

The science of stuck

Guest: Britt Frank

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[00:00:09] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Trauma Super Conference. Today I'm speaking with Britt Frank, a trauma specialist who is a somatic experiencing practitioner and is trained in internal family systems.

She is also an award-winning adjunct professor at the University of Kansas and has taught classes on ethics, addiction and social work practice. Her first book, *The Science of Stuck*, will be released in March of 2022. Thank you so much for joining me, Britt.

Britt Frank

Hi. Thanks for having me.

Meagen Gibson

So I'd love it if we could start by just disclosing what the biggest myth you see floating around the healing and wellness world is.

Britt Frank

Sure. And with the pandemic, and even with shows like *Ted Lasso*, it's a really good time to be able to talk about mental health. It's been normalized to talk about mental health, but we're not talking about the myths. And because it's so trendy, it's so important to really start out by dismantling what mental health is not.

So the biggest thing I want to share, if nothing else, mental health is not a mental process. It shouldn't be called mental health, because we think it's all in my mind, it's all in my head, if I just thought better, or if I worked harder at my thought life. Mental health is a physical process. So if nothing else, I always like to start with that. Mental health is not about what's in your mind. Mental health is about what is in your body. And if we miss that, then we miss the boat and then people end up blaming themselves and shaming themselves. And, oh, it's not working for me.

I did not know this about mental health until way later in my process, but mental health is a physical process, period.

Meagen Gibson

I love that you say that too, because I know I've been guilty of trying to think my way through mental health. If I read enough, if I study enough, if I talk enough, I'm going to make my way through this. And integrating, reminding us, and grounding us in the fact that mental health is a physical process is just a fantastic place to begin.

[00:02:15]

So why can't I think my way through my trauma?

Britt Frank

I wish we could. I like living in my head. So knowing that we have bodies is really important. You can't think your way out of trauma because your mind lives inside a physical brain, which is responsible for a lot of physiological processes. The logical thinking part of our brain is only one function, and it's not the main function. The main function of our brain is keeping us alive.

So the survival functions have been around, doing their thing, a lot longer than the logical conscious thinking, which is why you can't think your way out of a physical process that's been going on for how many years, throughout generations and evolution. And our survival mechanisms will win over logical thoughts every single time.

Meagen Gibson

And in the context of trauma, let's talk about some of those survival instincts and some of that body process that you're talking about. My babysitter actually said to me the other day, she's been in therapy for about a year after a traumatic experience, and she said to me, something to the effect of, 'if you don't pay attention to your body, your body will make you pay attention'. And I was like, I'm writing that down from my 21 year old babysitter. That was deep. And so that's what I'm talking about. It's like, if mental health is a physical process, what are some of the ways that our body is going to make us pay attention?

Britt Frank

And I like to say unprocessed stories show up as symptoms. So whether we think a story should be traumatic or whether we think something shouldn't be a big deal, our body has its own agenda for a number of reasons, ranging from genetics, to the current level of safety, to privilege, to all of the things. But it's really important to know that your body gets to decide what counts as trauma.

So I hear every day from people, 'I don't know why this bothers me so much'. It was the littlest thing and yet I'm super anxious and my heart is pounding and my palms are sweating, and what is wrong with me?'. It's like you don't have a mindset problem, you have a trauma problem. And most of us don't know that trauma isn't about the severity of events, it's about our brain's interpretation of safety versus danger.

Meagen Gibson

And that's such a great context, too, and I know I've done this, where I'm in the middle of trying to disclose and figure something out to my therapist, and then in the next breath, because we're such brilliant people and we have such empathy, we can take different perspectives. So in the next breath I'm saying, 'but so many people have it so much worse'. I'm automatically taking myself out of the trauma Olympics. I'm not even a competitor anymore. I'm trying to negate my experience by acknowledging how much harder somebody else has it, or how much worse somebody else has it, or this shouldn't have been that bad.

So why do we do that? Why do we try to talk ourselves out of our own trauma?

Britt Frank

There's a degree to which perspective is actually helpful. Having perspective on, 'you know what? It's true. Some people do have it worse. And yes, it's true that I am in a position where I have resources and relative safety'. Perspective means I hold room for my truth and recognize mine is not the only story happening on the planet. Perspective is helpful.

[00:05:38]

Comparison is, 'if I don't have a level 10 trauma, and you have a level 10 trauma, mine doesn't count'. So comparison negates. Perspective makes room. And it's good to have perspective. Our story is not the only story happening at any given moment.

But if comparing our traumas was the standard, only one person on the planet would get to be upset about their stuff because, 'I don't have it as bad as that person'. Well that person doesn't have it as bad as, and so on. And then if you follow that all the way down, nobody gets to be upset or have feelings about anything. So perspective, yes. Comparison, no.

Meagen Gibson

And to what you were saying earlier, our bodies are what is deciding how we're integrating our traumatic experiences. So regardless of the level or the severity or the context of our experience, our body is what's determining, in that interpretation process, whether or not that's going to be a traumatic experience. So it's not really as objective as comparing facts of experiences.

Britt Frank

Yes. And I like to use digestion as a really good correlate, because we know if you eat contaminated food, the likelihood that you're going to puke is pretty high. It's not a given, but it's pretty likely if you eat bad food, you're going to get sick. And you can get sick from something you've eaten a million times. A meal that you've eaten a thousand times before, for whatever reason, it's just not sitting. I may not think a turkey sandwich should give me indigestion, but my digestion is an automatic process in which I have no say.

So trauma is sort of like brain indigestion. We know if really intense things like assault or war or environmental disaster, if that happens, the likelihood that we will have trauma is pretty high. It's not a given, but it's high. And at the same time, we could be traumatized by things that may not seem like the turkey sandwich events of life. It may not seem like a big deal that you got into a minor fender bender, but your brain might take that and all of a sudden you're having panic episodes and you don't know why, and your brain is spinning. And you go, this was not a big deal. What's the problem? But your brain has indigestion. It exceeded its processing capacity, and now you have symptoms.

Meagen Gibson

It's a fantastic comparison context. I really like that.

Britt Frank

Thanks.

Meagen Gibson

And also, in the same way that some people, I have a friend who has celiac disease and also type 1 diabetes, and all of these things that are not her fault and that she has no control over, that she has genetic predispositions for most of that. So all of that comes into play as well with your brain health. Which brain health and mental health, it's all physical health. And so if you have a predisposition, genetically, and even epigenetically, towards traumatic processing difficulties and trauma in your history, then you're going to be more sensitive to a traumatic event and the integration and digestion, as you say, of that event.

Britt Frank

Yes. And I like to differentiate trauma versus traumatic events, versus trauma inducing events, versus trauma response. I will go back through all of this.

[00:08:54]

So there are traumatic events that we can all agree count, if you will, as trauma. Again, oppression, enslavement, war, sexual assault. All of these things are inherently, they are traumatic events. So that's a traumatic event.

Trauma is an internal process. Trauma is the brain digestion process. So a traumatic event is the things that happen, trauma is our internal processing of it.

Now a trauma response is how that gets expressed, as panic, as intrusive thoughts, as depression, as whatever it might be. So that's a trauma response.

And it's really important to know that those are not the same thing. Trauma is not the events, trauma is the internal physiological process. Traumatic events, war, etc. But then there's also trauma inducing events. And those are the neutral things that we don't think should be traumatic but for whatever reason they are trauma inducing. And that could be marriage, having a baby, getting a promotion, declaring bankruptcy, good things and bad things can be trauma inducing. That's also important to know.

Meagen Gibson

I really love that context. And I've had that kind of experience. And the discernment, I'm trying to think of a general, broad example, but you can have a traumatic experience, in fact, I've had this. So I had a traumatic experience, I didn't realize it was a traumatic experience at the time, that's not how I mentally processed it. I processed it as a bad day. I was like, that sucked. And then I talked to people about it and I was like, okay, that's over. Years later, the way that my body processed that, and the fact that I had trauma, I had a trauma response to a stimulus related to the trauma experience 7 years ago, and was very surprised. I was like, wow.

And because of everything that I know now, and because of all the experiences I've had in the last 15 years, I was like, oh, I recognize what this is and I know what's going on. I need to get some help to pick this apart and help my digestion, help the integration of that experience and that event.

So I love that you pieced that apart for people because it can be really confusing, as I'm sure you've seen, when people come in and they say, for instance, 'I'm sweaty and shaking and I'm afraid to go outside and I don't know why, I don't understand. And it feels like it's come out of nowhere. I'm having all these symptoms, and I don't know what it's related to'.

Britt Frank

I'm so glad you named that, because I can tie some of my things back to events but it's really often that there legitimately is not a conscious cognitive memory of what this particular symptom is tied to, and that is okay.

So another thing I really like to hammer is, you do not need to know why a symptom is there for it to heal or to calm down significantly. Is it nice to know our stories? Sure. Sometimes. But what's nice about trauma work, real biological, physiological based trauma work, it doesn't require memory of the past, understanding of what led to what led to what. And you can work with the body to provide a sense of safety without knowing the story. So safety can't exist without a story. And that's incredibly good news.

I blocked out a whole lot of my childhood. I've done hypno, and I've done all of these, 'let me go back and try to find it', and it doesn't work, well it didn't work for me. And often it doesn't work to go hunting for memories. But if you start with, 'what's happening now?' 'How do I train my body to recognize safety?' You don't need the story. Thank goodness. I don't want to remember all my stories anyway. So wonderful news to know stories are not important.

[00:12:51] Meagen Gibson

That is wonderful news. And actually, I've been talking to a couple of experts this week about the role of the hippocampus and how in certain situations it's not that you are missing the memories, it's that the memory was never actually made. So any effort to go back and retrieve it is useless because the memory was never formed. I'm not saying it was useless for you to do that, just in certain situations the memories aren't made. Which can be an incredibly frustrating experience as well, because if I could just remember. And to bridge on what you said as well, even if you do know the story, and I've found this to be true in my case, even if you do know the story and you are clear, you actually don't have to disclose or talk about it in order to heal and integrate it.

Britt Frank

It's so good to know. When I say stories aren't important, I'm not minimizing the impact of the event that happens, but it's not essential or necessary to know them. And a lot of people get traumatized in therapy by retelling their trauma story. And so when a brand new therapist that you don't know says to you, 'tell me about what brings you in to see me', and now you're retelling this narrative, it's really detrimental to your process. And that's not your fault.

A trauma informed therapist would say, 'I haven't earned the right to hear your story yet, so I actually want you to hang on to it. We may get to it, we may not need to get to it, but you certainly don't have to share it until, if and when you want to or feel safe'. Consent in the therapy room is not talked about. And it's so important to know that consent matters as much in the therapy room as it does in a bedroom. It's that intimate, and it's that important.

Meagen Gibson

I'm really glad that you said that. And that's actually why I brought it up, because I feel like, obviously there's a ton of shame and stigma around trauma and a lot of things, but I think what keeps people from going to therapy or seeking help or wanting to talk about it is that they feel like they have to or they feel like they're going to be forced to in some kind of old model. There are some therapists who still rely on, 'let's talk through it. You're going to have to relive the whole thing'. And what we know now is that it's just not necessary. You can and you should if you want to, and you feel safe and that trust is there and that security is there in the relationship between you and whoever you're working with, but you don't have to.

Britt Frank

And it's also not helpful or healing to tell a trauma story in chronological order. So if I start telling my story from start to finish, I'm going to dissociate. I've told my trauma stories. I can sit here and spill out really horrible things, and I'm not feeling it, I'm just telling you, 'then this happened and then this happened, and then this happened'. Telling a story chronologically can actually further dissociate you from it. So telling a story in the presence of a safe witness is healing if it's done in a slow, digestible way in bite size pieces.

So when I have people share stories, or when I invite them to and they consent, we actually skip around that timeline. And that's a technique from somatic experiencing from Dr Peter Levine's work. Because jumping around the timeline allows you to not get lost in the narrative. You're consciously thinking, 'oh, wait, what happened after that? What happened 2 days before that?' And it's a really useful thing. Chronological storytelling is not helpful for trauma.

Meagen Gibson

In general, even. In TV shows, movies, nobody wants to hear chronological storytelling.

[00:16:24] Britt Frank

If telling our stories got us better, we wouldn't need therapists. I know, and I'm sure you know, how to go out with your friends and tell the story of the things that happened. We have friends for that, and we have, hopefully, some people have safe, supportive family members for that. So a trauma therapist should not be having you rehash your stories from start to finish, ever.

Meagen Gibson

So your new book is called, *The Science of Stuck*, so I would love it if you could tell me what does stuck mean to you in the context of trauma?

Britt Frank

The book is called *The Science of Stuck* because it was really important to me that it was not just my ideas, but that it was a research based, and we all have a stack of self-help books on our nightstand, wherever, and it's hard to figure out what's important from which ones. So I wrote *The Science of Stuck* because I didn't have it, that's the book I needed, just a really quick notes guide.

So each chapter is, here's what the best trauma-informed research, in my opinion, says about addiction. Here's what the best, most cutting edge minds in the fields of relationships, and eating, and family dynamics. So you don't need to get a PhD in whatever. It's like, here are the top level ideas, and here are the bottom lines. You can try this. You can do this. You cannot do this. So I really wanted to condense all of those books into one. And of course, I snuck a few of my own theories in there, too.

Meagen Gibson

Of course I love that because I don't think there's a more overwhelming position than to be at the beginning of your trauma journey. And to look at the volume of... Heck, I'm the co-host of a trauma conference, I know the volume of resources available, and it can be incredibly intimidating and overwhelming. Like, what should I do? What applies to me in my scenario, in my situation? And I don't think you can go really too wrong with too many of the tools, it's just a matter of there can be the best practice and the best path that's going to help you.

Britt Frank

I like calling the book a speedboat around self-help island. I love plunging into the abyss and getting into the mud of all of the things. But if you're just starting out, or if you've done a lot of things and now you feel stuck, stuck meaning, I know what I'm supposed to do, and I'm not doing it. Like at this point I have the information but I'm not making the changes. There's only two logical reasons. One, I just suck. Or two, there's a piece of information that's missing. And spoiler alert, you don't suck. There's a big piece of information that's missing if you know what to do and you're not doing it. And that missing piece is trauma in the body. And so the book is filling the gaps in a really easy to digest way. It's not a deep plunge. It's just, here are the bottom lines that you need.

Meagen Gibson

Even the titling, *The Science of Stuck*, I can relate to that a lot. Because when you've come to terms with the fact that you might have had a traumatic experience or you're working through some trauma, it feels very stuck. That's literally how it feels. You feel paralyzed. I can't move forward. I'm having trouble. I have friends and family who once they come to that realization, they can't even navigate an insurance website to find a therapist. There's that feeling of paralysis. And there's a lot of judgment from the people around you like, get help, move through it. Accusations of being unmotivated or lazy or not wanting to get better.

[00:20:06] Britt Frank

I'm going to speak to lazy and motivated because, again, these are two very... Lazy is a moral judgment. And I have this in the book, the word lazy comes from the 1500s middle, low German, meaning feeble. And what happens in our brains and bodies when we're stuck, when we're not feeling able to do or mobilize, it's not because we're feeble, it's because our brains have switched into a survival mechanism, one of which is shut down or freeze. Fight, flight and freeze. Lazy is absolutely an immoral judgment, not a physiological reality.

And as far as motivation, because there's so much of, 'just get motivated!'. We're never unmotivated. And that's the big thing. Our brains are, 100% of the time they are motivated. They are either motivated to survive a real or perceived threat, or they are motivated to mobilize in the direction of our choosing. But unmotivated is a myth. If we're going back to what are the mental health myths, there's no such thing as being unmotivated. There's being motivated by survival or motivated by choice. That's it. Those are your two paths.

But if you don't know this one, you're just going to think it's you. 'Oh, I'm lazy'. No, you're not. That's physically not a thing. 'I'm unmotivated'. No, you're not. You're just not motivated in the direction you want to be going in. And we can help your brain switch tracks. But if you don't know that, you don't know that.

Meagen Gibson

Absolutely. And because I know that you are versed in internal family systems and IFS work, it's like if you're feeling stuck, what is the purpose of the part that's got you stuck? I'm like, 'all right, what are you trying to protect me from?' I'm always like, 'what is this in service of? What is this part trying to protect me from?'

Britt Frank

And I love that you segued this into the idea of parts because another mental health myth is that we have this one thing called a mind or a personality, and it's just this one thing. And I am either all of this or all of that. And what we know is our psyche... Every complex system is made of multiple parts, from plants to animals, to our physical bodies. So we have parts that want to do things like starting a business, or getting a relationship working or whatever. But we have other parts of us and their job is to stand at the castle doors and fight off the dragons. And those might be real or imagined.

But starting with the assumption we have protective parts. And what if we treated every mental health symptom as an effort to protect rather than a character defect or something that has gone wrong. What's going right about this? What makes sense to my body about why this is happening? And if you don't know why, that's okay. But if you start with the assumption that we have parts of us that will stop at nothing to protect us, even if it means hurting us or sabotaging us, that changes the entire story. It's, 'oh, I have protective parts'. What do these parts need in order to feel safe or safer or a little bit less threatened? Rather than, 'what's wrong with me?'

Meagen Gibson

I've had to remind some people in my life that when someone else is experiencing that stuckness that they're lucky because they don't understand and haven't experienced how much energy it requires to actually feel stuck or paralyzed. Or what looks like relaxing like, this person isn't able to leave their room and watches a lot of TV. And I was like, that looks relaxing from your perspective, guess what's going on. Actually, there's a ton of energy being expended on that homeostasis and maintaining that protection. There is so much.

It's like when a computer is running a bunch of programs in the background and the fan is running and it's really loud and you're like, 'gosh, I've really got to shut some systems down in order for this to

move more efficiently'. And for this computer, for the temperature of the computer to go down. And for the systems to work better some of these programs need to be quit.

[00:24:28] Britt Frank

If you hold a beach ball underwater, think of the energy it takes to hold that ball down. And so laziness is not even a factor. Like you said, it takes a lot of energy to do nothing. And you're going to hold that beach ball underwater, and then eventually it's going to pop up to the surface. And we name that as bipolar. And often bipolar is a trauma response as a result of going into extreme shutdown and then compensating in the other direction.

Now, that's not saying mental illness isn't real or that meds aren't important. But knowing the mechanism of depression is a tremendous amount of energy. I would rather us call depression, compression, because it's a more accurate word to describe it. I have nervous system compression when I'm stuck on my couch. I have nervous system compression when I want to do nothing, or I can't seem to get moving. Because if we call it depression, there's all the loaded, 'just smile, just take a breath, just meditate your way out of it'.

Meagen Gibson

'Take a walk'.

Britt Frank

'Count your blessings'. The gratitude thing. But if you call it compression, that's what it actually is. Is your brain going into shutdown to help you survive a perceived lion attack? The language matters. It really matters.

Meagen Gibson

It does. Absolutely. So tell me how all of your work, and how you see it empowering people and restoring choice to their lives.

Britt Frank

I like to say that the opposite of trauma is choice, because if we could have chosen, we would choose to not be traumatized. Trauma, by definition, is our choices have been taken away, and now a thing is happening to us. So anytime you're mindful of choices, that's going to go a long way towards healing trauma.

Again, people don't know that. They think I'm broken, I'm crazy, I'm lazy. Just knowing that making choices can help calm down your trauma symptoms, because everyone can do that. I might not have a choice about the pandemic. I may not have a choice about what my spouse is up to. I have a choice about which road do I want to take while driving home? What food do I want to eat? And when I'm working with people, we break down when they say, 'I'm stuck, I have no control over anything', we start with the absolute minutiae, where can you make a choice? And then be conscious that you're making a choice. And then people start realizing they have more agency than they thought. And then that compounds. And then all of a sudden, their protectors calm down because choice is restored. And to whatever degree you can make a choice, you're going to calm down your trauma symptoms.

That's incredibly empowering, because you don't need a postgraduate degree or any specialized information. My goal with the people I work with is for them to not need me. My goal is to work myself out of a gig so they know, and obviously it's not like, oh, just make a choice, and that attack you suffered is just history. It's more nuanced than that. But knowing that these are very simple, I can do these now today things, which helps a ton. And you see people get their, 'oh, I can', that idea that maybe this isn't me, and maybe it's not all hopeless, that promotes more change and more choice, which we get more. So, yes, I am very passionate about it.

[00:27:49] Meagen Gibson

It's a practice of reframing your experience on a daily basis, instead of, 'all of this is out of control'. What is in my control? What choices do I have available to me?

I know I've experienced that, where when a day goes off the rails, I've got a whole day planned, and then one of my kids is sick, and then something happens with the house, and it all seems to fall apart. And I will make a list of all of the things I can and will do that day. It's like, well, I didn't do anything I planned, but here's what I did do. I changed out of my pajamas. I brushed my teeth. I watched a television show with my kid who had a fever. Here are all of the things that I did. And here are all of the ways that I was able to succeed today, even though the whole day went in the toilet.

Britt Frank

I love that so much. And a lot of people are quick to minimize, 'oh, so I took a shower, big deal'. Well, if you're talking about, 'I want to kill myself', taking a shower is a big deal. Everything is a big deal when you're talking about a nervous system that is perceiving a threat. So if all you do is get from your bed to the couch, great. And if the things that you did do, and the things that you didn't do, 'I didn't harm it myself', 'I didn't cause intentional damage to property or to people', I get to give myself a big pat on the back and a lot of credit for that.

It's also helpful, with choice, not to speak in metaphor. This is another thing I'm really passionate about. When you say things like, 'I'm overwhelmed, I'm drowning, I can't keep my feet...' whatever. That is really abstract and that's going to further aggravate this sense of powerlessness. So instead of, 'I'm overwhelmed', it's, 'I have my kids' parent teacher conference, and my mother is in the hospital, and I need to go visit her'. And rather than speaking in abstract, speaking in very specific terms helps you, 'oh, yeah, I have some choices here that maybe I hadn't realized'.

Meagen Gibson

Being as specific as you can is helpful. I had lunch with my spouse yesterday, and he was like, 'how are you doing?' I was like, 'I'm stressed', but then I went into the details of the level and the reasons, and he was like, 'I've got to be honest, I'm stressed now'. And he's not one to get flat. I shouldn't say he's not empathetic, but normally he doesn't take on other people's stresses, he's very good, very self managed in that way. But he was like, wow. Okay. Thank you for sharing, now I have to manage your stress.

Britt Frank

And if you're able to communicate both to yourself and to the people around you what's going on, 'I'm overwhelmed' doesn't really have a lot of concrete. What does that mean? I don't know what that means therefore I don't know how I can help you. Therefore, you don't know how you can help you. And it's not useful. So speaking in a really specific language and using parts language, 'how are you?'. Part of me knows I'm okay, and part of me knows I have it pretty good. And there's another part of me that has 25,000 things on her to do list. And then there's another part of me that's feeling missed, and that also helps you access your choice points if you have specific concrete things that we're talking about.

Meagen Gibson

Yesterday I was talking about how I'm incredibly excited about the work that I do and incredibly grateful and fired up about the conversations that I have, and also overwhelmed about the volume and the deadlines. Those both are true. I can be stressed and overwhelmed and over scheduled and all of the things that I had going on yesterday, and also be incredibly grateful and acknowledge my privilege, and access, and knowledge, and joy that's happening minute to minute. Both things can be true.

[00:31:48] Britt Frank

I don't know where we learned that you can't have... I mean, to me mental health is the capacity to hold space for multiple truths simultaneously. So there's nowhere in the physiology that says if you're positive, you can't also be negative. That's why I don't like the words positive and negative. It's, 'I'm feeling joy about this'. 'I'm feeling sorrow about this'. 'I'm feeling really competent in this'. And 'I'm feeling like a total mess and incompetent in this'. Cool. You're not crazy. Again, there's room for multiple realities within one psyche, which is again, really good news. You can have all of the feelings and all of the thoughts at once, and that's not something going wrong with you, that's the design.

Meagen Gibson

And the more we practice that in little micro moments and stack them on top of each other, the more that muscle gets stronger and we're able to rely on ourselves and depend on ourselves to do that in moments when we're needed on our own, like you said, outside of the aid of a skilled therapist, it's like what we're building towards is that I don't only have that relationship as a place of safety and validation. That I can form that within myself.

Britt Frank

Yeah, I like to call them doing fire drills because we talked about this earlier, practice and repetition create habits. And that's a wonderful mechanism because while you're not in a state of overwhelm or shut down or compression, start practicing going to the things that help your brain feel safe or safer. I say, people, places, thoughts or things that help your brain access safety. Practice them every day as fire drills. That way if a fire breaks out and your brain's alarm goes off, you've already created a pattern of repetition and you know what to do and where to go, and see who you're calling. So you're not in the moment going, 'oh, I can't remember anything I'm supposed to do at this moment'. So fire drills are a great practice for trauma.

Meagen Gibson

Such a great context because there's nothing worse than when you or someone you love is having an overwhelming experience of panic, or one of those symptoms of trauma, and either you, yourself or someone near you is like, 'calm down, take deep breaths'. The ways that we altruistically and with good intentions, try to either help ourselves or help somebody else in the moment, if we haven't practiced it outside of those extreme stimuli, is just extremely frustrating.

Britt Frank

So frustrating. And this is a great practice for kids also, as well as if you see a loved one struggling. Just naming, 'okay, you're having a panic episode', will deactivate the charges. Not all of it, but just naming it will help de-escalate it. I think Dan Siegel said, 'if you name it, you can tame it', or something along those lines. And it's true. So rather than telling someone, 'take a deep breath and calm down. You're having a panic episode, right now your brain doesn't feel safe. Right now your amygdala is shooting panic signals down your spine, there are things happening in your body, you are not crazy', just that alone if nothing else.

And it works on kids too. We do this with kids, 'we're going to the doctor and you might get a shot and it's going to hurt a little bit'. But if we can name the experience, we dial down the intensity of the overwhelm, which is again, an incredibly good practice for trauma responses.

Meagen Gibson

I've started that practice with my kids where if they're extremely overwhelmed and their heart is beating and they're sweating and they're crying, or something of that nature, I always try to separate those symptoms, if you will. I don't call them symptoms, but what they're doing, the expression of their feelings from their feelings.

[00:35:40]

And I'm trying to tell them, 'you're having a really big emotional experience right now. Your feelings are really big. They are true. What is happening for you is valid'. However upset you are, I don't even know by the way, I should just give context. I never even know what they're upset about. They're so upset that we can't reach it. So I'm like, 'this is a really big emotional experience you're having. Whatever feeling you're having is true and valid. I'm not trying to tell you that it's not'. However, what do I usually call it? The volume or the loudness or, 'you're up to an 11 right now and so we're going to go through some things. I'm going to sit right here with you, as long as it takes, and we are going to do a couple of things until your body responses calm down a little bit. And then we can talk about what the reasons are that you're so upset'. But we always talk about the difference between the feeling itself and the volume of the expression of the feeling.

Britt Frank

I have a part of me now that's jealous of your kids. I'm like that's really good parenting. I mean, imagine if we all got told, 'you're having a really big feeling. Super valid'. How do we dial it down from an 11 to a 9, from a 9 to 7? Then our thinking brain turns back on and then we can use all of those wonderful logical thinking cognitive skills. I love that so much. It's brilliant.

Meagen Gibson

Because how many times do adults, our own discomfort around our children's emotions and expression of emotions is what gets caught up. And I've seen, I'm not saying they did the best they can, but sometimes older adults don't have all the knowledge and the books and the access that I have, or that you and I have. And so if you're upset it's, 'don't cry, you'll make me cry', or 'you're being too emotional', or 'you're being too dramatic', or 'pull yourself together'. Which works for no one. Absolutely zero humans.

Britt Frank

It's also not true. Over dramatic is not a thing. It's not a biological reality. Now, you can have a mismatched reaction. I might be reacting at a level 11 to a level 2 situation, I'm not overreacting, it's just that my brain isn't seeing this, my brain is seeing this or this.

Meagen Gibson

My brain is misperceiving the level of danger that my body is interpreting from this situation.

Britt Frank

Exactly. So overreaction should be called misperception or a misreaction. Or anytime you're reacting higher than a 5 on a 1 to 10, assuming that you're actually not under threat, it's likely that your brain is not seeing what's happening. It's perceiving something coming or remembering something that happened in the past. We need to know this so we're not gaslighting ourselves, 'I'm too sensitive'. 'I'm too needy'. 'I'm too emotional'. No, you're not. You're actually not. Your brain is doing exactly what it was designed to do. And we know this because you're alive having this conversation. Yay brain. Now how do we help and not have to work so hard?

Meagen Gibson

And just in case it helps anybody, I'll give a specific instance. So I have a son who is a 6th grader and a couple of months ago, it was close to bedtime, which any parent knows that their kids always have their worst emotional outbursts right at that time. They save it all up. Or when you're trying to get somewhere at a specific time. But it was right before bedtime, and he was just in a full on meltdown. Sobbing and just inconsolable. And I honestly thought that someone had died. I thought he had just learned that someone had died, a friend of his or something. It was just completely out of sorts.

[00:39:31]

And obviously I had to do a lot of work in my own self regulation not to get in a panic because I was scared. I was like, what's happened? What do we need to do? And so I went through the scenario that we talked about earlier, of naming his big emotional reaction and saying, 'I'm right here with you. And how can we help?'. And we put some ice on his wrists, and then he took a shower. Usually I throw water on things first. It's like cold water, hot water, we just do water first, we're in Florida, what can I tell you.

And then once he got calm enough and was able to speak and to talk about what was going on, one of his friends from his elementary school had moved away, and he said, 'I just don't remember the sound of her laugh'. I want to burst into tears right now. And so we talked. I was like, 'that's an incredibly loving, tender, wonderful thought. I know it doesn't feel good right now, but you've totally touched my heart. And this is how you're feeling, and that's a natural reaction of loss. And you're grieving a friendship'. And also they lost touch. The way that they were communicating wasn't valid anymore. He had tried to reach out to her, and she was gone. And so he was grieving a perceived loss. Which would feel like an 11 on the emotional meter for someone who is in their youth, and adolescents, of processing big emotions.

And so just to be able to make space for that and to validate that and say, 'I understand what's going on for you. And I'm sure that that feels really sad. And we're going to try and figure out a way to get a hold of her. And I'm really sorry that that connection has been lost for you'. So, yeah, it's just being able to have the tools and the context and the language to hold space for somebody having a big emotional response.

Britt Frank

Thank you for sharing that. I know that's an incredibly personal, tender type of thing, but I'm really glad that you talked about grief. Because really, underneath every trauma, if you dig down far enough, is unresolved, unintended to grief. But you can't get to grief if you're in the middle of a trauma response. So for your kiddo you were able to access the grief and not make it all about the response. Like if you had just said, 'take five deep breaths and smile and think of five things you're happy about'.

Meagen Gibson

Write a gratitude journal.

Britt Frank

I like to say the ultimate goal of trauma work is to access your grief without tripping your body's alarm. It's sort of like you're ducking underneath the laser beams trying to get to the grief, because once you process the grief, the trauma responses don't need to protect you anymore because you've been able to contain the weight of your story. And your kiddo, you taught him how to contain the weight of his story, which means he was upset, but not traumatized. I mean, devastated, but not traumatized. So the goal is to turn trauma into grief.

Meagen Gibson

Exactly. And that wasn't necessarily a trauma example. As you know, I was just trying to give an example of a big emotional response and then how we talk our kids through it.

But had I not been able to hold that context for him, the next time he lost touch with a friend that could have turned into grief experiences and loss and trauma responses around abandonment and, I don't want to speculate too far, but these experiences build on each other, and they form stories in our minds, don't they?

[00:43:09] Britt Frank

That's the perfect example of what you shared about traumatic events that did not result in trauma. That was traumatic and because you worked with the symptoms and you named the feelings and you accessed the grief, a traumatic event didn't result in a trauma response or embedded trauma. It grieves. It had space. And we are not good as a culture at holding space for grief. We want to shush it away or be happy or think positive or be grateful it away. And grief is real and it's important, and it's sacred and deserving of space and time.

Meagen Gibson

Absolutely. Well, before I disclose any more personal information, we should probably wrap up.

Britt, thank you so much for joining me. If people want to find out more about you and your work, how can they do that?

Britt Frank

The best place to find me is on social media. So on Instagram [@brittfrank](#). And you can find me at [scienceofstuck.com](#).