

Interview with Maureen

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Welcome to Just breathe parenting your LGBTQ team. My name is Heather Hester and I'm excited to be with you to transform the conversation around loving and raising an LGBTQ child. Wherever you are on this journey right now, in this moment in time, you are not alone. My guest today is Maureen Kibo. Because October is National depression Awareness Month and this past Saturday was world Mental Health Day, I wanted to share someone who is an expert and mental health well being with all of you. Maureen is a well being therapist and a certified and the neuro effect of relational model, which is a cutting edge model for addressing attachment, relational and developmental trauma. She earned her bachelor's degree in psychology from the University of Michigan, and her master of arts and counseling from Loyola. She is also trained in Reiki, meditation and intuitive healing. On a personal level, Maureen is extraordinarily special to me, because she is my therapist and has been for over five years, the work we have done together has truly changed my life. And I can unequivocally say that I would not have been able to navigate the past four years, or be the person I am today without her support. So without further ado, welcome Lauren. And thank you so much for being my guest today.



02:01

Thank you for having me, I'm happy to be here.



02:04

I'm so glad. So we'll just start with a really general question today, which is, who should

enter into therapy?



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I like that question. You know, I think anybody who would like to have some support should enter into therapy, you know, I, I'm actually glad that you gave me this question. Because I, a lot of times I have, you know, parents or friends or relatives all very well meaning, you know, who may call me or reach out to me, and, so and so needs therapy, so and so needs help so and so needs support, you know, I'm happy to share with them a little bit about what I do, and then say, if someone so would like to contact me, I'd be happy to speak with them for a little while to see if it will be something that would be helpful to them, you know, and I think my message here is, you know, really, you know, in my opinion, you know, the healing happens within the client within the context of the relationship, you know, I'm trained as relational therapist, and that's where the healing happens. So that person has to want to show up, they don't have to, necessarily, they can also be annoyed, frustrated, that can be a mess, but there has to be some small piece of them that would like, you know, whatever it was that they would like, for themselves that I can help them with, but it really is important that that person wants to be participating.



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Right? Because otherwise it won't work. Right.



03:32

Yeah. And it's also there's also, you know, from, from my perspective, and really, from the neuro affective relational model training that I've done, you know, there's this whole thing that can sometimes happen, where, you know, folks are already dealing with whatever environmental, developmental, relational trauma they're dealing with. And then they're, you know, you know, put in therapy, I'm using air quotes for the audience. And, you know, if they are then pathologized, and or made to feel like they are broken, and the superior person is coming in to fix them. There's a whole nother layer of traumatization happening. And I'm not saying that everyone who is in the medical world, or using the metal utilizing more medical models is, is like that, but I mean, it happens a lot more than, than I would like it to. Kind of like it's not happened at all. And I think it's, I think it's pretty prevalent, you know, anytime that that, yeah, there's a power differential, and maybe someone doesn't want to be there. And I'm not saying there's not some, you know, nudging that we can do or some, you know, supporting someone and wanting them to be getting help for themselves. But that's different than than having something done to you. Oh, see, I know,

it's gonna look, I really lost my train of thought I told you, it's gonna happen a lot. What I wanted to say about the neural effective relational model is there's a whole piece in there about like, we don't want to objectify people, you know, because then you're just this object over here that's broken or, you know, and that's just not that's not a position that I would ever want to be in. And I hope that that others in this line of work would wouldn't take that seriously as well. Because that's a really, really traumatizing experience to be objectified.



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Absolutely. And



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I think that's,



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that's such a good point. And it's something I don't think people really think about until they've either been in that situation, or they've seen somebody be in that situation, you know, with us specifically with Connor. You know, he went through, what, a year and a half, two years of therapy, different therapists before he was like, Oh, I actually want to be part of this process. Yeah. And so he definitely experienced a lot of what you were just talking about, which is, you know, probably I'm sure added to his feeling of I need to be fixed. I am broken. There's something wrong with me. Right. Yeah. Instead of, you know, and I think a lot of that, too, is finding the right person. Yeah.



06:08

Yeah. Yeah. And I think that was such a lovely part of his story, if I may opine is about how much space he was given. You know, there wasn't, you know, there was, something needs to happen. But you know, there were many options. There was a lot of there was a lot of space for him. But there was, you know, also, there was some appropriate containment as he was going through what he was going through, and it was, you know, there were safety issues.



06:34

Exactly, exactly. So, yes, I think that's just, I know, that I've had a couple of people reach out through the Facebook page saying, you know, my, I think my child really wants therapy or needs therapy, but they're, they don't want it or they're afraid of it, or they're Yeah, you know, I think these are really good things to think about, and perhaps framing it in a different way. Yeah. So that, especially, you know, our kids don't feel like we're saying you're broken.



07:08

Yeah, and especially important as you consider adolescent development, you know, particularly if, you know, obviously, like, you know, when there are safety issues, health concerns, if someone's really hurting themselves, and, you know, there are things that have to be done as parents, of course, but, but one thing I would like, you know, parents to be mindful of, if you just think it would be, you know, helpful or you think that they need their just to, to think about presenting it as an option that they might not take you up on, right away, but you want it to stay attractive, and the minute you force it down their throat, it's then no longer attractive, and any, you know, adolescence 101, is you tell me, and I'll tell you, you know, right. So, so it's I just did just keeping that, and I know, you know, it's it's complicated, it's, it's complex, and I'm certainly not saying that it's not warranted for parents to do something. And sometimes parents must, you know, put their child in a certain treatment or a certain setting. But but but how you do it, and how you go about it, and how you engage with them can really be powerful, and important. Absolutely.



08:14

Absolutely. And, I mean, and, you know, you know, all of this, but, you know, with, with what Connor went through, you know, it became pretty immediate, that then we you know, put it on the table for you know, all bird as well, Grayson, Rowan and M. Steve, if this is support, this support is available to you. So, yeah, you know, I think that's, you know, like you said, if it's not an immediate health issue or safety issue, yeah. That just letting your kids know, it's available as an option, right, as a tool, and framing it as a tool and something that will help, you know, help you help yourself. So anyway, just kind of along along those lines, but just shifting a little bit. Um, I'd like to talk about depression, which is a little a little more specific. Because it is National depression Awareness Month. What is your view of depression? It kind of how do you think about it? And I know that, you know, we've talked about you know, depression and then physiological depression, kind of where How do those work together? What is that? Yeah, I'm



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glad that you're asking that. You know, first of all, it's complex. And I'm, I'm already sitting here thinking about like, four were left on you know, unless conversations from our previous part of this conversation, so I hope anybody listening to this will, you know, know that we're certainly not going to cover everything. You know, what one last thing about people who who, about going into therapy that I just want Add before we shift here is, and this is you'll appreciate this as part of your part of your mission. You know, you don't want people to be alone, what you went through, you glean so much from that and so much that now you're sharing it with Well, that's the other thing. I don't want anybody to be alone with their pain, however they define it, whatever's going on with them. So it's, it's, there's something in, in reaching out and moving, you know, toward and being in relationship with whatever's going on inside of you, that is profoundly helpful. And, and so that's my last thing about people who to go into therapy. But



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thank you for saying that, because that is really important. And I think that so many, I'm actually really glad you said that. Because I think so many people do feel very, very alone. And like, they're the only ones.



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Absolutely, absolutely. And then depending where they're getting their information, you know, there may be no, there's a lot of pathologizing around mental health just there is. And so it's you know, it's hard to, for someone to view their own pain, their own internal struggle process, as you know, needing help. Right, when, when they have these messages from cultural, even though depression has come so far, it's still there's the undertone of, you know, the pathologizing it is strong, is strong, you know, and yeah, and so and so I would like to talk about is how I view, depression. And again, you know, this is not going to be a complete conversation, you know, there's, but but in terms of, of the background, I often refer to, to depression as being in a collapsed state. Right, so sort of a collapsed state of helplessness, if you will, I link that often to trauma that has happened, you know, in there's, there's, there's all different kinds of developmental and all different kinds of there are multiple kinds of developmental trauma, there's, you know, relational trauma, and then there's, you know, developmental trauma, there's stuff that happens, you know, inside the home, outside the home, there's stuff that happens, even just within the individual that feels traumatizing, you know, maybe struggling with their sexuality can be a traumatic experience, if they stay alone, you know.



12:16

And so these sort of traumas can can lead to collapse, and people will say, Well, are you saying depression isn't real? No, not at all. So here's what I want to say is I want to say there is, you know, there's in it, there's brain, our developing brain, which is very unique to each individual, right? Now, you have your genetics that go into that. So there's the genetics or epigenetics, which is referred to as, and then there's the, you know, whatever developmental phases, which everyone experiences those differently. And then there are the, you know, the adverse childhood experiences that you may encounter, inside and or outside the home. So all of these things are happening, and going into your developing brain hardwired into your brain. So, yes, oftentimes, and then your brain is hardwired a certain way. And then you may make certain adaptations, based on this wiring, one of those adaptations may be collapse, you know, one of those adaptations may be substance use, one of those adaptations, you know, there's acting in and acting out, harming ourselves or harming others, you know, but so see how it gets all very intertwined. really messy, pretty messy, but, but so good, I think, to hold it in this way. Because, you know, it's just, there's a lot of healing that can happen. And that's not i'm not, look, I'm not taking away anybody's medication, you know, especially, you know, that's a personal choice. And I don't necessarily think that the norm model and or other models, addressing developmental trauma, can necessarily clear everything up perfectly, but helps a lot. It helps me a lot, it helps a lot. And I've seen some people, you know, I've seen all kinds of things, but it's a very personal choice in terms of, but but just see how like science and is a piece of it, and brain development is a piece of it, yet there are these very real influential components that are outside of what you would consider science. Right, right. Right. I mean, the genetics piece of science, but there's, you know, the, there's, you know, developmental phases, everyone goes through those in very different ways, you know, and if you and for anybody who's listening, who's a parent, you know, as you've raised children, or if you're raising children, even and particularly if you have more than one child, you see how, like, Wait, you're in the same family having the same experiences and they are really having different experiences, because of who they are. And then, you know, getting and then getting to the adverse childhood experiences. I mean, we've got everything from, you know, abuse and neglect, all the way to you know, we'll miss attunement, you know, which I think is actually a largely overlooked, particularly where we live here on the North Shore, Heather, where, you know, there are perfectly well meaning Moms and dads out there who aren't listening to what their kids are saying and what they're wanting, they're saying, oh, but you're gonna be a basketball player, you're gonna go to business school, and you're gonna, I mean, I'm making this up, you know, right. But we've seen it happen, you know? Yeah. Yeah. And in various ways, and so just that, just that repeated experience of not being seen not being heard, even if someone has no malice, even if someone thinks they're doing right by you, that repeated experience of not being seen not being heard, is

very, can be traumatizing. And it does, it does, you know, impact strongly the individual developing and it impacts their brain and it impacts patterns that they they have. So, so so depression, you know, is a real thing that is happening in people's brains of varying degrees, some of it depending on that genetic piece. But there's also a piece of it, which is this collapse in this like this helplessness, and this sort of like closing in on oneself this, you know, people can describe it, as you know, giving up, you know, that that whole losing the desire for those things that used to be appealing, not wanting to get out of bed. I mean, these are all states of



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zero states of collapse. That's so interesting. I never, I didn't realize that, or I guess I didn't, I've never thought about it. And that's, then that framing,



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yeah. Because there's something really interesting happening in I think, in the, in the, I hope, I hope it continues to be a movement in the, in the world of psychology and of medicine, that's really starting to address this developmental trauma piece more significantly, in June of 2018, the World Health Organization created a diagnosis of complex Post Traumatic Stress Disorder. So this is very different than, than not very different, there's overlap, but it is different than PTSD, post traumatic stress disorder, post traumatic stress disorder, that that occurs with, you know, a shock trauma, you know, we get in a major car accident you get, or you get attacked, you get whatever, it's something very, you know, now the, the complex Post Traumatic Stress Disorder includes relational trauma, attachment, trauma, developmental trauma, so where the PTSD is really, is really defined by a couple characteristics. One is, you know, experiencing threat being in that state of being threatened and then avoidance, like some kind of trying to avoid, and then and then of course, re experiencing, you know, not on purpose, but like getting triggered and re experiencing now, complex Post Traumatic Stress Disorder has all of those things, but also has in it, internal disruption, interpersonal disruption, distorted relationships, interpersonally, and then also has it also has effect dysregulation and negative self concept. Right? Because Because this is one because of these things that happen, these you know, these these developmental or relational or attachment traumas that happen. They're, they're internalized by, by children, you know, children, absolutely, children can't see themselves as good people in a bad situation. So they in turn, say what's wrong with me. So then the negative self, and then the interpersonal issues and then effect dysregulation. They're trying to figure it out. They're trying to make sense of it, or whatnot.



18:30

Right? Yeah. And then they create coping mechanisms and survival skills based on that. Absolutely.



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We even call them in arm, we call them, you know, adaptive, survival strategies, adaptive survival strategies, you know, and that. Yeah,



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that is so interesting. So I'm wondering, just thinking about depression, kind of, I just want to like, pull that out for one second, and really talk about that, as far as your thoughts on how much of it and you know, even if this is something that's known out there, have, you know, how much of it is caused by genetics or is brought because of genetics or because of just brain chemistry? Yeah. So



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this is exactly what we don't know. This is exactly why I was giving you like, the million word version of what, what what goes on with it, because there's no way there's no way to boil it down to like a single thing. Like they can't just give you a blood test. I mean, there's a there are assessments to determine whether or not you're in a depressed state for sure. Sure, but how much of that is, how much of that is genetic? And then there's, you know, epigenetics refers to those genes that you have that are then sparked to thrive or whatever, you know what I mean? They're like, triggered trigger. Yeah, yeah. And so so you know, there may be even be two children in the same family who may be similarly genetically predisposed. But one of them has it more manifested, manifesting in their, in their experience than the other. And we don't know how much of that is like the genetic piece versus the, you know, adverse child experiences. However, however it's experienced by them. And like we said, it's all that's all the way from, like, you know, being abused to like, your own internal experience of whatever it is, I mean, we struggling with our sexuality is a huge one. But also, like, let's just take example for, you know, the the person who just has a miserable middle school experience, you know, it's just like all mean, girls and all bad grades or whatever, you know, right. And then they have this whole experience, right, that is, you know, in combination with whatever be the genetic thing they have going on. Right, you know, then in combination with just general development, who knows, which pieces and then even when people say, you know, there are some

people, I've come across this and having conversations with folks who say, Oh, no, no, my grandma was depressed, my grandma's grandma is depressed. And, and my, you know, I'm depressed. And, and I'm sitting there thinking, like, you know, I'm not saying there's not genetics to this. However, there's also something called intergenerational trauma. Right, you know, there's also what is passed down, you know, I mean, addiction, addiction is in part, it is a genetic it, but it's also a learned behavior. I mean, if you grew up in a house where drinking is what's done, when people are celebrating or dying, or doing whatever they're doing, then that is what you do. Right? And then if you don't choose something different, see something different or have different, you know, experience in your lifetime, then that is what your children Yeah, sorry. Now is that because there's a really strong genetic, you know, how big is that genetic piece towards alcoholism versus how much of it is towards what is passed out? I don't I don't think anybody knows. I think anybody who says they for sure, no, I don't think they do.



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No, that's a no, they strongly believe they are,



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they strongly believe they might might, they might have some, you know, they might have some, some research to point to, you know, they're certainly they're certainly doing some neuroscientific research where they're showing, you know, different parts of the brain lighting up. But then again, I'm saying, is your brain lighting up? Because that's what you learned in your, your home with your parents? Or is your brain lighting up? Because your brain would light up? No matter what, right? I don't know.



22:14

Right? Because none of this can be done in a vacuum.



22:17

Right? Right. So I think it's just it's one of those just giant and soups. Yes.



22:23

Which we love, don't we,



22:24

I guess.



22:28

For everybody out there, we, we have we have learned to love or we've learned to at least be fascinated by just a good total quick aside here. But I have to give credit where credit is due and, and I've written a number of times, using the concept of and, and I've talked about it on my show, and you all have to know that Maureen is who I learned this from? So she is the originator of the concept of and which is



22:55

no no, not. Not the original one, the one who shared it with you. From it comes from, you know,



23:03

you know, it comes from you. I'm just letting it come from you.



23:06

Yeah, well, and maybe, you know, you know how I like words. And so I may come up with a little sayings and whatnot, but it is it is certainly something that has been, you know, shared with me throughout my studies and meeting different people. And yeah, yeah, well, I



23:21

think it is certainly extraordinarily helpful. And when you are trying to kind of sort through, yeah, right, all of these feelings and well, you know, at the at the core, we are survived, you're out where you are in any given moment.



23:37

Yeah. Yeah. You know, I think that in all of this, that I'm, I'm talking about, I see us as being, you know, so hard wired for survival, right, we're really pretty genius. And yeah, you know,

I've heard a lot of people's stories by now. And, and, and they're pretty genius for how they got by and what they did, and, but it does lend itself to sort of that survival energy, you know, you sort of like your prefrontal cortex gets a little bit shut down. And then it's like, there's not a lot of gray, you know, black and white becomes your friend, because you got to get things done, you got to figure things out. And so for people who've had considerable complex trauma, it that it takes a while to be able to get into that and space, that gray space, because for so long, what you've got by with was very helpful that black and white and and do it this way and see it this way and move on through, you know, as opposed to like, well, maybe it's this and that, you know, that's threatening initially I think.



24:35

I think you're right. I think you're right, but I think once you allow yourself to kind of embrace it, it's actually pretty incredible. Yeah. And, at least I know, in my personal experience, I've been able to not only see so much more, but I'm so much more calm because of it.



24:59

Yeah. Yeah, so I think that's, I think it helpful. Yeah, I think it puts us in better perspective with that idea of threat. You know, the threat is no longer imminent, you know, it feels like it is at times. Right. Right.



25:16

Right. Exactly. Exactly. So, I'm wondering, I'm just circling back to depression again, but for, you know, specifically parents who are listening who, you know, might be checking off those boxes of you not with with their, their child, they're thinking, Okay, or, you know, they're they're sleeping a lot there. Yeah. assumed interest. They don't. Yeah, what are? What would you recommend that they do kind of in an order of work for their child? Yeah, I



25:57

think the biggest thing, in my opinion, is just talk to them. Just Just try to see if you can engage them in a conversation and let them know that you're noticing that they may not be, you know, feeling so great, and that you don't want them to be alone with it, you know,

and share what your some of what you're seeing, ask them what their thoughts are, ask them why they think that they're in that space, you know, ask them if they would want to consider getting some support. You know, and, and here's the thing, too, and that the, you know, there's true, there's, there's therapy, and there's plenty of therapists, but there's other options, too. I mean, there's coaches out there, there's, you know, there's, you know, maybe some kids need to just, you know, maybe you want to try yoga for a while, like, just, maybe they just need to start trying stuff, you know, to be noticed, maybe they need to be more in touch with their physical body, you know, I don't know, you know, and, and I think if you can approach them, here's the thing that's so interesting with adolescence is I know that they're not fully developed, but they are so smart. They're so so they're so smart. And they are so they are little people, you know, they're not not they're not children. Now, I don't, I cannot speak for like children, children, I just have never ever ever worked with that population. So I wouldn't want to, to say like, if you're listening to this new, an eight year old or nine year old, you know, please talk to your pediatrician. Find other people that you respect to talk to, just not sure, although I never think it's too young to have a conversation to have gentle conversation about just trying to join them in their internal world, and what actually is going on for them. You know, because that's, that that's, that allows them to get in touch with whatever's going on in C, then already, you're gonna have a conversation like that with your, with your child or with your adolescent, you've already invited like their agency into it. Like what do you think is going on with you? What do you think you need? They're not do not they're not objectifying them. You're not saying all the other kids are going to baseball doing school? What's wrong with you? Or all this? Or what's going on? Or what last year, you weren't like this? Or that? Or that? That's, that's all that's all objectification make them? Make them the subject, think subject. Think subject, not object? Hey, what's going on with you? I'm just noticing some Am I am I reading this? Right, like, give them lots of space to talk to you to talk to you and to let you know, you know? And they may say like, I don't know. And then I think it's just how can I help? How can I? You know, because there may be there may be lots of things that they want to try, you know, and of course, I think therapy is fantastic for those that are open to it. You know, but I also think healing can happen in other ways. I think that all healing? Well, I don't know, maybe that's too strong. Most healing happens in relationship, you know, and so, like I said, at the top of this conversation that I believe the clients do their healing, you know, I'm just, it's done in the context of our relationship, which is really powerful. You can also apply that to, you know, in some ways to a parent child relationship. Now, adolescence, you know, also don't want to tell their parents everything, you know, correct. So that's the other thing is don't push for the details. Just try to stay with like, how, how they're feeling, you know, and if they're being a little evasive, let them Yes, yes, stay with them, stay with them in the feeling, stay with them where they are, but don't start pushing them for the details of what happened at the party with Susie or Johnny or whatever. Let them have have their space, let them share what feels right for

them. And if you're you know, a PS and you know this Heather because I've said this to you so many times, you know as a parent, you are also 50% of the relationship. You know, so if you are saying something that is really concerning that has you so concerned, you know, then, you know, then I would, you know encourage you to you know, if you're trying to talk to them and it's not working, go get some help for yourself to figure out how you best want help. Your your adolescent or child, right? Of course, all of this is contingent upon the fact if you think that they're in any kind of imminent danger, then you you do what any parent does you do whatever you have to and even if it's right,



30:15

correct, yes. And and I would say to that, specifically, that you will know, you will feel it in your gut. Yeah. And, and you're not wrong, right? Typically, your gut is telling you something, it's not wrong.



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Correct. So, especially in Heather, I love I love how you said that. Because I think what parents do, well, meaning parents, and I'm a parent, I'm a well meaning parent, who's just that when she's not being raised, no. But there's this tendency to get up in the head, you know, and go through like the open, I'm seeing this, and I'm seeing that law. And I heard this person say that, and oh, my gosh, Oprah had this person on and I saw this on a podcast, it's settled down, sit with your child, or sit with what you know, to be true about your child. And if your gut says, do something, do something, you know, don't spend hours up in your head, allowing yourself to be, you know, absolutely taken for a ride by every article you've read, and everything that's happening out there, come inside you and see and see, like and check it out. And if your guts telling you then yes, I say, you know, do do something, even if they're not gonna, if they're not going to like it, you know, but the other but if it's not like that, if it's not, you know, if it's not gut wrenching, or, you know, life critical, then my other my other plus starting place would would always be the preferred starting place, you know, and then and then even if they are open to therapists, and you know, this about me, too, like I, I would any, you know, adolescent, I'd say here, here are some choices, you know, do you want to interview them? Talk to them, see if you like, yeah, this is what I thought, What do you think, you know, and if you don't like, you know, A, B, and C, we'll go shop for D. Exactly.



32:07

Yeah, exactly. That is so huge. You know, thinking about just our process with Connor. But

you know, his first couple times with therapy, it was definitely. We were in crisis. And we, we found the therapist, right, or we found the program. And then you know, and you you helped so much. And when when he was coming back, we had time, right? So we were able to say, Okay, let's I did the shopping ahead of time, and I had, you know, I interviewed a large number of people and narrowed it down to like three or four. I think that then Connor interviewed. Yeah. And yes, this takes time. But it is vitally important. Yeah. Because if you know if you're not connecting, or if your child isn't connecting, it's would be more fun to just slide the dollars on fire. Yeah. Right. Yeah.



33:11

Yeah. And by the same token, you say, Here's three, and they like the first one. And they're like, no, I really, really liked him. I really liked him. Let them try for you. And if you know them to be, you know, with someone that you think would work well with your child and let them try it. You know, there's not, you know, there's not a formula, there's just space. Just choices. How many times I've said that right? Seriously,



33:34

twice. And I think sometimes the choices thing can be a little bit scary. Yeah. Because that's something I wanted to circle back to as well, where I think as parents, we're so wired to a lot of things, especially as they're, you know, when they're children. It's black and white. Right? Yeah, a lot of things are black and white. And, you know, as then as they grow into adolescence and their their teenage years young adulthood, that it does become so much more gray and being able to sit when they are in these spaces of struggle.



34:12

Yeah. Yeah. There's a lot of complexity. It's Yeah. Yeah.



34:19

And it's a, I think it's very, you know, I know it's very uncomfortable to sit there and know that your child is struggling. But to just listen to them, and let them know that you're hearing them and asking, you know, instead of saying, Well, I think this is going on, or I think whatever. Absolutely. Allowing them asking them open ended questions like Maureen just said, you know, yeah, and I know that's scary, too. I think that can be scary

to a lot of parents, right. It is. Just the sit with it. Let it be uncomfortable.



34:57

Yeah. So there's a there's a a certain level of intolerance in our culture for discomfort and discomfort, it's not always bad. It's not necessarily bad, it's maybe very, very, very uncomfortable. And it might be exactly right for this moment. And also, sometimes when someone's really uncomfortable, that's what propels them to a certain, you know, to get up and say, like, you know, I want out of this discomfort or to say, what is this information in this discomfort, you know, discomfort in and of itself is not necessarily bad. But we have such a intolerance in our society for it, that we think we're supposed to fix it, fix it, you know, especially if you're a parent, right? Like said, your child's uncomfortable, your child is hurting, do something, it's like, well, listening is a huge something, and it is uncomfortable to let them still be sitting in their discomfort. But it might be really important discomfort around it, it's really, really hard. And so that's, of course, I'm not going to be able to help myself, but to say that a lot of times, I think that the best thing that parents could do their own therapy, you know, like, they're like, fix that, fix them, fix them. And I'm sometimes sitting there thinking, should I ask you, if you'd like an appointment? Should I What do I do? Because I just you know, that's, that's a great place to start, because there is no way that you can not have your stuff come up. As you parent, your Oh, particularly adolescent and young adult, because that stuff is fresh, it feels a little bit close to the surface, whether you're 4050, or whatever. It's there's no way that it's not there. You know, and that's not, you know, again, this is not always a bad thing. It's an important thing, though, you know, cuz that's another thing that that this is back to the objectification or sort of what you were just saying how they're saying, well, this is what I think's going, I think this is going on, sometimes half of that, or over half of that is actually what happened to mom or dad when they were 14 or 15. And they don't know, we don't know what we're just being human. It's not anybody's you know, it's just, you know, the that sort of that projecting what your past pain was until, like, where they're where they are right now. Right? Absolutely.



37:15

We Oh, my goodness. Yes. Yes, we have. Yes, we have that that is very, very, very true. Talking about going to having these conversations with your child and listening to them actually kind of works rather well into the next thing we want to talk about, which was or, which is, what is meant by environmental failure.



37:43

So environmental failure is part of, of the complex trauma. It is, I mean, really, essentially, it's anytime the environment does not meet the needs of the individual. I mean, that's pretty broad, but it's also I think, accurate. So, you know, this can happen at home, obviously, in lots of in lots of different ways. This can happen at school. And does, often there's a lot of educate, there's a lot of educational trauma, I believe, that happens with you know, people who have different learning styles, or, I mean, there's all kinds of all kinds of things not to and that doesn't even include the social component, you know, right. But right, but, yeah, anytime that there's, you know, an unmet need of an individual, it's because their environment can't or doesn't respond, you know, right. So and like I said, it can be home, it can be school, it can be the playground, it can be, you know, certainly the social media and environment. I don't know, but just that world, that the young brain we live in with all of that. And all the influence of them. Is there is there invite part of their environment, their world is that there's the social media arm to that, you know, there's always been the social component, there's always been Mean Girls, and there's always been, you know, got, you know, bullies right, bullying forever. But it's, you know, it takes on a whole new level with the with technology influence lots of lots of ways we could talk about that. And, and I'm especially thinking about your listeners, as it potentially as many of them are parents of, you know, I'm afraid to say the letters because I'm afraid I'm gonna scream in the wrong order. Oh, GB, t. q. q. Thank you. And I know the letters I'm just reading, I just want to be very respectful. But, you know, I mean, just that, you know, just the timing coming out, or, or not, you know, maybe not knowing, or maybe, or maybe, I mean, there's so many different you know, things That the environment meaning the culture that we're in, do not respond to in a way that is, you know that that environment fails those, those young people, but a much much of the time, much of the time, you know, and even when you get into, you know, some places that are starting to acknowledge, recognize and do a little bit better with it, there's still a lot of environmental failure there, because they might get a pocket of it when they go to the club, or when they go to like, you know, the, there's like the certain really understanding teachers or, or counselors or whatever, but they're still the other However, many hundreds, if not 1000s, of kids in the school, perhaps right. And or not to mention what they might be doing with their own internal dialogue about it, because they don't want it they do want it that, you know, I mean, there's, but that's, that's, that's internal back to the environment can fail them in many, many ways. Right? Well, I



40:55

think that's, you know, I just wanted to touch on that a little bit, just to kind of, you know, add it to, just so people are aware of the different factors that are rolled, rolled into, yeah,

into depression, and, you know, depression, specifically, you know, mental health in general. And I think also, largely in talking about kind of the, the current state of our culture in America, just where we are as a culture. I mean,



41:32

if you're, if you're not acting in or acting out on some level right now, I you know, that that is miraculous, because it is a environmental challenge, like I've never seen, I've read about some things and some history books, but I've never seen anything, I've never seen anything like this, you know, and, and that is when they when the environment fails the individual, typically, there's going to be some form of acting in or acting out. Right. And, and, and so any of the acting out is not hard to define right now, at this point in time, you see it all over the place, people, I it, people keep saying this to my, my friends who are in the field, and like, boy, people aren't just saving it for the room, you know, the room that they're studying, or the zoom call, if you will, now is that we're doing it nowadays, but people just hanging out everywhere, who's who are, you know, wanting to, to protest and have their their voices heard? I think that's, that's something separate, you know, than the absolutely, the acting out is, is, you know, it tends to be to be a little different, you know, the environment that we're in right now talk about, you know, inconsistent, erratic, unpredictable. And then I don't think there's ever been a point in time where, you know, people have been so divided and so on. I mean, I don't know, I don't know about you, I'm probably dating myself, but I remember growing up coming of age, if you will, in like, the late 70s, or whatnot, you know, being a, you know, teenager, young adult, and, I mean, Democrats and Republicans were married to each other, they bicker about it, we'd have conversation, but it was like, you know, there were conversation now it's like, it's it's breaking families apart. It's, it's really something it's really something else, you know, and I, yeah, it's hard to watch. It's very, very hard to watch.



43:26

It's very hard to watch. And I think that one of the things that I've thought about a lot recently with this is there's so much going on, and so many different areas of our culture, that we can't do anything about, really, or we can do very little about it, right? There's like this whole, and I and our kids feel that much less, you know, they're, and even the things that they don't understand, they still feel the energy of it, they still are getting it, right. They're getting it, you know, if they're on if they're on social media, which, you know, a lot of most adolescents and teenagers are, they're seeing this stuff, even if they don't want to, it's coming across their feeds. And it's, you know, it's confusing, and it's, and I think you're right, with divisiveness, and just that you can you know, like I said, even if you don't truly

understand what's going on, you still feel the hate and the anger and the Yeah, and I think that's, I feel like that just adds to where they are like they



44:38

Yeah, well, I think if you think about what I mean, most adolescents and children and people quite frankly, do best with having, you know, feeling you know, feeling like they're, you know, grounded right? And everything just feels so up in the air right now. Like you don't you really, you don't know what's true. You don't know what's not true. You don't know who to you know? You're kind of listening, but kind of wondering, am I is this real information is so it's very dysregulated? You know? Yes, I think for everyone, but particularly for adolescents, they're probably a lot more sensitive to just dysregulation



45:16

you know, how about I mean, I think so. And I think the fact that we as parents are dysregulated, I think they typically look to us, even if they're not asking, right. They're, they're feeling our energy, right. Or they're listening to what we're saying. And the fact that we're kind of like, What is going on? Yeah, right. No matter where you stand on any of that, yeah,



45:41

well, there. Yeah, there's my goodness, there's there is a lot of that. And there is, quite frankly, some of like, I'll tell you what's going on. And you better agree with me kind of a thing, too, which is, Wow, really frightening as well. I mean, racked up to have that level of conditionality on, you know, is really, it's very confining, and in my opinion, quite damaging for parents to do to to their young, adult and or adolescent and or adult children. Yes, yeah.



46:14

Yes, very much. So very much. So. I'm wondering if you could just offer a few kind of five final tips just to kind of pull everything together for everybody? You know, looking at depression, specifically, but then, you know, mental health more generally. And then, you know, kind of dealing with everything that's going on around us. Yeah. Some, you know, some tips and strategies that parents could use with their, their kids.



46:49

Yeah. Wow, that's such a big question. No, no, no, no, it's okay. You know, it's interesting, as you were, as you were asking it, and I was listening. And I mean, certainly there's, you know, we could be on here for another several hours together and just take a ticket, just be still if the first couple bites out of the apple, right. But if I had to say one thing, and this is something that we, that we talked about, in when I, when I went to the neuro factor, relational model training, which I'm continuing to do during the Masters work, you know, this I there's this idea about connection and disconnection, right, as human beings, you know, and its connection to self, and others, but first is off, right? And, and we all need some disconnection. And we all need some connection. So it's sort of like a fluid, sort of a thing, right? Run, you know, I mean, we all need, you know, like, if you have a really busy day, at the end of the day, sometimes you just need to just, you know, have your nose in your book, or be blobbing out to your Netflix show or whatever, you need that disconnection, you know, unlikely you need points of disconnection throughout the day, like little arrests, I would call them, you know, but you need I think, more than anything in this time, you need to be as connected to yourself as you can be, you know, so that example that we went back to we were talking about the parent, and I said, don't be thinking about the podcast, and the Oprah. I mean, well think about it if you want but like sit Where's your gut? get, you know, get connected with you, with you who you know who you are? Maybe not entirely, but you know, and so really try to connect with yourself. And then ask yourself, you know, this is one of my favorite questions, this isn't going to surprise you, you know, what do I need? What do I need, you know, in this moment, and I even encourage parents, if they're worrying about their adolescent or their child, please still start there. Because when you get connected to yourself, and when you ask yourself, what do I need, you will proceed with a level of clarity, and a level of, of openness and gentleness that you won't have otherwise. Because if you're constricted, and disconnected from yourself, and in your panic, and in your worry, you're much more likely to miss cues to miss where the child is actually at to do to them instead of listening to them. All these things are going to be more likely if you're not connected to yourself, you know. So I would say, really work on connecting to yourself, if you need help with that, get help with that, you know, and then also allow yourself points of disconnection, like know that you're a human being and that you need breaks, you know, and ask yourself, what do I need? Because if you get quiet, and you're connected yourself, you ask, what do I need in this moment? I can, I mean, I know there are no guarantees, but I'd love to come as close as I could, possibly to giving you one, but that's the best starting point. You know, and then if you can keep in that connection to yourself, while taking in information or while assessing things, you know, then you can begin and you'll know I say this all the time to write whether to trust the process. You're gonna trust the process. And that doesn't mean every piece of the process is going to be fantastic. Sometimes part of the process is going to be

downright horrible and you're gonna be like, well, we're not going down that you know, path, because that's what's behind door number three. No, thank you or whatever. You know, but so part of the process is it's going to be messy. And it's going to be part of it's going to be what you don't want and what you do want. But I think if you, you know, connect to yourself, ask yourself what you need, and then begin then proceed. And, you know, of course, I think everyone should ask for help, whatever that means to you. You know, I'm not selling, I'm not selling therapy, or coaching or counseling or any of it. Although I think there's lots of good good of it out there. You get to decide what you need. And just ask for help. In general,



50:35

I think that's really, really important. I mean, I hope everyone heard that. Because I think as parents, especially, we often forget that we we get to decide what we need. Yeah. Right.



50:52

Yeah. And it means you can imagine if you're struggling with your adolescent, it may seem so ridiculous. You're like, Who is this crazy woman telling me to say what do I need, but I'm telling you that if you if you can answer that, quote, you might just need more information. You might, you might need someone to help you calm down so that you can get better sleep so that you can be have a better understanding and so that you can better be available to connect to your adolescent or young adult or child. It's counter intuitive, but it is the starting point.



51:24

It really is. I mean, I can I will tell everyone out there that that is, it really is I mean, that is, you know, one of the the very first things that I that I learned from you, and it's hard to do if you are not, if you've never done it before, if that's not how you work, which most people don't naturally work that way,



51:46

right. And we don't live in a world we don't live in a world that upholds that as the value that that we should you know, we live in a world that tells you the the people who have the answers, the people who are in charge, the people who have the letters behind their

names, the people who have more years, you know, be they're older or whatever. All of these things are what qualify you, you know, and that you should have the answers and fixing shouldn't be the end. It's only only seen at work while the other way. I'm here to tell you.



52:11

Yeah.



52:12

Agreed. So yeah, it's very countercultural, counterintuitive. And yet, so profoundly important.



52:23

And it works. It works. Yeah. Oh, I'm living proof.



52:29

Yeah, I mean, and I think that's the other thing. That's why I'm like, I'm never I'm never selling because I'm, I'd rather just live and share. You know, that's what that's what my world is. So it works.



52:40

Yeah, it does. It really does. Yeah. Oh, my goodness, Paul, thank you. Thank you so much for being with me today.



52:48

Thank you for having me, I really appreciate the opportunity, I feel. So I would like there's so much more to say and so much more to you know, but I'm so pleased that you started this podcast and the people have, you know, this is another way that people can be not alone. You know, and this is where people can can get help and get ideas and, and or just, you know, a break or maybe just maybe just in the shared understanding that other people are struggling as well. You know,



53:19

exactly. All of the above all, yeah. I mean, that's why I'm doing this. And you know that this is a passion for me. And thank you, because such a huge part of my journey and getting me it's an honor place where I could do this. Yeah. So



53:39

well, it's been it's been my honor. And as I said, you know, the healing happens within and because of the client and in the context of the relationship. So it's been a real privilege, for sure.



53:48

Thank you. Thank you. Thanks. So this is where we are going to leave everybody for today. Thanks so much for joining us. And I just want you know, this actually is very relevant to our conversation today. But everybody, just remember to take that breath, that simple breath, to calm you to center you will give you so much strength and clarity is so very important. Email me at any time with ideas or feedback for just breathe. Please review just breathe on whatever platform you have listening to add on. Subscribe to my website to stay informed. And you can also sign up for my monthly newsletter as well as access tons and tons of resources. You can join the private just a free Facebook community to chat with other parents and allies. And finally, please share with anyone who needs to know that they are not alone. Until next time,