattended, the person may not feel heard, acknowledged, or understood for how the experience affects them
- Impact sharing supports us to increase our **capacity** to provide care

Each of us has a limit on our capacity

- Capacity is the limit of what we have available to give of ourselves in any moment.
 - Individual capacity and collective capacity (e.g., a district)
- Staying within capacity can be challenging, especially when there is so much need.
- Choosing to ignore our capacity limitations doesn't dissolve them, it exacerbates them.



System Overload

We are human beings, not human doings.



Retraumatization

Being triggered does not automatically mean a person will be retraumatized

Retraumatization occurs when an event renders a person (psychically or physically) *more limited than before in a way that persists.*

















Retraumatization can occur at a systems and/or relationship level

[ITTIC 2021 Retraumatization Chart.pdf](#)
(pacesconnection.com)



Retraumatization WHAT HURTS?



SYSTEM <i>(Policies, Procedures, Structural and Institutional Racism and Oppression)</i>	RELATIONSHIP <i>(Power, Control, Subversiveness, Interpersonal Racism and Oppression)</i>
 HAVING TO CONTINUALLY RETELL THEIR STORY	 NOT BEING SEEN/HEARD
 BEING TREATED AS A NUMBER	 NON-TRANSPARENCY AND VEILED TRUTHS
 BEING SEEN AS A LABEL (I.E. ADDICT, SCHIZOPHRENIC)	 DOES THINGS FOR RATHER THAN WITH
 NO CHOICE IN SERVICE OR TREATMENT	 USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE
 NON-ACKNOWLEDGEMENT OF WORK RELATED STRESS	 RACIAL PROFILING
 NO ACCESS TO SERVICES	 BEING NON-COLLABORATIVE
 PRACTICES WITHOUT ACCESSIBILITY CONSIDERATIONS	 VICTIM BLAMING
 ISOLATION OR EXCLUSION PRACTICES	 NON-ACKNOWLEDGEMENT OF HISTORICAL NARRATIVES

Wonderings

by Sarah Peyton in

Affirmations for Turbulent Times

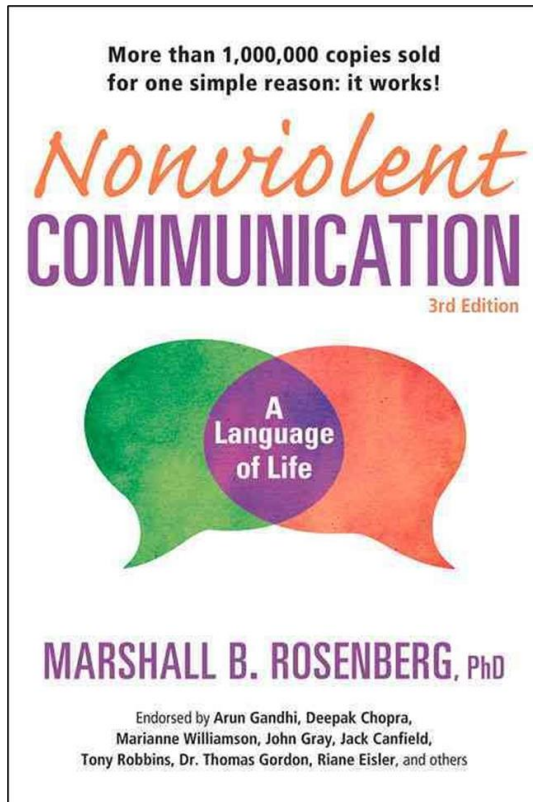


Wonderings (questions) about your experiences

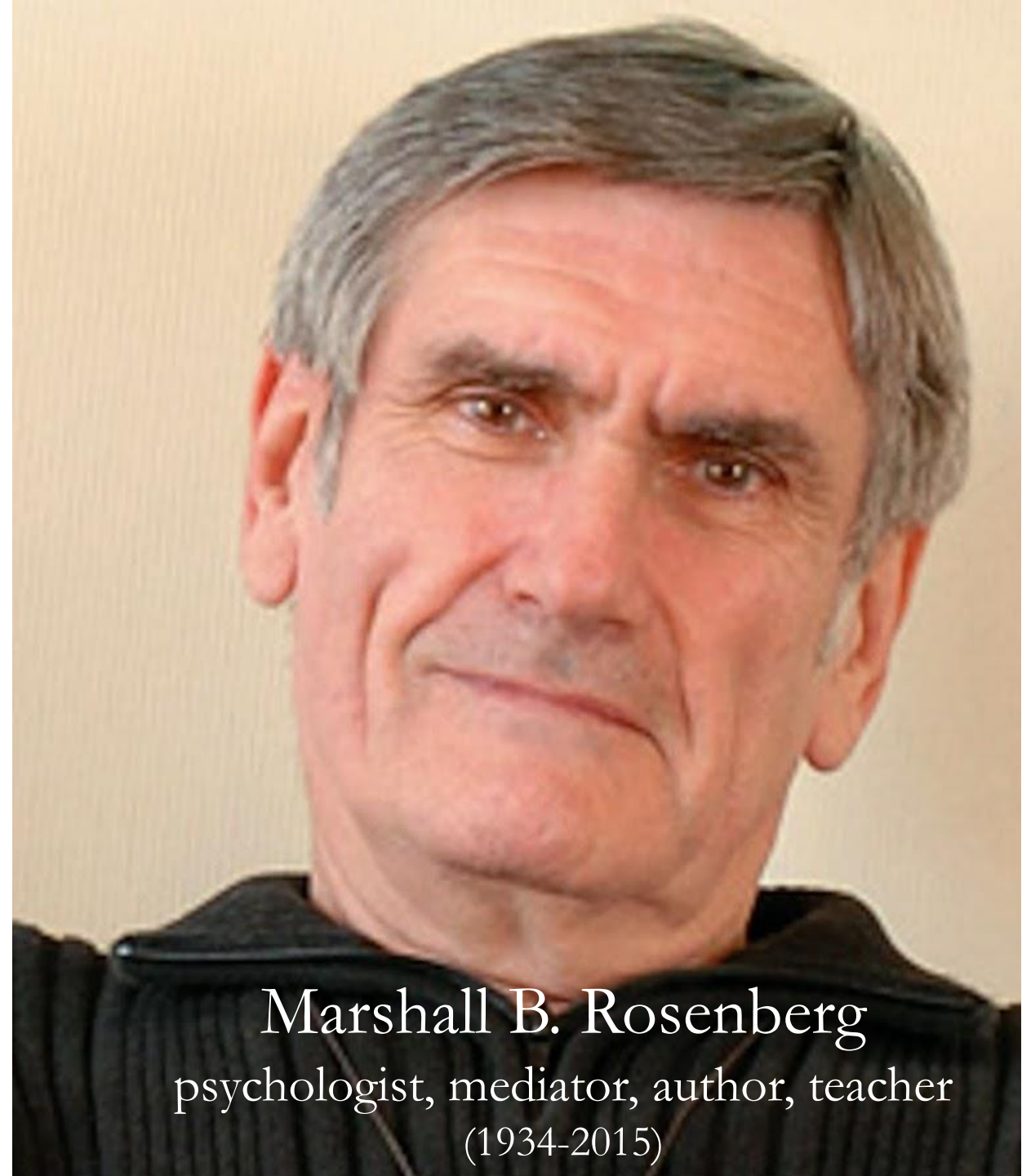
- Are you missing your relatively peaceful life before the present tumultuous times?
- Do you miss only having to worry about things that were personal, instead of having to worry for the whole world?
- Are you continually frustrated with what's happening around you?
- Would you love to live in a world where everyone thought about the impact they had on others?
- Do you wish for a return to trust?
- Do you long to see human creativity and generosity actually show up and shape our future?
- When a lot of people's lives are at stake, do you become more and more worried, more concerned, more anxious, more tender?
- When someone on a team never stops working (perhaps yourself), do you despair for everyone's health and sanity?
- Do you worry about the inhuman standards being set and about unrealistic expectations?
- Do you wish for a shared value on work-life balance and for human life outside of work?

A top-down view of a group of people's hands stacked together in a circle, symbolizing community and support. The hands are of various skin tones and are wearing different watches and bracelets. The background is a light-colored wooden floor. The text is overlaid in the center in a white serif font.

You are not alone.
You belong to a community that is grieving.



Nonviolent Communication
(NVC) is a set of skills that
supports a communication model
based on empathy.



Marshall B. Rosenberg
psychologist, mediator, author, teacher
(1934-2015)

Empathy - A quality of understanding another person's experience that provides warm accompaniment without judgment.

(Accompaniment – the experience of being heard, understood, and mattering)



As you listen, imagine a second violin propped
on the stage with the musician...



With human beings, resonance is the experience of being accompanied.
Vibrating with the music that is being played on the other person's life.

When we experience resonance, there is a sense of relief

Something physically shifts:

- An exhale
- Softening of the face
- Shoulders drop
- Tears
- Goosebumps
- A pause in their speaking
- More relaxation into the dialogue
- Saying, “yeah” or “uh huh”
- Energetic shift

Translates into, *“I’m understood”* or *“Yes, that’s it.”*



Empathy for Ourselves





Self-empathy
Self-compassion
Self-support
Self-understanding



Understanding your own feelings and
needs before you can seek to
understand another's.
You cannot give what you do not have.

Shared Human Needs

A key Nonviolent Communication (NVC) principle is that everything people do or say is an attempt to meet their needs.



Human Needs

BODYFULNESS

Water
Food
Digestion
Shelter
Safety
Warmth
Coolness
Pleasure
Hug
Nature connection
Rest
Sleep
Light
Darkness
Breath
Sexual expression
Touch, Being touched
Comfort
Gentleness
Speech
Silence
Privacy
Care
Health
Healing, Being healed
Sunlight
Movement
Exercise
Music, Sound
Rhythm
Death

MEANING

Gratitude
Celebrating life
Self-expression
To matter
Purpose
Flow
Living according to one's values
Courage
Mourning, Tears
Exploration
Discovery
Meaning
Understanding
Contribution
Enrich life
Presence, Centeredness
Hope, Vision, Dream, Faith
Spirituality
Clarity
Focus
Concentration
To know and to be in reality
Learning, Growth
Inspiration, Creativity
Innovation
Challenge, Stimulation
Empowerment
Competence
Participation
Simplicity

ONENESS/UNITY

Authenticity
Integrity
Presence
Honesty
Togetherness
Wholeness
Grace
Bodyfulness

INTERDEPENDENCE

Harmony
Peace
Peace of mind
Flow
Wellbeing of those we love
Beauty
Calm
Relaxation
Tranquility
Ease
Sustainability
Stability
Balance
Predictability
Structure
Wholeness
Capacity
Abundance
Certainty
Truth
Honesty
Integrity

AUTONOMY

Spontaneity
Knowledge, Information
Space
Change
Transformation
Variety
Choice
Power
Responsibility
Freedom
Dissent
Limitation
Security

PLAY

Joy
Laughter
Fun
Humor
Spontaneity
Lightness
Passion
Discovery
Adventure
Renewal
Refreshment
Variety
Diversity
Mystery
Wonder
Amazement
Myth, Story

CONNECTION

Love, Self-love
Self-connection
Empathy, Self-empathy
Compassion, Self-Compassion
That my needs matter
Intimacy
Dignity
Closeness
Friendliness
Community
Cooperation
Collaboration
Belonging
Appreciation
Understand, Being understood
Seeing, Being seen
Hearing, Being heard
To know, To be known
Partnership, Companionship
Friendship
Care, Self-care
Consideration
Acceptance
Reassurance
Respect
Trust
Reciprocity
Inclusion
Involvement
Support, Help, Nurturance
Affection
Giving, Receiving
Tenderness, Softness
Consistency, Continuity

Core Human Needs

To be heard

To be understood

To be acknowledged

To have choice

To matter

To be in connection





When our needs don't get resourced (met), they become louder and bigger inside and then we lose access to choice and become reactive which results in anger, isolation, judgment, depression, shut down, resentment, despair, argument, and criticism.

Uncovering Layers of Needs

Anger may reveal a need **to be heard**

(And if I was heard, what would that give me?)

I would have **understanding**

(And if I had understanding, what would that give me?)

I would have **compassion**

(And if I had compassion, what would that give me?)

I would have **belonging**

(And if I had belonging, what would that give me?)

I would **matter**



Physical pain has an important function, to inform you something inside requires attention.



Feelings also have a similar function. They point you in the direction of *what you need*.



Feelings when needs are being fulfilled (are met)

EXCITED

Enthusiastic
Alive
Surprised
Amazed
Flabbergasted
Ecstatic
Enthralled
Thrilled
Radiant
Eager
Awake
Blissful
Astonished
Passionate
Eager
Energetic

CONFIDENT

Empowered
Proud
Hopeful
Optimistic
Strong
Resolute
Powerful
Open
Safe
Secure

COMPASSIONATE

Tender
Warm
Loving
Friendly
Affectionate

ENGAGED

Curious
Fascinated
Inspired
Interested
Involved
Wonder
Anticipation
Inspiration
Alert
Engrossed
Enchanted
Intrigued
Spellbound
Stimulated
In flow

THANKFUL

Grateful
Moved
Touched
Openhearted
Appreciative

PEACEFUL

Calm
Quiet
Mellow
Bright
Zen
At ease
Relieved
Relaxed
Serene
Carefree
Tranquil
Comfortable
At home
Satisfied
Content
Centered
Grounded
Balanced
Clear headed
Refreshed
Fulfilled
Alive
Chilled out
Present
Still
Trusting

HOPEFUL

Desirous
Optimistic
Heartened
Expectant
Encouraged

PAIN

Hurting
Lonely
Grieving
Mourning
Regretful
Remorseful
Devastated
Miserable
Agony
Suffering
Wretched

JEALOUS

Envious

FRUSTRATED

Irritated
Annoyed
Impatient
Irritable
Exasperated

ANGRY

Rage
Mad
Upset
Furious
Resentful

VULNERABLE

Fragile
Uncertain
Sensitive
Reserved

Feelings when needs are calling for our attention (not met)

SAD

Disappointed
Depressed
Down
Gloomy
Nostalgic
Discouraged
Heartbroken
Despair
Devastated
Heavy hearted
Longing

DESPERATE

Helpless
Hopeless
Powerless
uncertain

CONFUSED

Torn
Doubtful
Lost
Hesitant
Baffled
Perplexed
Puzzled
Skeptical
Bewildered
Uncertain

ASHAMED

Embarrassed
Shy
Guilty

TIRED

Weary
Exhausted
Defeated
Burned out
Sleepy
Overwhelmed
Fatigued

HATE

Hostile
Aversion
Bitter
Disgusted
Contempt
Dislike

WORRIED

Tense
Nervous
Anxious
Edgy
Concerned
Stressed
Tense

SCARED

Fearful
Afraid
Suspicious
Panicked
Paralyzed
Startled
Anxious
Terrified
Apprehensive

AGITATED

Shocked
Startled
Upset
Surprised
Disturbed
Alert
Panicked
Overwhelmed
Uncomfortable
Restless
Troubled

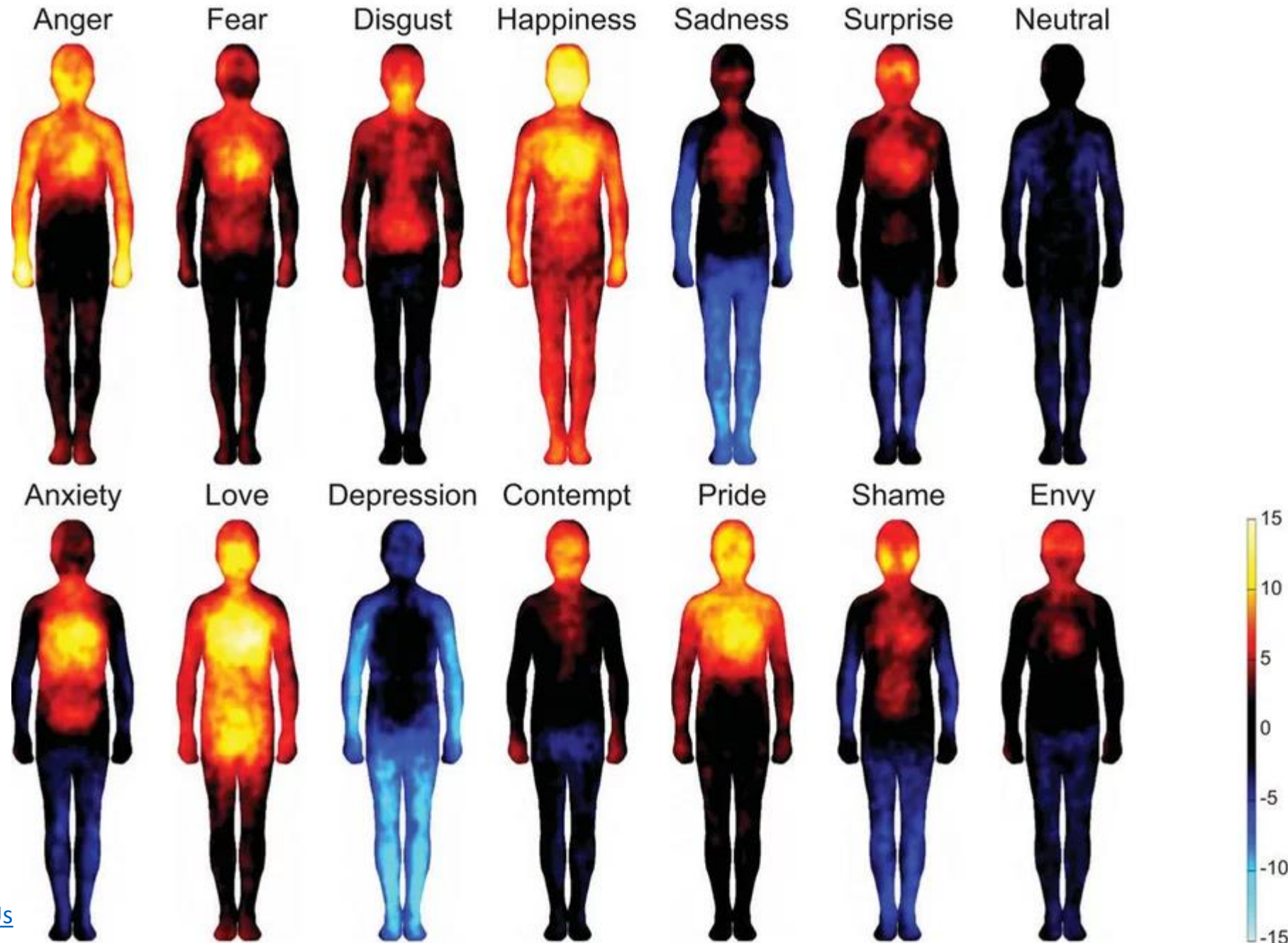
WITHDRAWN

Bored
Apathetic
Numb
Withdrawn
Alienated
Cold
Numb
Detached
Isolated
Disengaged



Emotions need motion!

Emotions activate
distinct sets of
body parts



Feelings Include Body Sensations

Relaxed

Airy
Calm
Floating
Flowing
Lax
Light
Mellow
Still

Energized

Buoyant
Bubbly
Buzzy
Effervescent
Electric
Expansive
Flushed
Goose bumpy
Warm

Comfortable

Fluid
Full
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Loose
Open
Radiant
Radiating
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Spacious
Strong
Tender
Warm

Mild Discomfort

Antsy
Bloated
Blocked
Breathless
Chilly
Closed
Cool, cold
Congested
Constricted
Contracted
Clammy
Disconnected
Dizzy
Drained
Dull
Empty
Faint
Frail
Full
Fuzzy
Hollow
Lethargic
Light-headed
Limp
Puffy
Sensitive
Shaky
Shivery
Shuddery
Sneezy
Sore
Spacey
Tingly
Vibrating

Agitated

Frantic
Frozen
Hot
In a knot
Intense
Itchy
Jittery
Jumbled
Jumpy
Nervous
Sharp
Spinning
Squirmy
Scrunchy
Shaky
Twisted
Twitchy
Unstable

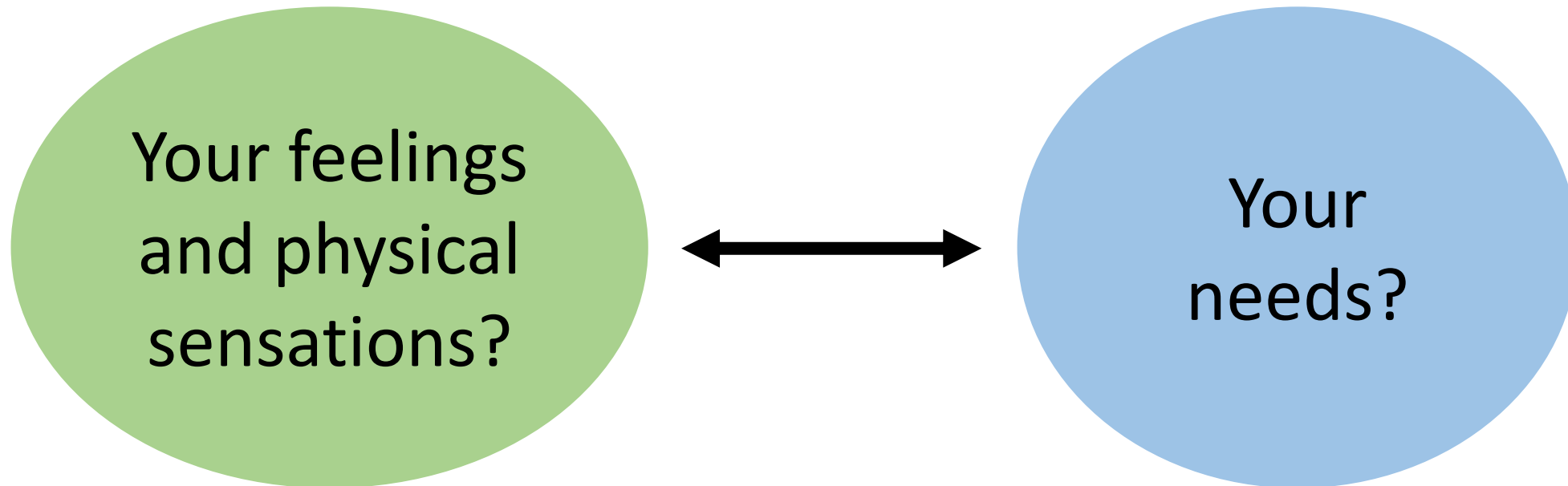
High Discomfort

Achy
Bruised
Broken
Burning
Heavy
Icy
Nauseous
Numb
Leadene
Paralyzed
Pressure
Prickly
Pulsing
Queasy
Quivery
Racing
Sweaty
Tense
Tight
Trembly
Tremulous
Wobbly
Wooden

We grieve with our bodies.

~Meghan Riordan Jarvis

It has been three years since the pandemic started. Your county has adequate supplies and has integrated extensive procedures across multiple areas to manage an outbreak. This morning, you receive notice that the incidents of COVID are on the rise in your county and the first wave of deaths is reported.



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Feelings Include Body Sensations

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Puffy
Sensitive
Shaky
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Shuddery
Sneezy
Sore
Spacey
Tingly
Vibrating

Agitated

Frantic
Frozen
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Human Needs

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Digestion
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Safety
Warmth
Coolness
Pleasure
Hug
Nature connection
Rest
Sleep
Light
Darkness
Breath
Sexual expression
Touch, Being touched
Comfort
Gentleness
Speech
Silence
Privacy
Care
Health
Healing, Being healed
Sunlight
Movement
Exercise
Music, Sound
Rhythm
Death

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Gratitude
Celebrating life
Self-expression
To matter
Purpose
Flow
Living according to one's values
Courage
Mourning, Tears
Exploration
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Presence, Centeredness
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Inspiration, Creativity
Innovation
Challenge, Stimulation
Empowerment
Competence
Participation
Simplicity

ONENESS/UNITY

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Integrity
Presence
Honesty
Togetherness
Wholeness
Grace
Bodyfulness

INTERDEPENDENCE

Harmony
Peace
Peace of mind
Flow
Wellbeing of those we love
Beauty
Calm
Relaxation
Tranquility
Ease
Sustainability
Stability
Balance
Predictability
Structure
Wholeness
Capacity
Abundance
Certainty
Truth
Honesty
Integrity

AUTONOMY

Spontaneity
Knowledge, Information
Space
Change
Transformation
Variety
Choice
Power
Responsibility
Freedom
Dissent
Limitation
Security

PLAY

Joy
Laughter
Fun
Humor
Spontaneity
Lightness
Passion
Discovery
Adventure
Renewal
Refreshment
Variety
Diversity
Mystery
Wonder
Amazement
Myth, Story

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Love, Self-love
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Trust
Reciprocity
Inclusion
Involvement
Support, Help, Nurturance
Affection
Giving, Receiving
Tenderness, Softness
Consistency, Continuity

Grief & Mourning



A lit diya (oil lamp) sits on a dark, textured surface in the foreground. The diya is dark and has a small flame. The background is out of focus, showing warm, glowing lights that create a bokeh effect, suggesting an outdoor setting at dusk or dawn.

Mourning

A natural human state
of longing

Feeling grief in response to the loss
of something that matters to me

Kathleen Macferran and Jared Finkelstein,
Certified Trainers with the Center for Nonviolent Communication

The Difference Between Suffering and Mourning

Suffering is the story, thoughts and thinking that we add to a loss or an unmet need, there is thinking associated with the emotional pain

- “Oh, is this ever going to end?”
- “I’m afraid I’ll never find my way out again.”

Mourning is the natural pain

- There is no story, simply the heart opening to a need that is highly valued and that was not met in a situation





“Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.”

~Peter Levine, PhD

Why is Mourning Difficult?

- People may not feel safe to express their grief or to mourn (esp. at work)
 - Societal training that discourages display of emotions (even from feeling them)
- People may feel pressured (overtly or implicitly) to “just get over it”
- Even if the culture is more receptive to mourning, there may not be a formal structure in place to acknowledge or support staff in their grief response and to participate in a mourning practice
- In some settings (e.g., nursing home), there may be pressure to “maintain census” so a new resident comes into the community (same room as the resident who died) and staff has not grieved or mourned
 - Constant detachment and reattachment to new residents

We receive cultural training that our sadness is too much

Why we apologize for crying, for “being sad”, for running out of the room instead of letting people see us cry, we have tears in our eyes but our mouth is trying to smile, we become angry and contemptuous instead of expressing grief.



The Trouble with Mourning by Sarah Peyton
[The Trouble with Mourning | The Fearless Heart](#)



Crying is a natural response and it releases hormones and toxins from the body



“I’m sorry for crying.”

Thank you for trusting me to be present
with your grief (sadness, hurt).

While offering a tissue to someone who is crying may be intended as supportive, it may also be interpreted as a sign of discomfort, as in “Please stop crying.”





The Trouble with Mourning | The Fearless Heart by Sarah Peyton

“We often move to our addictive substances and behaviors to take care of sadness, as they tend to be much more reliable than people and help us to stay acceptable in terms of what our families of origin were able to bear.”

The sorrow which has no vent in tears
may make other organs weep.

Dr. Henry Maudsley



People tend to believe that grief shrinks over time



What really happens is that we grow around our grief

“Grieving is like breathing, but we act like we have to hold our breath,” she says. “It's a natural process and if you pretend [that you don't need] to do it or that it doesn't exist, you'll end up choking or passing out.”

~Dr. Shatavia Alexander Thomas

A vertical traffic light is positioned on the left side of the frame. The green light at the bottom is illuminated, casting a bright green glow. The background is a soft, hazy sky with shades of purple, pink, and orange, suggesting a sunset or sunrise. The traffic light has three lenses: the top one is dark, the middle one is dark, and the bottom one is glowing green.


Stop Stopping the Mourning

Learn and identify everything
we do to stop our own or
others' mourning

We can't change our patterns
unless we can identify them

We Use Language To Stop Mourning

- **Offering advice**, “I think you should...”
- **Minimizing**, “Well, at least...”
- **Changing the subject**, “Guess what happened yesterday...”
- **Trying to see the bright side**, “The gift in this is...”, “The silver lining...”
- **Ignoring** mention of sadness
- **Offering reframes**, “Everything happens for a reason.”
- **Comparing**, “I/you shouldn’t be so down...it’s not like I/you was abused.”
- **Dismissing**, “Snap out of it”
- **Shaming**, “I/you shouldn’t be so sensitive.”
- **Criticizing/judging**, “You’re/I’m always so negative.”
- **Catastrophizing**, “If I/you start to cry, I’ll/you’ll never stop.”
- **Diagnosing**, “Maybe you’re/I’m depressed” or “You/I might have PTSD”
- **Reassuring**, “You’re/I’m going to be fine”

An abstract painting of a heart shape, rendered with thick, expressive brushstrokes in a variety of colors including red, orange, yellow, green, and blue. The heart is the central focus, with its edges blending into a textured, multi-colored background. The overall style is painterly and emotional.

Mourning is an act of softening...supporting us to close the gap between what we want, envision, or long for, and what actually exists.

I am mourning...

...not seeing my son every day since he moved away to college.

...my husband's diagnosis of cancer in 2020, my diagnosis in 2022.

...the natural and human-made disasters that we are dealing with every day and how I long for safety for all life.



What are you mourning?
(What do you miss?)



Mourning is Dyadic (done with other people)



“Sadness is our most common missing emotion
in the western global north.”



Co-Holding Mourning and Working

- Dedicate time each day to mourn, to feel the pain of the loss
 - Allow yourself to be totally immersed in your feelings for a period of time
 - Ask the pain and grief, “What are you trying to tell me?”
- Tell people you trust that you are mourning
- Have a plan for when you feel overwhelmed, e.g., grounding practices
 - Breathing is key
- Create a special area in your home and at work to display meaningful items that represent your loss
- Integrate peer support at work and at home

Peer Support

(a trauma-informed care principle)

Support from other people who share similar experiences

- Stories and lived experiences can support recovery and healing
- Connections that help a person feel safe and hopeful
- Opportunity to form mutual relationships
- Mirror and learn alternate coping strategies

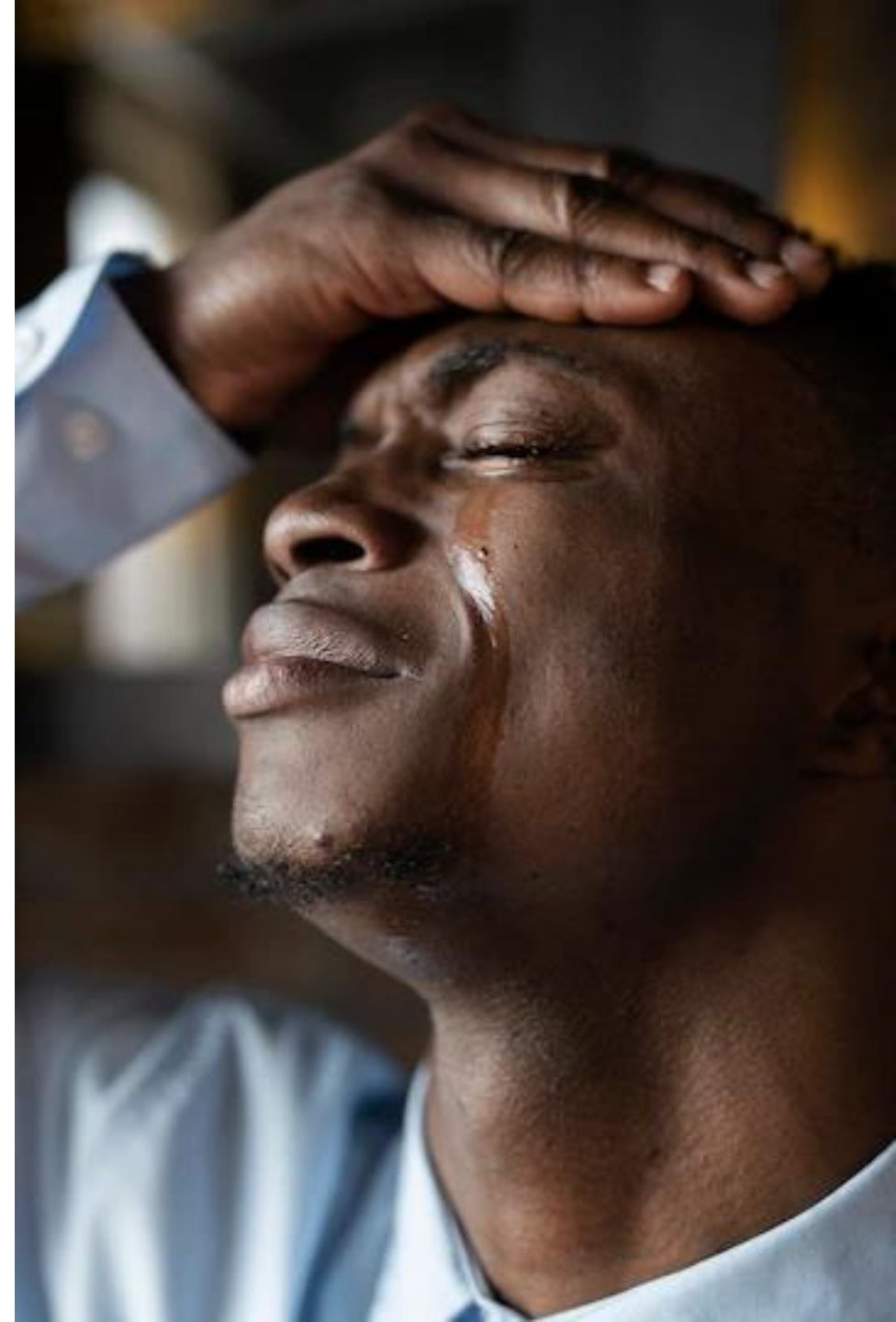
Creating structured peer support requires planning and trained facilitators

- Use an established peer support curriculum such as *Intentional Peer Support: An Alternative Approach* (Mead, 2017)

A Mourning Practice

(by Miki Kashtan)

- Notice those moments when mourning is closest to the surface for you
- Focus on the feelings you already have, let them flow
 - Instead of talking, apologizing for having feelings, distracting yourself, or trying to compose yourself
- Be aware of the decades of training to not cry (especially if socialized to be a man)
- “The more you let tears flow, the easier it will become the next time.”



Suggestions to Support Grieving

1. Name the loss

- What did you once “have” that is no longer present in some way? (sense of normalcy, connection, a dream or a hope, a person, an ability)
- Acknowledge what exactly you had that now feels absent, remote, or unreachable

2. Surrender to the yearning

- When we experience a loss, our physical system will yearn for this, long for it, try to reach it
- The ache is painful, physical, and real. It is also temporary.

3. Process in community

- Tell your story to others (human needs to be seen, heard, and witnessed). Talk, cry, express, and feel with others.
- We need community, we need empathic listening (not people trying to lessen our grief)

4. Reorient

- We resituate ourselves in the world – update our beliefs, our sense of who we are, and we develop new routines
- May still feel a void. *And* we start to reach for life and possibility

Grief-Informed Companies

(mental health wellbeing include grief work)

“The amount and variety of loss people are currently navigating without additional resources while at work is astounding.”

- If we cannot acknowledge that grief exists in the workplace, we are unlikely to address its impact
- Organizations offer training on discrimination, DEI, sexual harassment, drug diversion, gender equity, safety but nothing on grief education or support
- Grief needs to be addressed as an issue of organizational culture, rather than a training concern
 - Include grief topics in employee communications, create a resource library



Image by jcomp on Freepik

When a Person is Mourning...

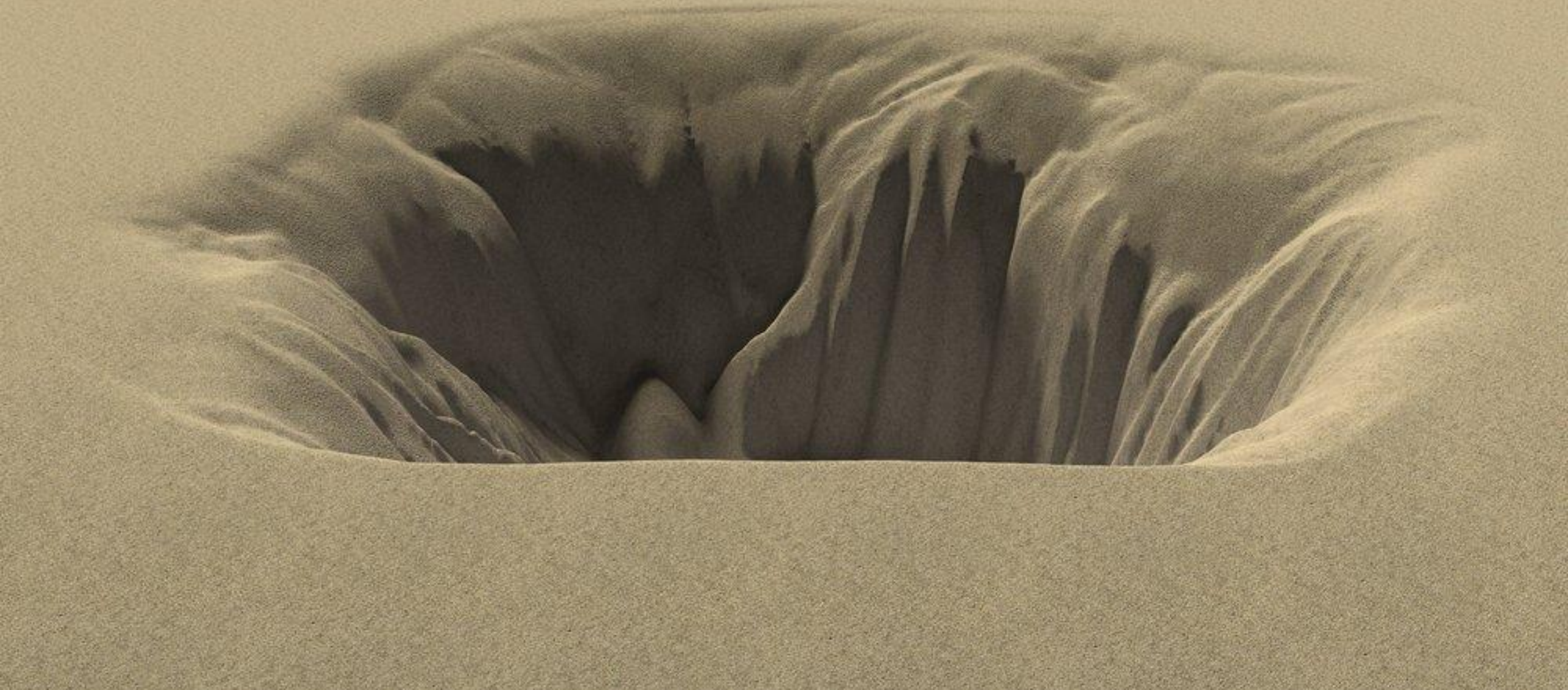
- Offer a calm presence (relaxed posture, model breathing)
- Focus on listening, not fixing/solving
- Allow unhurried time for response and expression
- Acknowledge their experience, “Do you long to be acknowledged for how painful this is for you?”
- Allow for tears and other expressions of grief
- Use metaphors to ask what the grief feels like, “Is the grief like a wave crashing over you?”



Sarah Peyton, author, international speaker, neuroscience educator



Is the grief like quicksand pulling you under?





Is the pain as immense as the whole universe?

Empathy Guesses

(what we feel and what we long for)

- Are you anxious, and do you need relief and hope?
- Are you scared, and do you need protection and room to breathe?
- Are you disappointed, and do you wish for fulfillment of promise?
- Is there a longing for focus, competency, and accomplishment?
- Do you feel distrustful, and do you want dependability and follow-through?
- Are you impatient, and do you long for change and transformation?
- Do you feel skeptical, and are you wishing for faith and trust?
- Are you doubtful, and are you wanting reassurance?
- Are you irritated, and do you ache for precision?
- Do you feel angry, and do you want success?
- Does hopelessness consume you, and do you need acknowledgment for how exhausting it is to keep trying and never hit the mark?

When we experience resonance, there is a sense of relief

Something physically shifts:

- An exhale
- Softening of the face
- Shoulders drop
- Tears
- Goosebumps
- A pause in their speaking
- More relaxation into the dialogue
- Saying, “yeah” or “uh huh”
- Energetic shift

Translates into, *“I’m understood”* or *“Yes, that’s it.”*



EXERCISE: What are the should's, have to's, and cant's that you're telling yourself?

-
- I shouldn't be feeling this way
 - I won't let anyone down
 - I have to keep going
 - I will not impose on anyone
 - I can't show any vulnerability
 - I have to be on point all the time
 - I cannot show my tears
 - I have to snap out of this



Harvesting

(connecting and learning together)



A top-down view of a group of people's hands stacked together in a circle, symbolizing unity and support. The hands are of various skin tones and are wearing different watches and bracelets. The background is a light-colored wooden floor. The text "You are not alone." is overlaid in the center in a white serif font.

You are not alone.



“...when we focus on the idea simply that there is grieving,
and we are part of it, we find connections.”

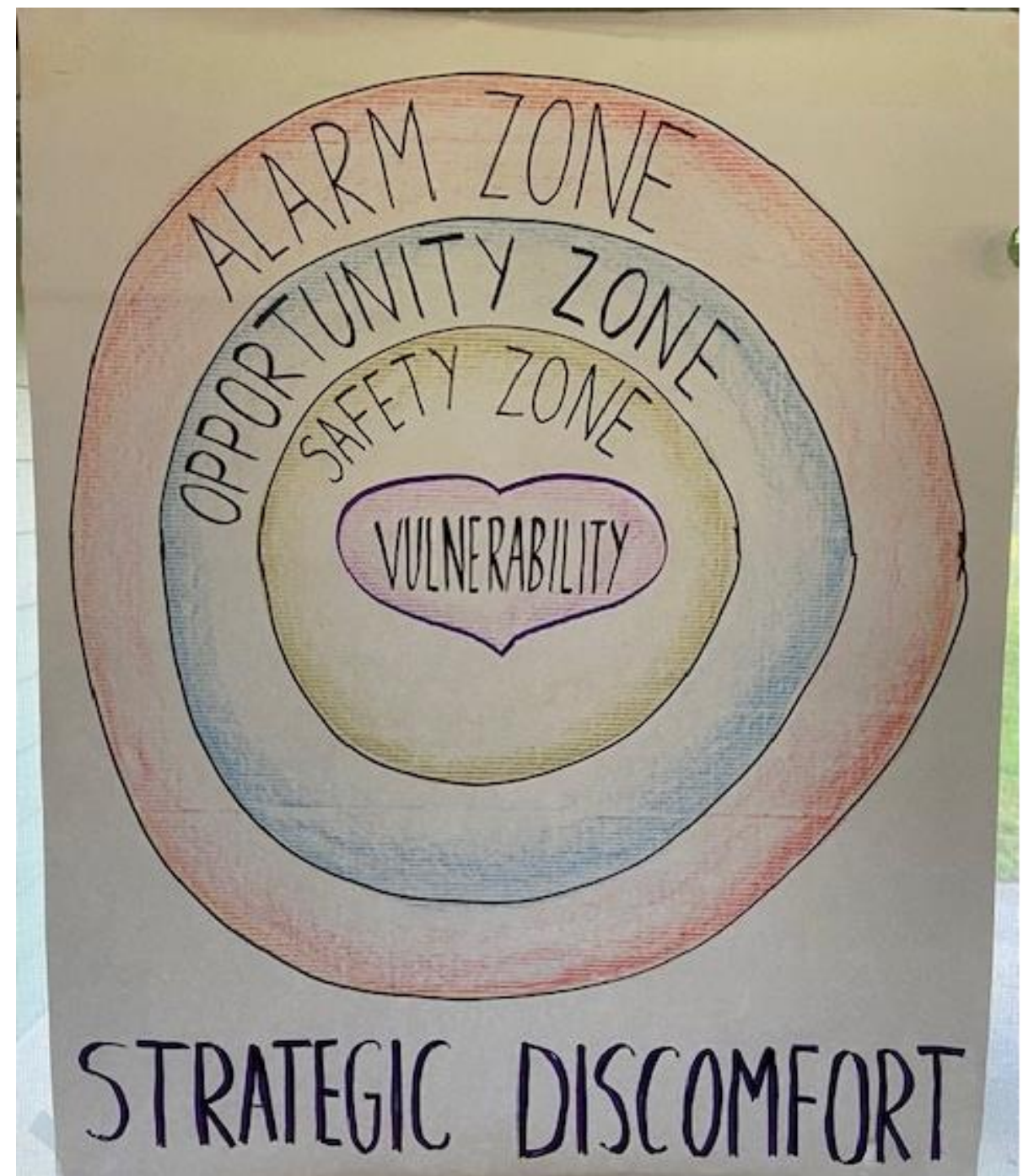


I hope you will consider what I've offered in this session, experiment with it, and decide if and how to apply it in your life. I believe that change often requires some discomfort and willingness to try things that may not make sense at first. I hope you will find inspiration to explore new possibilities.

Paige

These words by Roni Wiener and Magda Baranska in a Convergent Facilitation course inspired me.

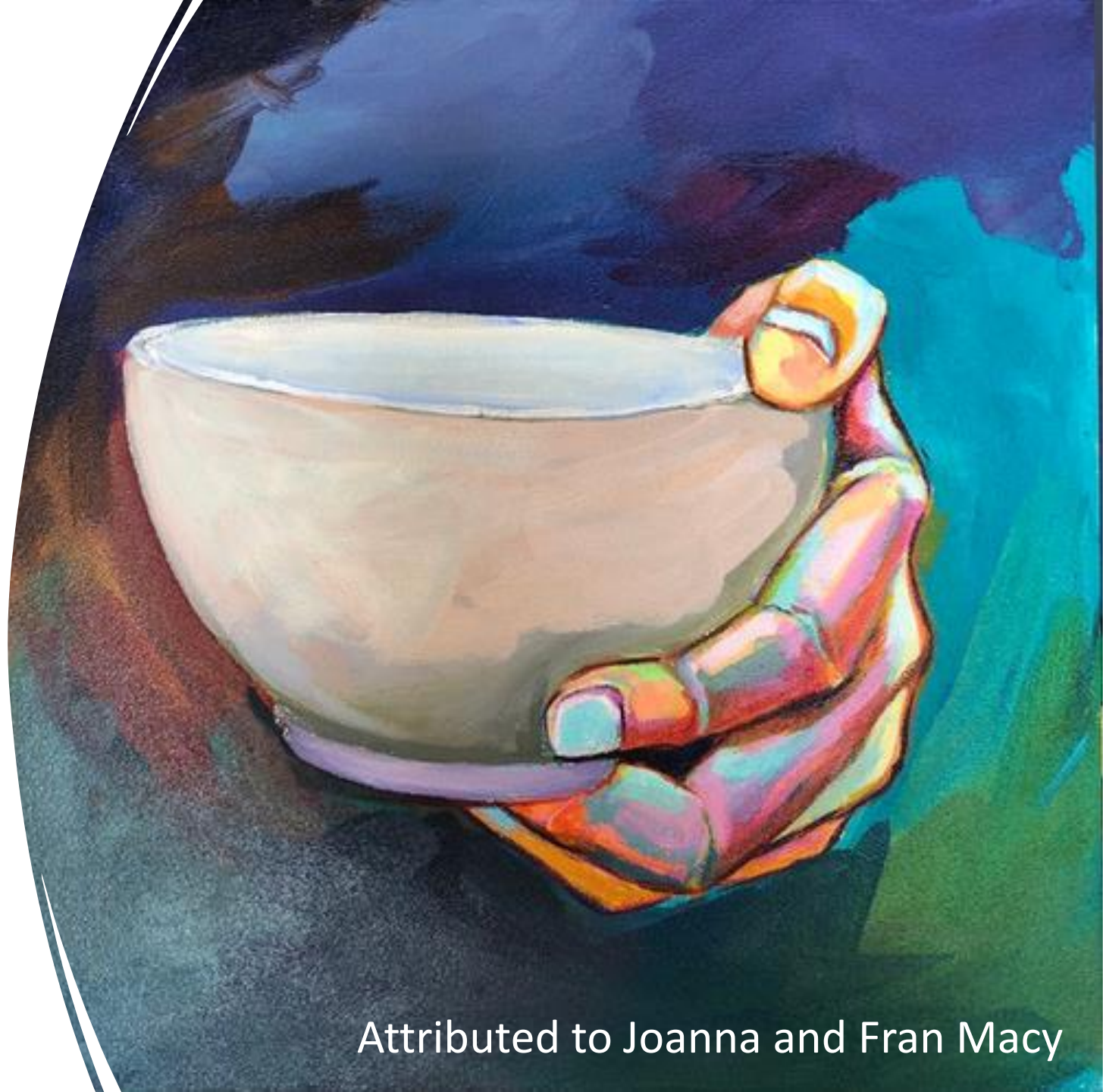
Will you join me?



Bowl of Tears

(owning our collective grief)

These bowls of water represent tears for the world. All are invited to come to a bowl as they are moved. Dip your hand into the water, let it run through your fingers while sharing out loud or to yourself, “My tears are for...”



Attributed to Joanna and Fran Macy

My Heart is Moved

*Lyrics by Adrienne Rich
Music by Carolyn McDade*

My heart is moved by all I cannot save.

So much has been destroyed.

*I have cast my lot with those who,
age after age, perversely,
with no extraordinary power,
reconstitute the world.*



RESOURCES



Online Resources

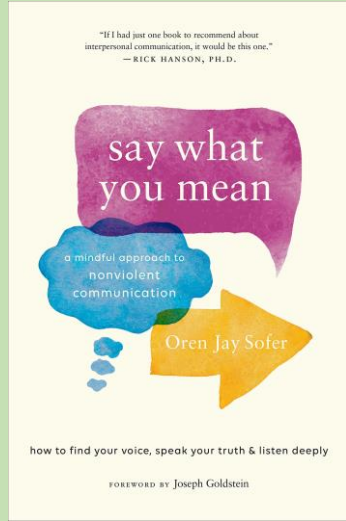
NVC Academy, <https://nvctraining.com/>

- A variety of free materials
- Audio and video downloads for purchase

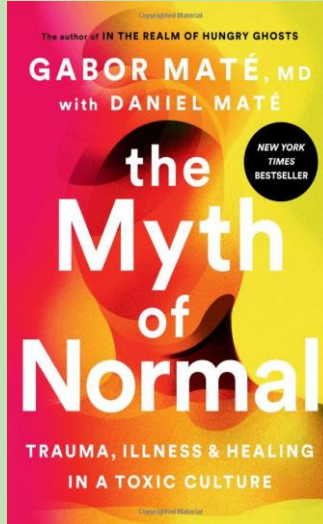
Bay Area Nonviolent Communication (NVC), <https://baynvc.org/>

- Blog and free worksheets
- Classes and events

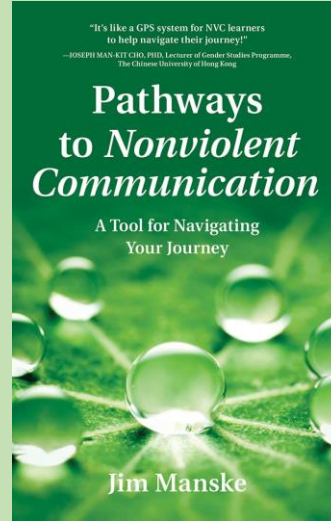
Additional Book Recommendations



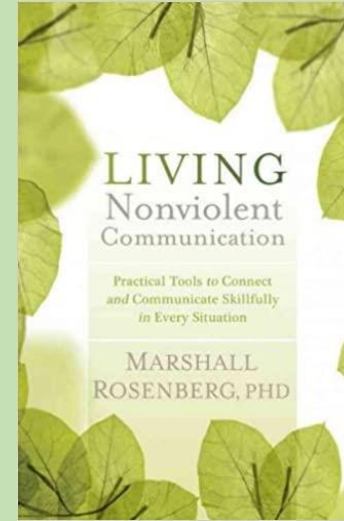
Oren Jay Sofer



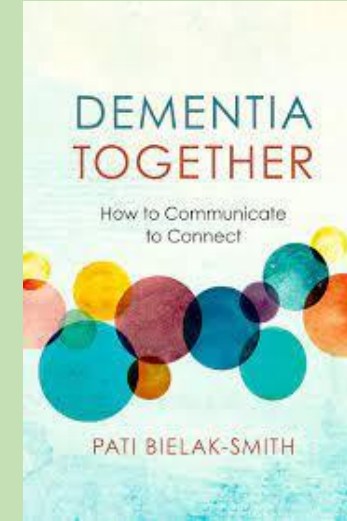
Gabor Mate



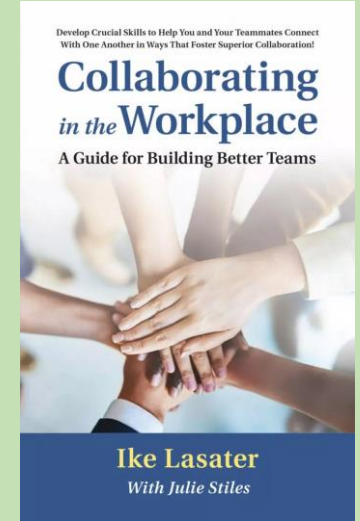
Jim Manske



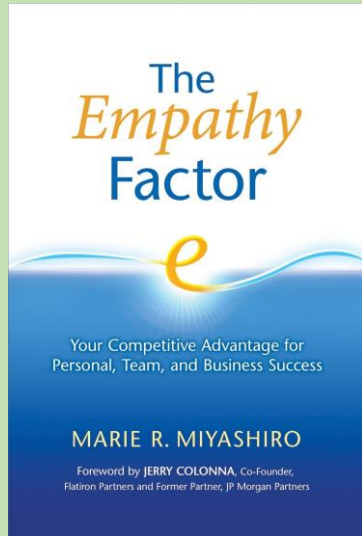
Marshall Rosenberg



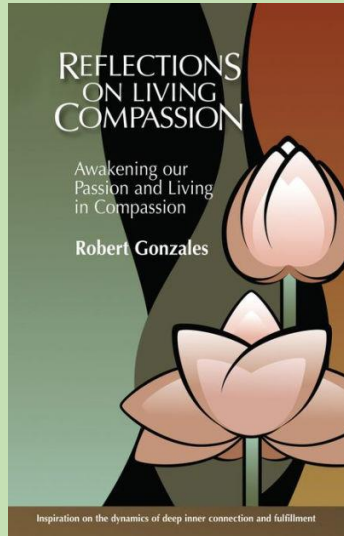
Pati Bielak-Smith



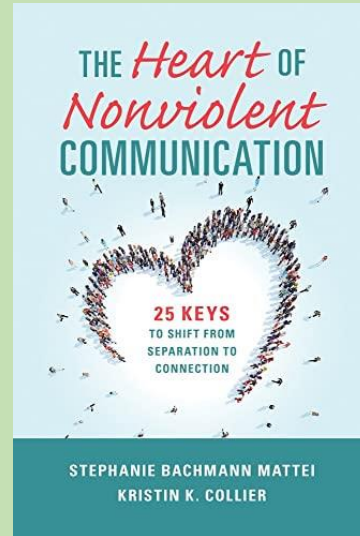
Ike Lasater



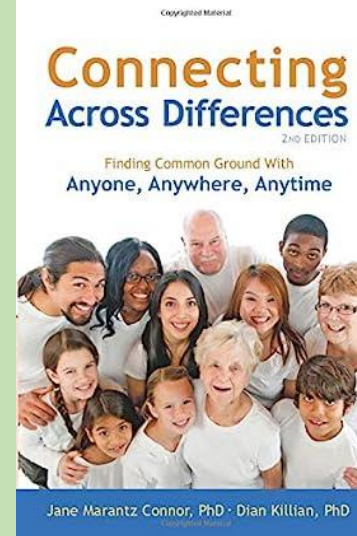
Marie Miyashiro



Robert Gonzales



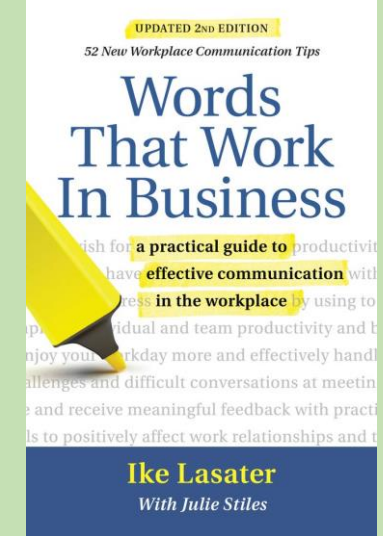
Stephanie Bachmann
Mattei and Kristin Collier



Jane Marantz Connor
and Dian Killian

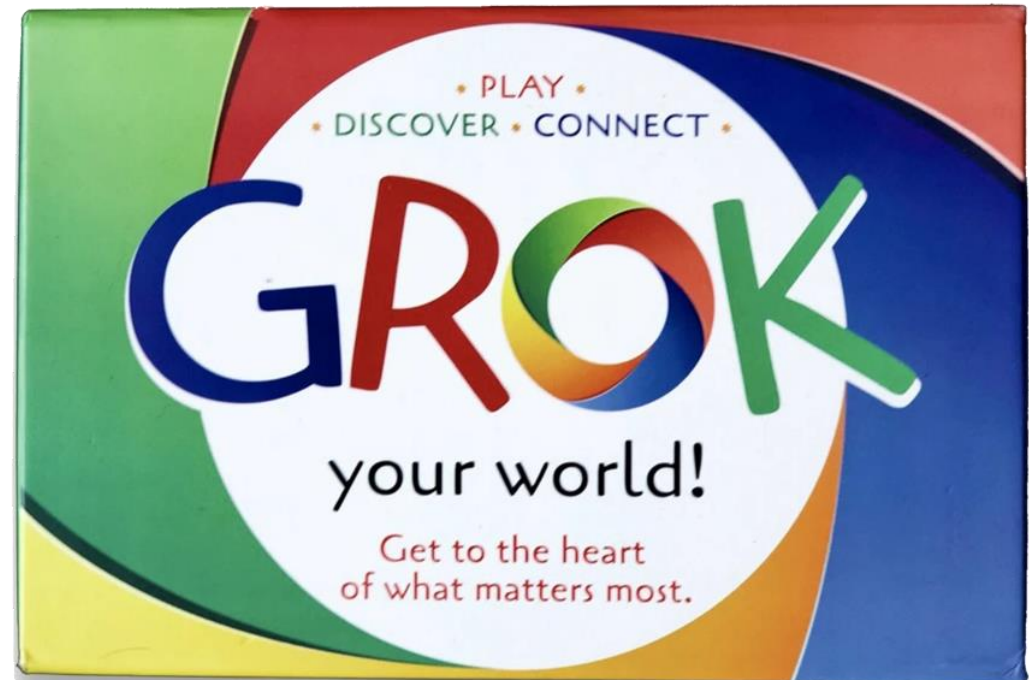


Sarah Peyton



Ike Lasater

Growing Your Community Around Empathy (GROK card games)



<https://groktheworld.com/>

*GROK is from the novel *Stranger in a Strange Land*, by Robert Heinlein and means “to deeply understand”

Aya Caspi

Certified Trainer with the
Center for Nonviolent
Communication

**The Center for Nonviolent
Communication**

<https://www.cnvc.org/profile/3192>

**Nonviolent Communication at Ghidotti
High** <https://youtu.be/zWicevVTg8U>

Facebook

<https://www.facebook.com/aya.caspi.7>



Dr. Yvette Erasmus

clinical psychologist,
teacher, writer

Resources and Blog

<https://www.yvetteerasmus.com/>

YouTube Channel

<https://www.youtube.com/c/YvetteErasmusPsyD>

Free Q&A Call

<https://yvetteerasmus.com/conversations-from-the-heart-join-now/>



Sarah Peyton

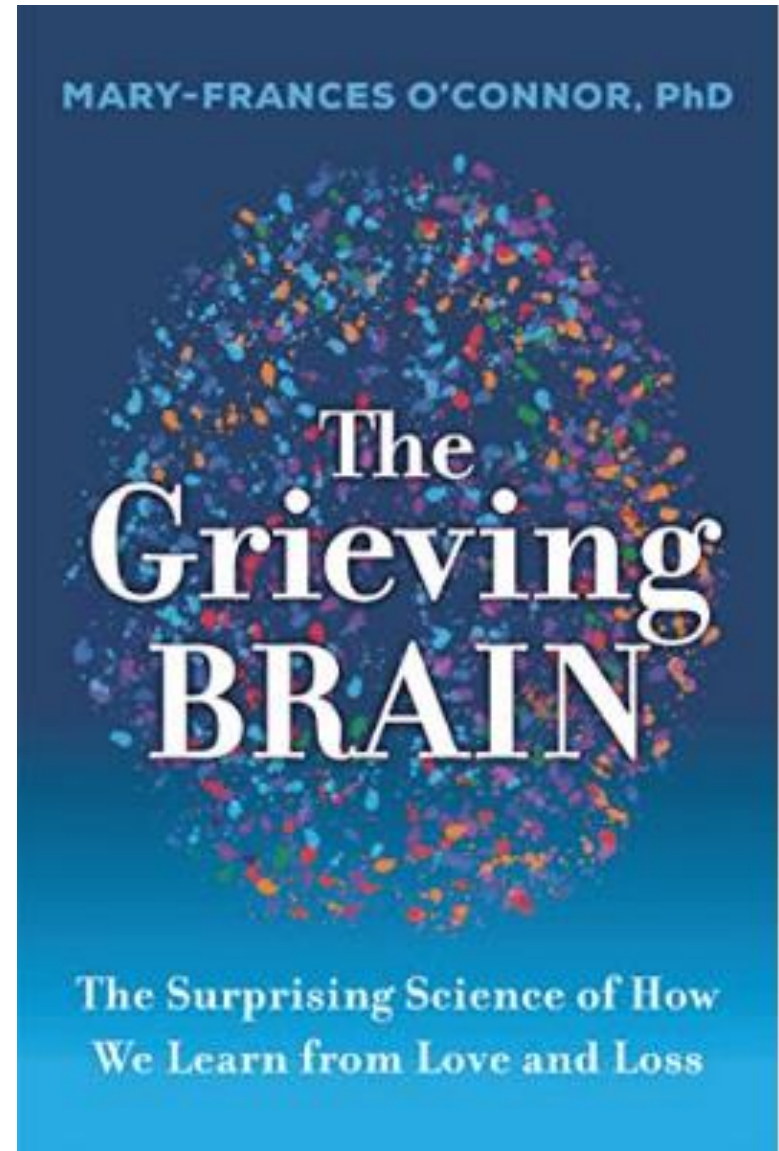
author, international speaker,
neuroscience educator

Click ***Get Started***, then ***Explore Topics***
(blog), <https://sarahpeyton.com/>

YouTube Channel

<https://www.youtube.com/c/SarahPeyton>





Invitation to Brave Space



Micky ScottBey Jones
“The Justice Doula”

Invitation to Brave Space by Micky ScottBey Jones

Together we will create *brave space*
Because there is no such thing as a “safe space”
We exist in the real world
We all carry scars and we have all caused wounds.
In this space
We seek to turn down the volume of the outside world,
We amplify voices that fight to be heard elsewhere,
We call each other to more truth and love
We have the right to start somewhere and continue to grow.
We have the responsibility to examine what we think we know.
We will not be perfect.
This space will not be perfect.
It will not always be what we wish it to be
but
*It will be our brave space together,
and
We will work on it side by side*