

Ep #76: The Real Impact of Modern Trauma with Dr. Christy Gibson



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Kristi Angevine

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Welcome to Episode #76. This is your host, Kristi Angevine. In this week's podcast is a conversation about modern trauma with Dr. Christy Gibson. What is trauma? How do you describe it? How does it show up? What do we do about it once we identify it? To help me address all of these questions is my guest, Dr. Christy Gibson. If you've ever wondered about big-T and little T-trauma, and how you might process your own experiences, this conversation is going to be so interesting and so useful. Let's get started.

Welcome to *Habits On Purpose*, a podcast for high-achieving women who want to create lifelong habits that give more than they take. You'll get practical strategies for mindset shifts that will help you finally understand the root causes of why you think, feel, and act as you do. And now, here's your host, Physician, and Master Certified Life Coach, Kristi Angevine.

Hello, hello everyone. Today is such a treat. I have author, physician, and trauma therapist Dr. Christy Gibson here to share a wealth of knowledge about trauma. Christy has a book that is now out where all books are sold, and it's titled *The Modern Trauma Toolkit: Nurture Your Post-Traumatic Growth with Personalized Solutions*. Dr. Gabor Maté calls it a succinct and penetrating primer on trauma and its approaches to treatment.

If after you listen to our conversation you want a free copy of the book, I'm going to do a book giveaway and all you have to do to enter the giveaway is go to habitsonpurpose.com/traumatoolkit. That's habitsonpurpose.com/traumatoolkit. If you know somebody who would be interested in this book, please consider sharing the podcast with them or simply forward them to that link habitsonpurpose.com/traumatoolkit, so that they can enter the drawing for the free book as well.

So who is Dr. Gibson? Dr. Gibson is a family physician and she's known on social media as TikTokTraumaDoc with something like over 130,000 followers on TikTok. I'm not personally yet on TikTok, but just hearing about her profound presence and following is making me consider joining just simply to follow her. She has a Master's in medical education and her

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doctorate is forthcoming. She has created Calgary's Fellowship in Health Equity and she runs an international non-profit called Global Family Med Foundation as well as Safer Spaces Training, a new company that trains professionals how to manage workplace trauma.

I could have talked with Christy for hours but in the short conversation that follows, you'll get a great appreciation for how trauma underlies so many aspects of our mental and physical well-being. Here we go.

Kristi Angevine: Alright everybody, I just want to tell you I'm so excited. I have Dr. Christine Gibson on the podcast with me today. She and I were just sort of jamming before we pressed record. We've not met in real life before, and we've also not met online before. So, this is the first time we've actually gotten to chat. I love that she gets to be here with us to share what she's doing.

Dr. Gibson, for the people who haven't read your book, or haven't followed you yet, can you introduce yourself?

Christy Gibson: Yeah. And Kristi, it's funny, because for the people who are just meeting me for the first time, I'm also Christy on TikTok. So, I'm Christine professionally, and then I'm Christy Gibson on some of my socials. So, we share that too. I'm a family doctor, and I have been for over 20 years.

I work in a lot of equity deserving spaces, where it became abundantly clear that I was putting out the same fire every day. And the more that I kind of dug into what I was seeing on the ground, I realized that trauma was the underlying root cause of a lot of both physical and mental ill health. I kind of tried to figure out what was out there. And it turned out there was so much that was available, that I just never learned in medical school. So, I've took a very deep dive into becoming a trauma therapist.

Now, I have a TikTok channel; @tiktoktraumadoc, and a book that just came out, *The Modern Trauma Toolkit*. My goal is just to help people understand what's happening in their nervous system, in that mind-body

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system. And then also, what are the main causes of trauma, and very solutions focused, at both levels.

Kristi: This is so great. We're going to dive into all of this. And I want to glom on, just momentarily, to that phrase you used, that you were putting out the same tires every day. I know you mean that in your professional work. But I do see that in so many of us, individually.

Where we go through our day, and we may not realize it, but the way that we're responding is we are attempting to put out the same fire every day. And it shows up in our patterns for how we interact with the world how we see ourselves. So, thank you for that phrasing. That's beautiful.

One of the things I really like to do when we do these interviews, is I like to sort of frame or ground the conversation in something that's a little bit personal. So, I have two questions for you. Number one, can you share with listeners where you're calling in from, and maybe what you see when you look around you? And then number two, would you share maybe a hobby or an interest you have, that's outside of your vocation?

Christy: Ooh, that's interesting. Well, first, I'm happy to explain where I'm at, because I'm at the Trauma Research Foundation conference in Boston, right now. And so, you'll hear hubbub, people coming up the escalator, there's somebody talking to their kids on the phone right now, next to me. So, there might be a little bit of activities. This is just a really great crowd of people exchanging information about mental health.

A hobby that I don't do enough of, but I feel really passionate about, is pottery. I've done beginner pottery lots of times, and I actually just bought myself a pottery wheel, during the pandemic. It's this really cool metaphor for being imperfect. I find I'm really hard on myself, and I want things to be great. And you can't do that in pottery.

It's really hard to center, it's hard to form things properly, and you have to be totally okay with experimenting. And maybe one in five things will turn into something real. I've never been great at feeling like I can do things

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imperfectly, and just let that process be the thing, so that's a really nice metaphor for me.

Kristi: Oh, what a great external practice to work on the thing that's challenging internally. I absolutely love that you shared that. I'm so excited that you're at the conference that you're at. And so, your book is called *The Modern Trauma Toolkit*. I believe I got that right. And for the listeners who may have a preconception in the mind about what trauma actually means, could you just start us off and define trauma?

Christy: Yeah. I didn't understand this as a physician. I always thought trauma was the traumatic event. But what I'm recognizing now, is that the same event can happen to different people, and it will land in a different way. So, trauma is actually the physiologic response to an event. And it's different in every person, and it's different day to day.

There's kind of the epigenetic landscape or like, what did you inherit from your ancestors around trauma? But there's also, what are your beliefs? What do you believe about yourself and the world? And that really affects how trauma will affect your particular nervous system.

And then, what resources do you have? Who do you talk to? What are your body-based practices; whether it's yoga, or breath or exercise. The tools that are in my toolkit, which are a little bit more therapeutic, but also just as intuitive.

So, all of that affects how trauma lands in the body. Trauma is not the thing that happened *to you*. It's the thing that's happening *inside you*. And I think that's a very big misunderstanding that's out there, so it's one of the key messages that I teach.

Kristi: I think that's going to be a huge shift for a lot of people who really do think of trauma as 'the thing that happened to me.' And I really love that you outlined that you can have the same event happen to different people, and there is a totally different internal response and experience of that event in the moment and later on.

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Christy: Yeah, you got it exactly. I think sometimes people will say, “Well, I grew up in the same family. Why are they dealing with substance use disorder, and I’m a lawyer downtown?” I say, “Well, you're both addicted to something. Your sibling is addicted to a substance that's helping them regulate their nervous system, because it's over or underactive. And you have an addiction to work. And both of you are dissociating in different ways, and one of them happens to be socially acceptable.”

Kristi: That is so great that you phrased it that way. Because one of the things that I oftentimes hear in my clients is, they might not understand why they're habitually doing the things that they're doing, whether it is exercise, or drinking or eating or busying themselves. And when they can understand it from the perspective of, they're doing something that helps regulate their nervous system, it reframes everything in such a way that it almost seems like it's such a settling concept.

Christy: Yeah, Christy. I think we're very aligned in that way. I'm always using the lens of self-compassion and saying, “Your body's trying to heal. Your body's trying to solve its own problems. Your body is constantly trying to protect you, and that's its only goal.” And even when it seems like it's counterintuitive, or when it's causing new problems through its coping strategies, the whole goal is protection and safety.

So, when you reframe a lot of these strategies, that it's developed in the lens of self-protection, it's so easy to find self-compassion.

Kristi: Thank you for bringing that up. Because I find that self-compassion, as well as curiosity, can be the keys to so much depth in our self-understanding. And it's like the foundation upon which change has grow, and doing that from the place of, oh, this makes so much sense and seeking safety, of course I am. I think it's just a beautiful way to phrase it.

One of the things that I see with my clients is this gap when it comes to identifying some of their emotional responses and behaviors as being things that might be related to trauma. Can you talk a little bit about some

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of the symptoms that you can see, that you would actually say, “Hey, these are responses to modern trauma.”

Christy: I find that, too. And I was really hesitant to put the word “trauma” in the title of my book, because so many people don't self-identify in that way. But it's so quick to unearth how it's landing. I mean, even being a physician, I didn't understand how much traumatic responses were locked in my body; related to the pager going off, related to not having my physical health needs, those foundational needs, being met consistently. There were so many traumatic responses that I was already dealing with. I had super high blood pressure, I was hyper vigilant with that pager, I wasn't sleeping well.

We can go through the DSM diagnosis of PTSD. These are intrusive symptoms, things like flashbacks, nightmares, re-experiencing events, hyper vigilance. Or just waiting for the other shoe to drop, waiting for bad things to happen, and waiting for your worldview to be proven over and over again. And that can include being really jumpy, and physically waiting for something to go wrong in your environment.

But it can also just be that worldview experience. A lot of folks get really negative, “Good things don't happen to me. There are bad people, I can't trust them. The world isn't safe.” A lot of those foundational beliefs will happen after trauma. And then, there's avoidance. It's just avoiding certain places, avoiding triggers, avoiding life. I mean, we've seen a lot of that post-pandemic. So, that's kind of the DSM diagnosis around PTSD.

But what I don't think we recognize enough of is complex trauma. Complex trauma, for political reasons, did not make it into the DSM, but it is an ICD code; it's something we can actually bill for. And I think complex trauma is far more prevalent. It shows up in a lot of things, symptoms that get diagnosed as personality disorder. But it affects our interpersonal relationships, it affects our core beliefs about the way the world works, and how things happen.

I think complex trauma is so much more pervasive. And certainly, we're noticing that there's traumatic events, whether it's pandemic related or

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climate related, that we're experiencing in a really collective way. More and more people are manifesting signs of complex traumas.

So, we see it in “the great resignation.” People are quitting their jobs. They just can't handle these day-to-day tasks, it's really overwhelming. We're seeing a lot more addictive type behaviors, whether it's “mom juice,” like the “wine o'clock,” or it's people who are [inaudible] on social media. So, there's lots more ways that trauma is showing up.

Kristi: There's so much that you just said, I almost want to tell people that they just need to rewind and just listen to what you said, because there's so many really important details there. Two of the things that stuck out to me, that I'd like to pause on for a minute if that's okay with you, are the idea that there are these more explicit, PTSD behaviors and symptoms that you listed off.

And then, there are these more subtle ones, that sort of fall under that umbrella of complex trauma. If I heard correctly, complex trauma can get diagnosed, or lumped into, “personality disorders.” Can you talk a little bit about, basically the definition of complex trauma, as it relates to encompassing or including symptoms that we might not ordinarily think of as trauma?

Christy: Yeah. And because I'm on TikTok, I'm also really learning a lot from the TikTok community around, definitely practitioners and professionals, but also people with lived experience; just how these things are manifesting. I have personally, as a clinician, never met a person who has been diagnosed with borderline personality disorder that doesn't actually have a very significant trauma history.

I'm not saying that those are equivalent, and certainly, not everyone who experiences complex trauma will end up with those kinds of symptoms. But the reverse is often true. A person who's having difficulty trusting, they're splitting, ‘are you safe, or are you not safe?’

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I mean, think about a kid who is having to learn really, really quickly how to read the room, they often develop empath abilities. They are highly sensitive persons who can read a person's energy and decide really quickly if they're going to be safe. Carry that to the extreme, and they're going to be splitting. They're going to just be putting you in 'you're bad/you're good' category. And then, they get diagnosed with borderline.

A lot of these have their roots in complex trauma, and because it's not in the DSM, we often don't uncover those roots. Equal to narcissistic personality, Brené Brown has said these are the folks who have the most self-loathing. And so, their survival strategy is to turn it 180 degrees, and show up with extra amounts of self-esteem, just to overcompensate for this really deep self-loathing that developed from trauma.

And again, I'm not saying every person with NPD has complex trauma at the roots, but we at least need to dig in and go looking for them. So, I find a huge amount of correlation in people who've experienced multiple kinds of betrayals, especially from caregivers, and the way that they show up in interpersonal relationships.

Kristi: Thank you for saying that. My curiosity is piqued enough, and I've heard you mentioned this before, that I think, if you would care to speak to this, I think it'd be super interesting. What's your take on, or can you just sort of educate us, on why the political reasons, why complex trauma didn't make it into the DSM?

Christy: It's tricky. I wasn't there, so I can't say that I have a firsthand experience of it. So, this is just what I'm hearing. The main thing that I'm hearing is that the people who were creating the DSM-V, and then the revised version, felt that if they added complex trauma, it would actually scrap a lot of other existing diagnoses. And the amount of overlap would be extreme, which is true.

But I honestly think that that's the reason to put it in rather than the reason to leave it out. But that's what I heard. I mean, also, for political reasons, it's really hard to change a book that's been around for 100 years and has had

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lots of different iterations. But once you've introduced an entire category, it's kind of hard to scrap it and start from scratch.

I mean, the DSM is very much tied to the pharmaceutical industry, both in terms of the psychiatrists, and even some communities who were involved in its creation, get grant money and funding from the industry. And we've noticed there's really strong correlates between the diagnoses that are emphasized, and the amount of R&D going into it with every addition.

Allen Francis was a psychiatrist involved in DSM-VI, and he spells it out really clearly in his book *Saving Normal*, that really normal behaviors were all of a sudden pathologized. He illustrates it with binge eating disorder. And just saying, anyone who's ever eaten a bucket of ice cream, when they're feeling emotional, would get classified as having this pathology. But it's like most humans, I'm like, "Yeah, me too. I can relate to that."

So, rather than pathologizing, just saying there's this huge range of how humans show up in our mental and emotional experiences. And the more that we pathologize it, and especially try to throw a medication at it, the more that we're kind of taking away from this being the experience of humanity. Humans are supposed to have emotional suffering, that is part of our journey. And to say that that's an abnormal thing, I think is problematic.

Kristi: Oh, absolutely. I really appreciate you giving your speculation and opinion on that, even though, yes, you weren't there. Because I think that really brings up these important points, particularly that idea of the importance of a non-pathologizing approach. I see this, and I saw this in myself for years. I see this in my clients, where their own approach to their own struggles can have this almost like a cloak over it of judgment, blame, and shame.

Because they see that what they're going through, through the lens of 'there's something wrong with me. I should be able to handle this better. I have a problem.' Or maybe, 'I didn't really go through anything bad enough that I should be having all these responses. What's wrong with me?' That can just be a block for having any sort of internal change.

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Christy: Yeah, I really agree with you on that. A lot of people don't recognize how many things can also kind of add up and synergistically create these problems. So, a person who's racialized, they will be constantly experiencing racial trauma.

I mean, we categorize it as microaggressions, but I actually think that that's a very minimizing term. It doesn't demonstrate just how significant that can show up in a person's nervous system. Or a person who experienced neglect instead of abuse, they might not feel like that was a significant enough exposure.

Even medical training, I think that we need to normalize talking about that as traumatic; the way that we put our bodies through call shifts, and a lack of nourishment. I did hospital-based practice for almost 20 years; it was really traumatic on my nervous system. I didn't have that language and understanding at that time. Encounters with people who are dysregulated...

One of the things I teach in our corporate entities, Safer Spaces training programs, we teach psychological first aid, and we teach about how to maintain trauma informed environments. I just don't think we recognize, even on a daily basis, that we're encountering trauma.

And that's not an abnormal thing. Our amygdalas were designed to recognize danger and threat. And for people who've been through trauma, it's going to over call that because it's constantly on the lookout for it happening again. But we have built in systems for threat detection and management.

Likewise, we have built in mechanisms to solve it. And that's really why I wrote the book. Is just to say, "Hey, did you know you actually have innate healing strategies that are in your nervous system? You just need to learn how to access it new ways."

Kristi: Thank you for pointing out all of these things. I couldn't agree more about the phrasing of things like, micro aggressions, and the true compound impact that we they can have when they do add up, and how it's

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such a minimizing phrase. I do see this a lot, particularly in people who are in really high intensity jobs. Whether they are physicians, and particularly in physicians who've gone through medical training, where they don't recognize, we don't oftentimes recognize, that medical training is traumatic.

And we do a lot of minimizing. Like, "It's fine. It's just what we do. It's no big deal. I'm okay." In ways that almost just keep our awareness away from it. Not because we mean to, but because maybe nobody... We didn't have your book, and we didn't have this information to understand how to look at things through that lens.

Christy: I didn't have this information, either. I created a residency program and health equity. And I've spent a lot of time with populations that have gone through a lot of trauma. I work in refugee medicine, addiction medicine. And I didn't have this language and understanding until, I wouldn't say recently, but maybe eight years is when I started to really take a deep dive.

But now that I've studied it, I just think it should be embedded in all the curriculum. The recent president of the Canadian Medical Association said, "Every single med student needs to get your book while they're doing training." Because once you understand the Adverse Childhood Experiences or ACE's research that happened in 1999, you realize that it's underlying almost every physical and mental health condition that has ever been studied, as a comorbid issue, and it's an exponential risk factor.

So, the importance of trauma is something that I'm only starting to grasp. But I really wish it was embedded in a lot of medical education. But also, dentists and lawyers and realtors. People who are dealing with the public are dealing with trauma on a daily basis. And then, they're coming home and drinking a bottle of wine to relax their nervous systems. It's everywhere.

Kristi: Yeah, it's absolutely everywhere. And I appreciate that you put it in this context. For somebody who has very much, you've immersed yourself in educating yourself on trauma. I too, I just didn't have the language for

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this. And it's been very recent for me that I was actually even receptive, and then able to appreciate looking back, and go, "Oh, wow, there really is a lot of trauma and medical training."

I say medical training, but pretty much most people's experience can have features like medical training, where there can be a lot of trauma that we just don't recognize. And it's particularly easy in a society that's quite individualistic, and has that idea of we're kind of rugged, and we pull ourselves up by our own bootstraps, where we can just sort of not be aware of the actual impact. So, thank you for bringing that up.

Christy: Oh, thank you. Thank you for hosting this conversation. I think the more that we actually have this dialogue, and normalize and validate and acknowledge the struggles that we have, rather than normalizing the struggle, we'll show up differently in our own environments. Whether that's clinical, whether it's your family, your community. Whether it's just being out in public, the more tools we have for self-regulation.

I am definitely not perfect, but I think a lot of these things are super easy to learn. Like, I didn't even know about tremoring. So, the way a dog or a horse just kind of shakes the body and shakes off trauma, our psoas muscle is perfectly capable of doing the same thing, but we've been socially conditioned to not do that behavior. And I think the more that we get it out into schools, and just give people these tools are really early ages, it's going to be tremendously helpful.

I joined TikTok because the young people were struggling with it. And I thought, "Well, if I can get information into their hands quickly, easily, accessibly, then that's going to affect a whole new generation that are feeling really challenged."

Kristi: That is so great. I want to hear a little bit more about some of the approaches to trauma, things like tremoring and nervous system resets, etc. But I do have a question for you that, before we go to that path, I want to get back a little bit to what you mentioned earlier, about protection and safety. And this was kind of occurring to me as you were talking about it, is

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when I talk about habits, I'm not talking about our spending habits or our morning routines.

For me, when I think of habits, I think of the default patterns that we all have, that relate to either experiences and the automatic beliefs that came from those, as well as emotional responses and our automatic behaviors. And in many cases, not only the habituated beliefs but habituated responses, I see them as these learned solutions that for some reason, at the time that they developed, they served a purpose. Even if we may not like the consequences now. But they were a solution in some way. They're like the best thing that we had at the time.

So, can you talk a little bit to how, if you see it similarly, how trauma responses, that might be showing up for people who are listening, they're actually solutions to something.

Christy: The construct that I really love around that is called NARM, or the NeuroAffective Relational Model. It's a therapy designed to help with developmental trauma. But what I love about their construct is they have these different survival strategies, or ways that people show up. And it's sometimes behavior like habits and routines in the way that you're relating with the world. But a lot of it is just based on, not necessarily the worldview of what was missing, but just a place that feels incomplete.

So, they talk about the survival strategy around connection. And a lot of it is desiring connection, but also fearing connection. So, how do you show up in ways that you're desiring and yearning? And how do you show up in ways that are pushing people away, and creating barriers? The desire for authenticity, the desire for trust, the desire for autonomy, for intimacy. These different things that were kind of halted at these developmental stages, and then they show up in adulthood.

And all of it, the framework, is around survival. So, how were you seeking these ways in order to feel to feel fully human, to feel fully accepted, to feel fully belonging? And how was it halted? And how are you showing up still seeking those things?

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Kristi: Okay, that makes so much sense. So, if somebody is listening to this, and they heard you say trembling, and they're like, "Okay, what the heck is trembling?" Could you flesh out some of, maybe a handful... I mean, I know we could spend literally months talking about all of these things. But maybe a handful of some of the top-down/bottom-up approaches to trauma responses?

Christy: I love how you said that. Yeah, so top-down is more the cognitive brain affecting the mind-body system. I'll just talk about some of my TikToks that blew up, because obviously, it just resonated with people. One of my favorite is called what if-firmations Which is where you take an affirmation, and you just add a 'what if' to the front of it. And sometimes, not just a 'what if' but just tiptoeing towards the affirmation.

So, for some folks, affirmations feel like gaslighting. You say something like, "I am good enough," and if you don't believe it, it sounds like you're kind of lying to yourself about that. So, if-formation would be, "What if I am good enough? What if I could believe a time in the future, that I could conceive that I am good enough?" This is just allowing you to tiptoe your way towards the affirmation. And for a lot of folks, it just feels more believable.

I talk about it as planting seeds of possibility because the opposite of trauma responses isn't being happy all the time. The opposite of trauma responses is mental flexibility. Do you have more than one pathway of response, rather than just that threat response? So, if-formations plant those seeds of possibilities, and that's one of my more famous TikToks.

Kristi: I absolutely love that. It's such a good one. Because there's two things I just wanted to highlight. Like when you said, you're not gaslighting yourself with this positive, intentional thought that you don't believe, that's so far out of reach, because you're just asking a question. It's such a benign question. What if it's possible that...? That's so beautiful. The question and then the 'what if,' that's such a great way to continue.

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Christy: And it's so easy. It's something you can literally do every day. When you're feeling like there's something that you're working on, just asking that 'what if' question around that thing. What if I am good enough? A lot of us have impostor syndrome, or we feel like we don't deserve something. So, when we're feeling undeserving and not good enough, what if I am good enough? What if I could believe, in a time in the future, that I could imagine feeling good enough? That's the tiptoeing.

Kristi: That's good, I love the tiptoeing. In my world of coaching, we would call these bridge thoughts or bridge ideas that open you up to the possibility of where you might want to go. Tiptoeing is such a beautiful phrase.

Christy: Yeah, I try to use language, because I'm on TikTok almost every day, although I haven't posted for a week now. I try to use words that are just really relatable. Because I've found, doing clinical medicine, we try to use words, and we're always taught to use words, that are really clinical and just sound really jargony and academic. And now, I'm trying to do the opposite.

My book was written at a grade 8 level, because there's so many academic textbooks about trauma. But there weren't a lot of things that just made it really, really easy to understand all of the concepts. And that's what I wanted, was just to *not* gatekeep anything.

Kristi: Alright, so what about some other ones?

Christy: Yeah, so you also mentioned bottom-up. And so, we would call those somatic practices, or body-based practices. Using the body to affect the mind-body nervous system. I'm a huge fan of these. And the reason is, when you've been through significant trauma, your cognitive brain is not always available.

Dan Siegel calls this "flipping your lid." But it's basically a description of how when your amygdalas are busy, they're in charge of detecting threat and danger, they oftentimes bypass the neocortex or your thinking brain. And they just let the body respond in the reflex.

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And so, a somatic practice can often also bypass the thinking brain and reset the nervous system in that same way. So, I mentioned tremoring. Another one that I love is called “havening.” And that's just basically petting. It's just really, really gentle brushing of the skin. And what they discovered, when they were doing EEG monitoring, is that it increases your delta and your theta waves, your calming brainwaves.

And all it does is just calms the body down. When the body's feeling agitated, you're stuck in sympathetic drive, you're restless, you're tense, your mind is overworking, you can do havening touch for five minutes. And there's lots of different techniques, I explain them all, well, I explain a handful of them in the book.

But you really, really gently brushing across the palms of your hands, across the shoulders, across the forehead and the cheekbones. And this really gentle touch just increases the delta-theta waves in the EEG patterns, or your brainwaves, and decreases the gamma waves, which are the agitated ones. It's something I love to do before going to bed, it's just letting your nervous system know it's time to calm down.

Kristi: Anybody who has the opportunity, who's listening to this right now, and has felt either activated or agitated, I would invite you to go try that, that technique. Even right now, this is perfect. You can just press pause and take your five minutes.

So, Christine, I'm calling you Christine, your professional name, just because it's different than mine. But Christy, I think no discussion about trauma would be complete if we didn't touch on something that many listeners may have heard of, which is post-traumatic growth. But could you just tell me your take on that sort of large, very broad statement of post-traumatic growth?

Christy: Yeah, I use it as a metaphor in the book, because I love to explain it in metaphor. We talked about pottery, and one of the beautiful metaphors for post-traumatic growth and pottery is Kintsugi. This is a Japanese term, and it's when a piece of ceramic breaks, it gets put back together with a

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gold or a silver resin. And then, it becomes more valuable. The idea is that it's more beautiful, more interesting, for having been broken and repaired. I think it's such a beautiful metaphor for post-traumatic growth.

I use the Kintsugi on my website and in the book, as well. Post-traumatic growth is getting past your baseline. So, resilience is getting back to status quo. Post-traumatic growth is getting somewhere new. And I think that that's really interesting, because a lot of people don't achieve these new states unless they've been through a significant challenge.

Another metaphor I use in the book is, if you're floating along and life is just floaty, then that's great. When you encounter a challenge and it pushes you under, you feel like you're drowning. You feel like you're struggling. It's really hard to grasp for air. And then, resilience or status quo is when you're floating again. You've got a life for preserver; you've learned how to kind of keep yourself still.

Post-traumatic growth is when you learn how to swim. A lot of people don't learn how to swim unless they've been forced to; they've been forced underwater. And that's where that, "Oh my gosh, how do I move my body in a way that really propels me," is learned, it's the through that necessity.

I find a lot of folks who have been through significant trauma are the ones who achieve a lot of growth, because they've had to ask these bigger existential questions. They've had to learn how to regulate and co-regulate their nervous system. And they show up in different ways.

I know, for me, all of this learning has really deepened the way that I show up.

Kristi: That's just amazing. And your metaphors are clearly very powerful. I'm not on TikTok, I kind of don't know what TikTok is, but you're making me want to go explore TikTok. So, I think we could probably talk about this for a really long, just a really long time, to even flush things out even more than what you've done so nicely already.

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But what I'm wondering is, as we're wrapping up, is there anything else that maybe we haven't touched on, or that you would want to mention? Or does it feel like we've sort of gotten the high-level overview in a way that feels good to you?

Christy: Yeah, you've asked some really profound questions and really meaningful questions. I feel like we've covered a lot of territory. I would say, the one thing that I try to stress a lot of times, is that there's different communities that are placed at risk, and equity deserving communities in particular.

But I mean, the way that political discourse has gone now, if you're a racialized person, if you're LGBTQ, there's a lot of folks who are more and more at risk right now. And trauma isn't just the thing that happens in an individual nervous system, it also happens in community. It's caused by communities, it's caused by policy, it's caused by politics.

And I think it's just really important for us to acknowledge, same as the climate emergency, individual actions are only going to go so far. We really need to address what's causing the problem at these larger levels. I just think that's really important to acknowledge and address.

Kristi: Absolutely. I do think one of the things that you've brought up, that I think is really powerful, is the idea of taking information that we didn't get, you and I and many of the listeners on this podcast, didn't get in our secondary education, in medical school, and making sure that that is available to them in a very normalized, operationalized way.

So, I want to have this be the plug, for everybody who's listening, who is involved in medical student education, residency training, this is the perfect time where you can have people go find Christy on TikTok, listen to this podcast, buy a bulk order of her book, and give it to your medical students. Give it to the people in your life, so they can start educating themselves in a way that's different. So that there can be the beginnings of that collective change.

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Christy: Thank you, Kristi. Yeah, I wrote a book that I thought would be really useful to get into people's hands. Most of the stuff that's in there, I did not learn in medical school. I had to kind of unlearn and relearn a lot of assumptions and biases that I had. And we get told that cognitive behavior therapy is the only evidence-based way to intervene in PTSD. There's so much more out there that is massively efficacious. And I just wanted to share that knowledge.

I mean, I got certified in the alphabet soup of therapy modalities. And it's not that everyone has to learn the alphabet soup, but I mean, at least know that there is soup. And there's lots of different ways to personalize your toolkit. So, my goal was to say, one size does not fit all and certainly CBT doesn't fit everybody.

Kristi: Thank you for bringing that up. I think a lot of my listeners, because they are so cerebral, such fast thinkers, oftentimes do gravitate towards a lot of these more cognitive top-down approaches. And they can be amazing. They're one of so many approaches. And can be incomplete, at least in my opinion, when they are taken as the only way. So, thank you for making that clear.

How can people learn more about you? How can people find your book?

Christy: My professional page is ChristineGibson.net. And that's for keynote speaking, and just all the different things I'm involved in. I do a lot of health equity work and lots of writing.

The book page is ModernTrauma.com. And the vibes of the website are very much the vibes of the book; very gentle, very nourishing, very accessible.

I also run a training program, SaferSpacesTraining.com. That is bringing trauma informed awareness into public spaces. Things like psychological first aid, trauma informed DEI's, safer communication strategies. We've got curriculum for that, and we can do that at organizational level.

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But my goal would be to say, why is this not competency based in all self-regulating professions? Why is this just not foundational for all of us? So, I'm really pushing for that.

Kristi: Well, thank you so much for taking time out of this really meaningful conference to have a conversation with me. It was just my pleasure to hear you outline so many things and explain things in a way that I think will be really valuable to my listeners. So, thank you so much for your time.

Christy: Oh, thank you. And thanks for your patience with all my background noise.

Kristi: I didn't really notice, and I think it's great that we're keeping it real. I mean, you're living your real life. We're not both in a pristine recording studio, because that's not how life goes.

Christy: That's definitely not how my life is these days. I've never done a book tour before. I never dreamed I'd be able to do a book tour. It's just been so exciting. So yeah, just all of these things, it's really incredible. And my dream is to get this book out to lots of people. So, it's been kind of fun to actually embody that, rather than just kind of have it all be online.

I'm @tiktoktraumadoc on TikTok, for those who are on there. I will be cross-posting the shorts to YouTube at some point in case they do actually get rid of TikTok. I really hope not, though. It's a beautiful community there.

Kristi: Oh, that's wonderful. Everybody who's not on TikTok, maybe you can join me in trying something a little new and following her there. And thanks so much for this conversation.

If you love this topic and you want to read Dr. Gibson's book, don't forget to enter the book giveaway. Go to habitsonpurpose.com/traumatoolkit. That's one word T-R-A-U-M-A-T-O-O-L-K-I-T to enter. And sharing is caring, so tell a friend. The more people that enhance their understanding of the ways that trauma can present, the better. I'm just going to end with a quote from Dr. Gibson.

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She says “it took me so many years to recognize trauma underlies so much of the physical and mental ill health that I saw. It took more years to learn why this happens in individuals, families, and communities, especially those placed at risk in their social positions. It’s now time to share what can be done at all these levels. To provide some hope and a solution focus. Without hope, trauma intensifies.” So the giveaway is at habitsonpurpose.com/traumatoolkit. I’ll see you next week everyone.

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