



Healing trauma with DBT & radical self-acceptance

Guest: Dr Sophia Graham

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[00:00:10] Jaia Bristow

Hello and welcome to the Trauma Super Conference. My name is Jaia Bristow, and I'm one of your hosts. Today I am very happy to be joined by Dr Sophia Graham. Welcome, Sophia.

Dr Sophia Graham

It's great to be here.

Jaia Bristow

It's great to have you.

So, Dr Sofia Graham is a sex and relationship coach to quirky queers and cultural renegades. She works with groups of like minded folks to upgrade their skills at coping with distress and difficult emotions, to have more independence and control in their lives. You can read Sofia Graham's full bio below this video.

And today we're going to be talking about DBT, dialectical behavior therapy. Sofia, can you start by telling us what it is and what it's all about?

Dr Sophia Graham

Yeah, no worries. So dialectical behavior therapy skills are the sorts of things that I typically teach people, and I teach them to groups. They're all about coping with intense distress or difficult emotions or difficult situations in your life and particularly, coping with interpersonal difficulties.

And the reason that I think they're incredibly useful is because we've all had moments where we've been hijacked by emotions. Maybe it's a moment where you came out of a conflict thinking, I got so upset I wasn't actually able to tell the other person what I needed or ask for anything. Or maybe it's that your emotions just got so intense that you ended up in fight, flight, freeze or fawn and behaved in ways that just weren't effective at either, reducing how distressed you were, or at coping with life. So sometimes that means that you behave in ways that just make things worse.

And a lot of different approaches to therapy think that the most important thing to do is to get into working out which of these responses you're having, going back to the difficult triggering events and

working through them, doing some stuff with body work. And I think all that stuff is completely important, so important, but that's not at all what I do.

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What I do is look at distress as really about not having enough skills to cope. So people get more and more distressed because they don't have skills to help dig them out of it. And when we have trauma in our past, we're just a lot more vulnerable to that. A lot of the time because we haven't learned the right skills, we haven't figured out, what are the things that we can do to change emotions at all? What are the things that we can do to process events that are happening? And we haven't been taught how to have effective interpersonal interactions, especially when we're upset.

And maybe we have some of those skills when we're not distressed, but actually using them when we are having emotions is just a lot harder. And DBT recognizes that, recognizes that this distress experience is, in part, a skills deficit and that you can change that by learning more skills, more skills to effectively cope with how distressing life is.

And one of the ways that I do that is by teaching people in groups together, particularly quirky, queers and cultural renegades, which builds compassion. Because when you see someone else struggling with the kind of emotional experience you're struggling with, it's so much easier to have compassion for them than it is for yourself. When you see somebody else having an incredibly distressed reaction to something that many other people are saying like, 'well, why is that upsetting?', they're invalidating the emotions. They're saying the emotions are wrong or bad which just intensifies them.

In a group of folks who understand that emotional experience, understand how trauma plays into it, understand how marginalization plays into it, it's a completely different thing. Because the fact of not having the skills to cope isn't a personal failing, it's actually a structural societal failing. It's actually a result of the lack of investment in building communities that care about each other. The lack of investment in supporting children to learn how to cope with their emotions and to cope with difficult things that are happening in their lives in ways that don't make it worse, and that allow them some measure of independence and control.

And so these skills are these tiny little building blocks. They're one thing on top of another, on top of another, on top of another that you learn in really small ways that just change your life, it changed my life, for sure. And lots of other people I work with, too. And it's about having lots of different options so you get the choice to decide, this works for me, and this doesn't. This is important, and this is not important in my case for me at the moment.

And I think having that choice, having those skills so that you have that choice is so important when you've been traumatized, because a lot of the time that's because of a lack of choice. And so I think it does some of that really important healing work, but in a different way. It's not the same as doing that somatic work, it's not the same as doing that historical digging into what's happened. It's much more practical. It's much more hands on, try this skill out, see if it works, practice it in lots of different situations, and then decide what you want to do with it in your life in your circumstances. Does that make sense?

Jaia Bristow

It does. And I really appreciate that. And I think you've already touched upon this a little bit, but specifically why DBT with trauma?

[00:06:14] Dr Sophia Graham

Well, there's a lot of evidence that it works. That would be the first thing. So when we look at the evidence from clinical trials, what it tells us is that DBT skills help people to stabilize, so they help people to feel like they have some way of not being out of control when emotions happen. Because when we hit fight, flight, freeze or fawn, we're usually unable to be effective. We're usually unable to cope very well with whatever is happening in the here and now. So DBT skills are a really helpful way of getting back some of that control, of giving us some ways of behaving when things are really difficult that aren't going to those old coping mechanisms, and aren't going to that really tense, frozen or fighting place. It gives you other options that allow you the ability to change what you're doing.

And then because you're able to cope with the here and now, it becomes much more possible to do all of the other such important work, whether it's EMDR, whether it's somatic healing, whether it's yoga, whatever that other stuff is that involves getting into your body and doing some of the getting into what's happened before, getting into how to heal from those specific experiences. It gives you a stable footing on which to do some of that work.

And honestly, I've found that the DBT skills themselves sometimes help me unpick my trauma, but I think more than that, it gives us a stable basis on which to operate before moving into looking in more detail at that trauma. Does that make sense?

Jaia Bristow

It does. I think it's really important what you're talking about, that it's almost like it's the foundation. It's what you do before all the other work. So it sounds like a really useful set of skills. And so can you just give a few words more practically, what exactly are you doing when you're doing this kind of therapy?

Dr Sophia Graham

Yeah. So what I do in groups is we have a group that gets together, and it's usually for 2 hours a week for a series of consecutive weeks. And in the first hour, we talk about what we did last week. How did you practice the skills? What did you do?

So one of the skills is the TIPP skill, and that's temperature, increased movement and heart rate, paced breathing and paired muscle relaxation. So they're all things you can do to your body to change your emotions. My favorite is the temperature skill, and that means basically dunking your face in a bowl of water for 30 seconds, and ideally water that's colder than room temperature. You shouldn't do this if you have POTS or a heart condition. If you have a blood pressure condition or a heart condition, definitely don't do this. But for most people, what that does is it reduces your heart rate. It reduces your blood pressure. It sends signals from your body to your brain to say that you're okay, you can be calm. And that reduces emotional intensity incredibly quickly. It only lasts for a short period, so that reduction in emotion only lasts briefly. But that break sometimes is really all you need to be able to use other skills.

And so folks go away and try this out, sometimes we do it in session, get really wet, and then we talk about the experience of doing that. Was that helpful? Wasn't that helpful? In what situations? And I passionately love this skill. It's so great for me. Other people despise this skill and find it completely unhelpful because their experience of having a cold on their body is related to trauma, or it's difficult, or the wetness is just not something they can handle. And that's okay too, because everybody has a different reaction, and maybe for them, increasing their heart rate for 15 minutes is the thing that helps. Or doing a paired muscle relaxation to get their body to calm down is what helps.

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So it's really little tiny skills like that, that we then practice to become practices, so skills to practice. And then once we've practiced them enough they just become part of what we're able to do. So they become a state of being, part of our being, part of what we do. And then eventually it becomes a trait. So we have a trait of being able to calm our emotions, being effective at calming. I'm saying a lot. Does that make sense?

Jaia Bristow

It does. And it sounds amazing. There's a few things that I'm really hearing. So number one is that it's a broad range of different types of skills, and that it's really about finding what works for you as an individual. It's not like one shoe fits all kinds of things. One size fits all. There's different skills, and it's by trying them out and practicing and adapting them to different health conditions, if you have them, and to your own trauma, because we don't all have the same trauma. So certain things will be really soothing and calming for some people and will be triggering for others. So number one, I love that. I love that there's lots of different things, and therefore it does work for everyone because you can pick and choose what works for you.

The other thing I'm really hearing is that it gives you just that break. That when there's a surge of emotion and you're feeling overwhelmed and anxious and it's all getting too much, it's something to just snap out of that. And then from there you can put into practice, mindfulness practices, body practices, somatic experiences, all these other really useful tools that we also talk about on this conference.

But it's a great thing. I know I grew up in a meditative environment, I have meditation teachers as parents and so I was always taught. But when there's too much, when you're in that fight, flight, freeze, fawn mode sometimes it's not the moment to meditate.

Dr Sophia Graham

Meditation can be really triggering at that moment. So the skills that I'm just talking about are crisis survival skills from the distress tolerance module. And there are different skills in interpersonal effectiveness and different skills in emotion regulations. But it has skills for that moment of emotional crisis where your emotion is the most important thing that's happening. And where what you really need to do is reduce the intensity of that emotion so that you can figure out what to do next.

Jaia Bristow

Fantastic.

Dr Sophia Graham

And I really love the DBT mindfulness skills, which I'm not going to go into in detail right now because that would be too much. But the DBT mindfulness skills are very different to meditation. They're not meditation at all. They're very specific skills for informal practice, and they're really all about helping you to find those moments when other skills would be helpful.

And I think probably one of the biggest things for me has been being able to practice mindfulness skills in my daily life, which has helped me to bring my attention to my emotions more. So my usual practice for mindfulness is actually locking my bike. So my bike is my best mobility aid because it's

just the best thing ever, and I can get around on it and during COVID who needs to be inside. And I have a rim lock on it. And I used to lose the key to my bicycle, and when I did, because I can't walk for more than 15 minutes, so I can't really get anywhere without it, I'd get really panicked.

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And somebody suggested using mindfulness as a way of remembering where your house key was. And I was like, that's genius, I'm going to use it to remember where my bike key was. So I would lock my bike and notice the sound of the lock and the feel of the key in my hand and bring all of my attention to this moment of locking my bike, feeling how it feels as the key comes out of the lock, noticing that it's in my hand and then putting it in the pocket at the front of my bike basket.

And I've lost my key only twice in the 2 years since I started this practice, both at times when I was just really anxious. Which is a good cue to notice, if I'm losing my bike key something's up. But that's the kind of practice of DBT mindfulness that we have, that is really informal, very just with one thing in a moment type practice.

Jaia Bristow

So you've talked about DBT mindfulness practices, DBT emotion regulation practices, what other types of DBT practices are there?

Dr Sophia Graham

Interpersonal relationships. So DBT has some skills for interpersonal relationships that revolve around figuring out what miffs in relationships drive distress. So perhaps you have the miff that other people should know what you need, and you shouldn't have to ask. Now, that is not a helpful thing to believe, because if you believe that and you have partners that are not mind readers, which most of us do, then you're really likely to be very disappointed. You're likely to be really distressed when your partner is not able to give you that.

And working with that miff can be incredibly helpful at coming to a place where you understand that this is a wish that you have, you do wish that you didn't have to tell people what you needed in order to get what you need, and it's also not how things are. So what's this miff telling you about yourself? What does it tell you about your history? What does it tell you about your relationship to people in the world? What does it tell you about your ability to be with your own needs and share them?

So going through the interpersonal miffs, I think, is really helpful at working through interpersonal difficulties. And then there's a lot of skill around how to know what you want and ask for what you want in skillful ways. So is what you want most to have the other person coming out of this interaction thinking that you handled it skillfully? Is what you most want to reach a particular objective after this interaction, to get someone to do what you'd like them to do? Is what you want to come out of it, feeling good about yourself and how you've handled it? And when thinking about interpersonal interactions, it's helpful to think about these three possibilities because they're not always compatible with each other. And figuring out which is most important can give you some hints on how to behave, how you want to act.

And DBT has specific skills depending on which of them is most important to you in a moment. And it also has skills to cope with pushback. And we all experience a lot of pushback in life, and it's distressing a lot of the time. It's especially distressing when it happens in situations we're modernized

in where it's unjust pushback. That sucks. And DBT has a series of skills to help you cope with pushback in different situations and suggestions for how you could deal with it effectively, basically.

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So distress tolerance, emotion regulation, interpersonal effectiveness, and mindfulness are the four big areas of skill for DBT.

Jaia Bristow

Wow, it sounds like it covers a lot and it's really useful. And I know that you work obviously, as you said, with quirky queers and cultural renegades, so why would you say that these groups specifically need the support of DBT or that DBT is helpful for these groups?

Dr Sophia Graham

I think distress is biopsychosocial, so it has some biological basis, like we're more or less likely to be affected by our emotions, we're more or less susceptible to intense emotion and to noticing subtle emotion cues. And it's also psychological, so that includes trauma history, and lots of quirky queers and cultural renegades have a trauma history. There's some good data that shows that we're more susceptible to trauma than straight cis people.

And then there's the social. So minority stress is real. It has a profound impact on many of our day to day lives, as disabled people, as queer people, as people who live outside of the sexual and relationship mainstream. We experience just microaggressions and oppression in all kinds of different ways. And that has an impact on our wellbeing, on our ability to process emotion and on our ability to cope with what's happening in our world.

So I think going into a setting to learn these skills can be extra stressful for us, because we can anticipate going into most settings that we're going to experience all kinds of microaggressions and oppression. Like who wants to go into a therapy setting and have to explain non-monogamy, or have to explain queerness or transness or be misgendered or just experience that minority stress in this environment where we're trying to be safe, where we're trying to learn skills.

So I think that by having a program that emphasizes choice and agency we're creating more choices, you're getting more agency. This is not about compliance. This is not about being neurotypical or being normal or changing yourself to be more acceptable to the world. It's about figuring out what your values are and moving you towards them, and giving you the skills that might help or might not. And it's from the perspective of people who use these skills in our own lives. So it's peer led, and we're people that find these skills incredibly powerful.

And I think the most important part is the mirrors and windows piece. So in literature there's been this idea that we need to have a mix of seeing ourselves reflected and also seeing into the world of others. And I think as quirky queers and cultural renegades, we have plenty of windows into the cis het world. We get to see that in all of our lives, in our family of origin often, in the world around us. It's on TV all the time. It's in most of the fiction that's written, it's everywhere. But we see fewer mirrors. And we see fewer mirrors, especially with deep emotional resonance and with talking about things that are hard talking about, the sorts of difficulties that we face in everyday life, the kinds of minority stress and microaggressions that happen.

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So I think that being in a group and getting to see other queer people struggling with many of the same things that you are, seeing other non-monogamous people having difficulty with emotions that you're having difficulty with because of your historic trauma, or because of your current set up, or because of something that's happening in life, it's just magic. It's magic. And it gives us this wonderful access to intimacy that we do not share in many spaces. And I love it. I think it's so powerful.

And I think quirky queers and cultural renegades need that, we need that. And that's why I'm so keen on creating spaces where that happens.

Jaia Bristow

I love that metaphor. I'm not sure I'd heard that one before, the mirrors and windows, but it's definitely going to stick with me. And I hear what you're saying about how it's really applicable to minority groups or marginalized and oppressed groups. And so I guess that includes quirky queers, cultural renegades, people who are disabled and also people of color. I think it sounds like it's all very applicable, too.

Dr Sophia Graham

Yeah I think it is. And I think finding a group that has the specific type of marginalization that you experience, is the most helpful thing. I think we can work really hard to be an ally, we can work so hard to be an ally, and allies still fuck things up sometimes. And I am very experienced at being a quirky queer now and a cultural renegade in all kinds of ways. And I'm not a sex worker, but I do do some support with sex workers. I'm not a person of color, but I do some support with people of color. And I think having spaces that are led by people of color and that are led by sex workers is also important because I'm someone that doesn't have those experiences. There's only so close I can get to that. And I'm bound to mess it up sometimes, I'm bound to, however much I want to, however deeply I feel that these things are important, just get something wrong and hurt someone, and that sucks.

Jaia Bristow

And that's where the mirror piece comes in. That's where you need people who reflect you. Yeah, DBT skills sound like they're useful, but it's true that it's important to work with people who share one's experiences. And especially for those of us with multiple intersections of identity, oppression, marginalization, it can be trickier to find people who share those different intersections, but it's really important.

I know for myself that, for example, when I'm in a group with straight, cis other people of color there are certain experiences we share and others we don't. And similarly, when I'm in a group of predominantly white queer people, there are certain experiences I share and some I don't. But I have one support group, it's my little WhatsApp group, and we are all queer, non-monogamous women of color, and it's just like, oh, Hallelujah, these are my people. And I think peer led support is really crucial. And, like you say, that mirror piece, and especially the more intersections of oppression we have, the more we have the window into other people's experiences and the less we have the mirrors and the reflections of our own.

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And for those who are more in the dominant groups, it's more important for them to be more finding windows and less mirrors, because most of their world is quite mirroring and they don't always get to have the windows. So I'm definitely going to be using that metaphor for myself in the work I do.

Dr Sophia Graham

Yeah. I think it's a really helpful metaphor, and I think you're right. It's so helpful to have a mix of that. And I was certainly very grateful recently. I run a DBT group for quirky queers who are disabled, and that group is currently free, it's for folks who want to come along and learn skills together. But we're only accepting people of color at the moment for membership who are also queer and disabled. And that's because we're a predominantly white group.

And recently I messed something up in that group around race. Someone said, basically, 'ouch, I think that you haven't included something in this diagram of the biopsychosocial model around systemic oppression and systemic racism, and it's missing'. And I didn't go back and address that directly, at that moment. I tried to move on to something else. And another group member said, 'hang on, you've just ignored this person of color saying you've not put systemic racism on this diagram and I really think that you should address that'. And I was like, yeah, that was wrong. So I had to take a moment. And then I said, 'I'm really sorry. You're right. I didn't address that. Thank you for giving me a second chance at doing this. Let me address that now and let me come back and do some repair after and actually also sort out the problem'.

But that's one of the ways I've messed up and also one of the ways that the group works to keep people accountable and to help people to stay recognizing, okay, this needs to be safe for everybody. And if the person who's speaking does not notice that they've messed up, let's try and do something about that.

And, yeah, it's so helpful to have groups that are both able to provide this sort of support and these mirrors and windows, and also to bring it back to when someone messes up, how do we repair from that? How do we recognize that? How do we make sure that it's safe enough for everyone, even when they come from a marginalized group that the person facilitating is not from?

Jaia Bristow

And I think that's really important. It's really important to acknowledge that we do mess up, we're human, but if we don't want to perpetuate cycles of trauma, the important thing is when we mess up, is taking responsibility and creating repair. And the important thing for those of us is, if we feel safe to do, is to not just say, 'hey, that's messing up', but also then, the fact that another person then was an ally and said, 'hey, you didn't listen to what this person said!'. So in that story, all the different roles are so crucial to not perpetuating the cycles of trauma and oppression that already exists. And I love that the DBT groups were facilitating that.

So I'm curious for you. What would you say is the skill that's been most supportive in your life?

Dr Sophia Graham

For sure the most life changing and also difficult skill for me has been radical acceptance. And I have had to come back to it again and again and again. And there are definitely things that I'm not accepting that my life would be better if I were.

[00:29:43] Jaia Bristow

Such as.

Dr Sophia Graham

Okay, such as I have a lactose intolerance and I do not want to be lactose intolerant. I want to be able to eat cheese and ice cream in the evening and to not feel bad afterwards. And unfortunately, that is not my reality. And that sounds so trivial, it sounds so trivial when I talk about it like that. I can completely accept the trauma that happened to me, I can accept that I have triggers, I can accept even that the world is disabling, but accepting that I can't eat cheese in the evening, or that if I eat cheese in the evening it has very predictable consequences, and those predictable consequences are going to make me feel very uncomfortable that night, is something I keep having to come back to, and have had to for the last 2 years. It's very frustrating.

But radical acceptance really has helped with accepting my emotions as they are, accepting my trauma history as it is, that it's happened, that it has ongoing consequences, that it was caused, that there are lots of things that went into the causes, for me and for the person who is traumatizing me. And as a result I have triggers that come up in relationships, that come up in inconvenient ways.

And also accepting the world is disabling. And if I'm using my wheelchair to try and get somewhere, I am likely to hit barriers, it's likely to be way more difficult than if I'm a walking person. And to give myself grace with the emotions that come up with that, to allow myself to grieve the world that I wish I was in, a world where no one had a single step that I couldn't get up in my wheelchair, where it felt safe to get out of my wheelchair and I didn't feel like someone would attack me or judge me as a result of that.

So accepting that I don't live in the world I'd prefer to, I live in the world that I'm actually in, and I can take action to try and change that world, but it is and the emotions that come up are, they exist. And accepting that has helped me to be more effective in coping with all of these things and finding strategies and problem solving and all kinds of things.

Jaia Bristow

So I myself am also a big fan of radical acceptance, it's something I put into practice in my life as well. But I think we need to clarify what exactly you mean by radical acceptance, because it can sound a little defeatist at times. This idea, well, I'm just going to accept everything, I'm going to accept the world is terrible and then I'm just going to hide under my duvet for the rest of my life. And so could you say a little bit more about what you actually mean by radical acceptance?

Dr Sophia Graham

I think lots of people have the idea that acceptance and approval are the same thing. That if I accept something it means I approve of it or that I'm chill about it, or that I don't have preferences here, like I'm detached and not having any thoughts about this. And no, that is not acceptance for me. Acceptance is all about recognizing what is, in this moment.

So I cannot change things that have already happened, they just are. I can change things that happen in the future. So accepting the past is part of radical acceptance, accepting that these things have happened and these things were caused. And whether or not I know the causes, there are some. And

I like to think about it, so I used to be a labor scholar, and I think, thinking about it in terms of industrial action can actually be really helpful.

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So if you have an employer that refuses to give employees holidays or holidays of sufficient length that they could use. Then accepting that that is the current reality is the basis on which you then take industrial action. That's the basis on which you then start to make decisions, you strategize, you organize, you bring people together, you look at their concerns, you say this is how this employer is behaving, this is what exists for these workers, this is what's happening in this workplace, and it's wrong. And these are the levers that we can pull in order to change that. We can look at labor law. What does the law say about this behavior? We can look at practice across the industry. We can look at putting pressure on them through the press. We can look at taking strike action or working to rule. We have all of these options. But the baseline, the thing that you have to start with, is what is? What are our concerns? What is the problem? What exists in this moment? And accepting this is how these people are being treated right now.

And I think it's the same with sex. So something completely different. It's the same with sex, because in order to say what I want and don't want in my body, if someone is touching me in a way that I'm not comfortable with, that is, I have to recognize that that is happening in this moment and accept this is my experience of that touch, whether or not it's what they're intending, in order to take action on it.

And the acceptance piece is really about what is happening now. And then you get to have loads of preferences, not universals, not like, it is wrong to touch people on their necks, which sometimes I have felt because I have triggers around being touched on my neck. Because it's not wrong, some people love being touched on their neck. There's nothing wrong at all with touching people on their necks if they want to be touched that way, that's completely grand. But I get to have a preference. I get to say to lovers, please don't do this unless I ask you to. And that accepts that I have this trigger. That is the baseline. I understand this is me right now in this moment, and I'm having a preference, and maybe I want to work on that in therapy, do some somatic work, do something else, or maybe I don't.

But accepting that that is my reality now, rather than fighting against it and resisting it and deciding, no, I'm not going to accept the reality that this is problematic for me, that this hurts me, that this is difficult. I'm just going to pretend it's okay and power through, fighting reality in that way usually makes things worse. It usually gives you a much less pleasant physical experience, frankly, and it's less connected because you're all caught up frequently in that trigger in how you're feeling and trying to manage it in your body without communicating and you can't problem solve.

So I think yes, acceptance sounds defeatist to lots of people, but I think that that's not exactly what DBT means by radical acceptance. What DBT means by radical acceptance really is acknowledging reality as it exists right now, which is hard, which takes practice, which takes skill. And there are lots of different things that we do to try and move towards acceptance. And it's not a won and done. It's something we come back to again and again. How do I accept lactose intolerance? How do I accept this cheese is not going to feel good in an hour? How do I accept? How do I accept? And then we have moments of acceptance and everything changes.

Jaia Bristow

I love that. I really appreciate that. And I really appreciate that distinction between, I understand, but I don't necessarily agree. That's the way I often phrase things. So, for example, especially if someone's

behavior is inappropriate. I can be like, I understand where this behavior is coming from. I understand that this behavior is based on your own history, your own trauma, your own cultural ignorance, whatever it is, but that doesn't mean I agree with the behavior. That doesn't mean I accept that the way you're treating me is okay. It's like, I understand it, I accept that this is the reality of the situation that you are treating me this way, but that doesn't mean I accept that, as in, it's okay for you to do this.

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So I think that's one really important point you're making about understanding and agreeing are very different things. And the other thing, like how you're talking about, by accepting we can make these informed choices and have actions based on that.

And I know for me, the big one was with my disability. For a long time I tried to ignore the fact that I was disabled, a bit like you with your lactose intolerance, and I tried to just push through and keep trying to keep up with everyone else, trying to do things that everyone else was doing. And I literally physically was unable to. So I kept burning out and having huge, long periods of my life where I was fully bed bound, where I needed to use a wheelchair to leave the house and stuff. And as soon as I started accepting the fact that, oh, my body has different limitations to a non-disabled person and that is my reality. Accepting it or not does not actually change my reality. What changed is that as soon as I did start accepting that that was my reality then I adjusted my life to fit my body's limitations, rather than trying to push my limitations to adapt to what I thought they should be or life was like.

And in doing that my quality of life actually became much better. And I ended up with this job I have now, which is much more flexible and where the people I work with are much more understanding and have their own experiences. Because the first conference we did was the Fatigue Super Conference so most of the people on this team who put on these events have experience with chronic fatigue and long-term invisible illnesses.

So, I think they're really important distinctions to be making. And again, if we're talking about systemic issues around racism, if accepting isn't, oh, I accept and I'm defeatist, I accept that there's racism, and I'm just going to accept that and move on. So maybe radical acceptance isn't quite the right word, but it's more like I understand this is the reality that I live in. I understand that there are systems in place which make certain groups feel superior and other groups are meant to feel inferior, whether we're talking about race, about gender, about sexual orientation and sexuality, even about monogamy and nonmonogamy, those kinds of things. There are some groups that are dominant and seen as the norm and groups that are considered inferior and abnormal. But understanding that that's the situation means that, like you were saying as a labor scholar, means that then you can make decisions to say, I'm not okay with this. I understand this is the situation. I do not agree with the situation. How can we create change?

Dr Sophia Graham

Yes.

Jaia Bristow

Thank you for bringing that important piece in.

[00:41:26] Dr Sophia Graham

I actually had the opposite reaction to you when I became more physically impaired. I just shrank my life. And one of my partners, who is a full time wheelchair user, was like, Sophia, I've noticed you've just stopped doing things, because, I think because you're in pain and you can't get around. Have you considered a mobility aid? I was like, do you think I need a mobility aid? What kind of mobility aid? And we did this problem solving because I was like, actually, you're right. I have kind of shrunk my life. I'm doing way less things because I can't figure out how to do them without having a pain flare.

And that's when I got my e-bike, which, like I say, my best mobility device ever. It's access intimacy stuff, she was able to say, I think you're making decisions that maybe aren't moving you towards your values. And would you like help? And she helped me.

Jaia Bristow

And it's so interesting hearing how we were both, not fully what we're calling radical acceptance, but how we went in totally different directions. I tried to push through until I crashed, so I had peaks and crashes constantly, and you'd shrunk your life. And both of us, once we just accepted, this is the reality and what can I do about it? Can I create change? And actually bringing action, it's not just acceptance, it's understanding and bringing action to it. So finding the right mobility aids, finding the right source for us.

So how would you say this concept of radical acceptance then, how does it support trauma work? How does it work when it comes to trauma?

Dr Sophia Graham

Well, what we were just talking about is resisting reality. And nearly all of us resist reality around trauma. Like nearly everybody who's been traumatized resists that reality in one way or another. Either we resist that it happened at all, or label it as traumatic. Or we resist labeling the effects of it in our ongoing life. We want to feel like we're stronger than that, or we've moved beyond it. We have all sorts of ways of resisting the reality of being a person who has experienced trauma.

And resisting reality doesn't change reality. It is what happened. And allowing yourself to acknowledge, this happened has had a real impact on my life. This is something that formed me and shaped the way that I respond in the world. And that is sad. And there can be so much grief. Just like when you're requiring an impairment there can be so much grief, when you acknowledge that you have trauma and that people who are supposed to look after you didn't, or relationships that were supposed to be safe weren't, or workplaces that were supposed to be safe weren't. There are lots of different places where we can experience trauma.

Then we can move on to the question, how do I live with myself as a traumatized person? What do I need to acknowledge in my life as a result of this trauma? Do I have more difficulty coping with distress as a result of this trauma? And do I need to build skills around that? Do I have more difficulty coping with interpersonal relationships after I've experienced this trauma? Do I need to develop skills around that? How do I cope with being a traumatized person in a world that is super unfriendly, to people who've experienced trauma and people who have intense emotions?

And I think radical acceptance is the basis for being able to recognize that you need skills and to recognize that you deserve to build them. You deserve to be a person that has those supports. You deserve compassion and care and to be part of communities of care. And this is really a very helpful

baseline skill for stabilizing, I think. For stabilizing your ability to cope with distress, cope with emotions, to process what's happened to you, and to just figure out how to live with yourself, fundamentally, how to live with yourself.

[00:46:12] Jaia Bristow

That makes a lot of sense.

Well, Dr Sophia, thank you so much for your time today. I really appreciated and enjoyed this conversation. How can people find out more about you and your work?

Dr Sophia Graham

Well, I work as part of a team at loveuncommon.com and you can find out about all of the things we're doing.

The thing that I'm doing on an ongoing basis is a subscription service called *Calming the Chaos* and that's for folks who want to be in community with other quirky queers and cultural renegades, learning skills at a slower pace than most of my DBT courses. And that's twice a month on the first and the third Wednesday of the month. And people can find out all about that on my website. And also all of the group courses that I run, too.

Jaia Bristow

Fantastic. Thank you so much. And if people are curious to hear us talk more about our experiences of disability, then we will be recording a podcast episode on *Beyond Boxes* talking all about that. So I encourage people to check that out as well.

Thank you so much. I really appreciate it.

Dr Sophia Graham

Thank you for giving me the time to talk about this. It's been great.