Conscious Life presents

Unbroken: Understanding Trauma Responses

Guest: Dr MaryCatherine McDonald

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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 Dr MaryCatherine McDonald, who also goes by MC, a research professor and life coach who specializes in the psychology of trauma, stress and resilience. She's been researching, lecturing and publishing on the neuroscience, psychology and lived experience of trauma and stress since beginning her PHD in 2009. She's passionate about destigmatizing trauma, stress and mental health issues in general, as well as reframing our understanding of trauma in order to better understand and treat it. Dr MaryCatherine McDonald, thank you so much for being with us today.

Dr MaryCatherine McDonald

Thank you for having me. I'm so excited to talk to you.

Meagen Gibson

So I've asked this question of experts hundreds of times and everyone's answer is different, which I so appreciate. So I want to open by asking you, what is trauma?

Dr MaryCatherine McDonald

I love this question. I use a definition of trauma that I've adapted from another clinician, Robert Stolorow. Just want to give him a shout out. And it is that you have the potential for a trauma anytime you have an unbearable emotional experience that lacks a relational home. So it's a little bit of a formula. Unbearable emotional experience because our emotions are meant biologically to be born, seen through to the end, and then that lacks relational home is important because it gives us an idea of what is missing so often when we have traumatic events, meaning a space that we can relate to other people and have help with some of those overwhelming emotions. And then also it gives us an idea of what we need to do to help those around us who are struggling.

Meagen Gibson

Absolutely. I love that definition. And I know that you quote him quite a bit in your book. That name immediately rang a bell. I was like, oh yeah, I've heard that name several times over the course of

your book. And one of the most fascinating parts of your book to me was regarding the phases of study of trauma throughout history. So I'd love it if you could outline those for us and also identify which phase we're currently in and where you think it's going.

[00:02:11] Dr MaryCatherine McDonald

Yes. So I think one of the things that's really important to understand because we are currently living in a moment where we are talking about trauma quite openly. There are a lot of discussions on social media. My college students are talking about it more openly, but that was not always the case. And it gives this idea that we've had a sustained study of trauma since we began studying it, and that is not true.

We've had many peaks and valleys that we've gone through in the history of the study of trauma, the first one goes all the way back to ancient Egypt, where we thought that people who had this sort of confounding set of symptoms were diagnosed with, what they called at the time, hysteria. And the prevailing scientific belief at the time, I am not making this up, was that only women could get this illness and that it was a result of the uterus wandering all over the body.

And so the cure was to restore the uterus to its rightful place, using either sexual activity or abstinence, and that would get rid of all the symptoms. And that was the prevailing scientific belief until about the 1800s, when Freud and co, as I call them in the book, Freud and his colleagues bring hysteria sort of back into the public eye, and they want to look at it more deeply. What are these symptoms indicating? Where are they coming from? How do we cure them? How do we understand them?

And at that point, they recognized that, they still believed that it only affected women. And what they realized in their study was that, number one, these symptoms came from a precipitating event. There was something that happened that got stuck in the psyche and led to these really strange symptoms that didn't seem to make sense. So an inability to speak or muteness, an inability to kind of handle emotional response, and then all these bodied responses, tremors, all these things.

And so the second thing they realized was that the precipitating event for all of the people that they were working with at the time was a sexual assault. And what this kind of crew of psychologists realized was that if they admitted that this was the source of the thing that they had been studying quite publicly, like, there were public lectures every Tuesday about hysteria at this time, that what they would end up doing is admitting and realizing publicly again that these women who were dealing with this illness were being assaulted by members of the society that were funding this research. And so this was very precarious.

So Freud and Breuer and Charcot largely sort of abandoned their patients, and that led to a huge valley. So at that time, in the 1800s, I think 20% of all dissertations were on hysteria. There was a huge increase in people studying it and talking about it. And again, it was in the public eye, and then immediately it drops off. And then we don't really hear about it again in the field of psychology until we have war. And when we have war, we have soldiers. And now we have to reconcile this idea that women are the only people that can suffer with these symptoms because men don't have uteruses, and yet they were coming home from war with really strikingly similar symptoms.

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And this is sort of the birth of shell shock, which was then called post traumatic stress. And then I feel like I'm missing one in there. And then what we now know is PTSD. And again, that saw kind of a peak in a valley because after a war, we're forced to reconcile with it and deal with a lot of people, huge populations of people that are struggling with these symptoms. But then once that sort of goes away, a couple of years have gone by, it's no longer sort of in fashion to study it.

And then the fourth, I think I'm on four now. The fourth peak was in the 90s when there was this realization with largely because of Judith Herman's work, that there was a huge epidemic of domestic violence in the United States and that there were things other than sexual assault and combat that were contributing to people having PTSD, which led to sort of a rethinking of the category in psychology in the DSM, and then again, a valley. So we had that peak in the 90s then no one wanted to talk about it anymore.

And largely, when you can see this through the history of the study of trauma, when we realize that there's trauma and we start looking at it, we are also forced to reckon with what is going on in our society, how we are treating marginalized folks, for example, what the field of psychology is doing right and what it's doing wrong. And so once we sort of peek behind the curtains, we often find something that we don't want to look at or don't have the infrastructure to handle. And so we turn away.

And so my feeling is that we are right now in a fifth peak because of the pandemic and many other things that are happening just sort of at the same time, we are talking about trauma much more. We are normalizing it. And that is awesome. And it's critical that we do two things. Number one, we get it right when we're talking about it, and we actually get all of our definitions and all of our conversations to be caught up with where the science is. And two, that we make this a sustained study, and we don't have a moment when we look away in the next five to ten years, which is what I'm really worried about.

Meagen Gibson

Yeah, absolutely. And you talk about kind of the science and systems, and here in the US, we have a worldwide audience in these conferences but here in the US, you know, especially the DSM, the diagnostic and statistical manual is used by insurance companies and physicians to decide who gets their mental health issues covered or who gets support, what kind of support, how it's paid for, and it's all just a giant mess. And those definitions are so narrow when we're talking about diagnostics, right?

Dr MaryCatherine McDonald

And it's, you know, it's interesting. When I first started studying trauma, I got to go to some of the APA conferences. So the DSM, for those who don't know, gets revised every handful of years to account for new case studies, new technology, new, you know, scientific discovery. So we're in the fifth edition right now. And when that edition was being looked at, and in particular, the entry for PTSD, I got to go to some of those meetings and I came into the meetings thinking we absolutely need to expand the list.

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In fact, I think we need to move away from an event based definition. In other words, like, these are the three events that are potentially traumatic, anything else doesn't count, because what happens is, and there's tons of studies supporting this, we miss entire populations of people when they don't meet that single criteria of having been to combat or having had a sexual assault. And so I came in thinking there is no argument that can convince me that we need to keep the list narrow.

But then I was met with all of these very eloquent presentations about how we need to be really careful, because if we expand the list too far, then trauma just becomes something that is part of life, and we don't need to study it, and we don't need to spend research dollars, and we don't need to think about it because it's like the common cold. It just happens and it sort of fades out of favor. So I think we need to strike this balance when we think about the definition of trauma, where we don't run the risk of stretching the word to meaninglessness, but we don't make the list so tight that we miss entire populations of people because we would never accept that kind of mistake in other spaces in the medical world.

If we were missing huge populations of people, misdiagnosing huge populations of people who were then dying needlessly, we would be rioting. And we don't do the same thing in the field of psychology.

Meagen Gibson

Absolutely. And correct me if I'm wrong, but I think moving into the place where we're talking about acute versus complex has helped that a bit. Right? Because acute definitions of trauma have remained kind of unchanged, so to speak, as you've described them already. And then complex, like lots of people, can experience complex traumatic events and don't develop trauma. And so there's always that expanse, too, between just because you've experienced a traumatic event, doesn't mean you develop trauma. And what are the factors that contribute to that? And so far, we know a lot of the factors, but there's no determining. There's no, like, if this happens, you will definitely develop trauma.

Dr MaryCatherine McDonald

Right. And a lot of this depends on the conversations we have and how we use the definitions. The difference between acute or sometimes called simple trauma and complex trauma is just that a simple trauma or an acute trauma is a single event. And so that would be a car accident, for example, or maybe you were attacked. Complex trauma is any trauma that unfolds over a period of time and can't be that distinct. So that could be an abusive relationship, that could be neglect over the span of your childhood, things like that.

And the reason that that distinction exists is actually because of Francine Shapiro, who's the developer of EMDR, Eye Movement Desensitization and Reprocessing, and she talks about how at the time, when she was developing her research, when she was developing her modality and trying to get research funding, the only kind of trauma that was looked at clinically were these simple traumas. And in her textbook, she says, I think that things like childhood bullying, I think EMDR might work for those things as well because they have some of the same symptoms. Right?

If you're a subject of childhood bullying, you don't have a stable sense of self. You might have this hypervigilance about your relationships. And so she wanted to level the playing field, which is why

she made that distinction. And also, there's other clinicians, Bessel Van Der Kolk and Judith Herman, have also advocated for complex trauma for different reasons. But then in society, we use the distinction to shame ourselves and each other. And so we say, I have simple trauma, and that's not as big a deal as you. You have complex trauma, and that happened over 18 years. And also, by the way, you're broken, because that's impossible to treat.

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Simple trauma, I can just do five sessions of EMDR and I will be fine, or vice versa, we say I have this legitimate capital T trauma is sometimes how that gets written, and you have lowercase t trauma. Therefore, my stuff is legit, and I get to call the shots in the relationship. And so we can do some really corrosive things with helpful distinctions and terminology. So that's why I think it's really important that we need to make sure we're having the conversation and getting these things right and avoiding this temptation that we have to shame ourselves and each other and call ourselves broken, when in reality, what is happening when we have trauma is a very natural, adaptive, biological response.

Meagen Gibson

Absolutely. The title of your book is *Unbroken,* the entire context being that trauma exists, let's talk about it in these definitive non too umbrella, too generalized, terms, and then talk about all the hopefulness and healing and tools and techniques at the disposal so that you don't feel like that. And one of the things, you actually teed up my next question perfectly, which was about, well done, which was about the science that undoes the stigmas of shame and blame and humiliation in relationship to trauma.

Dr MaryCatherine McDonald

Yes, I remember when I was studying this for my dissertation, I got almost embarrassingly excited when I realized how, it's like almost bringing me to tears, how tremendously adaptive the human brain and body is. So the trauma response is a set of adaptive responses that are hardwired, that we come into existence with because they are designed to help protect us over extreme overwhelm within the system, in our bodies, and also threat in the outside world. And so these definitions are biologically, this is not my opinion, this is a biological fact, proof of strength and a will to survive, not dysfunction or weakness, just at their base level.

And I think that is so amazing and profound and miraculous. What if we reframed everything and looked at our trauma response as a gift? That is not to say, of course, that it can't sometimes cause incredible distress, because of course it does. But I think if we understand that at base it is adaptation, and it is born of this human impulse to survive that we can strip away so much of the shame that comes in when we're dealing with triggers in the world and we are feeling sort of brought to our knees by these symptoms, because then we say, okay, what my system is trying to do is protect me. Now let's recalibrate the system, and then we can have some more control over our day to day life and our experiences and our triggers and things like that.

Meagen Gibson

Yeah. And that's also been my experience in talking to people who've experienced trauma, myself included. It's like there's this developmental path that people go on. They discover trauma, they discover possibly they had trauma, and they want the world to help them feel safe. And the world

rarely adapts to help us feel safe. Right? But the knowledge about that biological survival and protective, all of those factors I have found, and I don't know if anybody else will resonate with this or you, is the thing that shifted for me, my ability to perceive those responses and actually be grateful for them, that was the thing that shifted me out of the world must change for me into, I am so strong, and look at all the things that my brain and body and nervous system have done to keep me safe. I'm so grateful. Now, what can I do to deal with this discomfort?

[00:16:07] Dr MaryCatherine McDonald

Right? Yes. And then you can actually be empowered to intervene because you can recognize the situation for what it is. And instead of getting steeped in shame, you say, okay, here's the alarm bell that's going off. Why is it going off in this particular situation? And what can I do to make myself more comfortable so that I can continue to be in this situation, if that is necessary? Sometimes I like to think about it as an indicator light in the car. If you're driving on the highway and some light comes on in your dashboard, none of us ever know what the light and the little weird symbol usually means, but you wouldn't just get out of your car and abandon it or say, this car is broken.

You would say, here's a data point. I need to get this looked at so we can figure out the source of the issue and then intervene in whatever way we need to. And if we can look at our bodies as barometers, which they are, they are incredibly sophisticated, refined, adaptive barometers that are giving us data all the time, every day. And if we can look at it that way and then take the data in without shame, then we can be empowered to say, okay, so my body is having this response, this response isn't actually necessary. I understand why my body thinks it is. Now, here are four or five tools that I can use to recalibrate my system and get back to a baseline level of comfort.

Meagen Gibson

Absolutely. And going along with your analogy, I was thinking about, like, you're driving down the highway and the light goes off. You don't stop in the middle of five lanes of traffic in the center of the road. You get to safety first. You're like, where is the closest place that I can make myself safe? What does that look like physically? What does that look like emotionally? Do I call a friend or AAA? All of these things that you do with that information, it's the exact same process when we're having a trauma response or we're even just highly dysregulated. It's like, okay, how do I create safety?

Dr MaryCatherine McDonald

Yes. Oh, my gosh. I had never taken the analogy to that place, but I love that you did because it's such a perfect metaphor, and there are so many different things that you can do, and typically in that situation, even though you're feeling really scared and overwhelmed and, oh, my gosh, I don't know, is my car going to blow up? What's happening? You then sort of override that overwhelm, and you say, okay, I've got to get to the shoulder of the road. I have to call AAA or my friend. Then I'm going to do this. And you do that without shame. You don't say, I'm ashamed of myself because I have this car and this thing went off and it's my fault, and now I don't know how to get to the shoulder. You could see in the metaphor how much shame would get in the way and would potentially be life threatening.

[00:18:36] Meagen Gibson

And it was really interesting, too, to read, and it stuck in my brain, you said something about shame as self protective because the alternative is worse. Right? It's been echoing in my brain since I read it. And what I'm talking about, and maybe you can expand on this, is that you said, if it's your fault, so if you feel shame and blame, then that means you have kind of, like, this false sense of control in the future. You can do something about, you can be prepared or you can be hypervigilant or, like, if you were to blame, even if it had nothing to do with you and you're purely blameless, then the shame and the blame is to give you, like, a false sense of control over the future.

Dr MaryCatherine McDonald

Yes, 100%. It's almost like the better of two evils, right? So I think essentially, there's, like, an existential crisis at the center of traumatic experience, which is, and I've written about this a lot, I don't think we think enough about how the event or the events, if you're looking at complex trauma, reverberates through the entire worldview. Those events stamp that person's world with meaning and in a way that cannot be undone. One of my favorite sentences ever written about trauma comes from David Morris's book *The Evil Hours*, where he says, trauma is a glimpse of truth that tells a lie. Trauma is a glimpse of truth that tells a lie.

And I think what's so genius about that is that when we are faced with a traumatic event or events, we are forced to look at something that is true, which is that we are vulnerable, in a way, as human beings that we like to try to ignore and sort of live around and put over here because we don't want to think, we can't think about it all the time. You can't think about your radical vulnerability every minute of every day, life would be impossible. So we try to kind of put that away.

And then when we're faced with a trauma or a realization of a trauma, we see that and we can't unsee it. And so there's two choices then in that moment, if I make everything my fault, so let's say I have an attack. If I make that attack my fault, and I say I was in the wrong place at the wrong time, I shouldn't have been out at night. What was I doing going alone? I should have brought mace, all these things. Then what that accomplishes is that I get to sort of avoid that facing that fact that I am infinitely vulnerable, I get to make it my fault.

I get to feel like, okay, if I can just control all of the conditions in any given set of circumstances, then I will be okay. Everything is fine. I'm trying to avoid what trauma is trying to, the truth, that glimpse of truth that trauma is trying to tell me. And so I think often this goes unnoticed, that survivors of sexual assault, for example, are just told over and over, it's not your fault, it's not your fault, it's not your fault.

And of course it's not your fault. But I think if we look at the reason you're trying to make it your fault, we reveal something really critical that we're not trying to heal or look at when we're trying to heal trauma, which is that, okay, what you've just realized is this way that you are vulnerable that you didn't realize before. How can we sit with that? What can we do with that? And then can we integrate this experience in a way that doesn't make it all your fault.

Meagen Gibson

Absolutely. And our systems of protection, I put them in, quote, because they're really systems of reaction, also, whether it be in the sexual assault example, depending on who you tell, the

reactions that you get to are so much further traumatizing and steep you in all of the blame and shame that you're usually more than willing to assume.

[00:22:30] Dr MaryCatherine McDonald

Absolutely. Yeah. And that's crushing because then you're not getting the relational home that you need to bear those unbearable emotions. And then also you're not getting into the depth of what has been revealed to you about the world, which means that you sort of live in this way where you're constantly in tension with some truth. So you're trying to push it away, push it away, push it away. And that's exhausting both psychologically, but also for your nervous system, because you stay in fight, flight, freeze. You don't get to safety and rest.

Meagen Gibson

Yeah. And again, incredibly protective mechanism. Has good intentions. If I stay hypervigilant and constantly on watch, then I can never get hurt again, which we all know is untrue.

Dr MaryCatherine McDonald

Right, right. And that's the thing, going back to the David Morris sentence, which I just love so much, is that's the lie. Right? So trauma is a glimpse of truth that tells you a lie. The truth that is glimpsed is that we are vulnerable, radically, infinitely, impossibly. The lie is that the answer to that is to live in hypervigilance, in fear, in freeze, for the rest of your life. So the work then is to integrate, how do I live with this fact? How do I integrate this thing that feels impossible?

Meagen Gibson

I literally don't want to say anything because that was so good. I'm like, yes. I just wanted to give a pause before I moved on to the next question. Okay, so another thing that I found fascinating, this is just going to be a fangirl interview, that I found fascinating about the book was about triggers and what you called memory folders. And I have quoted this to so many people because it makes so much sense. And I've had this long running analogy about the spaces that we don't pay attention to. And then when we have to go in there and kind of bring order, we make a bigger mess at first, then everything's all spread out, but then we get to decide what we keep and what we dispose of.

So that's always been kind of like anxiety and depression work and trauma work for me is this kind of like excavating the spaces we didn't want to pay attention to. And so your narrative folder example really made sense to me. So if you could kind of go through the memory folders as you described them in your book and what they are and kind of those three components.

Dr MaryCatherine McDonald

Yes, absolutely. So this is the thing, I always say that if I won the lottery, I would drive to Pixar, and I've imagined this, and I'm like, I want a movie about these memory files, because Pixar does an amazing job. Think of Inside Out, of understanding emotions and kind of depicting these things for all ages. And this is what, this is my dream, so I want to just put that out there into the universe, but in a very kind of simplified way, if we think about the way that long term memories get stored in the brain, you can think about that as a file room.

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And that file room has these dedicated file workers, and their job is to make sure that all of your memory files are organized and accessible in such a way that's going to make your life easier to navigate. We don't think about this because we take it for granted. It happens automatically. But the more you remember about the world, the easier and safer the world is to navigate. So if I remember that this mushroom is poisonous and this one is food, that is critical. And so we've evolved to have this incredibly sophisticated file system for our memories.

And so each memory file, if you think about opening a literal paper file, has three things. It has a narrative, meaning I can tell you the story, beginning, middle, and end, in a way that has coherence, and I can lend language to it. The second thing that it has, I think of this on the right hand side of the folder, but that's not left right brain, it's just how I think of things, is the emotional content. So what sort of emotions go with that story? Is it a funny story? Is it bittersweet? Does it have a couple of layers of emotions? Whatever.

And then the third thing is a set of tags that are sort of on the label of the file that help the little file guys in the back room, I have this perfect imagination of these animated little people back there, that helps them understand where to put the file, what it means, how it fits in the larger room, in the larger story arc of your life. Most of what we go through in our day to day lives gets organized within about 4 to 24 hours after any event, you have memory consolidation, which is this process where the file guys say, okay, here's the story. This matches this emotional content. Here's the meaning tags, we're going to put it away.

And then the next day or later that day, you can pull out the folder and you can tell your partner or your spouse or your friend, here's this funny thing that happened at the grocery store. You can feel some of the emotions, you can laugh a little bit, and then you can put that away and file it under funny little stories I can tell about the grocery store, whatever. And the problem occurs when we have, and I want you to pay attention to the incredible, sophisticated adaptation here, even though I just said it's a problem, when you have a sufficiently overwhelming event, those little dudes in the file room know that they don't need to be filing in that moment.

They need to be doing something else. There are resources needed elsewhere. Your brain has limited energy capacity, limited little people running around in there. And when there's something really overwhelming going on, they leave the file room. And so within 4 to 24 hours after the event, stuff gets thrown into the file room, but not in an organized way, because those little file organizers are busy doing something else.

And that's your brain adapting for danger. You don't need to be filing if you're dealing with a present emergent issue, right? And so the file guys then come back to the file room later and they're like, oh, no, we have stuff here and we don't know where to put it. And so what ends up happening is you get a disorganized, fragmented memory file, and that can be disorganized and fragmented in a thousand different ways. Maybe it has a coherent narrative and no emotional content. Maybe it has all emotional content and like just two words to it or a color.

And the file room guys, again, to help you, every time they notice something in your periphery that matches something from that disorganized or fragmented file, they try to give you the opportunity to organize it. So they throw it up to the front of your mind. The problem though, is that your limbic system, your fear center, your amygdala, recognizes that fragment as well as dangerous, because

it is also trying to code things to make sure that it can keep you safe. And so it sends you into a stress response as if the event is happening all over again.

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So we really need to understand about triggers, that when someone is truly triggered, that they are actually living in two times at once. They are here in this present. And also their body and their system and parts of their brain think that they are in this other time because they're trying to kind of organize this file. And so the trick, or the work of trauma is working with these memories. How do we integrate them so that they're organized and the file guys stop throwing them to the front of your mind? How do we get them to fit into the larger story so that they are a part of you and not your whole? And then how do we recalibrate the nervous system so that it stops setting off alarms at sort of benign things in your perceptual field? So, yeah, that's the file room thing.

Meagen Gibson

I love the file room analogy. And it's workable too, because it helps me put into context, and I hope it helps other people put into context how much time can pass between that event where all these files got thrown in the room and nobody was attending to them. And then 10 years could pass, 20 years could pass, and suddenly something comes along that has the same glitter that was in that other file. And you're like, oh, wow. And you don't know, because that file never got filed. You're like, I didn't know the glitters in these files were the same color and the same shimmer.

So it takes some time, or, you know, something happened, but you didn't have time to assign the or digest or integrate the emotional component of it. And you're like, I had a bad day, right? Like, I got a flat tire or something. You're like, there's no, like, it wasn't trauma. I got a flat tire. Like, whatever. Your kid gets a flat tire or something, and all of a sudden it brings up all of the emotional component you had not filed that day and that you hadn't processed. And you're like, oh, my God. That was actually a lot scarier than I remember it being. And nobody was answering the phone, I'm completely spinning off examples here, but...

Dr MaryCatherine McDonald

That totally makes sense.

Meagen Gibson

I think people, especially people who haven't had trauma experience or haven't had to deal with processing or integrating trauma, often get confused about how that happens. They don't understand. They've never experienced it. What do you mean? That was so long ago. How could that possibly be bothering you now? And it's the perfect analogy to help explain that for people.

Dr MaryCatherine McDonald

Completely. And I think that there's three things I think we so often get wrong when we are having this conversation in sort of the public arena about triggers and one of them is that we are always conscious of them because we're not. Sometimes it can literally be as small as that gold glitter is the same as that gold glitter that was in the sidewalk that day when I fell off my bike and thought I wasn't going to make it, or whatever it is, and you wouldn't know that. You just see the gold glitter and you start feeling awful and you don't know why.

[00:31:58]

So a lot of the work is in connecting the dots. This stimulus is giving me this response because of something. And so often we just go to shame. We go to, I'm feeling awful for no reason. What the hell is wrong with me? How long am I going to feel this way? When is it going to be better? I thought I did the work. I went to therapy. Instead of being like, okay, here's a data point. What is it telling me? What else can I learn? And the other two things, just really quickly, that I think we're getting wrong in that conversation about triggers is that a trigger is then a sign that you have to avoid something for the rest of your life.

So you see the gold glitter, it gives you that upsetting feeling. And so you're like, forget it. I just need to avoid gold glitter, no problem. Glitter is everywhere. That's going to be a huge problem. And your life will get really small if that's what you do. Moreover, we're getting the science wrong when we lean into avoidance. Avoidance is actually a symptom of PTSD. That's a pathology. That's not something that we want to lean into. That's something we need to readapt to.

And so I think sometimes we need to rethink the way that we think about triggers and say that they are, even though they're incredibly distressing, I know because I've experienced it, they are opportunities. Our brain is trying to give us an opportunity to organize and put something away that hadn't gotten organized or put away, so that we can feel more ease and safety in the world, so that we can navigate it with more peace.

And then the third thing I always want to remind people is that emotional content is supposed to be in our memory files. And so when we have a bad thing happen to us, and then we set the goal for healing as, well, I know that I'll be healed when I don't feel anything about this anymore, we are asking our brains to do something that our brains don't do for a good reason. And so if I open the memory file of the day that my father died and start telling you the story, I'm going to feel sad. That's because I took out a memory file that has sad in it, but that doesn't mean I haven't healed.

And I think so often we wait for that moment of total numbness, and then we're like, I'm healed. That's actually, again, clinically, that would be a sign that the file needs more integrating. If I'm telling you the worst thing that's ever happened to me with no emotion, something's missing in that file. And so that's the work there. So, anyway, those are just the kind of the three things I think we're getting wrong when we talk about triggers.

Meagen Gibson

I love that. And I love just explicitly naming, like, numb and shutdown is not integrated.

Dr MaryCatherine McDonald

Exactly.

Meagen Gibson

Having no feeling is also... There's an opportunity there, as you said.

[00:34:27] Dr MaryCatherine McDonald

Right, exactly.

Meagen Gibson

I thought of so many things as you were talking, but then I just really listened. But that's okay.

Dr MaryCatherine McDonald

Sorry.

Meagen Gibson

No, it's okay. That's the point. And let me know if you've thought about this as well, but the difference between sensations and feelings and thoughts and how we just kind of overlook sensations entirely and for me, reading your book and a couple of other books, talking about Autonomic Nervous System and, like, your actual body sensations, your heartbeat, I had a really bad case of not long Covid, but longer Covid than I should have had, and one of the effects of that was an extremely elevated heart rate for a while, and breathing problems and things like that.

But it felt like echoes of anxiety because it was the same sensation. And I was like, oh, wait a minute. I made that tie between an anxious, raised heartbeat and raised breathing rate and also just like anxiety. Like, my body is trying to do things to protect me in my system, and that's part of my Autonomic Nervous System. Why would I feel shame about a body sensation that's literally meant to help me run or fight or all of these protective measures? It's brilliant.

Dr MaryCatherine McDonald

And I'm kind of curious, but I bet that you also had anxious thoughts during that time.

Meagen Gibson

Yeah.

Dr MaryCatherine McDonald

The sensation goes, I always tell my students there is no mind-body distinction. There's no divide. We are in a dynamic unity. The psyche and the mind and however you want to define all these things and the body are in a feedback loop, and we forget that. So you feel the elevated heart rate, you start having anxious thoughts, you start believing all those thoughts, and then you start behaving out of those beliefs, and then all of a sudden, things are... You can wreak a lot of havoc on your life without realizing, okay, wait, where is this coming from?

Meagen Gibson

Yeah, thankfully, because I talk about this stuff for a living, I'm now able to, and I will put this in, seven years, like, interviewing and applying things to myself, like the best test subject ever. I'm able to recognize it, and I don't spin off anymore. It's very rare that I would actually kind of get overtaken. I still have anxious thoughts, of course.

[00:36:48] Dr MaryCatherine McDonald

Right.

Meagen Gibson

But I'm like, hey, stranger.

Dr MaryCatherine McDonald

Here's an anxious thought.

Meagen Gibson

How are you doing? And I don't get attached to it. I don't ruminate over it, the rumination piece, which actually brings me to my next question. We're doing great here. Narrative therapy and rumination and how narrative therapy actually really helps with this kind of organization and reorganization of these experiences that we've been talking about in this filing system.

Dr MaryCatherine McDonald

Yes. So one of the things I just want to say as a caveat before I even get started, is that there are many different modalities that are helpful for someone when they're trying to heal trauma. There's no single fix it cure all thing. In fact, I think increasingly, people are understanding this, but we need multiple modalities in order to heal because there's so many pieces of us that are impacted in different ways when we have trauma. And so I just want to say that to begin with.

Narrative therapy is something that has always fascinated and excited me because it is a space where we have a lot of empowerment, and we can actually do a lot of rewriting and therefore rewiring in the brain. We don't have control over the things that happen to us, unfortunately. I wish that we did. We do have control over the stories that we tell, and that can sound maybe a little bit flat sometimes, or like, okay, well, I'm just going to retell the story and the trauma is going to go away. And that's not what I mean.

When we work with trauma, a lot of the time, what we're doing is retelling a story to solidify our role in it, to understand our role in it, to understand what is the impact, what is the meaning stamp that got stamped on my world, and how do I put that in a story form so that it feels sort of measured and in control instead of this specter of a world without meaning that's just standing over here and haunting us all the time?

And I also think that one of the things that is really interesting and fascinating to work with is this concept of truth. We think that there's only one truth in any story, and we so often go to shame. Bad thing happened, it's my fault. That's like an almost automatic causal chain that we draw. When we stop for a moment and just try to tell a couple of different versions of a story, we start to see a little bit of space around that causal chain, and that enables us to remove some of the shame and then see actually what is.

[00:39:15]

So I think a lot of the work that we're doing in narrative therapy is about sort of taking the pieces and looking at them without judgment and then moving them around a little bit. You're not changing the facts because you can't, but you can profoundly change the way you relate to those facts. And that's so powerful.

Meagen Gibson

Yeah, it reminds me kind of visually of those art installations where you look at something from one perspective and it looks really abstract, and then you move to a different side of it, and all of a sudden it's words. You're just kind of taking different perspectives and looking at it from all angles.

Dr MaryCatherine McDonald

Yes, completely.

Meagen Gibson

With safety and while being protected and held by people that you care about or that are in the profession of helping you navigate that.

Dr MaryCatherine McDonald

Absolutely. Yeah. Because the other thing that kind of comes out of this is that the stories that we tell are not just about facts. They're about interpretation and meaning, and we take those interpretations and meanings and we use those to label our files. And so if you have a failed relationship, to kind of use a silly example, say you have a failed marriage, and then you take the entirety of your relationship and everything that you learned and all of the nuance in that, and you slap a label on it that says, reasons I am broken, here's my disorganized attachment style, reasons I will always be alone.

And that's so narrow and reductive. And if you open that file and actually look at the pieces in it, you'll see that you could probably create a set of meaning tags that are far more nuanced and actually closer to truth than the one that you're putting on at the moment, which is getting in the way of your ability to relate to other people, to have new relationships, to feel confident in yourself in any area of your life and things like that.

Meagen Gibson

Yeah, I think it's Britt Frank, who I've interviewed for our conferences, says it's like a label that you slap on yourself to orient at a stage of your kind of, like, recovery or integration. And you're like, I have a disorganized attachment. And then that's like your identity for however long it serves you. And then you're like, actually, I would really like to be in a healthy relationship again. So maybe I'll take that label off, do some integration work, and find the next label that comforts me.

Dr MaryCatherine McDonald

Yes, totally. My favorite exercise in the book, in the book, there's tools and exercises at the end of every chapter, but my favorite one is about, I call it 100 other things. And the idea is that you take

those labels that you have, disorganized, whichever, pick your favorite, and you put those on a piece of paper. Cool. These are my diagnoses. These are my labels. These are the things I'm struggling with. And then you write 100 other things about yourself on the same piece of paper, because then you see that even if those things are true, maybe you do have a disorganized attachment style, there are also 100 other things that are true about you. No one thing is your identity.

[00:42:06] Meagen Gibson

Absolutely. It's like, my husband is chronically late for everything, but he gets a lot more done in 15 minutes before we leave to go somewhere than I do. Is he not ready on time? Yeah. Is he also getting a lot done while I'm waiting for him? Yeah. Also true. Right. Those things are not trauma coping. So I want to get to some tools, actually, thank you for bringing that up. I mean, you're doing beautifully running this interview. I love it. So, first, I want to talk about your absurd hope trauma tool. So if you could describe that to us and why you think it's useful.

Dr MaryCatherine McDonald

Yes. So just to say a word about why this came about, there's so much amazing, positive research in positive psychology that shows that if we can lean into the parts of our brain that are responsible for imagining, for hope, then we can actually sort of turn off the fear parts, the hypervigilant parts. The mistake that I was seeing when I was trying to use those tools that currently exist with clients is that when you're coming from a trauma space, hoping about your future is ridiculous. There is no future. It's like you're in this moment, and there is only hypervigilance and fear and terror. And the idea that you're going to hope into your future and talk about what kind of house you want to buy is, like, offensive, almost.

And so I was thinking, okay, the science behind this, the neuroscience behind this, is solid. How can I adapt this for clients? And so I said, okay, let's lean into absurdity. If it's absurd to imagine your future, let's imagine an absurd future. And so the absurd hope exercise is that you take 5 to 15 minutes every day and you imagine for yourself in great detail a future that is impossible. Ridiculous. You can imagine that you're a ballerina cat living in Paris in a fabulous penthouse apartment, right? You can't be a cat. Ballerinas are not cats, like, these things are not possible.

But what you're doing, since we know kind of from very recent neuroscience, that the hope circuit, which is the part of the brain that hopes and imagines, can't be online at the same time as the fear circuit because they're counterposed, almost like the circuitry in your house. In my house, I can't run the air conditioner and the hairdryer at the same time or the fuse will blow. Same thing is true in your brain. You have limited energy capacity. And so if you're in your fear center, the hope circuit can't be online.

You can make sense of that from evolution, because you wouldn't want to be sitting there dreaming about your future if you're in danger. But the flip side is also true. If your hope circuit is on, your fear circuit, by definition, by necessity, turns off. So if you can spend 5 to 15 minutes a day imagining something in great detail, you are spending 5 to 15 minutes a day with your fear circuit offline.

If you've been in the trauma response chronically, that is not a small thing, even though it's 5 to 15 minutes. And so if you do this for 5 to 15 minutes a day, I've done this in some of the darkest moments of my life. What is amazing is that you start to notice hope appear in your life because

you're rewiring your brain. You're reorienting your worldview towards something else, something different than the trauma that you're trying to reconcile. And so it's really fun and light hearted and has a profound effect.

[00:45:33]

The thing that I want to just also kind of throw in here as a counter, because I get this question a lot immediately, is that people are like, isn't that just maladaptive daydreaming? Isn't that just escaping the moment? And it's like, okay, any tool can be used as a weapon. It depends on how you use it. The difference between medicine and poison is the dose. If you're doing absurd hope imagining for 15 hours a day and you're not going to work or doing your normal things, of course we've leaned into maladaptive daydreaming, and that's a different conversation. But if you really can do this for 5 to 15 minutes a day, like I said, the result is profound.

Meagen Gibson

Absolutely. And I totally hear you. I mean, that's not what you're talking about. You're not talking about 15 hours a day.

Dr MaryCatherine McDonald

No.

Meagen Gibson

Sorry. I'm in absurd hope. I can't keep a job. And the other thing that helps me is that often people working through trauma, they're pointed toward mindfulness. We both just kind of nodded in recognition.

Dr MaryCatherine McDonald

Yeah, we had a whole conversation.

Meagen Gibson

We did. We spoke volumes in that sigh. Right? And for a long time, a good 15 years, meditation and mindfulness was inaccessible to me because of anxiety and trauma. You want me to go in there alone with no noises? No, thanks. But absurd imagination. Absurd hope. And also, I am a creative in every way that I test, I test as a creative person. The only thing that's ever gotten in the way of my creativity was my unintegrated trauma. But thinking about it as creative or, like, artistic or expressive arts, people start to categorize themselves as creative or not. Everyone has an imagination. Literally, everyone has an imagination. People who work in spreadsheets all day long, have imagination. We all have it. We were born with it and we're able to do it. And so to gift yourself 15 minutes, 5, start at 1. Right?

Dr MaryCatherine McDonald

Yeah.

[00:47:32] Meagen Gibson

Can I get 1 minute to imagine an absurd hopeful life?

Dr MaryCatherine McDonald

Just do it while you're brushing your teeth. Yes, totally. I'm so glad you said that about meditation, because there's actually a lot of research about if you have anxiety, if you have PTSD, meditation is contraindicated, meaning it could potentially make what you're dealing with worse. Yes, meditation is an amazing tool when it is used at the right time. If you are dealing, I've had so many clients come in with exacerbated symptoms because their therapist has been putting them on a meditation schedule every single morning. You have to meditate. If you're not meditating, you're not going to get better. Meditation is really powerful unless you're in that anxiety space. And there are other ways to alter your brain function. It's not the only tool. That makes me nuts.

Meagen Gibson

Yeah, absolutely. And we can get there, right? It's not like we're going to avoid it forever, but it's just like you said before, we're not like, I can never practice mindfulness. I could never meditate. There are going to be different steps on the way there. It's just like an exercise program. If you've got severe hypertension, yeah, running is good for people, unless you need to address something right before you start running to keep you safe. Right?

Dr MaryCatherine McDonald

Right, exactly.

Meagen Gibson

So that you don't drop dead on the track. That would not be a sustainable, healthy practice. Before I let you go, we're going to wrap up, I want to talk about a brand new program that I just saw that you're releasing, tiny little joys, it kind of goes right along with this. And so I would love it if you could tell me what you've learned about joy and our ability to access it and what we can do about that when we've experienced trauma.

Dr MaryCatherine McDonald

Yes. I'm so glad you asked this because this is kind of where I'm headed. This is the next book that I'm writing and the next thing that I'm working on. I think we're getting joy and hope, they're sisters, twins, maybe, wrong in a bunch of ways. One of the ways that we get it wrong is that we assume if we have a really big bad thing in our life, that we need a really big, good thing in order to counter it. And that's just not true, that calculus does not work out.

And the other thing is that I think we make hope and joy these sort of airy, silly, frivolous things but what I started to recognize in my own life and then in the life of my clients is that there is a kind of joy and hope that is gritty and relentless and scrappy. And it is only visible, it is only available in the darkest moments of your life. And so if we can, I think it's incredible, it's like a sustainable fuel source, if we can recognize that joy, if we can see it in the darkness, then we can capitalize on that and use those tiny little fragments to counter incredibly awful things that happen to us.

[00:50:27]

And it's a tricky thing. It can be a tricky thing to talk about because it can sound like, oh, just notice the good things. Yeah, bad things happened in your life. Just notice the good things. I don't mean that. I mean to connect them, because I think, again, there is this kind of scrappy, relentless, I picture, like, a boxer who's kind of getting up and spitting blood out of her mouth and being like, all right, what do you got? That kind of joy and hope.

And so I started this practice during a really hard time in my life, completely accidentally, of just noticing tiny little things that were there anyway. Yes, everything was terrible in my life. Yes, everything was falling apart. Yes, it was a catastrophe, the bounds of which I didn't even know at the time yet. And there was always, like, a little kid laughing in the background or like, a rainbow that just appeared across the floor. And noticing those things sort of reset my worldview and recategorized everything.

And just were these moments of, like, okay, wait. This moment of relief, this moment of an exhale, like, yes, there's rainbows. There's still ice cream. There's still this laughter. I just thought of something funny. I'm at my father's funeral. What a weird contrast. But I think noticing those joys and then looking into the neuroscience behind why our minds get stuck in negative feedback loops, which, again, is adaptive, of course.

And then learning to counter those feedback loops with these little blasts of joy, the more you notice them, the more you'll see them. The more you notice them, the more you will rewire your brain. You really can change your worldview when you orient yourself that way. So that's kind of my next frontier.

Meagen Gibson

I love that. And it feels like the natural progression, given what I've learned about you through your book and through talking to you. Yeah, it's this and also that.

Dr MaryCatherine McDonald

Yes, exactly. This and also that. Exactly. That could be the title of my memoir.

Meagen Gibson

You're right. You're welcome.

Dr MaryCatherine McDonald

Thank you.

Meagen Gibson

MC, thank you so much for talking with us today. And where can people find out more about you and your work and your book?

[00:52:46] Dr MaryCatherine McDonald

Yes, my book is called *Unbroken: The Trauma Response Is Never Wrong*, and it is available wherever you buy books on Amazon, indie bookstores, anywhere. And you can find me @mc.phd on both Instagram and TikTok. And my website is alchemycoaching.life.

Meagen Gibson

Fantastic. Thanks again.

Dr MaryCatherine McDonald

Thank you.