CASAT Podcast Network

Hello and welcome to season four of CASAT Conversations.

I am your host, Heather Haslem.

This season we will explore the impact of trauma on those who work in human services.

You'll hear from researchers, authors and people with lived experience.

We hope you enjoyed today's conversation today.

We are joined by Dr. Steve Rose, a researcher, sociologist and addiction counselor.

Welcome Steve.

We're happy to have you here today.

Thanks for having me.

Glad to be here.

So as we get started, I'd love for you to share really about yourself, your story and how you got to where you are today.

Yeah, so what I do today is primarily addiction counseling.

But historically, as you mentioned, I was a researcher, particularly in the field of sociology and my research was on veterans in transition to civilian life topic will probably be touching upon quite a bit today.

And at the core of I guess what I do now and my historical research is really the power of social connections and that's relevant in the addiction field.

Often people say the opposite of addiction is connection in many ways.

Um and also from a sociological perspective, I was looking at issues that were often framed in psychological terms, but uh there was an underlying social component to it that I saw that was kind of missing from mainstream discussions of trauma and so yeah, that's that's kind of uh an overview of what I'm doing now, what I did then and kind of the the underlying theme of the interaction between the individual and society as being core to that.

I'm curious how does your sociology background inform, you know what you do now on an individual level with your counseling practice?

What's recognizing people not as just individuals but as parts of broader systems and how those broader systems um really affect them and create inner systems.

So I guess it's like psychology, we can look at no internal family systems therapy really delves into it.

Uh quite a deep level of inner parts of us that are interacting um to create our our thoughts, emotions and actions.

But these things don't just appear in a vacuum.

They are produced by social context and you can look at different levels of that context.

So it could be one's interpersonal relations um ones uh systems in a family uh systems in a community uh or a society kind of broadly or or a particular institution and there's all of these different levels of analysis that are relevant in understanding a person and and what's driving what's underlying their their behavior.

And I think having this kind of holistic way of looking at it um kind of lends itself to uh I guess a trauma informed I guess a form of compassion, I guess it makes it more natural to come to that to that mindset because you can see kind of all of the things that are playing into this person's behavior.

Yeah, that makes a lot of sense and I feel like sometimes we get so stuck narrowed on the individual and what's going on that we forget that they're part of the larger society and there's so much playing a role within that were the culture that they're existing in whatever that is like veterans per se.

Yeah.

Yeah.

And in the institution which we can we can for sure get into.

Cool.

So, I know in the beginning of your career as an academic sociologist, you developed a concept called transitional injury.

Um really as a way to explain suicidal ideation among Canadian veterans.

Can you share with us more about this concept?

Yeah.

It uh you know, when we think of veterans issues and particularly around the time when I was doing this research, 20GS 15 was when I graduated.

So it was it was more of a topic of discussion because a lot of veterans were coming back from Afghanistan in the in the years prior to that.

Uh and the topic of social integration, transition to civilian life was really a big thing back then.

Still is a relevant thing, but it was really big back then when it was it was happening.

And uh the the research had tended to focus on it because I did scoping reviews as part of kind of my research as well too in the summer just to publish like what's the literature in the veteran's field in general and kind of summarizing all of the literature related to veterans transition issues.

And so it kind of got a really meta level, look at this in terms of a summary of what's being published and the vast majority of the literature being published on veterans issues was from a psychological perspective, particularly focused on PTSD and it was from the the kind of lens of more of an individualistic lens which of course is is necessary.

And as someone who was a counselor, you know, I draw upon this this research too, but it was very much looking at veterans as individual units that were traumatized in war and they come back to civilian life and now we have to heal the war traumas.

And and so war is bad, civilian life good.

And it was kind of that way of looking at it.

When I was talking to veterans in my research, I was getting a very different sense that a lot of them were saying something actually quite the opposite, they would say, you know, war was hell, but civilian life was worse.

And they didn't just necessarily mean that it was like, you know, flashbacks they weren't referring to because when I came back I had PTSD and flashbacks, it was all of the anxiety, it wasn't just that it was it was they were saying something beyond that, some were saying that, but the underlying theme of what many people were saying was that I don't feel like I belong anymore.

I don't feel connected to anything, I don't feel like I have a sense of purpose anymore.

And so there was this deeper social slash existential void that was completely being missed in a lot of the, the research and some touched upon it, but a lot of it didn't, and it was leading to some bit of a disconnect with veterans themselves who were receiving services from this kind of highly individualized frame of reference and didn't necessarily kind of connect with them on that level of feeling deeply disconnected in civilian life.

And so the injury of transitional injury was meant to highlight the relevance of that social transition itself as being injurious, not necessarily just what happens at war as being injurious.

That makes a lot of sense.

I do quite a bit of work with um, in this past year with Wild land firefighters and they actually experience something similar in the transition from fire season to the off season and being with their crew and their brothers and then and sisters and then transitioning back to civilian or home life can be a big challenge.

And so they often report that the biggest challenges during the off season and not during um fire season, right fasting.

I never thought of it from that perspective and I'm sure this is probably relevant to kind of many first responders in various ways.

Uh, in terms of the article I was writing on this would have the first responders reaching out saying this completely fits what I'm going through and I never really because I didn't focus on those groups, I thought of it from those perspectives, but that makes a lot of sense the way you say there.

Yeah, it's interesting and I hear it um I've heard it from some air guard members who have spent their career, their 20 years and then retiring and um there's definitely a sense of that transitional injury as they retire from service when their whole identity and career has been wrapped up in it.

So um and then retired first responders as well.

I've heard quite a bit of that.

So I appreciate that language ng and framework.

Yeah, I like the word you used right?

Their identity to.

I didn't use that word yet right now, but it's certainly a key theme in all of this because when you lose a sense of purpose and belonging, uh you know, identity.

Uh you talk about a self identity or or group identity or kind of other different types of identities.

Social identity, I guess is the word for that.

But I would argue there's there's not just self identity in terms of labels you use for yourself and social identity in terms of the groups you identify with, but something that I talked about which is role identity, it's you develop an identity from the role you play within a specific group which is connected, the purpose and so it's it's not just identity as a category of labels that that you acquire in this knapsack of labels if I'm part of this group, i this type of person, but it's a deeper, more of an existential level of thinking of identity.

And I think that connects a lot with the first responders and veterans that we're referring to here.

And I'm curious if you'll talk a little bit more about belonging to and like more depth than that, because or what you heard from the veterans that you interviewed about their sense of belonging while they were in service versus what it's like in civilian life?

Well, I have a lot of quotes on this, that but in general, it was a sense that they were they were I guess a part of a group that everyone had their backs and and and they could trust the person next to them with their life and that sense of belonging.

It's it's hard to recreate that, I mean, perhaps impossible in many ways and outside of those life or death situations.

And and so, coming back to a civilian life where they don't feel like they don't really connect with the types of issues people are are talking about, like, you know, someone complaining about, you know, the traffic and and how they are so so mad at, you know, this seemingly insignificant thing uh and just not feeling like they can really relate to these people anymore.

And I don't know, I didn't follow up.

So I don't have a longitudinal perspective on this, whether there was a readjustment in certain ways that made it less frustrating but certainly coming right out of that context and into civilian life.

It was like, how do I, how can I be friends with these people?

Even many people were saying stuff like that.

Um so that that's part of what I was referring to.

Yeah.

And this um like there's that depth of connection as far as being able to feel seen and heard and valued, but just to like know and be known, but not to be able to meet each other on the same level because the stressors that they face, right?

These life or death stressors um experiences, the things that they took in versus you know, traffic being a stressor and perhaps even the same level.

Like how do you connect on those two levels?

Like I just don't probably take some time or or you don't you connect with your the people that you served with, right.

Yeah.

And I would be curious to follow up with some of these people actually now that I think about it, of whether that changed or in some ways not not fully, but if there's some way that, you know, people can learn to adapt.

Um but yeah, when I was when I was speaking with with many of these people that was very shortly after they were they were coming out, they were all veterans of Afghanistan.

So that was it was quite topical at the time.

For sure.

Yeah, I know how we connected was because of your writings on sanctuary trauma.

So, I'd love for you to talk to us about this theory also.

Yeah, it was actually a concept that came out of one of my interviews with one of the veterans that um he actually told me that he attributes at least half of his trauma to his uh interactions with veteran affairs after coming out of the military.

Uh and and, you know, that stood out as it was quite striking.

And he told me that, you know, there was this concept called sanctuary trauma, developed by dr Steven Silver, and I really kind of delved into that after that, because there's not a whole lot written on it.

Uh I wrote an article called what is uh sanctuary trauma, and it tends to rank well because there's not, again, not a lot of literature on it, and it's it's almost, I guess a forgotten concept that I think perhaps should be brought back and revived because it's explains a lot of stuff that's that's within this realm of transitional injury that I was referring to before.

Um, so if transitional injury is kind of the umbrella, this this might be like a subversion of that, I could argue.

And it's specifically um looking at coming into an environment that you expect to be um safe and therapeutic.

Um and getting the opposite.

And and so I guess uh it's expecting a protective supportive environment, but only discovering more trauma and it's amplifies that because of your expectation.

And it's like if you're expecting safety here and you're not getting it, where are you going to get it?

Um and that being the case for me, it was really developed with in uh with veterans coming back from Vietnam and Prior Wars.

You can, you can imagine like the how it would be different than the veterans coming back from Vietnam because there was celebrations were all on the same team.

Everyone, you know, your heroes for this cause that we can all rally behind Vietnam being very different and that it was a very divided uh contentious war where a big, significant chunk of society was not behind it.

People were protesting.

Uh not everyone was rallying behind the military at that time.

Um and veteran coming out of that and into a social context.

Uh that that was was like that.

It was like you expect to feel safe and secure and supported at home.

But when your home is really feeling quite contentious and politically fraught and that people are not so much on your side.

Uh there there's a different layer of rejection that that or I guess you can say sanctuary trauma that that occurs there.

And Uh in the case of my own research and how it was relevant for Afghanistan uh did come up in terms of navigating uh the institution of veteran affairs.

Uh that's kind of how it generally uh came across.

There wasn't kind of that same 1960s level of societal disconnect around it and in protest.

And so it was seen as people expecting to get these this uh massive support and um ease of services and just feeling like uh like just accepted and supported, but really just having to fight the veteran affairs and fighting the bureaucracy.

Uh not everyone had this experience, some are easier than others, but some really did.

It was like a second battle for many of them that I spoke with were just the massive bureaucracy that was quite frustrating and and so that would be how the sanctuary trauma perhaps comes in uh in that case.

Mhm.

And it makes me think of police officers today.

There there could be some sanctuary trauma there.

Right.

Well, I guess there's that's where the political side of it comes in because it's going into harm's way and not fully feeling rallied behind by the society at large regarding, I guess.

Yeah, the defund the police.

Uh and and some of those those calls for that.

And I know I could see, I could see the overlap there.

In our first season, we interviewed a police officer's wife who spoke about um really this feeling of being unsafe in her neighborhood.

So they took all the stickers, you know, that said they were police officers off their cars.

Um, really she lost friends on facebook.

Um, and it was extraordinarily challenging time.

It was right after the murder of George Floyd.

Um, and this was in Las Vegas and they, she spoke about that and the trauma and the challenge of losing friends and not being able to really be who they are in their neighborhood.

Wow, losing friends in terms of service, losing just friends because of political views and, um, okay, yeah, the police, right.

Not just, I guess.

Yeah, so, wow, that's quite significant.

And, uh, so yeah, feeling that you're going, you're put into highly compromising situations where there are actual life and death scenarios like the military.

Um, but again, not having that feeling of full support, there's, there's a real parallel there and in the military, I don't know if you're familiar with the concept of unlimited liability.

It's, it's this idea that you are really unlike any other job expected to kind of get to the point where you give up your life potentially.

Um, and I guess it kind of overlaps with policing, but not fully.

And there's something different in the military that's beyond just kind of a contractual obligation where it's like, okay, this is the contract, you fulfill the obligations and there's health and safety parameters, like in normal workplaces, you burn your finger, There's a report to write up like none of these things should happen, you should never be harmed in your workplace, but it's very different when you, when you were looking at kind of, the first responder context, and especially the military context, where it's almost expected that there's gonna be many casualties.

And there's something there that's outside of normal liability in terms of your liability is limited in this case.

There's something I guess veterans would call.

There's a sacred obligation that they would say the, the government in the society at large has when it sends people off into those situations.

Um, and the Canadian government had, I'm from Canada.

So I was looking at how the Canadian government was actually using that language of sacred obligation and that we have a sacred obligation to our veterans.

Uh, and the interesting thing was that it wasn't kind of being met, and many veterans were kind of clinging to that language and saying, well, look, you you send us out into this situation where there's unlimited liability, life or death scenarios.

Uh, and you say there's a sacred obligation, but then we don't feel supported and feel rejected after that.

And if you look at the word sacred in sociological terms, it really is centered around social um, social integration.

You know, sacred things are things that we we all rally around, like the flag for example, or, you know, like religious, sacred objects where we would have been like Mecca were circling around this thing and, and Emile dirk.

I'm talks about the concept of the sacred, as in sociology, as binding us together.

Um, and so when that sacred obligation, when they feel like it's not meant, there's a layer of rejection and isolation that goes kind of even deeper than what I was referring to before.

You know, I don't understand these people who are complaining.

Uh, it's more than just not feeling connected to civilians.

It's, it's a real deep, uh, rejection in this kind of sacred sense of not feeling supported.

And uh, I guess the word sanctuary, if you look at the etymology of that, it's rooted in the word sacred.

Um, and sanctuaries are really historically sacred spaces like churches.

Uh, and, and so when you feel like you should be coming back into this kind of sanctuary or sacred space with, with, with the government or society that has a sacred obligation, you don't feel like that's met, that's the kind of the core of sanctuary trauma.

Yeah, I appreciate the context there.

Of the language that's helpful.

So, I'm curious how is sanctuary trauma, if at all, um, connected to moral moral injury.

Right.

Yeah.

And that's the term that really kind of took hold recently.

And it's something that I was really researching in the early days before, before it was really taking off, um, and out of sanctuary trauma or moral injury, moral injury just kind of really developed.

And there's two aspects of moral injury, there's kind of doing something in combat or high stakes situation that you come to realize, you don't agree with like accidentally, uh, killing a civilian and then feeling kind of highly morally conflicted about, about what you did.

There is extreme guilt and shame.

Another version of that is kind of similar but kind of witnessing something like that happening.

I guess you see something that is like a, like a genocide for example.

Um, and you witnessed the inhumanity of that.

And, and so that's kind of, those two are things witnessing or being a part of things that are, uh, morally fraud.

And then the, I guess the different version of that, the second version of moral injury is institutional betrayal.

And, and that's the sense that in a high stakes situation you feel betrayed by an institution that you trusted.

And, and so it could be a superior or, or part of a bureaucracy kind of ordering you to do something that you know, or feel is highly is wrong, deeply wrong.

Uh, but you, you, and you feel betrayed by, by kind of a system that's, that's out of line with its stated values or your values.

And um, that version of moral injury can resemble sanctuary trauma in many ways because you felt like this was something that you were part of everyone was on the same page And then that, that morally conflicting situation happens.

And then you, you like, it's like, what am I a part of now?

And um, so that would be kind of the overlap there, they're both, I guess you can say social concepts sanctuary the sacred as I was saying before, but morality, moral injury is based on morality.

Morality is a highly social thing as well.

Again, a meal dirk, I'm sociologist talks about morality as as that again, again, which binds us together our social contracts, I guess you can you can say with one another and are expected behavior.

Um and so with that being broken, it's kind of another social injury of feeling highly disconnected and can result in a lot of uh shame and in many ways and the source of shame is a deep sense of not just guilt where you feel bad about something, you did shame would be that that deeper pain of feeling like you are bad um and are ostracized or disconnected from society.

So it's a really thwarted belongingness uh that that happens there and that all of these things is kind of how I connected it back to uh suicidal risk of the interpersonal theory of suicide being uh two risk factors, thwarted belongingness and perceived burdensome Nous And so when when particularly that that belongingness factor that you feel deeply disconnected and there's different ways you can rationalize yourself as a burden despite not being one.

Um but that these are the things that um connect to suicidal ideation and they're very different, it's a very different way into looking at suicidal risk than um just kind of war trauma, flashback ptsD kind of lens.

Mhm.

I have a colleague dr Stephen Nicholas who wrote a book called Living Ideation, who shares a lot of your perspective and as a way for suicide prevention um really focuses more on strengths and having people reconnect with purpose as well as that sense of belonging and who who are there people who matter in their life, love it, love it.

What's the name of that again?

Living ideation?

Living ideation?

I have to look that one up.

Yeah, you might find it interesting.

Um you know, as you talk, there's several words that kind of stuck out to me um you know, the sacred belonging shame.

Um and really what it kind of boils down to is this loss of humanity in a way, or as disconnection from our humanity because there's not a loss but there's a disconnection from our humanity.

Um and I'm curious if that came up at all in your interviews or it's for sure, a theme and a lot of I guess the the one time I can think of this is uh they're not in my interviews, but with a Canadian veteran Romeo Dallaire who led uh the campaign and I guess with the U.

N.

In Rwanda and he talks about just witnessing the atrocities and the inhumanity of of that genocide in Rwanda and just in witnessing the inhumanity, there was there was I guess the result being a moral injury.

Um it wasn't a common term in my actual research.

Um, but I I can I can apply it by looking at the again, the concepts before the sacred expecting to feel like you're belonging.

Uh and this relates to a social critique by max Weber, another sociologist that talks about how the bureaucracy really is the the core of modern institutions and and the way societies function.

And we came out of this space of kind of sacredness uh to something that's more uh underlying instrument.

Instrumental rationality is the word he uses for it.

It's it's not it's it's kind of the movement.

Bureaucracies are really large scale movement of objects and and not kind of humans and persons and and it it takes the humanity of many things.

And so if you look at the military, it's a perfect combination of these, these two things kind of an institution with historical, you can go back to the, you know, the Greeks and the romans and how it was talked about.

There's there's a ritual component to it.

And um, and you can look at, you know, all the stories and achilles and and all of that.

But, you know, the military in the modern times is both this kind of sacred slash ritual as historical institution operating in a massive bureaucracy uh and and veteran affairs is just the definition of that uh just massive bureaucracy where in order it's kind of by necessity as well because because how do you manage these large flows of bodies and there's kind of this necessity to it, but it also strips the humanity out of the transition in many ways because you go from being a part of of this, this thing to being an individual.

Um, and and if there's a problem, you get a diagnosis and that diagnosis is an individualized thing as well.

And, and so, um really feeling that that that difference between the kind of the sacred belonging aspects of military and then the kind of bureaucratic aspects of it, which are quite different and it's quite a jarring transition to experience both in that way.

Yeah, it makes me think of an example that's not with veterans, but with health care providers.

And I in a previous role would sit in meetings with administrators.

Um, and the way that they often talked about physicians, um and sorry to any health care administrators.

But um, the way that I heard them speak about them, it was as if they were talking about robots or um, it's like chess pieces.

And so that's like the bureaucracy that you're speaking about.

Um, but you know, you have this practitioner who's trying to see x number of people and you have administrators making decisions about how you're seeing these people.

And so there's this interesting loss of humanity for the providers as well as for the patients that you see that definitely impacts patient care, but also provider well being.

That's fascinating.

I never thought of it from that lens and uh yeah, it's, it's the provider side as well.

And I guess I have thought about it in the context of health care, having worked in healthcare myself, um, Canadian healthcare system.

It's a little different.

Uh, the main problem, I don't know what the main problem is.

I know there's just different things about insurance and all that, but in Canada right now, particular Ontario in my context, the main problem being funding, it's been relatively starved for many years and long wait times again, we don't pay for the vast majority of health care, but it's, it's really quite frustrating to to get any kind of immediate service.

You won't get any.

There's a lot of weights and that leaves a lot of staff highly stretched and having experienced part of that working in it.

You try to do the best you can, but it's, it's, you're, you're spread thin, you just, you know, talking to people with very fast, rapid pace, minimal amount of contact with people.

Uh, you're throwing forms at them, filling them out, filing them away, running to the next thing.

And this is in a therapeutic context.

I'm talking like where people are coming off of, of hard substances and and they need a lot of care and one would argue sanctuary and just support.

And so it becomes really a revolving door in many ways of just like do the dance move the people move on and it's that pressure of not having enough support to actually spend the time that you would want.

And it takes your own humanity from from the whole situation in many ways.

Um and it's these large bureaucratic systems that really dictates so much of that loss.

It's unfortunate and yeah I don't know how to fix that.

I don't think we're going to fix that today.

But I think it's interesting to at least you know, have the conversation about it, be aware of its impact on people because it does relate to sanctuary trauma.

Not necessarily it's not necessarily just relevant for veterans, but if you look at people who are struggling with addictions who find themselves in one of these overstretched systems expecting like okay I'm going to finally do something, finally.

Go to the thing that I've been thinking about for years but haven't been able to do and they get themselves into this system and then they experience this like disconnection.

Like wait a minute I don't feel completely supported.

Um this person is looking stressed out and talking to me right now.

Like you know, I don't know, we see this a lot nursing and if you go to the hospital and they're just running around, I don't I don't know I have this image of the U.S.

Health care system as being well staffed for some reason I don't know but at least in Canada uh people are stressed thin and and so it looks like they're just kind of jaded and kind of cold but really they're just coping with what they've got.

And so the sanctuary trauma would happen if if somebody's coming into a health care system, whether it's addiction or even mental health like going to a psychiatric ward or some kind of residential treatment uh and really experiencing not getting supported.

And oftentimes people kind of just leave or or just and be even more hopeless because at least when they weren't going because they weren't quite ready yet, there was some kind of hope.

And now when you go and you experience oh wait this isn't gonna do anything, it's making me worse.

There's some loss of hope there that's that's quite detrimental.

And so the place that people are supposed to get uh feel supported and they don't know that that concept of sanctuary trauma does seem relevant there as well.

Um I just actually spoke with someone yesterday who was going through an addiction treatment um working with a therapist.

And the way that that office particularly runs is they don't see people long term and this individual wants ongoing therapy because they're continually exposed to trauma as a first responder and really just want to do it as a preventative measure for the future but is getting discharged from their therapist.

And so this place that was you know has been a source of healing is then saying okay we've got to move you along, which makes sense for capacity and all these things, but then actively wants to continue seeing somebody as preventative because they see the impact of their work.

So it's just a oh for sure what a morally conflicting position to be in as a practitioner where it's like you've been there long term and then you have to, you have to say okay good luck.

And yeah, it's hard.

Um you know, in the beginning you mentioned that you're so much of your work focuses on the power of social connection and how do you see social connection being relevant to trauma?

Right.

And I guess I follow a similar perspective of Gabor mate on on this, the Canadian physician addiction medicine um physician, I'm sure many people are familiar with that.

We actually just interviewed Daniel Made on their new book that they published.

Yeah, yeah.

Just finished, yeah, no, yeah, downloaded the day it came out and finished it up fast.

So, great book um fascinating.

And so that's that's exactly so exactly that same perspective.

Not looking at trauma as kind of that just the big t stuff like natural disasters war, you know, being assaulted, but the small t and complex traumas that are more subtle and a form of disconnection one can argue um as as government often states uh you know, a traumatic childhood could mean sacrificing your authenticity for connection and so there's a need to disconnect from oneself in order to to feel connected to perhaps their family or whatever system they're part of.

Um, so it's always kind of a fragile connection to because deep down, you know, like this this connection is conditional.

So and then it's not even true connection, it's it's a disconnection.

And so living and coping in these ways for, you know, in a long term sense, you develop certain strategies as a child and and you carry them to adulthood where you're relating to people with similar learned uh psychological muscle memory's, I guess you can, you can say, and whether it's mask wearing people pleasing um tendency that disconnects you from yourself and your own needs, uh or whatever else.

It's there's there's a deep disconnection there.

Um that that doesn't look like, you know, that person is you're not looking at someone who's sitting alone, isolated and not leaving their house.

You could be looking at someone who is highly social but deeply disconnected and you would never see it.

It's kind of an internal sense of being disconnected.

And so I guess that trauma informed perspective is not so much what's wrong with you, why aren't you happy?

Everything's going great.

It's more like what happened to you, uh that's leading to this, this current feeling today and that's kind of the trauma informed lens that that I take.

Yeah.

And I'd love for you to speak some more about the small t traumas and that disconnection that scene.

Um I hear a lot about that in the first responder communities especially, you know, there's high rates of divorce or separations um and there's a lot playing out there with small t trauma.

Uh what I'm curious which which ones that come up for you?

You know, the specific traumas that I think it really, it's that sometimes when people go home, that's the hardest place to be because the relationships at home are strained and um you know, there's a disconnection I think of stereotypical like, you know, people are in the same room but you know, both people are on their phones or both partners are on their phones or um you know, kind of that that ship's missing in the night or whatever that term is.

Yeah.

And I'm curious what's leading to that disconnection and because you have more experience with first responders first lands, would you, would some of that be, would it be like having to operate in this almost militaristic type of way?

Shut off the emotions, get it done instrumental uh way of being during the day and then having to switch at night, which is different in the military uh I guess unless you're a drone operator, but you, I mean the benefit of being in the military.

Is that your one way and then you transition back and then you can kind of try to focus on being another way, but this having to switch it on and off, it sounds like it might be part of the difficulty there.

Is that your sense?

Yeah, that makes a lot of sense to me.

It's, you know, it really is like a light switch, it feels like going on and off, like, okay, I'm putting on my uniform, I've got to be this way today and then going home.

And so it is, it's about transition right?

Like that, having that transition, I've heard some people talk about it in warrior culture and um that we've lost that sense of transition between when I'm a warrior and when I'm at home.

Um, but in his historically in warrior cultures, there is there is a transition that happens and so somehow we've lost that, that's exactly what I was referring to earlier.

I think it's Jonathan Shay uh talks quite about that and the loss of, of ritual and and that that whole transition component and especially, yeah, so if your, if your day job is, is, you know, turn off the emotions go into metaphorical combat and whatever it is you're, you're fighting or having to do that day and then to switch it off, turn on the emotions again, you know, it's easier to just leave the emotions off, I could imagine and therefore perhaps leading to a sense of disconnection among partners and perhaps Children, is that, is that part of it right there?

Yeah, I think so.

I mean, I don't, I don't know for sure.

I'm not an expert in that area, but that in with the people that I speak with that seems probable.

Right.

Right.

And that loss of ritual.

Yeah.

And it really does just become easier to turn off the emotions or to keep them off, right.

Because if you look at it, would it be easier to keep the emotions on and bring it into your work or or just turn them off and then just be more instrumental at home?

And I think the second one sounds more, more feasible in the short term uh and uh, but leading to long term consequences in the home life for sure.

Yeah, because the home life, I mean is kind of that in some ways the sacred space one could argue and historically as well that, yeah.

Just trying to connect the concept a little bit here.

Yeah.

Yeah, I know it's interesting.

And if that home life like going back to that sanctuary space, right?

Like if that home life is not safe and um you don't feel supported or connected, then that can be really challenging right now.

For sure.

For sure.

That's that's it.

Exactly.

So I know you've been a clinician for the last several years.

Um I'm curious if, you know, since our season is also focused on secondary trauma, um do you experience secondary trauma as a clinician and if, so how do you deal with it?

And so I've been very fortunate to not experience it.

And so I I really am not the person to be giving advice on how to manage it.

And I guess part of that is being very fortunate historically.

Um and not having been through significant traumas perhaps even big or not really as many small as well.

And uh having I guess secure attachments historically, it just kind of made the type of work I do relatively easy.

Um and I can talk to people from a very compassionate lens without kind of having the stuff really stick.

Um And so it's like a teflon but not like a like a militarized, I'm turning off my emotions and doing therapy that way.

For some reason it just works quite naturally with my way of being.

Um and that's really all I can really speak to is that it's just kind of works now if I was going into heart surgery, probably not last a single minute and faint on the floor.

Uh and so there's certain things that people can do and can't do, and and and and so many ways I found a niche that works for me um because many others completely wouldn't.

Uh and and so that's the best way I can answer your question.

Um and maybe self care, just a general like um piece of this.

Uh And so this would be I guess if somebody was asking for advice because they were experiencing that the most general kind of advice is usually uh caring for yourself, putting your you know the whole stereotype metaphor of putting your oxygen mask on first and all the rest of it.

Um I almost want to say it because it's just like we hear these things so many times, but that would be kind of my answer in the absence of any other specifics.

Well I think I just want to highlight what you said, like you're able to be with people, you have your own emotions and then you don't um you have a way of not allowing that, you know, kind of residue to stick with you um and that you have sounds like developed, you know, some self care strategies around that.

Yeah, you gotta take care of yourself first.

I don't go into uh counseling sessions kind of feeling distraught and and uncomfortable.

I really tried to kind of eat, you know, sleep supplements, like doing whatever I need to do to feel extremely comfortable whether it's having the room a certain temperature as I was doing before this interview.

Like there's a lot of like checklist stuff that that I'm pretty meticulous around that uh really leads to now I feel comfortable, I feel settled, I feel centered and then kind of going from there and all those pieces allow you to show up for people that you're treating right?

Yeah, exactly.

So as we wrap up today, is there anything else that you feel is important for our listeners to know or understand?

Yeah, kind of what we're saying this whole time, never underestimate the power of social connection.

Um and it doesn't necessarily have to look like social isolation is someone just not leaving their house.

It's it's subtle things like uh someone who's learned to sacrifice their authenticity for belonging but really doesn't feel true belonging.

Uh trauma informed perspective of of these kind of disconnections often rooting in childhood um and related to veterans and first responders when when you see someone doing something very strange, I guess in general, it's not like what's wrong with you, It's what's happened uh and not just what's happened one time to you.

Like a big t trauma, but what is happening right now?

What system are you a part of that's causing this disconnection?

Whether it's in health care providers, not just what happened to you yesterday, it's what's been happening to you over the last few years of you operating in this system.

Um and so it's kind of a way of looking at it from more of this complex trauma version of the time extended version of it.

Uh so it's trauma informed, but looking at social connections and the systems that people are a part of as as really informing what might be going on under the surface.

I love this, what's happened.

Um and looking at it from a longer perspective I was in a peer support training where a corrections officer who was leading the training said that it takes about seven years to actually feel the impact of the job is what they find.

Um And so, looking at, you know, kind of the culmination of stressors and traumas and witnessing other people's distress, it can take time for that to actually have an impact.

And it's kind of this it makes me think of, like, a chronic disease, kind of, this slow, slow insidious thing, and then all of a sudden you're like, wait what?

So that Exactly.

It's something I'm also mindful of because I'm like, okay, I'm doing I'm doing all right right now, let's give it another 10 years and keeping an eye on that as well.

Being mindful of.

Is it just a small enough thing that is not noticeable yet?

Um Always being skeptical of that, because these things don't just happen, they can happen overnight, but most of the time they're happening, as you're saying, in this time extended way of being grinding down someone's really mental health in the long term well, and as you know, since you read dr Gabor mate's book, he actually talks about that, you know, being 70 years old and being in a place where he realized that the impact of, you know, all of the trauma work he had done, that he was carrying with him.

So, really interesting to think about.

Exactly.

Exactly.

Well, Steve it's been a joy to talk with you today.

I really appreciate everything that you've shared with us and our conversation.

So thank you for your time.

We're very welcome.

It's been good talking with you.

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