Introduction to Trauma and the Guest

Trauma is not an event. So a car crash is not a trauma. Sexual abuse most likely will become a trauma, but doesn't necessarily have to become a trauma.

It's not an event. It's the experience of the event and the effect it has on you, right? So the idea is something really bad happens and it's painful and it can feel traumatic.

Yet, if you have at least one attuned other to help you tell the story of your experience, to help you feel seen, soothed, safe, both physically and emotionally, and secure, you can integrate that horrific event and it won't become a trauma.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome to the Two Curious MDs podcast. My name is Soraya Raman and I'm here today with Laura Fish, who's a marriage and family therapist in private practice and a consultant in the field of education sauce after for classroom-based services, keynote speaking, professional development, and the coaching of teachers and coaches.

Her innovative and engaging speaking style combines storytelling, research, practical strategies, and experiential exercises based on her over 20 years of experience in both education and mental health.

Laura's career began as a preschool teacher. There, she quickly realized the unmet need for targeted social, emotional, and behavioral health services for children ages 0 to 5. After earning her master's degree in counseling, she went on to work as a mental health consultant delivering such services.

This included partnering with child welfare and special education departments to provide support for children with identified risk factors, special needs, or deferring abilities to be fully included, as well as positive behavioral support planning for children with challenging behaviors.

Welcome, Laura, to the To Curious, 70s podcast. I'm so excited to have you today. Thank you so much for having me. I'm excited to get started. Oh my gosh.

As a pediatrician, you know, I always think about my journey as well. It's like, how did we end up where we are? You know, we start one place and we end up where we are and your biography has just so much richness in it.

So we're just going to jump right in. What brought you to this work? Tell me the story. Oh, beautiful. So yes, I went to Berkeley for undergrad and I got a degree in psychology and anyone who does a psych degree knows you can't really do much with it.

Laura Fish's Path Into Child and Family Therapy

It's silly go on for secondary. And I wasn't quite ready. You know, after five years of undergrad, it took me five years. I said, oh, let me go in and work as a preschool teacher.

And I just fell in love. I love children. I loved teaching. I always thought I'd be a teacher. So, but while I was there, what I learned is that there was such a need for the mental health support within that world.

And back then, early nineties, it wasn't really offered. Preschool was considered babysitting, and so there wasn't a lot of funds or focus on that world.

So as I was teaching, I went back and got my master's in counseling, and then I started to work as a mental health consultant or a behavioral health consultant.

which meant I would go into classrooms and I would support the children with challenging behavior and try to create plans to support that child to be fully included, whether they had a disability or not.

And at the same time, I started a private practice. So in between, I did lots of other things, working for nonprofits with child protective services, with wraparound support services.

So I'm a very curious person. So I like to try many different things, much to my parents' chagrin, Where are you going to land? When are you going to find something?

And then I finally did. And right now what it is, is I have my private practice and then I also do trainings and workshops for parents, for educators, for anyone about, and I call them teaching and parenting with the brain and mind.

So that's pretty much how I got here. And then now currently also, I'm really interested in psychedelic therapy. Obviously I'm not doing that with the children, but I'm doing it with, I'm helping parents to find those services.

And then I help with integration. Right, oh my gosh, full circle, you know? I love how that journey of curiosity, right? Recognizing what it is that I resonate with, that I understand, and then taking that leap, really, as you did, to be like, I can do this, and it's not been done, but it needs to be done, and what does that look like?

So that, you know, early years are always challenging, certain challenges that came your way that really, you know, shaped you and, you know, gave you that direction?

Oh, great question. Yeah, interestingly, you brought me back to grad school and I had the one, it was kind of the senior professor of the department. And I remember two things.

The first paper he graded of mine, he said, Berkeley doesn't show ouch. And then he also later, he was quizzing us all as we were graduating, kind of what's going to be your focus?

Like, do you want to be a structural therapist? Do you want to be cognitive behavioral? Do you want to be satirical? Which theory do you want to work with?

And I said, gosh, it seems to me that there's no one size fits all. So I'm going to use the theory that's best support the client. And he told me, fish, you're never going to get anywhere.

So he told me I was wishy washy. And then when I started to get interested in private practice, everybody kept telling me, you have to take insurance, you have to take insurance.

And honestly, it didn't sit right with me. I didn't want to have to give someone a diagnosis in order to get paid. So for me, diagnostics is important.

I use the DSM conceptually, but I didn't want to have to give the insurance company a label in order to get, so I've never used insurance. So those were some of the challenges.

I didn't get a lot of support. I didn't get a lot of encouragement. My parents did. My parents are amazing, and they encouraged me. But I've never had a mentor.

It's interesting how many blocks people have tried to put. You can't do this. It's not going to work. How could you? I don't know. And so I just encourage people like, I believed in myself and it hasn't been easy and I haven't always been successful.

And yet I've always grown and learned. And I think I've just kind of like believed in myself and just gone after what I, what I wanted. So those were some of the early challenges for sure.

Oh my gosh, that mild dress like kind of landed. Yeah. With if you're trying to do something a little bit, even just non-

traditional. a little bit like, hey, I don't want to think about it in this exact same boxed way.

It's not a cookie cutter situation. Education, as an educator, I really admire that because education is for the purpose of solving problems in the world.

Great. Well, yes, yes. You see a problem in the world, you're like, there's patients in this age group that are not being served. And I know that there's something that can't be done.

Yeah. So what was that first step, that kind of leap of faith? Yeah. You know, after you had had this naysaying and, you know, that's always kind of a dark soul of the night too, right?

We're not talking about that part going, and we're doing the right thing and what's going to happen and all those pressures that we feel.

Choosing Prevention and Working With Parents

But then to be able to have the fortitude, the kind of clarity of vision and the, and just even just like the, the kind of like bravery to be like, no, this is the correct thing.

And, you know, as a pediatrician, I know like school teachers, you know, and pediatricians, we agree on one thing. We are the most underfunded people.

All of us who work in pediatrics, we're underfunded, but we're working with the most important population in that way. So let's talk about that. Let's unpack why this population is so important to both of us.

Right. Well, I don't know for me, see if this resonates for you. So for me, I just thought to myself, okay, I can work with adults and I'm happy to, and I do.

I work with adults. Couples therapy is one of my favorite modalities. Yet, if I'm really here to make this planet a better place, why don't I go downstream when the problems really start and try to prevent them in adulthood?

So basically my joke is when I do trainings is I'm trying to put myself out of a business as a therapist. I don't want to do therapy with people. I would love for there not to be a need.

However, I do think it's a very lovely, healthy thing. So it's just kind of tongue in cheek when I say that. So I'm into prevention and promotion, not necessarily intervention to that end.

I generally use naturopathic medicine, even though it's out of pocket. I pay thousands of dollars a year and I have great insurance through my husband.

But Western medicine to me isn't as open to prevention and promotion. It's mostly take a pill. I want to get to the root of something and move from there.

So that's kind of where my heart is, where my soul is. And so that's what drove me. I don't know. Is that similar for you? Yeah. Oh my gosh, I'm learning so much.

I've had to unlearn the Western medicine training that I had because I started in that downstream part where, you know, it's all about medication and diagnosis and adults, right?

And, you know, as a pediatrician, we're trained to React to trauma for example or most most of the time pediatricians when we're in the room with our families We're talking about well, you got to do this and you got to do that And this is the age you start some weaning at these are the developmental stages that you can expect but that's just The first step, that's just the foundation.

How do we then thrive? How do we then allow parents? I mean, you know, some of the conversations I was having

with parents is this anxiety of how we're supposed to parent and how we're told, you know, what is parenting?

I remember when I first had a child and I went into Baby's RS, I was in the Midwest, and I was just struck by how many products there were that people were trying to sell me.

That would make me feel like a better parent, but there was nothing there that I was learning about how to be a better parent, you know? And like, I picked that up from other, you know, when I would see a really well-connected family in my office, I'd be like, what is happening here?

you know, how are this family able to, like, connect with each other, have some humor, be easy with each other, see each other in the room, you know? And that transmits, right?

Even in a 20-minute conversation, you can pick that up. And then when it's not functioning, right? It's like, what is that? And a lot of times, it is the parents' unprocessed material.

They're, right? Like, we're talking about their attachment. you know, that didn't happen. And where are we going to parent from if we've never been parented?

Well, before. And so I really connect with this journey of yours that I think we, to be able to help children, we really have to help the adults. to be better with their children.

So I'm really on that space with you. So tell me what you're doing, what you're seeing change, what are these families coming to you for maybe? And how do you determine, oh, this is something the pediatrician can take care of, or this is something that needs a little bit more?

Love it. If I may, I first want to highlight something you said, Doctor, which was really important. I hope your listeners picked up on it. I was kind of holding my breath when you were doing it.

You said how you grew as a parent was you watched the families in your office. And I thought you were going to say the children who were well behaved and you didn't You said the families that were well connected.

And I want everybody to hear that because people are so focused on behavior, behavior, behavior. But one of my taglines is we need to see the child behind the behavior.

Also, when I work with adults, I wanna see the adult behind the behavior. These are humans. These aren't behaviors. And so that is really, it is where my heart lies.

And so I get a lot of pushback. I'm not a therapist for everybody because I don't believe in punishment. I believe in natural consequences. I don't believe in shame or blame.

I don't believe in manipulation. I don't believe in control. My other saying I have is children are humans in need of understanding, not objects in need of fixing.

So, we're in sync with that for sure. And then also, I took a leap of faith, as you said earlier, I've taken many in my life. Maybe it's the redhead thing, we're kind of wild, but I saw children for a large portion of my practice.

I did sand tray, I did play, I was a certified play theorist. I did that. I was with the children in the room, but they kept coming back. And it finally dawned on me, I need to work with the parents and teach the parents what I do with the children.

So now I don't ever hardly work directly one-on-one with children. I work with the parents and then the family together, right? So I got, I'm working smarter, not harder now, finally, right?

About 10 years ago, it dawned on me. Now I get hung up on all the time when you see my four year olds, I will see the boom, just fix my four year old.

I don't want to do the work and I have compassion. There's no judgment in that statement. It's just a fact. It's just that people don't understand that I need to teach you what I do because I'm great with kids.

Trauma, Attachment, and the Impact of Omission

Right. But in my office, it's a false environment. It's not the home environment. Right. So I also look really great because they're not as stressed about all that stuff.

So one of the changes is I work with either just the parents and or the children with the parents. Beautiful, beautiful. I want to note that you really succinctly put together that behaviorism, which has really dominated 20th century psychology for so long, has stopped us in our trap, almost.

It leads to so much harm. Everybody is just like the essence of their behavior. And all of our diagnosis comes out of that, but we don't talk about the relational aspect.

Like, what is it that's in this matrix of this relationship that's being upregulated, that's coming to the surface? And what an opportunity, right? When a child is misbehaving, that is an opportunity to say, right, something is out of balance, let's pay attention, because children in their homeostatic environment.

As you just said, I have, you know, everything set up. My office is perfect. I am making the right energy for a child. They're on their best behavior and the parents are looking at the child going, who are you?

What have you done with my child? And then for the parents to get that psychoeducation, you're really recognizing that it is a lack of psychoeducation in our society as to how to parent in a way that, you know, I really talk about how children are beautiful, perfect beings.

You know, every human is born with everything they need. It's a seed, right? It's a seed that contains every aspect of the plant that you're going to ever need to grow.

You just give them soil, you give them sun, you give them a little bit of water, you take away the bad stuff, give some of the good stuff, too much sun, too little sun, all of that, right?

And that caring. And if we can just learn as parents to not grasp and not, you know, make it about me. Right. Cause then I remember feeling that in my early years as a parent, like how much as a pediatrician.

Oh my God. Oh, my first child. Yeah. I was like, I'm going to do everything by the AAP. And first three weeks, the AAP fell short of having taught me in all my years of medical school, pediatric residency, and actually sitting with parents, having not had kids of my own, but sitting with parents and trying to understand and also recognizing I was trying to heal my own, you know, kind of attachment issues I was learning a lot about, right?

The trigger, right? The child brings up, like, oh, I never got that. Why should this child get, like, it triggers in adults a lot of their unprocessed materials from their home jazz.

And you're recognizing it's all in the field. It's all right here. And if we can just do that, it's good for not just the child. The parents will flourish.

Oh, so much. It's like the parents will flirt. Sorry, there's a great book just while it's front of mind, because it will leave. At 57, stuff leaves fast, right?

It doesn't stick around. So for your listeners too, if they're picking up on what you're throwing down, there's a great book called Parenting from the Inside Out by Mary.

I think her last name is Herzog and Daniel Siegel. People who are familiar to early childhood will probably know Dan Siegel's work. He's a huge person in this field.

It's an old book. So normally it's like, oh, those are outdated. Don't read them. Read it. It's an amazing book. It is about healing your own, especially attachment issues.

And we can get into attachment because that's a huge interest of mine. I use it constantly. And most people, many people, I don't know the percentage, but many people have an insecure attachment of some kind from childhood.

So if someone thinks like, no, I had a great child, you might still have an insecure attachment. And that shows up when you start to parent, no question.

Yet, I'm a merchant of hope because it's like, you can heal that. You can have an earned secure attachment. And that's something that I do with the adults.

I help them gain that earned secure attachment for sure. There's hope just because it didn't happen in childhood doesn't mean you can't access it now and then promote that with your with your child have a secure attachment and it's There's no one way to get that again.

I'm a big believer in no one size fits all I mean everybody has different culture. They have different ethnic identities, that different race, different life experience, like everything.

I have to be open to that and learn how to integrate it. Now, and also in connection with my client, right? And I do call them clients. I don't call them patients because they're not sick.

They're not sick. I don't want them to feel like a patient. You're a human. You're just a client. I also want to indicate I work for you. Cause I know a lot of people who come in and they'll be like, okay, Dr.

Fish, you know, and like, no, no, no, no, no, just put that down. I'm Laura and we are just connecting here as humans. Right. So I want to take that stigma off anyway.

Cause like you said, they're heightened when they come to see me anyway, they're embarrassed. They're at target and their kids on the floor. They can't at drop off.

He won't go into classroom. You know, it's so much pressure on parents. So very heart centric for that and really want to make the pen have the parents feel.

They're doing the best they can. And yet I have tools that can help them do even better. They just don't know the tools yet. And I'm a tools therapist.

I'm not a talk therapist. I love that. I love that. Oh my gosh. I'm getting like kind of flashbacks of that moment at Target. So I just had a sense memory.

I got you. I got you. You got over it. You got it. You're good. You're good. Yep. Yep. It's hard. Parenting is hard and the shame that we get from society.

Right? Like I remembering that moment when I was looked at as a bad parent because of the way my child was behaving. So there's already this kind of society kind of set up for, especially as a mom, you know, and I know that we've kind of just brushed upon psychedelics a little bit, but I know that there's also parents who are kind of like reaching for some of the benefits of psychedelics to their own parents, whether through microdosing, whether through using the legal ketamine medicine to work through their own traumatic process and heal that and how they're arriving for their children.

And I love that you call them clients. Can you talk a little bit about the trauma work that you're doing? Oh, yeah, absolutely. So, you know, trauma is a buzzword now.

You hear it all over the place. But there's so much misconception about trauma. So the first thing I try to do is do a little psycho education. So trauma is not an event.

So a car crash is not a trauma. Sexual abuse most likely will become a trauma, but doesn't necessarily have to become a trauma. It's not an event. It's the experience of the event and the effect it has on you, right?

So the idea is something really bad happens and it's painful and it can feel traumatic. Yet, if you have at least one attuned other to help you tell the story of your experience, to help you feel seen, soothed, safe, both physically and emotionally, and secure, you can integrate that horrific event and it won't become a trauma.

So that's my passion, is to help the adults who have these children heal their traumas, and I definitely help with integration post-ketamine for sure, and to try to prevent what's happening with these children from becoming traumas.

And trauma has two types. There's trauma of activation. That's what I call it. I've never heard it called that way, but that's what I call it. It makes sense to me.

That is when something bad happened to you that should not have happened. Whether it's from childhood, adulthood, doesn't matter. Something bad happened should not have.

But there's also the under-discussed element of trauma of omission. And that is when the good things that were supposed to happen to you didn't. And that, I tell you, that's probably the bulk of my work.

And maybe it's because I don't take insurance, maybe because I have private pay. I don't know. But I do, I did early days work with a lot of abuse. and a lot of violence and all that on children.

Now I'm working more with this neglectful, this trauma of omission. And neglectful isn't that they're not fed, they're not clothed, they're great. These parents have a lot of money, they have a lot of resources, they have a lot of access.

It's not that, it's that they're not attuning to their child. They're not leaning in and being curious about the child's thoughts, beliefs, perceptions, body sensations, emotions, right?

Not because they're bad people, because they don't know it's a thing. Because they're at target and they hear, you have nothing to cry about. Stop crying.

What's wrong with you? No, you can't have candy. You're grounded for a week, right? They're hearing and seeing and reading books about how to shame, blame, and punish your children.

So they don't know that there's another path and there so is another path. But I will also tell you that there's a lot of shame and blame out there on social media for my approach.

I get a lot of bashing that I'm too wishy washy. Oh, Miss Berkeley, she's a hippie. Everything I do is based on science, not habit. I want to teach you how to parent based on science, not habit.

And this shame, blame, putting kids in timeout, all this stuff is not scientifically sound. So I reach for things that have evidence, and then I help the parent understand the evidence without, and then once I do, they can very easily slip into, oh my God, I'm so bad, I've ruined my kid.

Nope, let's stay here, you're fine, we're good, I got you, right? You didn't know, now you know. But even when I share one of my videos, I'll get comments like, oh, you know, she's wishy washy still.

I'm still getting the wishy washy. She doesn't just he just needs to be sent to his room. This kid's a brat, whatever. No, no, I patently disagree. And I have so much evidence from my almost 30 years now and also just from other practitioners.

You know, there's they call it gentle parenting, whatever. I don't care what you call it, but it's it's not shame, blame and punishment. It's seeing the child behind the behavior.

Oh my gosh, absolutely. And as a pediatrician who's now moved more into working with adults in my ketamine practice, I am shocked. Like that is the part of me that is really kind of, I'm shocked at how much unprocessed trauma adults are carrying from their childhood, not knowing that they're carrying it.

They'll be like, oh, I'll ask them in the intake, oh, I had a great childhood.

Parts Work, EMDR, and Psychedelic Healing

And that neglect piece, you know, we know in the ACEs score, right, the adverse childhood events score that is out there that we can use that is correlated now with if you have more adverse childhood events.

And one of those pieces is, did an adult care about you? Was there an adult doing exactly what you just talked about, right? In addition to all the other stuff, sexual trauma, did you have enough food to eat?

Was there anybody jailed, you know, incarcerated during your child? Like, you know, there is so much of this kind of circles of trauma around a person as their child has, and the child in the middle doesn't know.

The child in the middle is just trying to survive. And sometimes part of that survival is shutting down. Yes. Or acting out. Right? And the fragmentation of self.

Like if there's an act of trauma happening to a child, they are fragmenting themselves for safety. And then when we grow into adults, a lot of adults will say, I have no memories of my childhood.

Oh, I have blocked off these kind of memories and it's because it's too painful. And we don't have safety. And so finally, when they do reach adulthood and they fought through everything and they've gotten safety, all of this material all of a sudden just like pours on their head and it turns into anxiety, depression.

Oh my gosh, why do I feel despair? I have this beautiful house, I have children, I have everything, I'm well-resourced. But that's the missing piece. It's like, where's that core?

Because we can't move forward into our life from that holistic place unless we've healed those parts that can't be there yet. Those that are hiding out in shame, that are saying, You know, yeah, yeah, at that point in time, this was happening to me and I'm so ashamed about it, I can tell nobody about it.

But you're so right, like when we can tell somebody about it, and that somebody is a authentic, passionate presence who can say, no, there's evidence for connecting what you went through with what you're experiencing now, and let's not get lost in the shame and blame.

but stay with it right now. I feel like that is the work that can really transform and just heal. I mean, that's healing. I'm so glad you're bringing that up because it makes me tingle at least five times a week in session.

I have someone I'll just kind of inquire and like, oh, I didn't have any trauma. No, I had a great childhood. So I'll just share with you, maybe your listeners, this might be helpful.

It's a little experiential for them and they can follow along and do this if they want to. And I'm borrowing from Dr. Gabor Mate. He's a Canadian psychologist, fantastic work.

He does a lot of work with trauma and addiction, also psychedelic therapy. But I'd modify, I like to modify other people's stuff sometimes. So the questions are a little different, but when someone says they have a happy childhood, I do like a little mini adult attachment interview, and what I say is things like, do you believe you were accepted by those who raised you?

Accepted. Whatever that means to you. Was the acceptance you received unconditional? Or did you have to earn it? Did you have to be good to be accepted?

Did you perceive your job in the family, your role in the family as the peacemaker? Were you free to express all your emotions, to be your authentic self?

Or were only a certain number of emotions acceptable? Happiness, excitement, jubilance, but nothing angry, frustrated, annoyed. Think about that. And a lot of people can't remember, but just think about it.

You can think about the earliest time you can remember. Did anyone consistently engage you in sharing what you thought and felt about things? When there was a challenge, did they tune in to your perspective, the story of your experience?

And then how did adults respond to you when you were hurt emotionally? So these are just some questions that can reveal the potential that perhaps there were some challenges in childhood that could have led to either trauma of activation or omission.

And then I also will couch this on, I am not in the business of breaking up families or disparaging people's parents. that there's no essence of that there.

I want to attune to my clients. So I have to ask these questions and get them to think about their childhood. So this kind of a way to kind of gently say, hey, there might be something there.

And again, we're not going to disparage your parents. I'm not going to break up your family. I just want to help you heal. So the there and then is breaking through into the here and now.

I can see it in the way you're speaking. So there was a there and then, you're just not really aware of it. And just in case people are going, oh, she plants memories.

It's not that I'm asking open ended questions, right? I'm not saying yes or no. So that's how I avoid that. And so the person might say, yeah, it was for you to express all of my emotions, right?

And here's how, because I'll say that too. How? How did that happen? So that's just one way for people, your listeners might think like, gosh, I don't think I had any trauma.

And just a qualitative study I've done on my own, it's not an official study, men tend to dismiss any trauma more than women. right? And that's in a binary world, right?

So if I'm using binary focus, it does tend to be, and I think this is set against the backdrop of toxic masculinity. It's not okay for men to cry. It's not okay for men to be vulnerable.

It's not okay. Turns out it's not okay for a lot of women too. They don't believe. My mother-in-law just said last week, it's weak if you cry. And I'm like, but there's trauma there, right?

Unhealed trauma. And I'm like, oh no, cry, let it out. It's okay. You're safe. Gosh, how powerful, how powerful. I know Gabor Mate's work, The Compassionate Inquiry, so calm, that he does in these conferences where, you know, all of these like really, you know, well-established professional healers, therapists, doctors will go there and we will just break down and bawl and cry, then open up because it is the correct question.

You're asking these questions in such a beautiful way. Did this happen to you? Yes. Right. I love that framing. And I did this happen to you because we're not getting into the blaming of like, you know, what did you do to deserve this or, or what are your parents?

Right. Like what? Let's blame the parents and it just, that is a story that just is, we can get lost in it for years and years and years. And maybe even the danger of that single story, right, is that we break down those relationships because no matter what happened to us, if those parents are here now, and they're older, they have evolved, they have changed.

There's opportunity for us to just redevelop and reparent ourselves and enjoy whatever is left of that. That sign that we have together, right? And how healing that is, is that we free ourselves.

I really think we free ourselves of what happened to us when we do this work. And so a whole person can step into their parenting role or their role as a partner and in their community and at work as going, yeah, I don't have to show up as the self that needs to exert control to feel good.

needs to hold on to my emotions because it doesn't feel safe. And I've never experienced that safety. Oh, you know, and that can, you know, we're living in this community and you mentioned social media and I feel like that's what it is.

it's become a concentrator of that conflict ridden spirit that exists in our world because we haven't done that work. And so we're all just committing that like for somebody to come out, you know, people to come out and say, oh, you're hippie dippy.

Oh, you're this. Oh, you're that. It's just like all of that. From where are you on what evidence are you standing on? I mean, I am a little bit of a hippie.

Oh, I am a little bit of a hippie, but I was born in 1968. So, but you know, so I'm just open. I'm receptive. I'm not narrow, you know? And so I'm not so humble.

I'm like, I'm, I know enough to know I don't know everything. So why not be curious? Why not read this study? Don't just read social media, find a study.

Cause what's not, anyone could put something on social media and I hear it sometimes I'm like, no, that's not, there's no evidence for that. But if I may too, I want to talk about something you mentioned earlier.

You're really elegantly pointing to a lot of the work I do and you're talking about people like people will hide they're not their authentic self and true self.

So you're really referring to Dr. Richard Schwartz work on parts work, internal family systems work. And so that's a huge part of my work with adults and even children as well.

So we all have an essential self. We're born with it. We don't have to work on it. But when we are born, like you said, we have everything we need or this beautiful seed.

But when things happen that shouldn't, or when the things that should happen don't, we split off and develop different parts of ourselves, what Dr. Schwartz calls managers.

And they're meant to manage the system. because your internal system is suffering because you don't have an attuned other really attending and befriending it.

And different parts of us get put into exile, basically jail or prison. So I'll just use a personal example to kind of illustrate that. So I'm fiery. I'm a redhead.

It's real. We're fiery in general. Okay. And my mother, bless her. And when she listens to this, mom, I love you. And we're good. We're good. And my mom had a lot of anxiety.

Plus, my mom was a baby. She was 25. Your human brain, we now know, fully develops in the early 30s. Some people are even saying 40s. So my mom was 25. My dad was 27, trying to raise two kids.

So when I would get stressed, when I would get big, when I would have big emotions, it rattled my mom. And so she would shut me down, shut me down, shut me down, send me to my room, send me away, send me away, send me away.

And so that kind of fiery part of me had to get put in prison. And I had to kind of be this robot version of myself. And so I had managers, an inner critic, I have an inner perfectionist, I have an inner doer who has a hard time resting, right?

And it was all to overperform to please my mom. And so I sacrificed authenticity, who I authentically was, to maintain the attachment. And listeners, every child will do that.

It's subconscious, it's in our wiring. We subconsciously know these humans here, they keep us alive. So I better shut things down in order to maintain that attachment.

But sadly, what happens with this, these parts also carry these negative cognitions. Something's wrong with me. I'm not good enough. My needs don't matter.

Oh, it's not safe to show your feelings. I am powerless. I can't handle it. I can't trust my judgment. I mean, I could go on and on. And EMDR, the trauma work I do with adults, there's a whole list of cognitions in six categories that we review.

So this is why it's really important to try to prevent a lot of that narrative. We can undo it later, but it's really hard to undo. And children will always believe they're bad before their parents are bad, right?

And I think there's some quote, and I always get it wrong, Dr. Becky always does it really good. It's like better to live in a world full of devils. Oh gosh, I can't believe it's basically saying like, it's better to believe you're the devil than your parents, right?

So it's, I messed up the quote, but it's so important, right? Even if the children are telling me my mom's mean or my dad's mean, they will say that, yet they really believe they're mean because they did something wrong, they're bad.

And so this parts work, this IFS, internal family systems theory, is about integrating those parts. We update the managers, put them in their natural states, release the exiles, and then you have so much more energy, you have so much more balance.

You still get triggered, but less frequently, with less intensity. And when the triggers happen, there's a shorter duration. So IFS, psychedelic therapy, EMDR, huge tools in my arsenal for this type of healing for parents.

And besides the psychedelic, also for the children. Absolutely, oh my gosh. You just encapsulated it all, because you're right. The IFS is something that I've had to learn, because as a ketamine physician provider, so many times people are able to connect to that authentic self.

energy for the first time. And that can be so healing. And they can really recognize all those different parts and start to recognize, oh, I'm kind of getting blended with this part.

And for example, I'm like really operating from this one defense mechanisms and I'm thinking that's my personality. But no, that's not my personality.

That's just a part of myself that really overdeveloped because it was encouraged to because that's the only way that I could, like you said, kids will blame themselves first.

Attachment is what we need. And so even the kid who is acting out is reaching for attachment because that gives them Gives them attention, right? Like attention is attention.

Kids don't care whether it's negative or positive. It's all attention. Well, and if I may, I try to, I'm famous kind of for this. I try to play with that word attention.

So if I may, this is attention. Kids don't want attention, but they want engagement. They want engagement. Get down to my eye level, attune to me, ask me the story of my experience, validate, summarize, mirror.

And so this is just another way to think about it is they need engagement. And how could we ever have a problem with that, right? Because this is what I hear all the time.

Oh, they just do it for attention with this negative voice. And I'm like, Why is that so bad? It's the behavior they don't like. I get it. But they're missing the fact that, yes, they need engagement.

They need you to attend and befriend to the story of their experience. It's not a want, you guys. It's a need. It's a biological imperative. And like you said, it's like we get blended with our parts.

We believe the stories these parts are telling us. And these parts are an adaptation. And thank God we adopted. It helped us survive. Even if it wasn't, listen, I grew up middle-class.

My parents have been together since they were 14 and 16. No one drank. No one hit each other. My mom had some anxiety. I had a really good childhood and I still had stuff to clean up.

I did, right? So it can happen to anyone. It lands in every socioeconomic status, every race, every ethnicity. but it can be cleaned up. And it's just that I had to make adaptations in order to survive, in order to please my mom.

Okay. So, but now, well, it was earlier when I learned like, I no longer need to do this. Like I can tell these managers, hey, we're good. So we're going to move from surviving to thriving.

And that's what I'm about. I want to help people thrive. You mentioned it earlier, not just survive, thrive. And especially during zero to five years, right?

When these kids are young and they need so much. How can I help you thrive? Well, part of it is updating your parts, right? And psychedelic therapy really helps with that.

Well, the ones that are legal that we can talk about, ketamine especially, right? Really helpful to help you with integrating those puzzle pieces without that judgment, with the calm.

Body-Based Tools for Regulation and Recovery

So it's almost like, because it's a dissociative, I always think of it as, it doesn't put someone in a dissociative state during therapy, not that, but it helps us get some space between our behaviors and us.

Because we are not our behaviors. Our behaviors tell the story of what's happening with us. I love that. I love that framing into psychedelic therapy.

And absolutely, we're discovering that we have this new tool, not new, maybe ancient in some ways, but it's really great. And here we are in this modern world where nuclear families are the basic unit of the family, where evolutionarily we adapt it to be in smaller groups of individuals, multiple individuals.

We have really shifted this biology of ours. is this is what's happening, right? It's like, we need to have engagement. And thank you for helping me unlearn the word attention, because you're right, attention has such a kind of like a grasping, you know, kind of like, we just need attention, you know, it's from that.

But I love the engagement part, because engagement means I could just be there sitting right next to you as an available, you know, grounded self energy with just a little curiosity, like, what you got there?

What's happening? Tell me a little bit about what you're doing right now. And the child is able to really go into their authentic self because all those protections are down.

Yeah. And that's exactly what we're doing in psychedelic therapy. It's like ketamine, you know, that dissociative, it's like, oh, your default mode network, your amygdala, everything is quite a dast.

that survival matrix that you've built all your life subconsciously is now just some, you get a little space from it. When you get a little space from it, I find that parent people come out of their first journey going, I wish everybody could experience That's how I felt after my first journey, right?

It's like, I want to shout it to the rooftops. Yeah. Everybody get in there. Right? Totally. Yeah. Everybody could experience that because what is that that they're talking about?

It's not like I wish everybody could get high. No. You know, it's not from that place of we're trying to disconnect from this reality. We're going into our own, in our own mind space and seeing what's there and going, oh, that's interesting.

That part feels like it came up at that age. What was going on at that age? Oh, how can I? And this is the miraculous part. People automatically get to this place.

We don't even have to direct them. They're sitting with their five-year-old self, right? Their five-year-old self is there feeling lonely and unheard and all of that.

And this adult can kind of just sit next to their five-year-old self and really engage. And really send that forgiveness and safety and say, you're okay, we're okay.

We make it out of this. And everything you're going through right now, thank you for doing that. And you don't have to carry this anymore. You don't have to feel like you have to stay separated.

Let's play. And that's that moment, I think, where people reclaim their child, childlike self or creativity and play comes, because that's that thriving place, right?

It's like, what happens when I can just think these thoughts without having to, you know, put them into like this narrow angle of trying to explain to people and defend it and blah, blah, blah.

And like this way that we've kind of recognized is like normative in our world and be like, no. No, it's actually our job is to play, be creative, and arrive as this authentic self because we have work to do.

Oh, yes. We have so work to do. Always. We never finish. So tell me about that. Yeah, so a couple things I want to pick up on in that. That is something else I ask about in the happy childhood thing.

Were you allowed to play when you were young? And if so, how? And then as an adult, what's your relationship with play? Because that is a hallmark of someone that might have some trauma.

If you're always working, if you're always efforting, if you can't put it down. So I met my husband very late in life. I was 46 when I met my husband.

I'm 57 now. And my husband said to me about a year and a half into the marriage, Laura, you don't always have to get an A. Say what? What? So I've done all this work.

I've done all this trauma work. And that's still a part, a striver and a driver, right? Some people call it type A, but I've done enough meditation that I don't appear type A.

I still have a hard time just playing. When we would go on vacation, I would bring work videos, right? He'd be playing video games. I'm like, oh, oh, there's play, there's play, yeah.

So other things that people might double click on is something that's, I think you might have some trauma lurking. Do you always have to be helpful? There's somebody in my life who has a preternatural need to be helpful.

She's constantly, can I help? What can I bring? What can I do? It becomes oppressive because you just like, no, I don't need help, I'm good, but they have such a need to be needed.

It's part of trauma, right? But we can get rewarded for that. You're a pleasant person. Are you a person who's always nice, always pleasant? You get rewarded for that.

And I'm not trying to take that away yet. Not but yet. That could be a sign of trauma. It's not okay for you to be your authentic self. You always have to be pleasant.

So that's wrapped up in all those things about play and things like that. You can't get to thriving until you can be your authentic self. So sometimes I'm not nice.

Sometimes I can get cranky if I haven't slept, if I'm not exercising, if I'm not eating early, I can get cranky and I accept that about myself. It's my responsibility to attend and befriend to that, grab a tool and be able to get my nervous system back into balance.

I don't want to be a crappy person yet. Sometimes I'm going to have crappy behavior. Okay. And then the other thing I liked what you're saying about that is like, sit with your, like what psychedelic therapy, the promise of it is, is you sit with yourself, right?

And you reconnect to parts of yourself. You reconnect to that five-year-old. So what's interesting in EMDR, eye movement desensitization and reprocessing, that I do, that's what we do at EMDR.

And a lot of times it can really work, but it doesn't work all the time. Sometimes people are like, oh my God, this is so weird. No, I can't do it. Their conscious mind tunes in and goes, this is hippie BS, Laura.

I'm not doing this, right? Now I give them, I can't give them, they go get ketamine treatment, boom, now they're able to do it, right? Because that default mech goes down, they realize it's not fake, it's not phony, it's real.

And also they're not in their programmed conscious mind about that's weird, don't do it, right? And so then they are, they're giving loving eyes to parts of themselves, they're younger selves.

So I'll give a perfect example of this. I have a client now, just a gorgeous woman. She's about 32 years old, very well-educated, very intelligent, incredibly diverse woman.

She was sexually abused by her father for many years. And now that I'm meeting her, She realizes what he did was bad, but she really, parts of her belief, it was her fault.

There's something wrong with her. Totally intelligent. Doesn't make any sense. It's irrational. She can even say it. She said, I get it from here up. I know that's irrational, but it's what I feel because the body keeps the score.

So she internalized that she had to leave space for, it couldn't be all her doubt. It had to be her. You know, and so we do EMDR. She has a hard time connecting with that younger self.

I'm urging her to do psychedelic because I think it's just so programmed and it was so intense and she's so committed to it that she can't release it through regular EMDR.

I also pitch to energy work sometimes too, and that's where people really give me the side eye. I have a very dear friend named Dexter Godby and he does pranic healing energy work.

And he doesn't even have to be with you. He just taps into your subconscious mind like he just worked on me today at four in the morning and then released all these negative energies.

Now, a lot of people don't believe in that. The good thing is you don't have to for it to work. Right. And it's just, but I can only do so much. I can only work with this conscious realm because I'm only trained in the conscious realm, but I can pivot to a psychedelic practitioner.

I can pivot to an energy worker and then I can help my clients take advantage of that and then work with it in the

therapy space. It's gorgeous. I love it.

I'm so blessed. It's beautiful. Yeah, it's so beautiful. It's so beautiful. And thank you for bringing that in because there is a subconscious way that we can add, you know, these are, these are mechanisms that are coming out subconsciously.

So yes, we can also work with them subconsciously and energy comes up in ketamine work, you know, and I'm learning so much because that was not a part of my Western medical training.

is to respect that, to recognize that there are healers who can attune to that with their own bodies. As Western medical providers, we are still only training this cart.

We don't train our bodies. We don't train. So really speaking to people who are in the healing professions to recognize that there's a whole lot of learning out there.

there is a whole, you know, tools, you brought up tools that your tools focus. I'd really love to like hear from you about what other tools that you use because as we're, you know, as a pediatrician in the ketamine space, parents are coming saying, I've got this, you know, teenager, we've got OCD, we've got eating disorder.

I mean, our children, our teenagers are really suffering right now. And there are these rigidities, right, that are kind of in the matrix and it's holding development arrested in a certain place, right?

And I'm finding that we're in this space where we're talking about neuroplasticity, we're talking about How can we create new thought patterns where that rumination thought pattern can kind of just get a release?

And there's actually studies to show that, you know, as we're doing this psychedelic experience, there is kind of like, I tell my patients, this is like, you know, there's a kachink.

As you hit a reset on a computer CPU in a similar way, there's a kachink to the energy space that we all have, right? Our energy, they can actually look in scans, you know, fMRIs to see, okay, where's this energy mostly going in this brain pattern?

And because of those grooves, when we have a pattern, we reuse it over and over and over again. That's when it becomes subconscious, right? There are patterns that are so subconscious and so fixed, we think they are stealth.

That's who I am. It's like, no, you can actually release those. And I loved… listening to work from Mark Soames, S-O-L-M-S, he's a neurobiologist from South Africa who really like in a cognitive neuroscience, you know, they're kind of looking at it from the cognitive neuroscience aspect of like Oh, what are these algorithms that exist in our frames?

And sometimes the algorithm kind of just gets shifted. And with this neuroplasticity that we can have now, you can be 50, 60, 70 years old. You can build in neuroplasticity through exercise, through breath work, through nature and the psychedelics and the ketamine.

And when we free up that energy and we do that behavior, use these tools that you're talking about, We can create new pathways of behavior and being and relating to where we can.

It's still there. The pattern is still there, but I can at least free myself from it consciously. And that improves my life. So what are some of these?

Yeah, we can kind of leave our list with some tools. Yeah, that's the fun part. Well, I'll pull the thread that you put out there about adolescence. And while I'm currently not working with adolescents on purpose, I did for many years.

And one of the biggest things is parts work. Like to me, someone's coming in and they're like, okay, I have OCD. I'm like, no, a part of you uses obsessions to get your needs met.

A part of you uses compulsions. Let's talk to those parts. You are not OCD. You're not. You have parts. And so we heal those parts and suddenly it vanishes.

Kind of like when I was a preschool teacher and there was a child with challenging behavior, they were getting ready to expel from preschool. Expel, yeah, happens.

And all of a sudden they'd be like preschool, it's bananas, right? If anyone's interested in that, check out Walter Gilliam's work from Yale about preschool expulsions.

But in any event, they would put those children in Ms. Laura's classroom and suddenly there's no challenging behavior. And that's not to toot my own horn.

It was 35 years ago. I'm just saying it as if it happened, right? But it did. There's nothing wrong with the child. The environment isn't meeting the child's needs.

So another tool is to see the child behind the behavior and look at the environment. look at the bright lights, the overhead lights. I once worked at a hospital with people living with schizophrenia and we had overhead lights.

And I'm like, let's get the lights off. Let's get ambient lighting. Everything ratcheted down, right? We just have to think outside the box. And that's why sometimes Western medicine, listen, I just had a hip replacement.

Thank you, God, for Western medicine. They did an amazing job. Gorgeous. I had an actual thing that needed to be replaced. But looking at the environment is not always a thing for them, right?

That's why Dr. Casey Means' book, Good Energy, is so incredible because she was a Stanford trade ENT. And she's like, hold on, I can't talk to them about their thyroid or about diet?

Why? So she became functional med. So that's kind of how I am. I'm like a functional med or a naturopathic therapist. I'm looking at all these things.

So how do I access that? So another tool that I have is something called the trigger decoding worksheet, and it's a part of EMDR. And instead of journaling, I used to only use journaling, but journaling can actually, the risk with journaling, it interrogates the left and right hemispheres of the brain to journal.

But the problem is people tend to focus on the story of what happened, not on their sensations in their body, the images that came up when it happened, their feelings in those persnickety negative cognitions.

So the trigger decoding work shoot, the TDW, you do say what happened, somebody cut me off in traffic. That's all you write about that. That's all you write.

And then you make it about you. What was I feeling in my body? What was my behavior? I swerved the car. I maybe flipped him off. I yelled something. Maybe you didn't do anything.

You froze, right? What part of your nervous system were you in? Fight, flight, freeze, faint, fold, or fawn? And then we look at what were your body sensations?

What were your feelings? What were your negative cognitions? And then we look at subjective units of disturbance. Zero to 10, how disturbed were you? And I have to give credit to my mentor, Susie Morgan here in San Diego, who's Precision EMDR, her training center.

She trained me in EMDR. And this is a tool I got from her. It's phenomenal. So whether you're doing EMDR with me or not, I always give you that tool as a parent.

Not zero to five, they can't do it, but we talk about that. We can talk with them about that. What do you feel in your body? What's your tummy feel like?

Put your hand on your heart. Where's your heart feeling? What about your throat? Did you notice your throat? What story is your throat wanting to tell, but doesn't want to, is afraid to?

Another tool that I use, I do a lot with the vagus nerve. So I'm really into Steve Porges' work with vagal tone and vagal working, where I monitor mostly for heart rate variability.

And so there's ear massage exercises. There's ways to twist your head to activate the vagus nerve to really balance out the nervous system, free, easy, at home.

And even though people tell me they don't have time, you have time. You have time. Because you can do this while you watch Netflix. You don't have to go to a gym, you don't have to do anything.

Another tool that I really like is something called TRE. Have you heard of that, Dr. TRE? So this was a technology created for veterans coming back from war.

The VA realizes, right, they carry a lot of trauma, right? The body keeps the score. How do we get trauma out of the body? You can't talk it out of the body.

You can't exercise it on the body. Exercise is great. That's a tool. All my clients, I want exercise, exercise, exercise. And I point to Dr. Stacey Sims for that for women, because especially women in peri or post menopause, they should not be doing zone two exercise really.

They should be doing more zone three, four, five. Take a look at her work if people are interested. So it's also not one size fits all for exercise. But the TRE is about you actually get into, you tire your muscles a little and then you get into a position and your body starts to shake.

So you know how, if you're watching National Geographic and a lion is chasing a gazelle, the gazelle will flee, right? Get out of there. But animals are programmed.

If they don't think they're going to escape, sometimes they drop and play dead because they know animals prefer live prey.

Practical Advice for Parents and Clinicians

They want to kill the prey. So they play a gamble where maybe the lion will walk away. And if he does, the polar bear, the gazelle, any cheetah, they will get up.

And what do they do? They shake and baby shake. But we learn it's weird, so we don't shake. Right? So it's a technology to implement that natural shaking response and it releases what's held in the body.

And so these, I have something I call my tools page that's only available to clients. I don't make it public. I'll give it to your listeners if they email me, if they want my tools page.

But that technology right there is really incredible. And I've seen it be life-changing for people because it literally frees up that space inside of you.

I'll pause there because I've been talking a lot about tools. Let's see what you think. Oh, this is absolutely fantastic. And I'm just thrilled. And thank you so much for offering that.

We'll definitely have that in the show. We'll put your email and website. I'm just in awe of how learning about the body learning what already, you know, all of us have this body, we have this knowledge that we can use if we learn it, just like you said, simple tools that really recognizes that the body has its own mechanisms that already have evolved.

And we may not know about it because we've never experienced it or never been taught about it or it's been

pathologized and we just shut things down. But let's, you know, kind of turn our perspective on, well, how can we work with what the body has?

And the body has these incredible mechanisms, these ways of of really accessing. And you talked about heart rate variability. We're realizing that this vagus nerve, we can just decrease our blood pressure by just breathing.

Shaking, belly breathing, all those things are things that we can do. There's no time that is needed. There's no special tools. There's no special even training.

And so really thank you for breaking down those barriers that I think we all carry in our minds. about what is possible. We are very unaware and I think we're at the cusp of a movement towards all of us learning more, being able to self-regulate to recognize that we do have agency and getting out of this kind of like top-down model of here's your problem, here's the pill, see you next month.

I don't care about you as a person. And, you know, physicians are burning out. And then we are the frontline workers who have really, you know, kind of been uneducated about trauma, even as we have been thrown into traumatized spaces and have had that secondary traumas.

You know, and so that moral injury and all of that, like, we are recognizing like, whoa, we're doing this all wrong and we're not serving our patients and clients to the utmost ability that, you know, we're not using all the tools that are here.

It's true. I think I have a lot of physicians as clients, and I think they're almost in some ways, love you guys, but my worst clients, because they aren't doing the stuff.

And I'll give an example of Dr. Gabor Mate, who we referenced. He was asked to do an ayahuasca ceremony in South America and lead a bunch of physicians that were coming over from the West.

And after the first night, the shamans brought him into the room and said, you can no longer be part of the circle. And he was like, well, you flew me over here.

You're paying me, whatever. He's like, no, we're going to do private sessions with you. He's like, why? You have so much darkness and so much dark energy that you're actually negatively influencing the rest of the people.

And they said, in general, physicians, when they come, are the hardest. because they hold so much, they don't use these tools, right? And so breathwork is a major tool I use with, it's free, but there's hundreds of Pranayama's breathworks, there's hundreds.

So it's not just 478, it's not just box, sometimes it's just breathing in the lower two thirds of your body, hypoxic breathing. I'm really interested in hypoxic right now.

So there's But it's hard to keep people in therapy long enough and get them to try it. Right. So I get people the tools and I ask them to try them out about 50% of the time they do.

Right. I don't know why they pay me all this money and don't use the tools. I mean, I do, they get busy, they get in life. And we're also socialized by our Western mindset to take the pill.

to whatever the fast food thing and i'm like i'm sorry it's not going to be fast it's going to take time and yet it can happen if you can commit a little piece of time every day every day to just a couple of these things like the breath works like five minutes right t.r.e is three minutes you could take you half an hour i don't know But I just say, put your toolkit over here and pull a couple, right?

There's also sound therapy. I do a lot with binaural beats and frequencies. I'm really interested in electromagnetic frequencies and how they can alter the brain.

So I have some of that on my tools page. I mean, there's just so many free resources out there. I mean, I'm not free. I have to give you the tools. But the resources are free and they're available.

And then you get rid of me. I want you to get rid of me. I don't want people to be in therapy long term. That's why I'm a tools therapist. If I just showed up and talked to them about their stuff, I could keep them in therapy a year.

I'm really not interested in that. I just feel like that's not good use of their time either. And then for pediatricians, if I could ask them to just please stop telling parents that the children are going to grow out of it, I mean, that is so disempowering for parents, and it's just not true in many cases, right?

Like it's actually they could grow more into it. Like what we've been discussing is if zero to five, they're having a lot of these habits, it gets programmed into their system.

They're developing parts. So in fact, doctor, no, they're not going to grow out of it. It's going to get worse. They're going to grow into adults with trauma.

So I just think it's why I use a lot of developmental pediatricians because I feel like there's more of that awareness there. I'm not saying I have some really lovely pediatricians that are open to it.

Absolutely. And I'm hearing more and more about mindfulness. That's a huge part of my work as well with people come back and say, oh yeah, my doctor talked to my pediatrician, talked to me about mindfulness with my child.

What's that? And I'm like, oh, let me show you, let me help you with that. So that's awesome. That's encouraging. But if we can get out of that, they're gonna grow out of it and get out of until they like give them something to do.

to work with it. Please, please. That's just my plea to pediatricians out there. Well, thank you so much. This pediatrician is feeling full and hopeful and really thrilled to meet you and to connect with you in this way and really invite people to recognize, you know, I think the piece that's really resonating with me is that we think of ourselves as these machines.

where it's like you put a pill in you do this you do that and then you can keep going right and that's such a kind of like capitalist western you know like we're doing this so that we can do the other thing that gets us the other thing that we want and here we're saying no actually it's a daily practice your body responds to small, simple interventions, and it is over doing something over time.

Do it for five days. Do it for 10 days. Notice how you're feeling. Be your friend, you know? And let's let go of this idea that we need something else to fix us, right?

That's such a broken story. It's like, I'm broken. I need this to fix me instead of, No, I actually have all the tools. I just need to activate them. Yes, I need to learn about them.

I need to activate these pathways. And then that will give me that holistic sense of self that I'm trying to look for, that authentic place that I want to live from and thrive and play and create.

Thank you so much. Your energy is amazing. I hope our listeners really connect and, you know, all the different tools you've mentioned, all the references that will put those into the show notes.

And I'm really excited for this next chapter ahead. Any final thoughts you'd like to leave our audience with? Well, I think that's bubbling up. Just from what you said, it's right here.

You noticed it. It was right here. It was coming out. I just like to tell people to tag on what you said. We're human beings, not human doings. And I'm tired of this badge of honor.

If I only slept five hours, I'm so busy, whatever. That's not something to brag about. That's actually a sign of… ill health, physical and or mental.

So put the phone down, put the stuff down, be present, breathe, do rhythmic movement, dance, play. You know, I get it. Some people have to take four buses to get to work.

I understand. Right. Like I, That that's harder, right? You know, some people are like super still while you're on the bus breathe Don't open in doom scroll allow yourself to notice nature be present There's all these ways that we can work, you know, I think it was a yogi that said I'm not a human being I'm a human undoing because he's like I have to undo all this training I've had to strive and strive and drive myself included so Human being, not human doing.

Not human doing. Yep. Well, that's a beautiful note to end on. Thank you so much, Laura. Thank you. Thank you. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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