



The myth of self-sabotage: getting unstuck

Guest: Crystle Lampitt

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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 Crystle Lampitt, a licensed therapist speaker and NARM certified trauma specialist committed to dispelling the myths about mental health that keep us feeling *Sad, Sick, and Stuck*.

After more than a decade working as a TV journalist and producer, Crystle found herself feeling all of these things, plus confused and exhausted. After being diagnosed with chronic illness and noticing a significant decline in her mental health, she knew she had to make big shifts in her life in order to heal.

Part of that journey included going back to school to pursue her career in mental health. Now she has a therapy practice and works with clients navigating trauma, CPTSD, anxiety, depression, abuse recovery, multiethnic identity, and the vast array of experiences that come with being human.

Thank you so much for joining me, Crystle.

Crystle Lampitt

Hi, Meagen. Thanks for having me. I'm glad to be here.

Meagen Gibson

So I would love it if you started by describing to us what exactly NARM certified trauma specialist means.

Crystle Lampitt

Yeah, I'm very proud of that one. Can you tell? It's in my bio. I just recently got the certification, which takes a considerable amount of time and investment. So NARM stands for the neuro affective relational model. And basically, it is a very specific therapy method used to treat complex trauma, developmental trauma, relational trauma, all of those sort of complex traumas that get overlooked under the PTSD umbrella.

So I was lucky enough to learn about it a couple of years ago, and NARM just had such a profound impact on myself personally and professionally.

[00:01:56] Meagen Gibson

Sorry, I don't want to interrupt but before you get too far into it, if you could back up a second and just do a real brief explanation of what CPTSD is.

Crystle Lampitt

Absolutely. So CPTSD is that complex post traumatic stress disorder. And the way that I differentiate that, and I think this is an oversimplification to be clear, but when we look at capital T traumas, these are the ones that are very visible that people have all heard of like, assault, going to war, getting in a car accident. Complex trauma are the more developmental or relational traumas that are no less significant, but they might be less visible. So these are things like neglect, being ignored, not having your needs met as a child and growing up.

So they're the things that I think Dr Francine Shapiro who created a trauma therapy called EMDR, has described them as capital T and little T. And it's like the capital T is the big wound, the big stab wound, and then the little T is like all the little paper cuts that build up over time. But either way you're going to bleed out from both. So we need to address both.

And speaking of that, I also am studying and doing EMDR in my practice but that was created specifically for PTSD. So that is eye movement, desensitization and reprocessing.

Meagen Gibson

And that's more of the big T trauma is what causes PTSD.

Crystle Lampitt

The big T traumas for PTSD, exactly. When EMDR came about, it was really for that. It's been used for decades now with veterans with all sorts of populations. So NARM was the very first method that was created specifically for CPTSD. And the reason why I think it's taken this long is because, to be quite honest, complex PTSD does not exist in our North American, what we use, the DSM, our Diagnostic and Statistical Manual for Mental Health Disorders. So in our current fifth edition, we do not recognize complex PTSD. However, the World Health Organization recognizes complex PTSD as of 2018, and it is included in the ICD-11, which is what much of the world uses to diagnose complex PTSD.

The way that I think of it is, whether therapists or clinicians are aware of what complex trauma is or not, or whether they recognize it diagnostically, they are most certainly working with it.

Meagen Gibson

They're treating it, regardless of whether or not it's in the DSM.

Crystle Lampitt

They are, exactly. They are seeing it every day in their office. So it's nice to have this framework now that really addresses CPTSD specifically.

Meagen Gibson

And so how does NARM help address CPTSD?

[00:04:41] Crystle Lampitt

Yeah. So that's a big question. I think there's been this really big shift in the trauma world, and honestly in the therapy world in general, away from standardization, because no two humans are alike. And so while we have cognitive behavioral therapy, which has been around forever, it's evidence based, people love CBT. Other people did not respond very well to CBT, myself included.

And so part of how modalities and methods get the evidence based seal of approval is by being very standardized. So literally, you can take this script, I can give it to Joe Bob down the street, he can read it and do the techniques, and it will be reproducible. The thing with trauma is it's too complex. And especially when we start looking at complex PTSD, which is a chronic and prolonged trauma, a lot of the times these are things that are happening over months, years that are so subtle that we're not even aware that it's happening. And so we can't standardize that.

So what NARM is, is there is a framework. I like that it's really different from a lot of trauma therapies because there is a framework, there are these pillars that we really work with. There are concepts, there are common factors, there are themes that we all learn, but it is not specifically standardized protocol. There's a lot of trust in the clinician and the therapist to be able to be a human, to not objectify their client and to be able to see what does my client need? What does my experience as a human sitting with another human tell me about where I need to go in this process? And that is hugely different compared to some of the earlier therapies that we've first been exposed to.

Meagen Gibson

What you're describing sounds a lot to me, like attunement and compassion.

Crystle Lampitt

Exactly. That is probably one of the most common little T traumas that we experience, is misattunement. And so misattunement in the way of just not getting our needs met. And it may be, I think as soon as people hear the word trauma, they just go, well, I don't have any trauma. I never went to war. Okay, but misattunement, as a child did you feel dismissed? Maybe not even through a malicious process where your parents were terrible to you or at least not intentionally, they were busy. Maybe they had financial stressors. And so what happens for a lot of us as children is we are misattuned to over and over and over again. And that's the chronicity that we're talking about. That is the prolonged trauma.

And one really special things about NARM that I really appreciate the way that it defines trauma is that it's not about the event that happened to you. It's about the adaptation that we've taken on in response to the event that we then carry forward. And that's where the symptoms become problematic. And that's where those patterns become problematic. It's because we have found a way to adapt. And if you think of it in this context, it's actually very creative and very intelligent for our brain to go, oh, hey, this extremely distressing thing happened. I'm going to adapt by doing X, Y and Z, by avoiding, by perfecting, by pleasing people, by fitting in, by disconnecting from myself.

And we do that without even realizing it because it has helped us in that context to survive. And now, 20 years later, you're like, man, I can't be authentic, my relationships are struggling. I don't know why I don't seem to get what I want, and we don't realize just how subtle that shift has happened. And so in NARM we're really supporting a psychobiological shift towards recognizing what has happened, how have you adapted to it, how has that been actually helpful, and how has it been problematic? And we're holding space for both in a really gentle, compassionate, attuned and consent based way.

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And that is what helps a lot of people bring that agency back online and move from that child consciousness, where the trauma has happened and has been very threatening to their survival, and growing up and moving into the adult consciousness where we realize, oh, I'm an adult with options. There are things I can do here. And for me, that's where the magic happens, because that's where people realize that there is so much that they can do to empower themselves. And it's an incredible process to watch.

Meagen Gibson

You said so many things that I want to follow up on there. And literally, I'm like, let them all go and stay here in the present. But it's funny because as you were speaking, I was thinking about all these ways... Because it's really hard, I think one of the first things that we have to do in our journey is it feels like admitting that we had trauma, especially in that CPTSD way, is some sort of betrayal of the family, our family of origin or whoever raised us, and that we're saying that they're terrible people. That's literally not it. There could be wrongdoings and there could be ways in which you were neglected or abused and whatnot, but for the most part, I think most of us were just not attuned to in the way that would have best served us.

And that's because every person, especially adults, especially parents, are limited in their capacities to meet somebody else's needs. Because they are their own people with their own stuff and their own unhealed traumas. So there's a lot of forgiveness of saying, I know that my needs were not met in this way, but I also understand that that was a fully independent human being that also had their own needs and can't just be surrendering their needs to me all the time.

Crystle Lampitt

Yes. Absolutely.

Meagen Gibson

And it's something as simple as, I had a child at the doctor today, and they had a lot of fear around that. And as I'm there with him my mind is going really quickly around anxiety and children and soothing anxiety. And I was imagining if this child had an unattuned, either anxious or dismissive parent, and not that they haven't or won't in the future, but they don't right now. Today they didn't have either of those. And just how that can get exacerbated over time and over a childhood if you're constantly told that you shouldn't be afraid or that you shouldn't be having a fear reaction. And especially my child is male, cisgendered, toughen up or these types of messages over a long time, if they're not what you need in attunement at that moment when you're handling something really difficult or scary, make you feel really isolated and alone.

Crystle Lampitt

Exactly. And what you said I think hits on so many important points about trauma. Because we immediately want to go, and I'm not in the business of parent bashing. First of all, parenting is, any parent will tell you it's the hardest job in the world because it is. Oh my God. If you decide to have children, may the force be with you. I mean, this is a huge, it is a huge undertaking, and it's a massive responsibility. And I don't think we need any more forcing or pressuring or guilt or shaming around that.

[00:12:25]

And so I do like to differentiate that so much of misattunement is not malicious. It's just not malicious. It's often not intended. And it's something that can just happen. And let's say, okay, let's say this happens, you have the perfect childhood and your parents had all of this support. They had community, they had done their inner work, they were really making efforts to break trauma cycles and all of that. Okay. So you still live in a certain system. So you leave your perfect bubble home, and then where do you go? You go to a school where there might be bullying.

Meagen Gibson

Teachers are wonderful. I love them. I say nothing but good things about them. But there can be teachers who are misattuned to their students and are damaging in their little hearts.

Crystle Lampitt

Exactly. And we're so vulnerable at such a young age, of course that's going to have an impact on you. And just like you said, the messages around toughening up, the stuff around masculinity and how you're supposed to show up in the world. It's hard to imagine a human not being impacted by that.

And so I'm always a little curious. I think you can have an incredible childhood and have amazing parents. And if we look at, I don't know if the general public is super familiar with the ACE study, but if we look at the ACEs, which is the adverse childhood experiences study done in the 90s, it's a 10 question questionnaire and the questions are all about were you abused? Were you neglected? Were you hit? Were you molested? All of these things. Did these things happen to you under the age of 18? And the higher the ACE score, the more likely you are to have health problems, to have mental health issues, and to have a lot of problems getting through life and functioning.

So what's interesting here, though, is you can have an ACE score of zero. But if you have a history of being misattuned to or you live in an environment where you haven't felt safe, because you perhaps are a part of a marginalized group or because of microaggressions that have been committed towards you that you've internalized and haven't even noticed. I mean, there are any number of ways that we can learn to adapt to really problematic traumatizing conditions, not even realize it, and then normalize it and think, oh, but I don't understand why I'm so anxious or sad or why I keep repeating certain patterns.

So I think it's fair to say that most people are going to experience some type of trauma in their lives and then the way that they cope with it, it really depends on what they have available to them, how much that impacts them.

Meagen Gibson

I had a vision of, you're a young girl, and you grew up in a perfect household where you're absolutely attuned to, everything in your schooling is perfect but every day when you walk to school you're hyper sexualized. Every single day.

Crystle Lampitt

Yes.

[00:15:28] Meagen Gibson

On your walk to school by strangers.

Crystle Lampitt

Exactly. How do you not internalize that objectification on some level? And especially, I'm thinking maybe that girl has the perfect household and she comes home and processes this with her mother who is a safe, regulated adult. Wonderful. Ideal. And that may be more beneficial for some than others. We all have different nervous systems for many different reasons and different influences. But imagine the girl who doesn't have anyone to go to around that. Imagine the girl who is coming home to a very neglectful household, and that's the only attention that she's getting, is from people hyper sexualizing her and objectifying her. Now there is this implicit message that she's getting about herself, that my body and the way that I look, and as long as I'm being objectified, that's how I get attuned to.

Meagen Gibson

Especially my intimate relationships, whether that be a parent or an extended relative or a step-parent or a boyfriend of a parent.

Crystle Lampitt

I have to do this to myself to get that need met.

Meagen Gibson

Absolutely. So I want to get into self sabotage a little bit, because how did these trauma responses start to come up? I was joking with somebody earlier today about how you start to notice these patterns in your life of these things that keep occurring. And it's the classic where it usually shows up is in your relationships. And so you're like, oh, well, if this is happening, I should just get out of this relationship and my next relationship will be different. And then you're like, hey, everywhere I go, there I am again. And the common thread here is me.

Crystle Lampitt

Sounds familiar.

Meagen Gibson

So at that point, you're like, okay, so maybe the common thread here is me. Or it could be less functional than that in that every time you start to succeed, or every time you start to get opportunities, or every time somebody starts to get close to you, you've got to get out. And sometimes we blanket these terms of self sabotage. But trauma responses can warrant these. Your safety gets triggered, whether that safety is because you're literally in a safe, secure, tuned relationship that can feel threatening if all you've known is misattunement and danger. So let's unpack self sabotage a little bit.

[00:17:54] Crystle Lampitt

Oh God. Exactly. And I like to replace self sabotage with survival strategies, because if we can start to look at what is the adaptation that is happening here? You did not wake up this morning or one day and decide, you know what? Today is a really good day to get addicted to meth. You did not wake up one day and decide, I'm going to date another jerk who's going to abuse me and cheat on me and treat me horribly. Nobody has made that decision just because.

I think if we can see the "self sabotage" as actually an effort for self preservation, for survival, for self protection, that gives us a more holistic, and I want to say accurate, and also a more compassionate view of why are we doing this? Why are we repeating this?

And I think there's a lot of theories. There's the trauma repetition, well maybe if I just do it again then I'll succeed and I'll master it. If I keep making the same mistake over and over again, I keep repeating the same trauma, the same problem, I'll fix it eventually.

And it's interesting what you brought up because the ACEs study was actually born out of a study by a man named Dr Vincent Felitti who was studying weight loss. And he was helping people to get to their goal weight, to get to a healthier weight. And what he kept finding was a lot of people, as they would get really close to their goal, like a few pounds away, they were doing so well, all of a sudden they snapped and they defaulted back to all their old patterns, and they gained all the weight back and they were right back where they started. And so this was actually a study about weight loss. It wasn't about adverse childhood experiences.

Meagen Gibson

He was like, what's the common thread between the people that can't succeed in this program?

Crystle Lampitt

Exactly. And it was ACEs. So he discovered that every single person had a common thread of childhood trauma. So then the focus of the study switched to become about adverse childhood experiences and how that impacts your health.

And so it really blew open this door around social determinants of health looking at childhood trauma. I think even at that time, this was in the 90s, it was a little bit more limited in scope to really severe traumas. So, like I said, people who have an ACE score of zero get missed and they fall in between the cracks.

Meagen Gibson

There's a ton that, on that Venn diagram that should be included, that's not in those questions. I think the ACEs study was also super white and super male, if I remember?

Crystle Lampitt

Yes. Like most psychological studies.

Meagen Gibson

We're changing that.

[00:20:33] Crystle Lampitt

We are. Little baby steps.

Exactly. So what was happening here, and the way that NARM holds it, is that, of course we want to survive, of course we want to do well, of course we want our goals, but there is an equal opposite part of us that is equally invested in not getting what we want. And the theory is that if there has been trauma, there is something that has served us in the way that we repeat our patterns.

So can you imagine if you are a 3 year old and mom and dad are fighting and you don't understand what's happening but you need mom and dad to survive. They are your primary survival resources. Is it going to be easier to believe that there's something wrong with them, that they don't have great communication skills, remember, you're 3. Oh, that's them. Mom's just stressed about work, and dad just likes to have a few beers. We don't have that capacity at 3 years old. What tends to happen is we learn that there's something wrong with us because that is going to preserve that primary attachment relationship.

So self sabotage a lot of times comes from these impossible binds that we find ourselves in as children. Where we need the attachment relationship, no matter how unhealthy, no matter how misattuned, no matter how complicated and inadequate that relationship may be, we need it for survival. So any 5 year old, 4 year old, they don't have a choice. You got what you got. And so we learned that well, as long as I can preserve this relationship, then I will survive and everything will be okay. And as long as I can believe that there's something wrong with me, not that there's something wrong with my parents or the outside world, because how scary would that be to believe that maybe there's something wrong with my survival resources. Maybe there's something wrong with the people who are supposed to love me and take care of me no matter what. That is a very, very scary thought for a young child.

So what we do is we adapt. We go, well, I know in my case pleasing people became a big thing, like perfectionism. And this is even, I was that person who I thought, oh, my childhood was great. We traveled, we got to see the world, my parents gave me everything I needed, I always had food, I always had water, shelter, clothes. I was that person. I do have an ACE score, but it's not very high. So I was like, well, dad never went to jail. That's one of the items. So I thought I should be doing amazing. And here I was struggling with all this stuff.

And so just being able to notice that, well, there is something about people pleasing, maybe or making myself smaller or fawning, that trauma response, the fawn response of making everybody else okay, that served me. And for a long time, in the context that I was raised in and the context that made sense for me, both within my family system and within the larger systems I existed within, that made sense. So that became internalized. And that became my pattern.

So eventually, when I'm starting to look at expanding as a human and wanting to do more with my life and my business and myself, there's something very scary because there is still a part of me at times that fears if I do this, if I let myself take up space and stop people pleasing, oh God forbid I say no to something, then I will lose that primary attachment relationship. I will lose something that feels so deeply rooted in my survival that I'm not even going to touch that. I'm just going to stay small, I'm going to play safe, I'm going to be here, I'm going to take up as little space as possible.

And if you look at it from that perspective of oh, okay, so the addiction, the perfectionism, whatever that pattern is, it's serving a purpose. It made sense within a context. And your brain's number one job is to keep you alive. It's doing a pretty damn good job of that so far, if you are in fact alive. So as far as

your brain is concerned, we're good. We are alive and we are solid. But when we start to get older and we start to want to do different things with our lives, these things have a way of sneaking back in and ultimately in a way to protect us, and with the intention of making sure that we survive this thing that feels so scary.

[00:24:54]

And so in NARM we're really looking at that adaptation. We see it as a survival strategy. We don't shame it. We don't blame it. We're not trying to banish it. We're not trying to banish parts of ourselves. We're really trying to attune to those parts of ourselves and holding space for them. And it's amazing what happens when you do that.

Meagen Gibson

Getting curious instead of judgmental, like, what is this behavior trying to elicit? What is it trying to communicate that it needs?

Crystle Lampitt

Exactly. Every emotion is attached to a need. And so if we can see emotions as information, as anger, it might be, hey, there's a need that's being met and I'm protesting that need not being met, we can start to see ourselves as actually really sophisticated, intelligent and credible humans rather than these inadequate, flawed, broken people that need fixing. That's not what I believe and it's certainly not where NARM takes the process. It's all about agency, and it's all about consent, and it's all about support and empowerment, which I just love about this modality.

Meagen Gibson

And are there specific NARM survival styles? Do they have labels and names?

Crystle Lampitt

So there are five and they're pretty complex, I will say, in the training, so the training took, because of COVID it took a year and a half. It took a minute to get through the training and then the certification process. If I remember correctly, I want to say we spent a solid 3 days just learning the survival styles, the different types of survival styles. And I will say as helpful as it was for me in organizing the concepts, we don't actually use the survival styles in the process very much at all. So it's not like the Enneagram where...

Meagen Gibson

It labels you.

Crystle Lampitt

It can remind me of that at times because it's a categorization in some ways. But we're really looking at them in terms of themes. So knowing that no two people are alike. So it's not something where I'd have a client take a quiz and I'd be like, 'oh, you are an Enneagram 1', or 'you have a connection survival style'. I, as a clinician, know the survival styles just to help me guide the questions that I might ask.

[00:27:23]

But there are five, and they correlate with developmental stages. So anything related to lifespan development. There's so many. There's Erik Erikson's 8 stages, there's Margaret Mahler's developmental stages. And they all focus on growth, on developmental growth, social growth, and obviously all the physical biological growth that comes with that as well.

Meagen Gibson

There's different lines of development.

Crystle Lampitt

Exactly. Throughout our lifespan.

And so they correlate with the different stages of development in those first, if I could roughly say, 4 to 5 years, 4 to 6 years of life. And so the earlier the disruption... The theory is that if you have your needs met, you are not necessarily going to have a strong survival style. You are going to be able to show up, be yourself and do what you need to do, be authentic, take up space, whatever that might be. But if you do not get these needs met, and I'll list them off according to what the needs are and then the styles that develop from them.

So the needs are, connection. So this is a very early connection, bonding attachment to mom. So this is the very first stage. This is looking at pre and perinatal and those early infant months. Did I bond with mom? Did I bond with a caregiver? Did I have that capacity? And did I have that safety? Did my mom, did my caregivers have that capacity?

And then the next one after that is attunement. So again, if you have all these met, this is what we need, these are the basic things that we need beyond food, water and shelter. And then attunement is really our ability to know what we need and to be able to recognize, to ask for what we need, to grab what life offers to us. So that attunement.

And then trust is the next survival style. And trust is, these are both the way that we relate to ourselves and the way we relate to others. So do I trust myself? Do I trust myself to be able to show up, to be able to speak to my needs, to develop interdependence? Do I trust others? Do I trust that people will be reliable if I need them? So trust has a lot to do with some of that dependence, the reliability of others.

And then the fourth one is autonomy. So autonomy, if this need is met we feel like we can say no, we're going to feel okay setting limits with others. We're going to speak our mind. We're going to be able to feel autonomous. We're going to be able to feel that sense of independence and like, hey, what I think and what I feel matters.

And then the last one is love, sexuality. And this one is a little bit different. It's our capacity to be open and to be loving. So if we have all these needs met, we're going to be loving, we're going to feel vital sexually, we're going to be able to connect with others in a really open hearted way.

And so if everything is met, you'll be able to do all this, you'll be able to connect. You'll be able to attune, you'll be able to trust yourself and others. You'll have autonomy. You'll have the capacity for love and sexuality. When these needs are not met, you develop the survival style associated with it. So you could have, for example, a connection survival style or an attunement survival style or a trust

survival style. And without going to, because they're subtypes and it goes into this whole thing, but if we look at the basis for this, what happens is we find these ways to adapt. So a lot of people who have, for example, a connection survival style, a lot of this is around not feeling safe to exist. So not even feeling safe to exist because we haven't had that very early time to connect with mom. We're looking at pre and perinatal up to maybe the first 6 months of life ish.

[00:31:34] Meagen Gibson

Before you even have conscious memories that you can remember. There's no memory recall it's just a felt sense of, I was connected to my primary caregiver.

Crystle Lampitt

I had what I needed. Yes. And beyond that, if we look at it from a biological perspective, also we know that kids need to be held. This is why orphanages have been pretty much banned in so many countries because all the research pointed to failure to thrive. So okay, you can give a child food, water and shelter, but if they are not held, they are not attuned to, they are not loved, their brain will not release that growth hormone that they need to survive and to continue growth. That's why a lot of kids who were raised in orphanages or had experience, they tend to be smaller in physical stature as well and have a lot of health problems.

It all is part of this. And pretty much all of these survival styles develop, or would develop potentially before we have explicit memory. So before our brain has that capacity to remember the visual, that day we went to Disney World when I was 7. We're looking at pretty much 4, 5 and under so mostly implicit memory. That felt sense. Did I feel safe? Did I feel like I could bond? Did I feel safe to exist? And if we didn't, we'll find all these interesting ways to adapt. We might dissociate, we might withdraw, we might as we get older, learn to intellectualize and really disconnect from ourselves and disconnect from others.

And so without getting too goal oriented with it, but the intention of NARM is to bring that reconnection back. That reconnection to self and others. And actually, Dr Heller created NARM, Lawrence Heller created NARM. And the name of his book, so it's actually *Healing Developmental Trauma*, but the first one he was originally going to call it *Connection: Our Deepest Longing and Our Greatest Fear*. And so he really holds that, we all desire this, and we all deserve this and we all want this more than anything, but we are scared of shit of it because there have been things that have happened to us that have made us feel unsafe in pursuing that or being present or receptive to it.

And so NARM is really aiming to reconnect ourselves back to ourselves and to nurture a sense of, maybe I can trust others, maybe I can connect with others. And so that's kind of a brief overview. It gets a little bit into the weeds. But ultimately, we want to help people disidentify from the things that they believe about themselves. Well, I don't deserve that because I just can't have that. I can't have the things that I want. I can't take up space. That's absurd.

Meagen Gibson

I can't trust anyone. I can't depend on anybody. Everybody always lets me down. And I imagine sometimes you get people that aren't even aware of those stories yet. They just know every relationship I have falls apart and I don't know why. And then you've got to go back into history a bit and get to those stories and uncover those stories of self belief.

[00:34:47] Crystle Lampitt

Yeah. A lot of people they're just working their way through it still. And they're not even aware of the messages that they've internalized. And with NARM a lot of times, it's what's called a phenomenological method. So what we're looking at is, what happens in the room we really stay very present focused. So sometimes my sessions will go to past stuff where, when did I learn that? When does that make sense? What context did it make sense for me to learn to be a perfectionist? I didn't develop that overnight.

So we stay in the present because we trust that, whatever that person is doing in the therapy room, how they do that is how they do everything. So the way that, maybe they are people pleasing with the therapist, maybe they are trying to be entertaining, maybe they are relegating and saying, 'oh, no, that's fine. I'll do this'. Or maybe they're avoiding. Maybe they're changing. I see this happen a lot. Avoidance is a big one, especially with trauma, of course. Changing the subject or as soon as we get into something deep people want to go, I'm going back into my head or out of my body and dissociating and we're just going to avoid this really quick, because that has helped them. It has helped them stay alive thus far for probably multiple decades. We're not going to undo that overnight.

And a lot of times what we start every NARM session with is, what is it that you most want for yourself? And we allow that person to decide what their intention is. And we don't make it about goals, I'm supposed to in my clinical rights have objectives. X times a week they will do blah, blah, blah until they feel 50% reduction in symptoms. And a lot of NARM is not that. It's what is it that you most want for yourself? And then we support them in is that really what it is? Will they really get there? We don't know, but we're not trying to force it. We're trying to see, how can we bring agency back on board so that they do what they want to do? And sometimes that changes. Sometimes people say one thing, and by the end of it, they're like, that's actually not what I want at all. I want this other thing.

So it's really cool to see, it's not cool to see how disconnected we've become, but it's really cool to see the reconnection that can happen when we really do connect to our deepest desires. Because a lot of people, I ask them that question and they just deer in the headlights. I remember the first time I was asked this, I was like, what do I want for myself? Like what? I had never asked myself that. I had never even explored that question. I did not feel that I was allowed to ask that question. It felt selfish. It felt uncomfortable. And even asking that question was inviting me to take up space. And as someone who identifies with a huge connection survival style, I was like, I wanted to get out of there so fast. I was like, 'I don't know, nothing. I don't know. A million dollars'.

Meagen Gibson

I have no needs.

Crystle Lampitt

I think I for sure probably avoided it, made a joke, was like, 'well, can you give me a million dollars?'. And it took a minute. Sometimes we're working with that for several sessions. What is it? And we're just bringing that curiosity and holding that space for that person, which is part of the work.

[00:38:13] Meagen Gibson

Yeah, absolutely. I'm mindful of the time. I could talk to you for 3 hours about this. This has been fantastic.

Crystle Lampitt

Thank you. I love talking about this, in case you can't tell.

Meagen Gibson

Crystle, where can people find out more about you and about NARM?

Crystle Lampitt

So I am pretty active on [Instagram](#), so certainly check me out on Instagram. My name is spelled a little funny though, so you'll have to make a note, but that's my Instagram.

You know what? I started a [TikTok](#) and I have failed miserably at keeping up with it, so I don't know. You can find me there if you want.

And then my website is the name of my practice, so [clwellnesskc.com](#). And there is more information about NARM on [narmtraining.com](#) is their website.

And you know what, if you are really a podcast person, check out *Transforming Trauma*. They do such an incredible job. So Brad Kammer is one of the lead instructors, and then Dr Lawrence Heller, everyone calls him Larry, is the creator of NARM. They are on very frequently, and they just have a way of communicating about this that you're like, wow. You're going deep, you can think you're a pretty deep person and then you listen to this podcast and it does something to you. But it can be very healing just to have those experiences validated. And just the humanity and the space that they hold for the complexity of humans is incredible. So the *Transforming Trauma* podcast, I can't praise it enough. And then I think that's it. I think those are all the ways that you can find us.

Meagen Gibson

Fantastic. Thank you again for being with me today.

Crystle Lampitt

Thank you. It's great being here.