**Approachable Trauma-Focused Care, Compassion & Connection for Us All**

**Episode 130**

Ginger Klee:

If you're not acting like yourself, if you're maybe experiencing intense depression or anxiety for the first time in your life, it doesn't mean you're going to be experiencing it for the rest of your life. Or again, it doesn't mean you have that mental illness. But we are all going through a difficult time that's lasted a really long time. But these transitions haven't stopped. They've just kept going one on top of another, on top of another. So even if you've been experiencing some symptoms that we've talked about all of this time, we're still adjusting.

Christina Barsi:

Hi, I'm Christina Barsi.

Speaker 2:

And I'm [Suna Xiao 00:00:32], and you're listening to the Magic Mountie Podcast.

Christina Barsi:

Our mission is to find ways to keep your ear to the ground, so to speak, by bringing to you the activities and events you may not have time to attend, the resources on campus you might want to know more about, the interesting things your colleagues are creating, and the many ways we can continue to better help and guide our students.

Speaker 2:

We bring to you the voices of Mt. SAC, from the classroom to completion.

Speaker 3:

And I know I'm going to achieve my goals, and I know people here are going to help me to do it.

Speaker 4:

She is a sociology major, and she's transferring to [inaudible 00:01:05]. Psychology major, English major.

Speaker 5:

I'm transforming part-time into full-time.

Speaker 6:

I really like the time that we spend with Julie about how to write a CV and a cover letter.

Christina Barsi:

Or just finding time to soak in the campus.

Speaker 7:

Think of the natural environment around us as a library.

Christina Barsi:

We want to keep you informed and connected to all things Mount SAC. But most importantly, we want to keep you connected with each other. I'm Christina Barsi, Mt. SAC alumni, and producer of this podcast.

Speaker 2:

And I'm Suna Xiao, learning assistants faculty and professional learning academy coordinator.

Christina Barsi:

And this is the Magic Mountie podcast.

Christina Barsi:

We've all been through a lot this past year and a half or so. And as we are faced with more transition and uncertainty in our lives moving forward, it's apparent that we need healthy ways to cope and understand how we're feeling. Taken from the keynote at fall CPD day 2021 called Trauma-focused care, Compassion and Connection. We hear from Stacy Bacigalupi and Ginger Klee, both professors of psychology, as they walk us through some useful understandings of our symptoms, some definitions and a place to get started with our self care.

Speaker 8:

Ladies and gentlemen, please a warm welcome for your keynote speaker of the day, Stacy Bacigalupi.

Stacy Bacigalupi:

Thank you for the introduction. I am Stacy Bacigalupi. I am professor, as Matt told you, of psychology. I've been here for 15 years, so it's officially my 15 year anniversary. And I have been Department Chair for 11 years, but I finished that run the summer. Today, though, I'm here talking to you about trauma-focused care, compassion, and connection.

Stacy Bacigalupi:

So the world that we're living in today is a lot different than the world that we were living in 18 months ago. And I don't think that I have to say that to you, you already know that. I was listening to some of the people talk prior to me coming up here today, and everybody is aware of this. It's very different, but for a variety of reasons. The first one, the obvious one, is the COVID-19 pandemic that we are still living in and still trying to get through.

Stacy Bacigalupi:

But we've also been experiencing, over the last 18 months, these elevated racial tensions. It's not new racial tensions, they're elevated or exasperated racial tensions. Online remote work. Everybody left campus. I don't know, it's been almost 18 months. We all had to figure out how to work from home. But now we're coming back and we're returning to work, and we're returning to life.

Stacy Bacigalupi:

And I don't know about you. I don't know how comfortable you feel. I've been back on campus for a while because in my role I'm also working in the humanities and social sciences division office to help out. And I've been doing this job now for a few months. And so I came back before most of my faculty colleagues, and it's an interesting situation. But even just life in general. Going back to the grocery store, if you're doing that. I know some people still aren't doing wherever, Target, whatever it is that you're doing. So those things.

Stacy Bacigalupi:

Increased political tensions and riots. There's all this stuff that we've been dealing with, of course, among other things. And so, as a result of this, we're experiencing trauma, okay? And even though the word trauma may not resonate with everybody, we can think of it as simply anxiety because many of us are experiencing anxiety. But the thing that I want to mention, and the emphasis that I want to place today is that trauma or anxiety is a cognitive burden that we have to address.

Stacy Bacigalupi:

And so when I say it's a cognitive burden, what I mean is that it's something additional that our brains have to think about or have to house. And that we're going to talk about some of the things that you might be experiencing or might have been experiencing since you've been back to work, or even that you experienced when you went remote originally. And so we want to talk about what is this.

Stacy Bacigalupi:

So before I get into talking about what is trauma and are you really experiencing it, I want to ask a few questions. So the first question I have for you is how has your sleep been? And I want you to think about how has your sleep been in the last couple of months that you've been back on campus compared to what your sleep was like when you first went remote and the pandemic was really in its infancy stages, and compare that to pre-pandemic, right?

Stacy Bacigalupi:

Has there been a shift? Are you sleeping more? Are you sleeping less? Is it about the same? I also want you to think about how much energy you have and how much energy you have had. And again, I want you to think about currently in the last couple of months or weeks, even, compared to beginning of the pandemic, compared to pre pandemic. Have you noticed more energy, less energy, or about the same amount of energy?

Stacy Bacigalupi:

How do you feel about your social and emotional support? This is a big one. I know for myself, this was one that I saw a huge difference in. I noticed a lot more arguments with my husband, which we already argued a lot anyways, but it increased. But it's starting to get a little bit better now. Probably with the help of our therapist, but that's a whole separate story. But what kind of social and emotional support do you have? Has it changed? Has it increased? Has it decreased? And what has that meant for you?

Stacy Bacigalupi:

How much support do you have for caregiving? And when we talk about caregiving, we're talking about not just for your children, if you have children, your parents, but even your partners, or anyone else that you might be caring for. Friends, extended family, things like that. This is one of the things that really threw me for a loop was that all of a sudden last year I had a three-and-a-half-year old who had nowhere to go.

Stacy Bacigalupi:

And I thought, oh, okay, yeah, I can teach on Zoom. No problem. Try doing that with a three-year-old climbing up your back, and having a disabled husband who needs to sleep until noon. That was challenging for me. So my support went down for me. So where did yours go? And how has your workload changed? That's probably one of the big things that we want to think about. Has it increased? Has it decreased? Has it stayed the same? And over the course of going remote and then coming back, has it changed?

Stacy Bacigalupi:

I know how faculty feel about this because I've given this presentation, as Matt mentioned, about six times. Once to faculty, once to department chairs, I've given it to managers, I've given it to students. And I've asked these same questions of everybody. And I know for sure the majority of people I've talked to feels like workload has increased.

Stacy Bacigalupi:

So trauma, that can be coming from any of the things I mentioned previously, leads to distraction. Have you noticed that you're distracted? It also leads to physical and emotional distress, which leads to increased cognitive load. So let me tell you what cognitive load is talking about. Cognitive load is the stuff that we think about and we keep in our heads, but it's not physically necessarily demanding.

Stacy Bacigalupi:

It's one of the things that my husband and I argue a lot about because he says, well, I do all the cleaning around the house, and I did the dishes, and I took the trash out. And I said, yeah, but I manage everything. And he's like, I don't know what you're talking about. You're not my boss. And I'm like, well, I'm not saying I'm your boss, but I manage the household.

Stacy Bacigalupi:

So I have in my head, when does the kid need to go to school? When, oh, by the way, I have to make her lunch. That's a fun thing. Why is making lunch so challenging? Somebody needs to be hired to do that. But I have to make sure the bills are paid. I have to make sure that the thermostat is turned to the right level. I have to keep all this stuff in my head. And I'm not talking to- like this is some amazing feat, right? Y'all do this, except my husband. But all of you probably do this. And that's cognitive load.

Stacy Bacigalupi:

If you're driving down the road, you've noticed that if you're driving, you're going to a new location and you have to turn the volume of your music down? And people always go, what does that have to do with anything? Because you're looking for something or looking for an address. Why do you have to turn your volume down? It's because of cognitive load.

Stacy Bacigalupi:

Anytime that we're faced with something new and we don't know how to experience it, like what I'm doing right now is new for me, there was increased cognitive load. And when you have increased cognitive load, it's going to wear on you in the sense of you're going to be distracted, you're going to have difficulty paying attention. And we're going to talk about some of these things today.

Stacy Bacigalupi:

So my colleague, Ginger could not be here with us today, but we did meet together yesterday. And we made the recording where we talk through some of these things about what is trauma, how it might be affecting you. Ginger and I talked to each other about what is trauma.

Stacy Bacigalupi:

So this is Ginger Klee. I'll let her introduce herself briefly. And then she'll go ahead and tell us a little bit about trauma.

Ginger Klee:

Hi, thank you for having me. And sorry I can't be there in person. But yay, technology, I guess, which I think we've all got a mouthful of nowadays. So I am a psychology adjunct professor at Mt. SAC, I've been one for the last four years. But my full-time job is actually being a licensed marriage and family therapist, and licensed professional clinical counselor in my own private practice where I specialize in trauma and PTSD among other things.

Ginger Klee:

So that's why I've been asked to be here. I love talking about trauma, which might sound weird because it's such a sad topic. At the same time, I think it's very empowering to be able to name what we are all going through. And naming it is the first step to healing. There's a lot of misinformation around trauma. There's a lot of assumptions on what it is and what it isn't. And it's a lot more complex than people think.

Ginger Klee:

So generally what makes something traumatic is just your experience at the end of the day. A lot of us automatically think of critical big T traumas, as in being a victim of rape or assault, being a veteran that's seen war, being a victim of a catastrophic event even we would often associate as traumatic. However, little T traumas are also traumatic.

Ginger Klee:

What that means is like smaller things that are harder to identify. Something that happens by itself that doesn't seem traumatic, but it actually can be. So at the end of the day, trauma is just your subjective experience. Something that makes you feel helpless, overwhelmed, alone, powerless. And I really want to emphasize here, even if it doesn't involve physical harm, you do not need to feel physically threatened to experience trauma.

Ginger Klee:

Emotional harm has so much more power than people realize. I want to say that again. Emotional harm is so much more powerful than people realize. Even if any of you have experienced physical or sexual harm in the past, oftentimes the emotional and psychological toll is what you also carry with you. And also when it comes to comparing. Comparing does not do us any favors. We can all have gratitude of like, okay, well, I'm grateful that I've never been a victim of rape, or I'm grateful that I've ever been shot at. But your pain is still valid and real.

Ginger Klee:

So there's a few diagnostic terms I wanted to throw at you. Please be cautious here. I don't want- self-diagnosis doesn't generally help. And with the internet and social media, it's a lot easier for us to self-diagnose. The reason why I want to throw these terms out at you, though, is it might help, again, increase your self-awareness. And it's something to possibly explore with a professional like myself.

Ginger Klee:

So we have acute stress disorder, PTSD, and CPTSD, or what's called complex PTSD. They're all related to each other. So essentially, acute stress disorder means that you've experienced something traumatic. Again, that's up to your subjective experience. You've experienced something that you experienced as traumatic, and you're experiencing fear, intense fear, maybe flashbacks, some severe anxiety, etc.

Ginger Klee:

But if all of these happen within a month after the incident occurs, we call it acute stress disorder. So the main difference between acute stress disorder and PTSD is time. So if all of these symptoms continue to occur past a month, it then turns into PTSD. Again, post-traumatic stress disorder. That's the one we most commonly think of what that we associate with trauma.

Ginger Klee:

Something terrible happened to you and you're struggling to not have it affect you. It's going to continue to affect your everyday life, whether it prevents you from going to certain places, being around people. Again, intense nightmares, etc. And it can last for months, years. Unfortunately, sometimes it can even last decades if left untreated. However, PTSD, even though it's a more commonly known diagnosis among these three, is actually generally probably not what most people have because generally PTSD is about a single terrible event, generally a big T trauma.

Ginger Klee:

And again, don't want to compare it, don't want to make it seem like PTSD is not a big deal cause it is. But more people actually probably have complex PTSD, meaning that more than one big T trauma's happened to you. Or little T traumas have happened to you, and they've happened over a period of months or years. And it has very similar symptoms to PTSD, but it has a couple of other features that, again, are lesser known, which I think are important to raise awareness about.

Ginger Klee:

So when it comes to complex PTSD and little T traumas, I like to think of them as the microaggressions of trauma. So for those of you that are not familiar with microaggressions, I'll briefly define that. Microaggressions are harder to identify, hence the term micro. Little aggressions. Someone emotionally dismissing you.

Ginger Klee:

Microaggressions, we often think about with racism. Someone telling a Black person that they are so pretty for being someone who's Black. That's a microaggression. It's offensive, it's inappropriate, and it's racist. But on the outside, especially the person saying that, they may not think it's a big deal. It's not overtly racist. They're not calling them racial slur, but it is still an inappropriate, and offensive, and racist thing to say. That's a microaggression.

Ginger Klee:

Little T traumas can be the same. This person is minimizing my experience. This person is telling me that I deserved being raped, that I was asking for it. That's a microaggression. That's a little T trauma because they're telling you basically that you're not a victim and you deserved it. And that is traumatizing in itself, or it can be. Now, if a person says something like that to you once in your life, that might not seem like a big deal. It's still going to be hurtful in the moment and terrible, but okay, that one person, that's mean. I can probably heal from that pretty quickly.

Ginger Klee:

But if you're told that over and over again by multiple people over months, over years of your life, that becomes traumatizing. That takes a significant toll on you. Or think about bullying. Think about a parent who's emotionally abusive. Those are all little T traumas that, again, by themselves or one single isolated incident, it doesn't seem like a big deal, but it becomes one when it never goes away.

Ginger Klee:

And that's what can lead to what's called emotional flashbacks. So we've all probably seen PTSD flashbacks depicted in media. Generally you see someone hearing gunshots that aren't there. I actually treated a client who was a victim of a mass shooting, and during the fireworks, Disneyland fireworks, she would actually see visual hallucinations of bullets going through her windows. Those are more commonly known PTSD flashbacks.

Ginger Klee:

Emotional flashbacks, though, are not auditory, and they're not visual. You flash back to a feeling. Cause again, you're not flashing back to a single isolated incident, you're flashing back to the months or years of trauma that you've experienced. So with COVID, we could all potentially flash back to feeling anxious and scared to leave our house. We can all flash back to the intense racial tensions that have been happening in the last- well, let's more so say exacerbated racial tensions because racial tensions have been around for a long time. But the exacerbated racial tensions that have been going on for the last year and a half or so.

Ginger Klee:

You flash back to feeling scared about someone, depending on maybe what their bumper stickers have on their car, what flag they have on their house. All those things we pay a heightened attention to. Essentially that's what's called hyper-vigilance. I need to be extra careful. I need to be on edge. And it's harder to identify an emotional flashback, which makes them so much harder to treat.

Ginger Klee:

So sometimes the question I have clients ask themselves to help assess that is how old do I feel right now? That's a really good question for childhood trauma. I'm an adult, but maybe I'm suddenly feeling like I'm 12 again. What's up with that? That might be an emotional flashback. Or you can be like, I feel like I'm back in the height of quarantine with COVID again. That could be an emotional flashback.

Ginger Klee:

Here are the general symptoms of PTSD and CPTSD. So notice emotional flashbacks isn't listed here, but they have a lot in common. So emotional numbness is so common. We don't like feeling difficult feelings. We're going to try to avoid them or to try to distract ourselves. We overly use distraction coping mechanisms. Destruction is a coping mechanism. It is, but we overuse it.

Ginger Klee:

We can avoid people, places, and thoughts connected to the event, so I anticipate a lot more people having social anxiety. And I don't want to go as far as agoraphobia, being fearful of leaving your house, but that can be a consequence of what we've all been going through lately. Poor emotional regulation. So how easily triggered are you? Triggered is a word that we overuse unfortunately. It's almost lost its meaning, become a hashtag even. But we all do to the trigger. We all have buttons that people can push.

Ginger Klee:

But how reactive are you? Is the situation from a zero to 10, zero being neutral, not at all, 10 being the most you can imagine, is a situation a four stress level, but you're reacting as if it's an eight. There's poor emotional regulation going on. There's some sort of trigger going on. When we are experiencing trauma or living through trauma, which you could all argue we are currently still doing, it's going to affect our memory. It's going to affect our ability to focus because our brain is focusing on so much more. And that's, of course, going to affect our sleep. Racing thoughts, conflicting feelings, worry, etc.

Ginger Klee:

And then you've heard me actually say a couple of these terms already of hyper-vigilance and hyper-arousal. So that means I'm on edge, I cannot relax. Think about if you've ever been out camping, and maybe, you know, in California we have bears. Oh God, is that a bear? I need to be on edge. I need to be alert to make sure that if I need to run away, I can run away. That's in a way like hypervigilance and hyperarousal. It's a survival mechanism that our brains and bodies naturally do.

Ginger Klee:

Fight, flight, freeze, and fawn. I could do a whole talk on this, but I won't right now. These are all trauma responses and fear responses. We've all generally heard a fight or flight the most, I am going to fight physically or verbally to protect myself. I'm going to run away to fight another day or just to survive. Freeze, I am too scared so I become paralyzed, or I just shut down.

Ginger Klee:

Fawn is one we don't talk about enough. Fawn is, I'm going to be nice to you because I am scared, and I'm hoping that by being nice to you, you leave me alone. Or if you are going to hurt me, you'll hurt me less. I think a lot of people assigned female at birth are very likely to fawn. Women are just told just to smile, be pleasant. I'm scared, so I'm just going to laugh it off in hopes that you just leave me alone. And also people like myself from a collectivistic culture, I'm Korean, we can also fawn because that's the polite thing to do.

Ginger Klee:

Now, not to say that everyone in this room has PTSD, but we're all living under highly stressful times. We have been for the last year and a half. That is wearing us down. And now we're dealing with this scary transition of going back to work, back in person. I was actually just talking to a client about this last night of he didn't really like remote work, but then he went back to work in person for the first time yesterday. And he was like, oh, but this is also now exhausting. This didn't used to be exhausting. And now I'm realizing that some parts of work from home I really did like, and I'm losing that. So now I have to mourn that.

Ginger Klee:

We all mourned losing working in person for those of you that really liked it, and now we have to mourn the benefits of working remote. I miss seeing my clients in person. I love teaching in person. I refuse to get online credentials for that reason. But yesterday, I worked a half day from home and made myself some Korean soup for lunch. It was really nice. I'm not going to be able to do that once we go completely in person again.

Ginger Klee:

So there's so much transition that's happening and mourning. So even if the traumatizing narrative that I'm throwing at you doesn't resonate with you, this is still a difficult transition that's stressful. And that can also make your brain go more activated because it's another change. And even good change can be stressful. Even good change, it can be draining because it makes your brain work harder. Back to that cognitive load that Stacy was talking about earlier.

Stacy Bacigalupi:

And I'll just jump in a little bit. And even if, like Ginger said, if you don't feel like you're experiencing PTSD, or even ASD, or CPTSD, you still might be experiencing some of these things on a lesser level. And we're going to talk about that. Or Ginger's is going to talk about that.

Ginger Klee:

So I want to gear a little bit away from PTSD and trauma, but even depression. A lot of us can be experiencing depression. Caveat, though, there's a difference between feeling depressed and having the depression as in the mental illness. Depression, anxiety, those are states of being that we can all feel. But when you have depression, when you have the mental illness, it means that it negatively affects your everyday life and functioning.

Ginger Klee:

And because all of us are experiencing difficulties right now with what's been going on in the world, we can all be feeling depressed. And when we're in a state of depression for a really long time, even the state of being, not the mental illness, it can also affect how our brain works. So in this case, it actually does the opposite of what PTSD does, but can have similar side effects or symptoms, which is, it actually decreases the activity in your brain.

Ginger Klee:

This is why, generally, when you are feeling depressed, you have less interest in things, less motivation, maybe less sleep or more sleep. Less energy. So that's why, again, it affects your brain. And then, unfortunately, it can increase the likelihood of feeling suicidal, having suicidal thoughts. Or even attempting suicide. Substance abuse because we want to just shut down, shut off, not feel. It can increase reckless behavior because you just care less about your life and your wellbeing.

Ginger Klee:

This brings me to adjustment disorder. This is one where I will say that everyone is going through this, or at least most people. But one of the benefits of adjustment disorder is it's actually not technically a mental illness. It literally just means that we're all going through a difficult transition. Again, transition, even good transition can cause stress.

Ginger Klee:

So all of us have gone through something difficult. I think we can all say, at least agreed to that. Someone maybe more layers and complexity than others. And when you're going through this stressful, difficult situation or situations, that can cause symptoms that look like depression, anxiety, maybe even PTSD. And hopefully once the situation is over with, then you'll no longer exhibit those symptoms.

Ginger Klee:

So again, I'm not trying to say that everyone in this room is going to, or has complex PTSD. I think that all of us, because we're all going through this, can be at risk of that. Some more than others, depending on a lot of factors, but all of us are going through an adjustment disorder. Probably. If you're not acting like yourself, if you're maybe experiencing intense depression or anxiety for the first time in your life, it doesn't mean you're going to be experiencing it for the rest of your life.

Ginger Klee:

Or again, it doesn't mean you have that mental illness, but we are all going through a difficult time that's lasted a really long time. So one of the hard parts about this is what makes something adjustment disorder versus something else is you experienced these symptoms for up to six months. And if it carries on past six months, then technically it would become a diagnosable as a different mental illness.

Ginger Klee:

But these transitions haven't stopped. They've just kept going one on top of another, on top of another. So even if you've been experiencing some symptoms that we've talked about all of this time, we're still adjusting. And I don't want to seem pessimistic, but I don't know when that's going to stop for the rest of the year. So we all are like, oh, 2021, thank God. 2020 is behind us. I mean, yeah, but 2021 is just a different kind of beast. So we'll see what 2022 brings. So anyway, that's essentially what all of this means.

Ginger Klee:

Vicarious trauma. I want to touch on this just briefly, but got a lot of people tend to minimize their experiences. I've never been a victim of a hate crime. I didn't lose my job. Well, all of us that worked in the education system generally didn't lose our jobs. My job as a therapist definitely didn't go away during this time. In fact, it just became more demanding. I didn't experience these terrible big T traumas.

Ginger Klee:

But vicarious trauma means that you basically are exposed to, one way or another, to the pain of other people, to the trauma of other people. Some of us experience that more than others, and that can wear you down too. That can cause anxiety, sadness, fear, etc. I'm multi-ethnic Korean, but I look kind of racially ambiguous. I don't generally pass, what's called passes. White people look at me and think I'm white, but I don't read as Asian as many of my full Korean cousins and family. So I have not experienced nearly as much racial slurs and racism. And again, thank God, knock on wood, I've never been a victim of a hate crime.

Ginger Klee:

But when I saw the Atlanta, Georgia shootings that happened to predominantly Asian women, actually, particularly Korean women, that was vicariously traumatizing for me. I feared for myself, I feared for my mother, for my cousins, for so many of my family. And not to mention the trauma that I've witnessed time and time again with the LGBTQ plus community, which I also belong to. That's vicariously traumatizing.

Ginger Klee:

It instills fear in me. It tells me that people don't think that I belong here, that I shouldn't exist. That people I love and care about shouldn't exist. So if you, again, identify with a certain group that's been attacked- that's actually why hate crimes exist. That's why that title exists. Can instill fear and anxiety in you. Or if you work in the health care system or you work in education system and you see things that are happening to educators, that can become traumatizing to you in some way or harm you in some way, even if you haven't been directly impacted by it.

Stacy Bacigalupi:

And this could even apply to our students?

Ginger Klee:

Absolutely.

Stacy Bacigalupi:

Or if we're working with, potentially some of you are working directly with students in your roles. And if they come to you talking about the things that they've experienced, that could be traumatizing. Or even your coworkers or your colleagues. If you know what they've experienced, this could be something that could affect you as well.

Ginger Klee:

If you're an ear to listen for people who are going through things like me as a therapist, or again, we work with students. Students look up to us. No matter what your role is, a student can look up to you. And if they're confiding in you, that can become vicariously traumatizing as well, which is why taking care of yourself is so, so important.

Ginger Klee:

So here we are, taking care of yourself. So here's some general tips and recommendations I can offer you as a therapist. This is something that I recommend to all of my clients as a good place to start. This is not replacement therapy. By the way, I think all of us can benefit from therapy. But this can be, again, a way for you to, again, name what's going on, identify- and by being able to identify it, you're able to actually start working on it.

Ginger Klee:

And it's kind of like if you have just a random ache in your body that you don't know where it is exactly, how the heck are you going to be able to get better? But you're like, oh, it's actually specifically like my spleen. Then we know to treat your spleen instead of your entire abdomen. It's kind of like that. So here's some increased self-awareness questions you can ask yourself.

Ginger Klee:

What am I feeling? A lot of people don't like that. Or it's kind of the stereotypical joke about therapists that we're supposed to say, which is, how does that make you feel? But what am I feeling? How often do you actually check in with yourself on what you are feeling? And I don't know if the statistic is true, but I've heard it more than once lately, and it kind of scares me. Apparently the average American can only identify three emotions, which is happy, angry, sad. And that's terrifying. Google an emotions wheel. There are so many more than that.

Ginger Klee:

The more you start asking yourself these questions, the more likely you'll be able to answer them. So if you can't answer it right away, don't feel defeated. Don't harp on it for half an hour. That's not helpful to you. Even just take 30 seconds to ask yourself, what do I think I'm feeling right now? And see what comes up. Because the more often you ask, the more likely your brain's going to be able to identify it because you're telling your brain, I want to pay attention to this, and you're practicing it.

Ginger Klee:

Where do I feel it on my body? So if you're really bad at identifying emotions, your body is going to be feeling something because that becomes kind of your brain and body's way of like, pay attention to me. You're not paying attention to your emotions, so it's going to translate into your body, kind of back to cortisol too. You're going to feel it.

Ginger Klee:

Do you carry sadness in your chest? Does that make it feel heavy? Do you carry stress, like me, in your neck and your shoulders? Does your face get hot when you're angry, or do you tense your hands? So what do I feel in my body? And then back to those kinds of self-assessment questions about maybe being triggered or something, have I felt this way before? When have I felt this way before? All of these will help you increase your self-awareness.

Ginger Klee:

Then here comes to this part, make time to check in with yourself. If you never make the time, and I'm using that word on purpose, you're not going to do it. You can literally put a reminder on your phone if you need to. If you just say, I'll do it when I think about it, if you're not used to ever thinking about it, you're not going to do it. It literally can take as little as 30 seconds. Again, it's about practice.

Ginger Klee:

And by identifying what I'm feeling, I can be like, oh, I'm feeling sadness, I want us to go away. Don't try to immediately push it away. I know that that's what you instinctively want to do, but try to let yourself sit with that feeling, again, for just 30 seconds. It might increase initially, which freaks a lot of people out. But a lot of the times it will actually ease a little bit because you're finally paying attention to it.

Ginger Klee:

And if it really starts to increase, you can do what's called a container where it's like, okay, that sadness is getting really strong right now, but I have a meeting in five minutes. So I'm going to imagine putting it in this little container over here, and I'm going to get back to you after lunch. Or I'm going to get back to you tonight when I get home this weekend, when I get to go talk to my partner or my friend, when I could talk to my therapist.

Ginger Klee:

And this last one I wanted to normalize, we're all kind of in survival mode right now. So don't expect that everything's just going to be hunky-dory, it's so much better by practicing these things for a month. As long as we're in survival mode, we cannot fully heal. We cannot fully heal from this pandemic until the pandemic is over. But while we were in survival mode, making and finding safe spaces to at least heal some to feel safe is going to make a huge difference.

Ginger Klee:

Hopefully that's maybe your home. If it's not, hopefully it's maybe an office at your work. Maybe it's at a friend's home, a family's home, a coffee shop where you meet people. Somewhere. We all need a safe space, ideally more than one, to be able to recharge while we're surviving. And maybe can do a little bit of healing. And also, even though Stacy's going to be elaborating on ways that we can take care of ourselves, which we identify as self-care. Self-care is another one of those things that we kind of overuse, but self-care is not enough.

Ginger Klee:

You cannot self care, for instance, you can't self-care away racism, sexism, homophobia, xenophobia, transphobia. You can't self-care those things away. Self-care is meant to help us survive that while we're going through it. Self-care is a tool to help us soothe ourselves, to help us, again, cope and manage.

Ginger Klee:

But self care in itself, if you only do self-care, if you don't look into and let yourself feel things, if you don't actually try to tackle the issues, self-care is kind of just putting a band-aid on a gaping wound. It is a part of healing. But if you're only doing self-care, that is not enough. With that said, though, self-care is important. Making time to soothe ourselves, to breathe, is important. But on top of that is going to be again, increasing your self-awareness, letting yourself feel difficult things, asking yourself the difficult questions, seeking maybe professional help if you need it. Advocacy, etc. So there's so many other components that are also important, but also self-care.

Speaker 2:

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