



Conscious Life presents

TRAUMA SUPER CONFERENCE

Understanding your trauma journey

Guest: Britt Frank

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[00:00:10] Meagen Gibson

Hello and welcome to this interview. I'm Meagen Gibson, cohost of the Trauma Super Conference. I'm delighted to be speaking with Britt Frank today. She's a trauma specialist who is a Somatic Experiencing practitioner and is trained in Internal Family Systems level three. She was an award-winning instructor at the University of Kansas and has taught classes on ethics, addiction and social work practice. Her first book, *The Science of Stuck*, is out now. Thank you so much for joining me, Britt.

Britt Frank

Hi, it's so good to be back here again.

Meagen Gibson

So I always love the way that you outline what trauma is. So I'd love it if you could start by outlining the difference between trauma and a trauma response.

Britt Frank

And that word is so trendy now, which is great because I'd rather we all talk too much about it than not at all. But the word has tended to get overused, misused, watered down. So the definition of trauma that I use comes from Dr Peter Levine, who founded Somatic Experiencing, and trauma is anything that's too much, too fast, too soon. And my little addition to that is: or not enough. Trauma is anything you got that you didn't need or anything that you didn't get that you did need.

A trauma response is when our bodies... Trauma is an internal process. It's a brain indigestion process. A trauma response is when our brain either throws up or goes into freeze. So you can eat bad food and not necessarily get sick. Same thing with trauma. You can experience a traumatic event and not necessarily have a trauma response. But the things that we call panic, anxiety, things like that, are often trauma responses, which is the symptom or the behavior or the manifestation of the trauma that we experienced or witnessed.

[00:01:46] Meagen Gibson

And furthermore, to your point, not something we decide we have. This is a physiological and cognitive process that happens outside of our cognitive awareness. We're not deciding to have trauma if we have trauma.

Britt Frank

Yes. And it's so important to know that you don't get a say. And I've seen people say, well, that wasn't a traumatic event. I'm like, okay, that might not have been traumatic. Being bullied, for example, is a normal part of childhood. That doesn't mean that for some people, given their family and their genetics and their attachment, that being bullied is not going to have long term traumatic consequences.

So our unconscious, automatic nervous systems get to decide what counts as trauma, and we don't. And the thing about trauma is you can be traumatized by a traumatic event, but you can also be traumatized by seemingly normal events. Having a baby, getting married, moving to a new city, starting a new job. These aren't inherently bad things, but anything, like food, any food can cause indigestion, any event can create a trauma response.

Meagen Gibson

Absolutely. I love that context. And so going just a step further for people, because I have a lot of things I want to dig into you with, but I'd like to establish the baseline, can you help us understand the different types of trauma? And specifically I'm talking about acute, chronic, and complex. And the differences between those three.

Britt Frank

Sure. And again, the fact that trauma is part of life doesn't mean that we all have it in equal doses. It does not mean that everybody needs therapy or that everyone needs medication. So we don't want people to push back on me like, well, if you're saying everyone has trauma, then that doesn't mean anything. It absolutely means something. We all get injured. We all have immune systems that get sick. We need to normalize and understand what it is.

So to your question, acute trauma would be a one time thing. So let's say that you were in an earthquake, that was an acute traumatic event. It happened, it ended, and now you are experiencing, perhaps, nightmares or sleep disturbances or whatever. Okay. Chronic, ongoing trauma might be something like a chronic illness that you're living with or living without your basic needs met, living without access to health care or mental health support.

Complex trauma is when everything is burning down from every which way and there's no one identifiable, this is the bad thing that happened. It's sort of just a giant soup of things that are either suboptimal or inherently bad or maybe not that bad but in the context of all the other things, are bad. And, again, it's not that one is better than the other but it's helpful to know, are you working through an acute traumatic event or are you working through complex, ongoing chronic trauma?

[00:04:22] Meagen Gibson

And I'll just speak from personal experience. My trauma history was I was enlightened about my trauma history because of an acute event that kind of unleashed all of the symptoms of chronic and complex trauma but it was that acute event and that stressor that brought all of that stuff to light. So you can have one, you can have a combination of all three.

Britt Frank

All of them. Exactly.

Meagen Gibson

It could be just a general buffet of trauma. Okay, so great, now that we've kind of got that baseline understanding, I want to talk about what I've seen in myself and friends and family members that have tried to get help and get some support, and they come to the realization that they've experienced trauma and now there's a diagnosis. Sometimes there's a label attached to their experiences or their behaviors.

And I find that people, including myself at one point, kind of get stuck there for a while. And as the author of *The Science of Stuck*, I'm wondering if you can help us understand why that might happen for people and what the future might hold if you're in that position or you're the caregiver or a friend or family member of someone who is in that position, that place of a new diagnosis or a new label and feeling stuck there, or you're experiencing your friend or loved one as feeling like they're stuck there.

Britt Frank

All right, you're ready to unlock Pandora's box? Activation warning, everyone. We are going to talk about the danger of diagnosis. So with a giant disclaimer. Diagnoses are sometimes life giving, life saving pieces of information. When you have no idea what's wrong with you, I'll speak for myself, when I didn't understand what complex PTSD was, and I found out this is a diagnosis, it's a thing, you have it, and here's a path forward, I could breathe again.

For some people, getting a diagnosis of autism gives them the same type of relief or ADHD or bipolar or oh, my gosh, this is a thing. Here's the medication I can try. Yay. Diagnosis. So I am couching this whole discussion, and I am not anti-diagnosis. Okay. So. I'll say that again, not anti-diagnosis. Okay, cool. That should give enough air cover for what I'm going to say.

Meagen Gibson

Exactly. And there's no understating the amount of validation that comes with that. We're not belittling anybody's huge validation that comes from finally feeling like you've been seen and heard, right?

Britt Frank

Yes. And access to mental health care. I don't work with the insurance system, but in order for people with whom I work to get coverage, I have to give them a diagnosis on a form with numbers and letters, or else they're not going to get reimbursed. So diagnoses are important, but they are problematic. And so off to the races we go.

[00:07:06]

Sometimes, diagnoses, while they should give us a framework to hang our experiences so we have an understanding of what's going on in the path forward, for some people, and I'll speak for myself, because I was captain of this team, my diagnosis was not a starting place, my diagnosis was a resting place. Oh, I have a thing. Therefore, this is my community. This is my merch. These are my rallies. This is what I do. This is what I know. And I want to identify not as this is a thing that my brain is doing, that I'm working with, this is who I am.

And for me, that diagnosis that I attached to was borderline personality disorder. And that one is such a hot topic. And I'm sure I will get plenty of angry DMs. And again, I'm not saying that you can be cured or healed. I am saying that I attached to that diagnosis because it gave me access to a community of like-minded people. And again, I'm speaking just for myself, if this isn't you, then continue listening. This does not apply to you.

It gave me an excuse. Not everyone uses diagnoses as an excuse, but I sure did, because if I have this, then this is who I am. This is the way I am. Things can't possibly get any better. And so I guess I'm just out of luck. Oh, well. And again, there's the problem of privilege and access to resources. If you don't have any access, then yes. It's not that your diagnosis is who you are. It's that environmentally, you don't have access to the help you need in order to feel better.

For me, I had plenty of choices, but I really liked cuddling up under my diagnosis, like a little blanky and not having to acknowledge that sometimes when you get better or feel better, you lose community and sometimes you lose access to like-minded people. And when I was in the twelve step recovery rooms, that was another diagnosis I attached hard to was as an addict.

I am an addict. And when I stopped identifying as an addict, I was no longer welcome in my twelve step community. And that was a bummer because there's a certain expectation that you identify as an addict, and if you don't identify as an addict, or if you choose to go outside the bounds of what's understood within that framework, within that diagnosis and that program, you're no longer welcome. Well, crap. Now what?

Meagen Gibson

Absolutely.

Britt Frank

All right. Bring on the heat.

Meagen Gibson

Yeah. And I'm noticing as you're speaking, that there's this distinction, it's a very simple linguistic distinction, but I am versus I have, right? So it's like I've heard people say I am, say something like, fat. No, you're not fat. You have fat. Everyone has fat. You would not say I am. Like the identifying principle of something and that separation. And you touched a little bit on the reasons why.

And obviously community and I think about people in any kind of marginalized group of people. I know people who are LGBTQ and not in places of safe support. So if you're in a marginalized group

and you have some sort of a mental health diagnosis such as trauma, you're probably not in a place or you may not be in a city, geographical support, where you don't have a large community. You might not have family support that supports you.

[00:10:29]

There's an Instagram account that I love that supports children who are in those types of situations. My family is not supportive of me. And these are the kinds of things that I would like as holiday gifts. Can you help out? That kind of thing.

Our immediate families, our places of work, our choices of career might not support our best mental health and the ways that capitalism needs us to perform. So all of those things can factor into why we're identifying with a community, a group, a diagnosis, because it's our place of safety. And when you say rest, rest has safety in it, doesn't it?

Britt Frank

It does to a point. And again, a diagnosis as a temporary resting place is great. A diagnosis as a starting place is better. And a diagnosis, again, is a framework where you can make sense of your experience for the purpose of accessing your choices, if you have them, and moving forward is best. And so it's very tricky. And there's a fine line between the relief that comes with having the label and the identifying as, like you said, even people who switch from I am bipolar to I have bipolar, all of our symptoms are our brains adaptations to something.

It might be genetics, it might be trauma, it might be, whatever. We don't need to know why. But when we understand that the function of every single mental health symptom is self protection and self preservation, that even switches it from I have, if we're going to get super technical, it wouldn't be I am this, it wouldn't be I have this. It's how awesome my brain is that it adapted in this way and here are the things I can do to help it not have to function on such a high level or such a low level.

I've had clinical depression and panic disorder and OCD and trichotillomania, which is a hair pulling one, that one was an interesting stop on my path and it's my brain trying to help keep me alive. It is not that there is something fundamentally wrong with me and that's the problem with diagnoses, is they're pathologizing, it's here's what's wrong with you not, hey, here's how your brain adapted to your environment and here's what we can do about it.

It's a very old school, antiquated shaming way. And again, I get the label and I get the need for it, but this here's your pathology. When I was in grad school, they called this abnormal psych. That was the class where you learned about the DSM and all of the diagnoses. Well, an abnormal reaction to an abnormal set of circumstances is normal. Rant over.

Meagen Gibson

You're screaming at us. I just want to point out you're screaming, Britt.

Britt Frank

I'll dial it down. I've had a lot of coffee.

[00:13:08] Meagen Gibson

I do want to circle back, though, because I was trying to remember what you said, but I was also listening really hard, so I didn't... But you said I am versus I have. And then you said, what was the next thing?

Britt Frank

My brain did this thing to help me.

Meagen Gibson

Right. My next question, the reason I bring that back up is because I was going to say, what's the expected path, but there we have it. It's the acceptance of I am. Then you're going to move into a stage of I have and then you're probably going to move into a stage of, look at these beautiful coping mechanisms my sophisticated human person self came up with to protect me. Wow, I'm so thankful. But I also don't have to identify it. And I can shift gears when I see these kinds of patterns developing.

Because you're right, as you said, a lot of people that experience trauma, they think it's going to be one thing they've struggled with, X, Y, Z behavior, maybe it's substance use disorder. Maybe it's something like trichotillomania or OCD, something on that spectrum as far as the behaviors go. But once you've identified and problem solved and solutioned your way out of that behavior, it doesn't mean that under stress in the future, a different behavior might not come up.

Britt Frank

Yes, exactly. I'll stop yelling now. And again, you don't have to be thankful if you're struggling with suicidal depression. You don't have to be grateful that your brain is going into hypomania or mania. But understanding that this is your brain's effort to help you does change how we approach our own systems. It takes all of the shame out of the equation, takes the fear out of it. Now, I don't like my symptoms either. And under stress, some of my older symptoms will tend to flare up because I still have that pathway in my brain. Go this way, do the drugs, do this, do this. Versus take a breath, take a bath, whatever.

So it's so helpful to know that you don't need to be afraid of what's inside your head. Understanding our symptoms is key to working with them. And again, all of the tools available, mindfulness, meditation, cognitive work, body work, somatic work. I take meds. I have no shame in admitting that. And it's not because I'm broken. It's just the same reason I wear clothes, because it's more comfortable to walk around the world dressed than not dressed for me, where I live, that might not be true in every area.

Meagen Gibson

Yeah, absolutely. Not everybody has to wear clothes. We've included everyone now.

Britt Frank

That's right. You do you.

[00:15:27] Meagen Gibson

Exactly. I have so many follow up questions. All right, but I'm going to shift gears because here we are. So I want to talk a little bit about another topic that's kind of hot right now, which is gaslighting.

Britt Frank

The word of the year. Wow.

Meagen Gibson

And so there's several different types, but what might happen to a lot of people on a trauma journey before they even get to a point of diagnosis is self gaslighting. So let's talk about what gaslighting is and how it can start within yourself before you even come to the conclusion with support that you might have had a trauma experience or trauma history.

Britt Frank

Sure. And gaslighting is another word, like trauma, that I'm glad we're using because I'd rather overuse it than not be. But boy, so let's start with what gaslighting is not. Gaslighting is not when someone disagrees with you, someone may not see it the way you see it. Politics, religion, whatever. Being in disagreement is not gaslighting.

Gaslighting is when I am questioning your own perception of your own reality. So if I say I feel sad and you say to me, no, you don't, that's not you disagreeing. You could say, well, I'm not experiencing you as sad, but tell me more. If I'm saying no, you don't feel what you feel. You're not thinking what you think. You didn't see what you saw. That is gaslighting.

Gaslighting is an effort to change someone's perception of their own reality. And again, it's a spectrum. People think gaslighting is only high level, malignant, narcissistic abuse. And it is, and it's awful. But gaslighting, when I was a child and again, no shame if you're a parent who's done this, it's not malicious, but when I was a child...

Meagen Gibson

Or, sorry, I don't mean to interrupt you, but I think some people also associate gaslighting with conscious manipulation. Like somebody's pulling the strings on a puppet. There's some sociopathic intent and design and most of the time the person who is doing it is not conscious they're actually doing it.

Britt Frank

Exactly. And it's still gaslighting. When I was told as a kid, you're not sad, you're fine, you're fine, it's okay, everything's fine, everything's fine, smile, be happy, put a happy face on, but I was sad, that's gaslighting. And you shouldn't feel the way you feel, is also gaslighting. And it's everything from conscious manipulation to people who just want other people to feel better and try to talk them out of their reality.

[00:17:49]

But nevertheless, wherever you fall on the spectrum, it does cause us to question our own perception and that is very damaging chronically over time and again, if you're a parent who's done this, no shame. It's an easy fix when the kids are little, I'm sad, oh, you're sad. Let's get curious about it. What can we do? What are our choices? But to say to someone, no, you're not. Or if you blatantly see something with your own eyes and you're told, no, you didn't see that, it's really insidious. I've experienced lots of different types of trauma and lots of different types of abuse. And the confusion of gaslighting is up there.

Meagen Gibson

And it also really can be very subtle. Kids are smart, smarter than we give them credit for and they notice things that they can't make sense of, but they feel them, right? So if parents are having a hard time in their relationship, kids feel it. And then when they're like, why isn't such and such parent coming home a lot? And you just craft a white lie so that you don't upset them or so that you don't talk about things that you think are over their head or developmental level, your intentions are great, but kids feel things.

And then over time, all of that adds up to a general feeling of I can't trust my parents because they're never forthcoming with me, they're never honest with me. And it's really subtle. It's like if you have a chronically ill parent or a parent that's using substance use disorder, addiction, they don't come home, things like that, the more that we're making up stories to cover for our own discomfort as a parent, or because we just don't want to involve our kids in adult matters, which, again, great intention, problematic outcome.

Britt Frank

And the discomfort of a painful reality is always better than the comfort of the shined up lie. I'll say that again. The discomfort of an unpleasant reality is always better than the comfort of the shiny lie. Now, I'm not expecting people to give kids developmentally inappropriate information. If a kid sees a mom having a hard day or a dad or whatever, whoever, and they say, what's wrong? The parent doesn't have to now vomit on them.

The parent can say, you're noticing that I'm feeling sad. And you're right. I am feeling sad. But I'm grown, and there's nothing you need to worry about. This isn't your fault. And there's nothing you need to do. Validate the child's reality. Because like you said, they're little antennas and little sponges, and they don't miss anything.

Meagen Gibson

Absolutely. I love that. Validate the reality. But they're not responsible for it. I've done this, and it's a magic formula. Yes, you're absolutely right. I am struggling. You can see I'm sad. I appreciate your hugs and your attention. I will be totally fine. I have so much support. I have so many tools. I called these friends. I name all the things that I do. Like, hey, I think I might take a bath later. Don't come in. Those kinds of things. And then make it true. Do resolve it and do actually work through it.

And then I want to talk about the other stage, which is when you're an adult, say you're an adult, you grew up in a complex situation for various reasons over a long time, and you've got this

diagnosis, and you want to start, everybody on a trauma journey has made the mistake of disclosing to their family that they're on a trauma journey. You see how well that goes down, right?

[00:21:17] Britt Frank

It doesn't.

Meagen Gibson

Right? It's every person's, and especially, I'm a parent, I can viscerally feel this, even though I know what I know, if my kids came to me later and they were like, I want to talk to you about my childhood trauma, my first instinct would be like, the hell you do! Do you have any idea how much I've given to you?

But my higher mind would be like, tell me all about it. Because it's our instinct to defend, especially something that we've given as much love, care, and attention and sacrifice to as, parenthood. But what's important is that we hear because it doesn't mean that we're bad parents. It means that there was a mismatch of something, of needs.

Britt Frank

And how beautiful. The goal of a parent and I don't have children, full disclosure, I've worked as a children's therapist, so I can talk about the development, but you parent however you want, I'm not a parenting coach or expert, but how beautiful at whatever stage of a child's development, from little to grown, to be able, as a parent, to say, you know what, you're right. I missed a few things. It doesn't mean you're a terrible person. And I know it's never too late to validate your kid's reality and what a gift.

And most of the people that I work with, myself included, don't expect things to go back to magic. We don't expect to repeat the past. We don't expect you to be perfect. But it sure is nice to have your, I mean, I wouldn't know this because I haven't had my reality validated, but it would be nice. I've seen it done that when a reality is validated, there's so much healing that's available and so much more richness of relationship that's available.

And validating doesn't mean that you did anything fundamentally wrong or that you're terrible or that you're guilty. It's just saying, I see that this choice, even if it was your only choice, even if it was your best choice as a parent, I see that this choice affected you in this way. Wow, what a paradigm, world shifting kind of way to interact. It would be very lovely if people did that.

Meagen Gibson

Right. And it's like, I find that children often want to defend their family of origin and say they did the best they could with the tools that they had. And the other part of that is, if you're a parent, hearing tough things from your grown child is to also reciprocate that like I did the best I could with the tools that I had. To have that attitude and not in a defensive way, in an open minded, open hearted like, you're right.

Things definitely could have been better. They were different times, I had different resources. We didn't have all of the knowledge that we have access to today as easily as we had it. Had things

been different, I wish that I could have done it this way. What can we do to repair it going forward? What do you need from me? All of these open, curious questions.

[00:24:01] Britt Frank

Sure. And gaslighting will accidentally happen when confronted, whether by your adult children or by a partner or whatever, when we're talking about apologies, if the person who was harmed is seeking to be understood and you respond by seeking to be understood, then there's going to continue to be a mismatch. An authentic reparative apology comes where the person who caused the rift seeks to understand, not seeks to be understood.

So if we can focus not on well, here's what was going on and why that happened and here's the contributions that society made, it's like no, I want to understand you in this moment, and maybe later I'll seek to be understood. But in this moment, it's more important for me to understand you than to be understood by you.

Meagen Gibson

That's such a great context and framing that you've put on it. I think that will help a lot of people. And then as far as the behaviors from an adult who may have experienced a lot of gaslighting as a child, what are the kinds of characteristics that you might struggle with if you're somebody that's experienced that and you haven't quite put your finger on it yet?

Britt Frank

Oh, boy. And this is where it gets really sticky. Because being gaslit over time, chronically, even if it's not with malicious intent, even if you don't have narcissistic parents, the person who's receiving chronic gaslighting as a child will often manifest very extreme symptoms, such as suboptimal partner selection, not being able to trust yourself, not being able to tolerate your body sensations.

If you're never taught how to feel not okay, you're not going to be able to tolerate the sensations of not okayness. And so what do we do when we can't tolerate our body sensations? We medicate with alcohol, with food, with drugs, with behaviors, with people, with all kinds of things. And so that sets us up for a lot. And a lot of people come to me and they're like, I don't understand why I'm so like this.

Because legitimately, not in a denial, repressed, suppressed state, legitimately, my family was awesome. I don't understand. Am I just crazy? It's like, no, your family was awesome. Nevertheless, there was a lot of unintentional gaslighting, which is contributing to why you're experiencing severe, severe symptoms. I mean, it is a very, very damaging dynamic, whether or not... And then if you add malicious intent, then that's a whole other set of problems. But even non-malicious gaslighting turns into really severe problems later on.

Meagen Gibson

Yeah, I've seen this manifest as indecisiveness.

Britt Frank

That's a trauma response. Oh, yes.

[00:26:31] Meagen Gibson

Where I can't even trust my own decisions about seemingly innocuous things...

Britt Frank

What to wear. I remember when I was trying to, it was something so silly like I need to get an end table and, again, I'm not saying that this is the problem, I'm saying little things like go get an end table, and I'm sweating and crying and shaking, and it's like, oh, poor you, this is your problem. Really? This is what you're crying about? It's like, no, this is not what I'm crying about.

This very simple thing, and yay that I had the resources to choose an end table, kicked off a whole timeline of really bad stuff that I didn't want to deal with, and I had suppressed and repressed and denied, and then little things suddenly became very big things. That's why I say there's no such thing as overreacting. It's just a mismatched reaction. If you're at a ten reaction to a two situation, something in the past is contributing to this.

Meagen Gibson

Yeah, and I think you've said it, or countless other people have said it, but the phrase if you're hysterical, it's historical.

Britt Frank

I didn't come up with that, and it's so good.

Meagen Gibson

Yeah. I don't remember who did. I'm sorry. To whoever I didn't credit, it's fantastic and very memorable. And it's interesting because I just encountered one of those situations last weekend, and in the moment, sometimes your higher thinking brain goes offline. You get into a moment of hysterical reaction. And for me, because of all the knowledge I have, even though I have it, the higher thinking brain still goes offline.

I have enough knowledge to be like, wow, you're kind of hysterical. You can notice it. One part of your brain is like, interesting, noted, but you can't, in that moment, discuss it. So there's two different things that happen. You have to develop the self awareness to notice when you're being hysterical about something.

Britt Frank

Which is super important. And then, you were saying?

Meagen Gibson

Sorry. Zoom delays. And then later be able to get curious and say there might be something historical about that hysterical reaction and be comfortable enough, having done the work, to be comfortable enough in the sensations that come up even after the fact when you're trying to unpack and get curious about what the history might be behind that hysterical reaction.

[00:28:52] Britt Frank

Which is a lot of work. And that work is impossible if you're shaming yourself with, what's wrong with me? Why am I reacting like this? And again, you don't need to start with why. The metaphor that I love is, have you ever seen someone walk into a spider web but you couldn't see the spider web? It's like they're walking along and then they just freak out. And everyone becomes a ninja when you walk into a spider web.

But the fact that there's a spider web makes that freak out make total sense. It's like they don't have, what did I say, I said to a group, that person doesn't have advanced spider web disorder. They walked into a spider web, they lost their mind. And that makes sense. And so if we can approach even our most scary mental health symptoms with this idea that just because I can't see the spider web does not mean that there is not one there, that will at least give us a starting place.

You don't have to know why or where or who or when. But if we can start with the assumption that if you're hysterical, it's because you just walked into a spider web, So let's get some support and let's figure out how that spider web came to be. And is it a complex web? Is it a little teeny, tiny web? But nevertheless, we're all going to freak out when we walk into a spider web, and we're all going to have very intense symptoms when we've been injured, regardless of intention.

Meagen Gibson

That makes so much sense to me and personally I'm going to tell a little anecdote, but because, especially if you're witnessing someone else do that, you can't see the spider web, so their reaction doesn't make any sense to you because you can't see it, but it doesn't make it any less real or any less present.

And this actually happened to me in college. And the reason that I remember it is because a friend of mine died tragically the week that I started walking into these spider webs, literally. But the reason I'm telling it is because people walk into spider webs throughout their whole life. But that week it was very memorable to me. And I remember the first day it happened, I totally freaked out and had a hysterical reaction because I was already very stressed and very emotional from this other tragedy that had happened.

And the next morning it happened again. And the reason I'm telling this is because what happened is I had to notice a pattern and then change my behavior. I stopped walking past that particular tree at that time of the morning because I figured the poor spider is just trying to get something to eat and it's not the spider's fault. I've noticed the pattern. I need to change my behavior so I stop getting so upset when I walk into the same obstruction or trap.

So it might take some time to notice that this particular kind of thing is going to cause a hysterical... It might be around, and I don't know if you want to disclose, but around the end table, did it have to do with finances or your right to have nice things or I don't know what the historical information was that was causing the hysteria, but it might take some time for you to notice every time I go to make a big purchase, or every time I try to do something nice for my home, or what is the pattern that is establishing this reaction? And then, how can I get curious and change the behavior or change my relationship to that in order to re-establish safety?

[00:31:54] Britt Frank

Yes, and this is where the comparison trap and the self-shaming trap again interrupts the process because I could sit there and beat myself up like, you privileged beep. This is what you're, really, like, okay, you have food on the table and your electricity is on. You suck. What's wrong with you? Shame, shame, shame, shame. And in doing that, again, having perspective that, yes, this is a very fortunate place that I am in.

Yes, I'm fortunate that right in this moment, this is my trigger and not other things. And so I can validate that, yes, all things considered, I am very grateful for what I have. Nevertheless, that end table is calling up stories of financial lack, of physical abuse, of if you make a wrong decision, something very bad will happen to you. And none of those things deserve the shame and the blame stick that I was beating myself with.

And so again, it's not fair that the spider webs are there and that you had to walk around a different tree. Like you didn't ask the spider to make a web. That's your path that you take. And it's like, I get that. Nevertheless, what are your choices? You can choose to walk around the tree, and that's where our healing happens, when we can validate the spider webs are there and it's not your fault.

And then put the big ands, what are your choices for navigating this or accommodating this or making it a little bit less intense to walk smack into it? Can we duck under it? Can we lean to the side? Can you take a different path altogether? And when we look, there's usually more choices than we think are available to us. They're just not always pleasant.

Meagen Gibson

Absolutely. And I also want to just validate that those internal shame voices that we have, we don't develop them on our own, right? They come from the world, from well intentioned people who are trying to shift us out of maybe a negatively perceived mindset. So the voice of, how dare you be upset about all the resources that you have? And this decision, the world does that too, we get those messages all the time from our family, from our friends, from the world, at least.

It's like Brené Brown has the famous quote that was turned into an illustration about empathy and sympathy versus empathy. And sympathy sounds like, at least, or you should be grateful for that. And all of those messages we've heard all of our lives from well intentioned people that just don't quite say the right thing.

Britt Frank

And it doesn't work. If at least worked, we'd all be good to go because we were all raised to think of, well, at least you have X. It's like people do not serve other people, their communities, themselves, their families, or the world by minimizing the reality of their pain. Perspective on privilege, yay. Minimizing the reality of your pain because you feel guilty, boo.

Meagen Gibson

Absolutely. So there's something that you say often that I refer to in myself all of the time because it's just so easy to remember, and it's about trying to stay right sized. And so we've talked about

shame and trauma and gaslighting, and this wraps all of those concepts up for me. So when you talk about getting unstuck and staying right sized, what does that mean and how do we do it?

[00:35:05] Britt Frank

I've been doing a lot of digging and research on a new project using Alice in Wonderland as my framework. And if you revisit that, number one, it's the most messed up kid story of all time, but two, she eats the mushroom and she shrinks and she drinks the potion and she poofs up, and throughout the story, she can't quite find her footing. And that happens to us all the time, especially around the holidays.

Have you ever gone back to your family of origin and suddenly you're no longer a capable 40 something? You're a really just cranky twelve year old, and you have no idea why you feel afraid to tell your family, no, we're not going to stop by at Christmas because we want to go do something else. And this fear of getting in trouble. So this emotional regression shrinks us down and takes away our power.

Now the flip side to that is when we drink the potion and get too big and now we're taking up more space. And Brené Brown also says we don't want to shrink down or poof up, we want to stand in our sacred space. If I'm shaming you or judging you or projecting on you or telling you what it is, that's me trying to be bigger than you in order to feel a sense of power and control. So we don't want to shrink. We don't want to poof.

We want to keep our head where our feet are. Keep your head where your feet are is a twelve step saying. And ask yourself, how old do I feel in this moment? If I'm not feeling my chronological age, there's probably a trauma ding that I need to attend to in this moment without shaming it. A great question to ask, instead of why am I feeling like this, is how old do I feel right now? That's a great starting place. Because the intervention, if I'm feeling five and scared is going to be very different than an intervention if I'm feeling 16 and cranky.

Meagen Gibson

Absolutely. And then once you identify how old I feel in this moment, what's the next step then? What's the next question?

Britt Frank

So I like on the front ends, this is one of my favorite exercises, to make a menu, to make an inventory of interventions for what would you do for a little kid? What would you do for an elementary age kid? Just generally, zero to five, five to ten, ten to twelve, thirteen to fifteen. And that way you have your menu of options. So when in real time, you're feeling five, you can go to that and be like, okay, my five year old self probably needed a hug.

Probably needed a snack in a blanket. Probably needed to be allowed to cry. Check. Okay, my 16 year old self probably needed to yell and scream and listen to loud music or be allowed to eat pizza instead of being told if she eats pizza, no boys will ever want to date her. So figure out on the front ends what your menu of options is for each age. And then when you figure out how old you feel, pick one and do it.

[00:37:41] Meagen Gibson

Absolutely. I love that. I'm imagining as you were talking, I was imagining all these things. Like a little kid throwing a tantrum. I would redirect them. So I'm like, how can I redirect myself? A middle schooler, usually, food. Can you tell I have a child who is thirteen, first, food, water, hugs. More hugs than I could have possibly thought. The hugs in my house have gone up exponentially recently.

So a middle schooler might need a hug and then like high schoolers, it's like when I put on headphones, noise canceling headphones and blast really loud angry music. Do I need some Fiona Apple right now?

Britt Frank

Yes. Some Alanis.

Meagen Gibson

Yeah, exactly. Like thinking ahead. By the way, Alanis Morissette just came out with a meditation album.

Britt Frank

Did she really? I love her intersection with the trauma world so much. Yay. Go, Alanis.

Meagen Gibson

Yeah. The pre-thinking, what would I need at all of these moments? Because you don't know what age you're going to regress to. You don't know if you're going to get small or if you're going to get big. And how do you stay the right size, depending on the response. I love that. That's so great.

Britt Frank

It's work well worth doing. It's kind of a pain to sit down and figure out when I poof, this is what I do, when I shrink, it's like, oh my God, another thing. But doing that work on the front end is going to save you hours and hours and hours of circular conversations and going into bad habits and having to pull yourself out of the hole that you fall down into. It's work that is well worth doing.

Meagen Gibson

Yeah, absolutely. And to just have those resources to compassionately respond to yourself, to be like my reaction makes sense. I'm not going to shame myself out of it. I mean, I've had this experience, we've talked briefly about this, but about 15 months ago I went home to visit family and had one of these things and I was like, wow, I'm like cosplaying the CEO of a company of self-development and I've turned into a twelve year old.

There's nothing more humbling than doing a ton of work and then going home and being like, I guess I haven't done much of anything. That's not the case. You're having a totally understandable reaction to an environment that completely makes sense.

[00:40:03] Britt Frank

And I have them too. And the expectation that there's a level of health that you get to where people that trigger you are no longer triggering, that might be true with peripheral people, but with your primary family of origin, your primary caregivers, I don't know if there's a day where I will ever not be triggered into a smaller shrinky dink state.

So, okay, no problem. I'm not going to beat myself up. I'm just going to learn to accommodate it and work with it and figure out what boundaries I need and all of the things. But to shame ourselves for a very human reaction is a waste of energy.

Meagen Gibson

Absolutely. And it reminds me of what you said earlier. Remind me the exact phrasing, but the discomfort versus comfort thing that you were saying earlier, what was that for?

Britt Frank

Yeah. The discomfort of an unpleasant reality is always preferable to a comfortable, shiny lie. Because you will pay for that comfortable, shiny lie with interest. You may be comfortable in the moment. You may in that moment, get your kid to leave you alone because you're sad and tell them you're fine. But eventually the shiny lie comes with a very high cost. The uncomfortable reality is unpleasant, but we can move through it. The shiny lie will put you in the spin cycle.

Meagen Gibson

Absolutely. I think that applies to what we're talking about right now and this emotional regression piece a lot, too. And it doesn't mean that you have to explain everything to everybody. It means that having these resources is about you not lying to yourself.

Britt Frank

Yes. And going back to what we were saying earlier about diagnosis, of course, my brain is on 500 tracks all at the same time, what we're talking about with attaching to diagnosis is about your personal journey, but you never get to say to somebody else, hey, you, you're attaching to your diagnosis. You should probably stop that. So I just want to also disclaim that the work of detaching from identifying with your stuff is inner work, not relational work.

Meagen Gibson

I love that you made sure to say that, because there could be nothing more violent than telling somebody else what their journey should be, or that they're not the right one, or that they should hurry up.

Britt Frank

Hello gaslighting. That's gaslighting. Don't do that.

[00:42:12] Meagen Gibson

None of your business. Keep that to yourself. Absolutely. And just compassionately stand by. Because it's on nobody else's timeline.

Britt Frank

And set boundaries, if you're watching someone you care about attaching to any particular diagnosis that you disagree with, again, you don't have to be available to take the midnight phone calls, you don't have to have the five hour marathon lunches where you're being trauma dumped on, you can set boundaries, but someone's journey of identifying, working with, maybe detaching, maybe not, from the diagnosis as my primary way of being, that is an inside job.

Meagen Gibson

Absolutely. Britt Frank, thank you so much for being with us today. How can people find out more about you and your work and your book?

Britt Frank

Thank you so much. You'll find me with poor boundaries on Instagram, it's just my name, at Britt Frank, so come say hi. And the book is *The Science of Stuck*. And you can buy that wherever books are sold. And my website is scienceofstuck.com.

Meagen Gibson

Fantastic. Thanks again.

Britt Frank

Thank you.