

# WHAT RESILIENCE LOOKS LIKE IN COMPLEX TRAUMA:

AN INTERVIEW WITH DR. JANA PRESSLEY  
ON UNDERSTANDING THIS CONNECTION

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Today we continue in the series of interviews with experts on how resilience—one of the major themes of my book, *A Walking Disaster: What Surviving Katrina and Cancer Taught Me About Faith and Resilience*—connects to their area of study.

This interview is on the subject of complex trauma and resilience with Dr. Jana Pressley. She is Director of Training and Professional Development at the Trauma Center and an Adjunct Associate Professor at Richmond Graduate University. Pressley was formerly the Clinical Training and Associate Professor in the Clinical Psychology doctoral program at Wheaton College Graduate School. Her research interests are focused on the experience of court-involved young adults who have suffered relational trauma in the midst of chronic poverty and community violence, as well as the impact of complex trauma history on adult spirituality and meaning-making.

*JA: How do you personally define complex trauma?*

**JP:** The definition of complex trauma is twofold; it involves an understanding of both the nature of trauma exposure and its ongoing impact on an individual's functioning and development. Complex trauma exposure is chronic in nature, occurs in the context of one's caregiving system, and is generally understood to begin in childhood or adolescence. The exposures



associated with complex trauma include, but are not limited to: abuse (physical, sexual, verbal, emotional), emotional and physical neglect, witnessing domestic violence, witnessing community violence, and victimization due to racial/cultural discrimination. Complex trauma exposure can also be understood as occurring when significant developmental needs went unmet, such as due to chronic caregiver impairment (e.g. parental mental health and/or substance abuse struggles). As a result of chronic, relational trauma, the developmental impact is significant and affects the individual's emotional, cognitive, behavioral, interpersonal, and physical functioning throughout the lifespan.

*JA: What are some of the factors that contribute to complex trauma or put someone at risk?*

**JP:** There are so many individuals, family, community, and societal stressors that increase vulnerability to adverse experiences. Intergenerational trauma is a significant risk factor—both at the individual and community level. Caregivers are often caught in the midst of a cycle in which their own developmental wounds were never addressed or healed, and the stressors of life and parenting become overwhelming, thereby putting the next generation at risk. This cycle is complicated further by the neurobiological impact of trauma. The chronic activation of the body’s stress response system leads children to adapt and develop survival-based behaviors (i.e. fight, flight, freeze, submit). For example, a child learns to fight first and think later because he had to do so to survive his family and neighborhood.



Or alternatively, a child learns to become invisible and shut down because staying off the radar was the best option to avoid dangerous attention in her home. And although these behaviors were essential to earlier-life survival, they inhibit the survivor’s ability to live, love, work, and parent in adulthood...and the cycle of risk (potentially) continues.

**JA:** *How did you first get interested in complex trauma?*

**JP:** In the first internship of my doctoral program, one of my tasks was to complete annual psychological evaluations for children/teens in a residential center who were in state custody due to past abuse/neglect. As part of the chart review for these assessments, I began to see a pattern in which children as young as nine years old may already have been assigned seven or eight psychiatric diagnoses. As it turns out, the existing labels and diagnostic structure in place to understand such children are severely limited—we have diagnoses that capture child and adult mood swings, anxiety symptoms, disruptive behaviors, and negative interpersonal styles, and often all of the above are assigned to any given individual with a complex trauma history.

But I began wondering—what if there are better ways of understanding survivors of chronic and severe childhood trauma than through the lens of psychopathology? As it turns out, my following years of training would hold numerous mentors who taught me and modeled how to engage with traumatized patients with reflective curiosity, empathic presence, authenticity, humor, and most of all—a sense of common humanity. One of my heroes is Father Gregory Boyle, who talks about working with human suffering with an awareness of kinship and accompaniment—a sense that we are all in this journey together.



**JA:** *What is the connection between complex trauma and resilience?*

**JP:** I am truly in awe of the patients I've had the pleasure to walk alongside. I believe that survivors of chronic childhood trauma are some of the most resilient individuals, and yet they often do not “look” resilient to those from the outside looking in. For example, take one of my patients who was severely neglected and never learned to self soothe; he had to be chronically high or hospitalized in order to stay alive for his first 30 years of life. As a first step, this young man learned to regulate himself in crisis and stayed out of the hospital for a year...and that was what resilience looked like for him.

Another patient graduated college sober five years and held a job/started a long-term relationship, despite the crippling anxiety and flashbacks that had previously prevented all of the above. It was alcohol and avoidance that helped her survive, and then she had to rally the



strength to live a life that faced her fears without the anesthesia of alcohol. An ex-gang member reflected softly in an interview about how he was a pacifist at heart, and didn't recognize himself during the years he rose in the ranks of his gang. He told me this with quiet tears in the midst of his second year of college, a few years post-prison. These folks had all developed deeply ingrained and highly effective survival skills in childhood in order to stay alive and get their fundamental needs met, and then figured out—with therapy, support, and sometimes medication—to develop a whole new set of less-survival-based, more engaged life skills.

**JA:** *What are some ways people might work through complex trauma?*

**JP:** Oh my goodness, I have been influenced by so many wonderful treatment models and leaders in this field, and I could pass along a great many books and resources on this topic. But in short, I would say that it is critically important that survivors of complex trauma work through their process in a way that is 1) in the context of safe and healing



relationships (with a therapist and support system, ideally), and 2) engages the body and mind to develop the capacity to feel increasingly safe and regulated in the world.



There are a couple of core frameworks/treatment models that guide my work, depending on if I'm working with children vs. adults, and they involve attachment/relational work, building capacity to self-soothe and regulate distress, identifying and nurturing parts (often dissociative) of self and identity that have been impacted by trauma, and

processing/making-meaning of traumatic life experiences. In addition to traditional trauma therapy, however, there are amazing interventions that are helping survivors befriend and rehabilitate the ways that trauma is stored in the body, through meditation, yoga, dance, drama, and other embodied practices.

**JA:** *Any advice on how we might support a friend or loved struggling with complex trauma?*

**JP:** The most critical advice I would give is to be relentlessly curious about the why behind a loved one's behavior, and respond with understanding rather than becoming reactive. Our loved ones impacted by complex trauma are often reacting out of their own old survival-based patterns of either attacking or pulling away when they feel unsafe or triggered by some life circumstance. When we—as their support system—are able to stay calm, reflective, and curious, we can help them regulate to the point where they feel safe to re-engage. One of my favorite adages to live by, both personally and professionally, is the idea that people make sense. If I can hold that frame when standing alongside a trauma-impacted loved one, it will help me be the best resource I can be.

But perhaps equally important, support your trauma-impacted loved one in simply feeling like a person. Often those with complex trauma histories walk through the world feeling shameful, broken, irreparably damaged, holding a deep sense of unworthiness and incompetence. Be the friend who goes running, does yoga, takes hikes, listens to music, and shows up present day after day. Of course, we all have to have boundaries in our relationships and make healthy choices when supporting someone who is struggling. But in the midst of doing so, your trauma-impacted loved one will grow when they experience your unconditional care and authentic presence.



**JA:** *Can you share what you're working on these days?*

**JP:** I have become increasingly interested in how to implement trauma-informed practices in non-clinical settings, such as schools, faith communities, after-school programs, community centers. Finding ways to infuse trauma-informed knowledge and expertise into community settings can increase culturally responsive and competent care, as well as equipping communities to build capacity for ongoing protective factors to support resiliency in their individuals and families. I have had the privilege of working in some unique systems implementing trauma-informed care in multidisciplinary settings (churches, legal centers, medical clinics), and it is truly amazing to see the creative synergy that can emerge in such settings.

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