

## Ep #212: How Trauma Affects Your Habits



### Full Episode Transcript

With Your Host

Kristi Angevine

[Habits On Purpose](#) with Kristi Angevine

## Ep #212: How Trauma Affects Your Habits

Now, if you're like most people, when you think of trauma, you might have a definition which leads you to overlook or discount your own traumatic experiences. Join me today for Trauma 101 for High Achievers. What is trauma?

And before we start, here's my disclaimer. This podcast is not medical care, and this podcast is not therapy. This podcast does not replace diagnosis, treatment, and it's not a substitute for getting the medication, medical care, or therapeutic intervention that you might need. So if you've had trauma, if you have suicidal ideation, if you get noticeably activated listening, seek care with your physician or your therapist. Let's get started.

Welcome to *Habits On Purpose*, I'm Kristi Angevine, a physician, Master Certified Coach, Internal Family Systems informed practitioner, and host of this podcast, where we explore the deeper psychology behind why we do what we do.

One of the areas of study that I've gravitated towards has been trauma. Trauma is something I didn't really learn much about in my undergraduate studies, even though I studied psychology. I didn't learn much about it in medical school or even in my psychiatry rotation. All I generally knew is the term PTSD, post-traumatic stress disorder, and I remember learning some of the kind of commonly known diagnostic criteria for PTSD. And in hindsight, to say that I had a narrow idea in my mind for what trauma was is an understatement. But over the years, I've learned that trauma is much more common than I've realized, and what constitutes trauma is much broader than I was taught.

So why on earth would trauma be germane to a podcast about habits? Well, as you will learn, some of the most exhausting habituated patterns we have can be traced back to trauma and can be traced back to easy-to-discount experiences that are, in fact, actually traumas.

So today, I want to give you a broad-brushstroke overview of trauma. Trauma is an entire field of study that has contributions from neuroscience,

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sociology, psychology, etc. So this overview is just touching on some of the key concepts and ideas. And in future episodes, I'm going to really flush out some of the connections between trauma and specific habits.

Now, trauma and all it encompasses sounds like a really heavy topic. But this episode, it's not going to be overly heavy, but I do want to give you a heads-up. You may know that you've had trauma in your life. And in that case, this episode will hopefully just enrich the context that you have placed your experience in. Or you may not have any history of trauma that you know of, and as you listen, you may for the first time realize that some of the things here apply to you.

If you find anything here disorienting, it doesn't mean there's anything wrong with you. If you listen and you feel enormously activated or you experience intense emotions, vivid memories you haven't thought of in years, or you experience suicidal ideation, this podcast, again, is not here as diagnosis or treatment. So please seek medical or psychological care and seek it ASAP.

Now, if you're somebody who listens and you can't relate to what you hear, I want you to keep your mind open because I bet you will notice things that you hear about here in other people in your loved ones. So let's start off with defining trauma.

According to psychiatrist Paul Conti, author of *Trauma: The Invisible Epidemic*, trauma is, quote, anything that causes us emotional or physical pain that surpasses our coping mechanisms, that makes us feel then overwhelmed, often overwhelms our nervous system, both body and mind, and then really leaves a mark on us as we move forward, end quote.

When you think of trauma, what do you think of? For me, that word came with the associations of veterans of war, people who lived to tell these harrowing stories of domestic violence, childhood emotional, physical, or sexual abuse. When I heard trauma, I thought kidnapping, displacement, fleeing your home because of genocide. I thought the most extreme things.

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When you think of trauma, what crosses your mind? If you're like me and many of my peers and many of my clients, what comes to mind may be what in the trauma community is called Big T traumas, capital T traumas, life-threatening things that we link with the PTSD diagnosis.

So to help us understand the entirety of trauma, let's step back from the particulars or the events that you might think of as trauma. This is important because what's experienced as trauma is not the same for everyone. As psychotherapist Carrie Fillian says, quote, "trauma is not defined by the event or events that happen to us but by the response our nervous system has to those events," end quote. So events can be stressful or events can be traumatic. And all traumas are stressful, but not all stress is a trauma. And this is because stress and trauma, they're on a continuum, and they are essentially lesser or greater degrees of the same phenomenon.

Now, researcher and psychologist Dr. Hillary McBride, she writes in her book, *The Wisdom of the Body*, which I definitely recommend you either read or listen to. She says, quote, "Stress is an activation of the mind-body system in response to experiencing a stressor: illness, traffic, death, important events, big life changes, natural disaster, or even the anticipation of those things, together with the perception of threat posed by that stressor. Whether or not we perceive a stressor as threatening is unique to each of us, usually determined by a combination of past experiences, genetics, and the meaning we give to something. A stressful event becomes a trauma when we feel overwhelmed and powerless," end quote.

And I really love how, in her book, she goes on to cite Dr. Rick Bradshaw's definition of trauma. His definition is, "Trauma occurs when something negative and unexpected happens and it leaves us feeling confused, overwhelmed, and powerless." In addition, there's a special isolation piece and feeling-alone aspect to trauma that I haven't touched on.

Now, if you haven't listened to Dr. Becky Kennedy, this comes from her. Dr. Becky Kennedy is a psychologist who does a lot of parenting work, and she says that "trauma does not stem from an event in and of itself, but trauma

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refers to the way an event gets processed in the body. An event becomes traumatic for a child when it's held in a loneliness and when nobody mentions it," end quote.

With this in mind, take a minute. Can you think of times where you've had something unexpected that left you feeling confused, overwhelmed, powerless, and or alone?

When we expand our definition of trauma to that, most of us can rattle off several experiences. Yet, trauma can be really easy to overlook. It's easy to dismiss your own difficult experiences when you see somebody else's Big T trauma, somebody else's tragedy, other people's version of harder, worse situations.

And this is especially true if you work in a field where you're constantly exposed to other people's major life stressors. If you're in a service field: nurses, lab personnel, doctors, firefighters, EMTs. If you do relief work or you're in something like the Peace Corps. If you're a teacher, a therapist, an attorney. If you hear people's terrible stories on a daily basis, you might regularly witness other people in the midst of horribly difficult life circumstances. And you might find yourself saying, "Who am I to complain about this first-world problem when so-and-so endured that," and insert some horrific thing.

You might tell yourself that your problems are just too tiny to matter. When faced with the client saying, you may have been raised in a particular culture that has kind of a move-on mentality when it comes to stress. If you're stressed out, you just deal with it and you move on. You don't dwell on the past. You don't whine. You don't pity. And this particular rugged resilience can have its benefits for sure, but it can also leave a lot of unprocessed problems.

Koelle Simpson is an equine trauma coach. And when she was faced with the client saying, "My stress seems so inconsequential, so silly knowing that others have had things like childhood sexual abuse." Koelle said, "The



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event doesn't matter because the physiological effect inside the body is the same."

So let's take a minute and talk about Big T traumas versus little t or small t traumas. Big T traumas can include, but aren't limited to, things like a natural disaster, a plane or vehicular accident, a terrorist attack, assault, combat, a violent crime, death of a parent or loved one, chronic ongoing abuse, refugee experiences, homelessness, food insecurity. Big T traumas often include violence, disaster, and a profound sense of helplessness and powerlessness. And they are generally easy to identify as a trauma by those experiencing them and by those who hear about them.

Now, small t traumas don't necessarily have to involve violence, threat to one's life, or severe disaster, but they have an impact nonetheless. They are more subtle, and they are thus easier to miss. So I'm going to give you a list of some small traumas just to get you thinking about them. Small t traumas include but aren't limited to: legal trouble, divorce, interpersonal conflict, abrupt or extended relocation, the death of a pet, being rejected by a friend group, not being included by a friend group, criticism by a parent, punishment at school, shaming at school, getting cheated on.

Again, from Dr. Hillary McBride, quote, "Small T traumas can include everything from non-life-threatening injuries to emotional abuse, racism, bullying, loss of a significant person, harassment, a messy breakup, unexplained losses, unplanned expenses, or a job change. They might seem less significant, even part of everyday life. But when they happen frequently enough, they can affect our emotional and nervous systems even more significantly than Big T traumas," end quote.

I'm going to say that last part again because when I was reading that from Dr. McBride, it really hit home. Lower T traumas, quote, "might seem less significant, even part of everyday life. But when they happen frequently enough, they can affect our emotional and nervous systems even more significantly than Big T traumas," end quote.

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Now, distinct from Big T or little t traumas, traumatic events that occur early in childhood have been detailed as ACEs, adverse childhood experiences. The ACEs include things like physical abuse, sexual abuse, verbal abuse, living with a household member with depression or suicidal attempts, living with a household member who's addicted to a substance or prioritizes a substance over caregiving, living with a household member who's incarcerated, witnessing abuse, specifically violence against a mother, abrupt separation from a parent, or losing a parent to separation, divorce, or death.

And then lastly, there's a particular type of childhood trauma, which is termed relational trauma. Relational trauma is when a child's sense of being safe and loved is disrupted and can come from physical or emotional abandonment or neglect. It need not come from an abusive or neglectful parenting, but it can just be where a child's emotional or physical needs aren't met because, say, the parent's preoccupied by the needs of somebody else, a sibling with special needs, their work, their spouse, their own needs. Relational trauma can come from something as seemingly small as a child feeling unheard or criticized or a child feeling like they just can't rely on their parent.

So that gives us examples and definitions for Big T trauma, small t trauma, ACEs, or adverse childhood events, and relational trauma. Now, we can further delineate trauma with naming acute, chronic, vicarious, and complex trauma.

So acute trauma is just like it sounds. Acute trauma is a single event. There's a beginning, there's an end, it's one event, it's acute trauma. Chronic trauma is simply ongoing, ongoing abuse, ongoing harassment, ongoing bias, marginalization, being told explicitly or implicitly that you are less than, that goes on and on and on.

Vicarious trauma is where you experience trauma by exposure to it or witnessing someone else's trauma and then internalizing that experience. And you can imagine how this would be very easy to experience when you

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are in a helping profession or you've been a caretaker for a loved one, or maybe you have a close friend who's in a very difficult, precarious situation, whether it's medical or emotional or relationship-wise. Or if you have a child or a spouse who's really struggling.

Per Dr. Paul Conti again, quote, "Vicarious trauma comes from really this wonderful fact that we can be empathetic and empathetically attuned to other people, and we can feel what they're feeling. That's a wonderful thing that we can do that for one another, but it also makes us so susceptible to other people's suffering and pain, and we can lose the boundaries of what is us and what is them," end quote.

So now we have a really broad definition that's expansive and at the same time very specific for a lot of things that are entailed in trauma that might not have been on your radar. So what's the benefit of getting clear on this definition? What's the benefit in acknowledging that perhaps you may have experienced something traumatic?

Up to 70% of all people will experience a trauma in their lifetime. And although only 8% will go on to develop symptoms that are intense enough to be consistent with the criteria for what we call post-traumatic stress disorder, a large percentage of people will have subtle symptoms that actually impact their day-to-day lives but don't seem related to any sort of past experience or past trauma. So they will not see the signs as meaningful. They will dismiss them or ignore them, and they essentially won't go about addressing them.

Traumas can be at the heart of so many of our most insidious and deeply ingrained habits. And if you ignore your deeply ingrained habits or ignore a history of trauma, dismiss it, or discount it, you're less likely to get to the heart of something that's legitimately having an effect in your life. And you might end up looking for superficial solutions when something deeper is needed.

When traumas are overlooked or dismissed as no big deal, we can't address the root cause, which means not only will you stay stuck in



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patterns that you don't enjoy, you can miss out on things like the post-traumatic growth, the deeply meaningful positives that can come after specifically healing from an intensely stressful or challenging experience.

So, in the vein of continuing to open your mind to more subtle signs of having experienced something traumatic, here are just some of the less classic ways that trauma can show up beyond things like flashbacks, intrusive thoughts, and impulsivity. Now, as you listen, not all the things here always come from trauma, but it is possible that they might. And if they do, knowing that linkage helps you tailor your approach to changing them.

So just sit back, relax, continue your walk or your drive, and listen to some of the more subtle symptoms that could link back to trauma. Responses that in hindsight seem out of proportion to the circumstances: fight, flight, freeze in a setting that seems more benign, high reactivity, overreactions when feeling out of control, feeling intense emotions that go from zero to 60, zero to flight, zero to fight, zero to freeze, zero to withdrawing, zero to shutting down, having big responses that in hindsight seem way out of proportion to the circumstances.

Dreading social events and having exhaustion after social events because your experience is one where you feel scrutinized. You feel hypervigilant. You micro-analyze other people's moods, and you ruminate and worry what other people think of you.

Living in a functional freeze. This is where you're tired and wired. And despite from the outside appearing unremarkable and totally functional, inside, you feel overwhelmed and anxious but simultaneously mentally foggy, spaced out, numb, unmotivated, and kind of immobilized. You avoid tasks and it takes enormous energy to get moving. Or conversely, feeling a persistent sense of highly activated urgency where all situations feel rushed or hurried or urgent.

A relentless inner critic that's opportunistically says really harsh things. A tendency to default to feeling unworthy, shame, and self-hate. Difficulty

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making decisions, a near-compulsive need to achieve and be productive, holding the belief that productivity creates worth. So you might be afraid of being caught or seen as unproductive. Things like unstructured, unscheduled time and boredom and doing nothing can be exquisitely uncomfortable.

Catastrophizing, chronically worrying about the future, imagining worst-case scenarios without solutions. Micromanaging oneself, micromanaging other people, situations, getting really upset when tiny things don't go according to plan, and experiencing a rigid tunnel vision about plans and not having the big picture in mind. Perfectionism, a need to be perfect, a need to avoid mistakes, all-or-none thinking, black-and-white thinking, where things are totally good or completely bad with no in between, and the gray zone is this very unfamiliar, uncomfortable space.

These are just some of the more subtle signs of having experienced something traumatic. Now, again, not everyone who has these behaviors or patterns has them because of a trauma, but it is possible. So what do you think? How does this more expansive definition of trauma land for you? Maybe it's a bit unsettling, maybe it's disorienting, and if that's you, that's totally normal.

Now, I like to always give you something concrete to take with you into your week, and this week is no exception. I want you to start paying attention to any time you have any of the behaviors I just mentioned. And I encourage you to click the back button about one to two minutes and listen to them again. The things that you relate to, that you know you do, start watching for them this week.

And keep in mind that all stress responses, all trauma symptoms, they all began as something adaptive or protective in some way. So the goal isn't to get rid of these responses, but the goal is to understand how they came to be and how they make sense. And this might sound too simple to be practical, to just start noticing things that you do. But it's in the noticing that you'll increase your sensitivity to the things that you might be just

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overlooking that you do. And once you start noticing them, then you can just get curious. You can ask, "How come I do this? When did this start? Why might this make sense?"

So that's what I recommend you do. Two things: start paying attention to things that you do that I've listed, and then get curious about them. Now, if as you're doing this, you notice any big, swift emotions, responses that seem really out of proportion to the situation, what I recommend you do is find a way to physically get grounded in your nervous system

What this looks like is as soon as you notice a big response, notice reactivity, notice being really snippy or really abruptly going from zero to 60 in your emotional state, as soon as you notice that, pause. In your mind or out loud, name what you're experiencing. Notice how you're feeling in your body. Notice the sensations, notice any emotions, notice any memories, notice any thoughts. And if you're able to, place a hand on your chest or your stomach and take five deep, slow breaths.

When you do this combination of pausing, naming what you're experiencing, scanning and noticing what you're feeling, and then taking some breaths, you will help yourself get more regulated. And if you want to, and if it's true, while you're doing this, you can tell yourself that you are safe in this moment, even if you feel wildly dysregulated.

So if this episode made you realize that it is totally clear that you have unaddressed trauma, it doesn't mean there's anything irreparably wrong with you. It doesn't mean that you aren't good enough. It doesn't mean that you won't get better. So let me be very clear. You can heal from unresolved, unaddressed traumas of all kinds. And in the words of Dr. Nicole LePera, AKA The Holistic Psychologist, quote, "Healing trauma isn't, 'Why did this happen to me?' or 'What did I do to deserve this?' Healing trauma is, 'Now that it's happened, how can I make choices that will allow me to thrive?'" end quote.

So if you are curious about the how of thriving after trauma, of healing trauma, we are lucky enough to live in a society with ample trauma

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resources: trauma therapy, trauma coaching, medications, group support, whether it is EMDR, IFS, cognitive processing therapy, therapy-focused CBT. You have options. If you haven't already listened to episode 76 with Dr. Christie Gibson or read her book, *The Modern Trauma Toolkit*, definitely do that.

So to reference Dr. Paul Conti again, quote, "What's going on with you is not too complicated to be solved," end quote. So go pay attention, get curious about what's coming up for you. And until next week, I will talk to you soon.

Thanks for listening to *Habits On Purpose*. If you want more information on Kristi Angevine or the resources from the podcast, visit [HabitsOnPurpose.com](https://HabitsOnPurpose.com). Tune in next week for another episode.