## Introduction to Dr. Keesha and Her Work

Welcome back folks. I'm really excited today. Doctor Kisha, yours is here with this and I can't wait to introduce her and have a go over her special interests and her certification course with us.

As you know, we're trying to provide as many of the very top programs to you as possible, and I just can't speak higher about anyone or more highly about anyone's course, but, doctor yours.

So she's an integrative medicine expert. She's a doctor of six ology and family practice, as well as a psychotherapist and herbalist. Now she's board certified in functional medicine and Vedic medicine, is the founder of the Academy for Integrative Medicine, health coach certification program.

So obviously, you know why we have doctor USA today and she's got over 30 years of experience, is well known for developing the heart model. That's the healing unresolved trauma model for understanding how childhood trauma can impact adult health.

Another thing we're always very, very interested in now that led to her creating the U. Unbroken program for patients to heal from their own trauma. Most of the deep healing retreats that she needs at her home on the beautiful San Juan Island in Washington.

She's a very popular speaker. Again, I feel very fortunate to have here. I mean, she speaks at Harvard, the Ted stage. She's also a best known, bestselling author for solving the auto immune puzzle, also in auto immune paleo cookbooks.

You probably have a copy of that. And your libido story. And that's a workbook for women who want to find, fix and free their sexual desire. You can listen to her Mystic Medicine radio show and find your programs that that doctor t shirt.com.

And we'll put some other information in the footnotes for it. So, Doctor Kisha, thanks so much for being here. I'm delighted to be here. Thank you for having me.

Yeah. My pleasure. So give us some background. Tell us how you came to do this work. You know, especially around the health coaching program. Well, you know, I was an intensive care unit nurse for about ten years.

Very high adrenaline junkie. I used to skydive and run marathon, and I was raising four kids and very, very active, a very busy productivity oriented.

And I was diagnosed with rheumatoid arthritis, in my early 30s. And I was like, it was like Wily Coyote had dropped an anvil on my head from atop tall Cliff.

You know, the the Roadrunner cartoon is just flat and. Yeah. So, you know, running along, meet me and then two. And so, you know, this is really the way a lot of my patients experience this, too, is that one day they're they're really active and doing their lives.

And then the next day something has happened. And, you know, the batteries have just been taken out of them. And that's really what happened to me. I got in to see my doctor, and I was diagnosed with rheumatoid arthritis, and she and her family history, part of it was asking me if I had any family history of autoimmunity.

And I said, yeah, I think my grandfather had RA and was in a wheelchair with it for a number of years, but he had died before I was even born, and in fact, he died at the age I am right now.

And 55 and so she said, okay, well, here are two prescriptions, right? One from methotrexate, one for a non-steroidal anti-inflammatory drug.

## Personal Autoimmune Diagnosis and Healing Journey

Take these and come back when you get worse. Not if. And so yeah, I just remember thinking there has to be something else on my way home. And you know, going into that investigative piece of, okay, what else is there?

Because she told me diet has nothing to do with it. This is all genetic for you. Yeah. And so this idea that you have your genetic right, and the way that I think about this now is we are coded, you know, we could think of, like, we each have a microchip when we're born for death.

You don't you don't come into the world and get out of it alive. You know, you're born and you die. And so in that genetic code somewhere, there is some sort of space that says, this is you're I'm going to die of a sudden catastrophe, right?

Or you're going to deteriorate and die. And in your genetic code, you have that place where it's going to activate your little death code. And I remember kind of sitting I learned how to meditate.

I learned how to do yoga in the process of my research and just sort of sitting with that of, oh, so I've sort of activated this code very early. And, and what did activate it?

Precisely. So one day in meditation, I was thinking about this word autoimmunity. And I realized I really, for the very first time, understood the autoimmune, meant I was attacking myself and there was nothing outside of me to blame.

So I started going back in my meditation through my timeline and trying to find a place where I had activated that code. And, you know, I, I got to this ten year old version of myself that was being sexually abused by the vice principal of my elementary school. Wow.

And I just remember looking at her, she was so forlorn, sitting under a palm tree in Florida on the balcony of our Navy housing, you know, of. And just like seeing her, she really wanted to die.

At that time, she didn't understand anything that was going on and and thinking, oh, this has to have something to do with the version of the body that I live in right now.

And, you know, science tells us that that is true. Now you have the Aces study. We have my study, the Hertz study, you know, like but we know this is true.

But that's 25 years ago, I was able to reverse my RA off of that meditation by going in and starting to do trauma work around what had happened to the ten year old version of this body.

And so that actually led me down this road of, oh, we actually, you know, in my book Solving the Autoimmune Puzzle, I coined this term called misery to motivation ratio.

And unfortunately, human nature is such that the more miserable we are, the more motivated we are. And you know, I started really working in that space of, okay, can we help people turn the deterioration code down, at least if not for now, and let them live fully in a life that, you know, with a body that doesn't have pain and it's not deteriorating so rapidly, and give them their formula that matches their genetic and their biochemistry and what's going on in their head.

Right. And so as I started working with patients on this and, and started my own practice, they started getting to be a lot smarter than most doctors I knew.

And I thought, gosh, you know, just because somebody hasn't gone to nursing school or medical school or chiropractic school or into nutrition, you know, that ship might have sailed, but you can still get very educated and

really learn how to take the reins of your own life and, you know, sail your own ship, so to speak.

And so I started a health coaching program for those people, and I called them in my patient population. They were the ones with the big binders that were tabbed and highlighted, and they had so much information and they're just trying to figure out how to individualize it.

And and I called them the summit junkies in my practice. Like, they they loved information. They just needed to know how to personalize it. And so I started this program for those people.

And that's that's how I got started. Yeah. That's amazing. Well, there's so many things here that I commend you for. One is, you know, just speaking about the, the genetics, how they get activated.

You're not if there is a program there, there's a potential there, but it has to be activated to go wrong. And, That's true. That's just how it works.

Your environment and everything in it, including, you know, you you brought us around to the mental, emotional aspects that can trigger, the genes to express in a way, unwanted way as well.

You know, we look at basically, three types of stress model, whether it's the mental, emotional, really huge. There's the trauma and physical injuries and things like that and built up weaknesses and, and of course, the interior, you know, chemical, biochemical and all that.

So there's all kinds of stress. It's ubiquitous and it comes in all these forms and shapes and sizes, and it can affect your genes genetic expression.

So, I'm so glad that you pointed that out and that you, come to work honestly. And anything, you know, and that's the thing that you came to through personal experience that you had to overcome, that's really common in the health coaching business, is that people have their own issue.

And like you mentioned, they go to a physician and sometimes get told there's nothing wrong with you, yet come back when you're sicker, you know, and then and they say, well, but I'm miserable and I need to find out how to, you know, help myself, I guess.

And they go out and they there's a million things, doctor Google and then there's all these people around with all these different, things to try. And I think most of them get pretty caught up in that cycle of trial and error.

So, it does take leadership and people who've been around the block a few times like, like us, to, to lay down some, some training, some practical stuff that they can actually use.

So you don't you mentioned some studies there, Keesha. And I want to ask you about that like the Aces study. What what's so important about that. Yeah.

So the the Adverse Childhood Experiences study of course, is the largest study of its kind that's ever been done. It was, a study that was conducted by Kaiser Permanente and the centers for Disease Control between 1995 and 1997, over 17,500 participants.

And how it came to pass was Kaiser had this really great weight loss program, the clinic that was really working well. But the clinic director started noticing that people, in spite of losing weight, were not finishing the program.

They would drop out before they got to go, so got curious and started asking questions and investigating and found out that many of these folks and women had had sexual abuse in their childhood.

And so he combined with the centers for Disease Control and did this large study on Kaiser Permanente enrollees. And they asked, you know, these this large group of participants, about ten different kinds of what you could think of as capital T trauma, right?

The kinds that I was talking about with sexual abuse or domestic violence or psychological emotional abuse, having a parent, or a caregiver addicted to a substance or mentally ill or incarcerated or dead or divorced, so a neglect, abandonment and those capital T traumas and they, you know, with their findings.

## The ACEs Study and Childhood Trauma

Whereas the the higher that score, then the higher the risk for all of the chronic illnesses that we see in our, in our culture today from heart disease, cancer, autoimmunity to also behavioral issues like, not non unwillingness to still engage in self-care, you know, sedentary lifestyle, drug abuse, sexual promiscuity, sexually transmitted illnesses, and then altered genetic expression.

And many studies have shown that altered genetic expression can actually be prevalent into seven generations past you. So, I mean, it's just dramatic what can happen, right?

We know this from Holocaust survivors and doing studies. And so this is a really fascinating arena where finally, finally, finally, you know, these, in my bio, you said I am board certified in your Vedic medicine.

And and that's what I found directly after my diagnosis of RA was that I went to a yoga class and, and the yoga teacher mentioned this word I, your Veda.

And when I went home and looked it up, it made so much sense to me because, you know, being in the ICU, we separate everything out. We match drug right to symptom, which is great because we're bringing people back from death.

And so it's very successful in that model. However, if you're trying to think about like prevention or dealing with chronic illnesses and actually reversing them, that's not our standard medical model, doesn't really have a lot to offer for that.

And so are your Veda. 10,000 years ago was talking about the fact that whatever's in your mind crystallizes in your body, and that you have to actually digest your emotions and your feelings the same as you digest your food.

So they say autoimmune diseases, digest that anger. So my health coaching class, you know, program I teach people that I teach them I Veda, I teach them, mental emotional techniques for trauma.

I teach them the Enneagram. I, you know, all these different ways of helping find where their client is on the path and giving them kind of a structure for opening the door to start down healing in all of these different arenas that are not separate your mind, your body, your spirit, your heart, they're not separate.

So we keep trying to do that in our culture, right? Yeah, yeah. I was just agreeing with you there. And, I love to hear you go on about some of that. You know, the the Vedic, is really old and really was.

I found a lot of wisdom there. And I listened to on a very regular basis. Kind of an Indian mystic guy. He's just. So. I like his sense of humor. He's so funny.

On top of the really wise, you know, and he talks about the health of friction, which is the wishing tree, you know, and in a sense, the moral of the story is we are wishing tree roots under the wishing tree.

Whatever the man thought of, appeared before him, he was hungry and food appeared, he was thirsty and water appeared and so on and so on. And so it's just a, you know, an analogy really, or a metaphor for you get what you wish for, you know, what you think about and hold in your mind.

You can achieve and get and, it works is if you think about bad things, you get bad things. You think of good things, you good things. So it's probably better to think about those good things.

So I appreciate you talking about that study. That's a huge number of people. 17,500 and and there's all those

goes now how did the hurt where does the hurt study that you did play in that and talk about the hurt process for us.

Yeah. So the hurt study was something that I conducted before I'd heard of the Aces study. The Aces study, even though it was done in the 90s. The write ups on it and the findings were extrapolated and written about for many years later.

And now it's all, you know, very available. But at the time, I had a private medical practice, I still do, and I was having coffees. I was seeing women coming in and asking me for bioidentical hormone replacement therapy, and which is great.

You know, I, I, prescribe it, and but I started asking some questions, you know, around it like, well, why do you think you need hormones? Right. And I would get these different symptoms among them low libido.

And I realized low libido was very prevalent for women. And I thought, oh, that's so interesting. So let me start asking some questions about that. And I would say things like, well, do you like your partner?

And, women would just start crying. I mean, I go through clinics in my office so quickly because I start, I ask questions like that that seem kind of obvious that no one has asked them.

Well, do you even like your partner? And, you know, I get these tears, or I would say, when's the last time you did have a level of, of sexual desire that you were happy with?

Again, tears. Well, I guess I never have, you know, and I would say things like, well, okay, you just told me your husband had an affair five years ago, and you forgiven him, that you haven't ever wanted to have sex with him since then.

Estrogen and progesterone and testosterone are not going to help that, you know, and then for those that would say I've never had libido, you know, I would say the same thing.

Well, hormones aren't going to help that. And so I started realizing that about half of my patients had these stories that I could not find any kind of model for in the medical research, as I would go into PubMed and look and I thought, gosh, you know, there's like half of them that are that are underrepresented here that there's no solution for.

And it's not all in their heads, because when I do adrenal and hormone testing, indeed their hormones are low and their adrenals are low, but actually the whole in the bottom of the boat is not going to get fixed.

So then they're gonna have to stay on this stuff forever, which doesn't make any sense. Yeah. And so I started really thinking about it in that way. And I went back to school and that's, you know, people always ask me why sexology.

And it was because I really wanted to see what the what the dynamic was between the endocrine system, the immune system, the GI tract, and a woman's sense of satisfaction with the emotional connection she had in her relationship.

And that was really a fascinating study. So the healing unresolved trauma study, ask those questions. And what came out of it was this healing, unresolved trauma model that explains why the eastern study came up with what it came up with.

It tracks it. It goes through like, oh, here's why. So what happens is you first, when you're a child, remembering that children do not have a fully developed prefrontal cortex, so 26 years old.

So they have a child mind and brain.

## The HURT Model and Trauma Patterns

So when you're a child, you're going to be presented with all kinds of experiences that are new for you and you don't have a well attuned, grounded, perfectly attached caregiver walking through life with you 24 hours.

So, you know, seven days a week. And so you're going to confront different kinds of experiences that are not necessarily those big traumas, but littler ones that you don't know how to explain.

So maybe you didn't get picked for a ball team, or you had a bunch of friends one day on the playground. The next day, they were all laughing at you and talking about you or making fun of you, or you're not invited to the cool kids table in the cafeteria.

You know, like all these different things that happened to children and we've all had them, right? So so what happens is we have that first event of something we can't explain, but it sends an emotion through the body that is either sad or angry or, or fear, right, or anxiety.

And that then activates our fight flight freeze. And when we're children, we usually just freeze because we're we don't have any autonomy as kids or you're not we don't have any power.

So most of the time we freeze. And so then when that freeze, we make up the meaning to attach to whatever just happened. So I always use my experience in fifth grade because it's easy to track when I explain this.

So I'm sitting in my fifth grade classroom. The intercom goes off in the corner of the classroom to call us to stand up for the Pledge of Allegiance, or to tell the the secretary telling the teacher some piece of news or something, and then every once in a while it would go off to call me to the principal's office.

And so every time it went off like Pavlov's dog, I would go into freeze, right into that autonomic nervous system, sympathetic nervous system. Freeze. Yeah.

And I was terrified. And so instantly I move into that. And so then the, the vice principal was telling me this was happening because I was white trash.

I was one of two white kids in an all black school. And because I was bad and so the meaning that I made up to what was going on for me in fifth grade was that people can't really adults can't really be trusted.

So I'm, I'm really fun with TSA. Yeah. And what I. Yeah, yeah, whatever. It's like I, I put them on high alert, you know. Yeah. Can I get you down. Yeah.

So, so one of the things that would happen in that place would be. Oh. So then so what happens is you attach a meaning okay. So this adult that says he's here to watch over children is lying.

So I don't know what to do with that. So then the belief that I created from that was I have to be perfect to even survive. So the behavior that I then took on as an adaptive strategy for that belief and that meaning this is how it works, you do a behavior to is to be a perfectionist.

And so up until the time I was 32, when I was diagnosed with Ray, I was a pretty strong perfectionist. I was perfect at being a perfectionist, and I was so hard on myself.

I was incredibly hard on myself. So, you know, at the end of the day, what happens in the hurt model is you either keep doing what you've always been doing, so someone will come in and push your button like, I'm not good enough, I'm not fast enough, I'm not pretty enough or not smart enough, whatever it is. Right?

And then you'll go back into your cycle of that feeling and then the sympathetic nervous system doing its response. And then you ruminate on those thoughts and it winds up with disease.

And in women, low libido. And it can be that way for men, too. So the other side of the model says, at the point when you are miserable enough and you're willing to self confront and know it, is that wherever you go, there you are, that you're the one that's always present when you're unhappy.

It's not about other people, other events, other things, right? Right. Then you can start doing the work around really healing this. And there are several techniques that we use to get to that point.

But first you have to arrive there ready? Yeah, right. You start being very introspective and look at self and the way that you are perceiving everything in your world.

Because the thing about this is by the time you're 26 now, you have an adult brain with executive function. And it's important that we go back and we reevaluate all those beliefs and meanings we created that have been created, behaviors for us from childhood, and reframe them and redo them if they're not compatible with a healthy life, if it makes so much sense that, the childhood trauma plays such a significant role, you know, and you talked about the process.

So it's it's a one on one process that you learn to do with your clients. Is that what it is where you walk them through? Yeah. Fast. And you it is. And you have I have worksheets inside.

In fact, I'm writing a book right now on the Hurt model. And it'll have a way of people being able to do it, but the, the way that it's the most powerful is actually in group retreat settings, because then as you're watching someone else do this process, you're tagging it two places that you didn't even know you had a similar story.

Because as humans, we share we share stories that we don't realize, like, oh, I didn't realize that I had a similar experience. And then I also thought the same thing about that.

And, oh, I get that. That's from a child's mind. Okay. And so you learn how to really heal those spaces and, and then when you do it in a group process, then you wind up having this tribe of other people that are working on it too, that are supportive.

And it's very loving and it's probably something that you've never had before in that kind of a way. Right? Yeah. And I also appreciate how you put that.

The person has to be ready, you know, when they're miserable enough and, you know, but sometimes they've also been stuck on other, you know, like, side tracks, you know, this is what I find. Yes.

And they have to be ready to, commit to a program to invest in that program and in themselves. And they got a really wanted. Change it. I want to teach you on that myself about how to onboard clients who are more likely to be successful.

And then we could have successful businesses with happy clients, you know, like, if they're not ready, don't take that person on. You gotta have a process for for kind of weeding them out.

Now, you said that, every like that too, because, yeah, you can't be out there trying to save everybody who's when they're not ready to do their own work.

You never can work harder than your client. That doesn't work. No, no, you can't. One more than they do. You know, they really could be, coming to you for help.

And, then you can decide if that's a person that you can help, you know, can you help them? And then, you know, then do you want to is someone you want to work with?

The idea of being a health coach is you get to work for yourself and, and, you know, like when they told us that we all had to stay home, we all said we already stay home.

You know, we had that little conversation right before we put the recording on. It's a beautiful thing. No. What do you mean, no? When you say everyone has trauma, I, I get it, I think, but you know what position on that?

Yeah. So. So just like, everybody will die. Everybody gets traumatized in life. Like, that's just how it works. And, you know, you can distinguish it between what people call capital T trauma, which are the the aces that I talked about, you know, where there's neglect, abandonment, abuse.

And then you can do lowercase t trauma. And again, nobody is free of that. And that's the place where at some point you have been betrayed, at some point you've been rejected.

At some point you have failed at something, at some point you haven't been good enough or whatever it is you wanted to do, you know, and that's that's how it works.

That's that's just how human life runs. But it's very traumatizing, you know, and it will then influence further behaviors and create a whole pattern of nervousness and reactivity.

And so being able to let that child part of, you know, that, oh, you know, that that hurt right then, didn't it? And so there's a whole process that you can do that doesn't let that child part then run the roost, you know, because that's actually what your ego strategy will become is whatever those behaviors are that you said, where your adaptive behaviors to your own beliefs.

So you have to go back in and look at those beliefs and, and heal the part of you that created the belief in the face of those little tiny traumas, too.

It science has told us there was a study that was done by mole, and what their this group saw was, that the prefrontal cortex volume, the adult function of the brain shrinks and the amygdala, or the place it's looking for.

Am I safe? Can I trust people? You know, that part in the limbic system will grow in the face of perceived chronic stress. So that's a trauma. If you constantly think of yourself as overwhelmed, that's actually one of the lowercase t traumas.

And you get brain changes that are exactly the same as somebody with PTSD. So there's no difference between the capital T and the lowercase t trauma and the impact that it has on the adrenals, the hormones, the immune system, the GI system and brain physiology.

Yeah. You know, it kind of reminds me of something we the term we used in the chiropractic office a lot was, micro trauma. So, you know, we ask people if you had any car accidents, you fall off a bicycle, you know, you know, what's your history with trauma and say, oh, no, I've never had, you know, anything like that.

But then you find out that they've been typing for 25 years. Well, that's micro trauma, you know, and it just builds up.

## Healing, Self-Mastery, and Client Readiness

And so I think it's really cool you're saying that that can happen mentally emotionally too, if you're if your parents never really beat you, but they're always really hard on you in one way or in particular.

That's an accumulation of micro trauma, like that physical, trauma thing. That's a great parallel there. Yeah. I think it's amazing now. And another thing you mentioned, there was perceived trauma, you know, the way it's how you look at things.

And as kids, we don't get trained really. I mean, I think kids, they're supposed to wake up happy every day because what the hell do they have to be upset?

But but, but, you know, and I did as a kid generally. But. Well, I mean, if they're getting sexually abused or if they're,

if they don't have enough money for lunch or beating them up on the way to school, are they getting teased? They get a lot. Right.

I think it's hard being a child. It's different. I think now I just but yeah, it's something happened to me when I was a kid, you know, and I, I lost five bucks or something.

My parents sent me to school and I had to pay for swimming lessons with five bucks. And I lost the $5 bill. You know, this is, you know, 50 some years ago when five bucks was more than five bucks, you know, and it was like paying for the whole summer's swimming lessons or two weeks worth of water.

And, man, did they come down hard on me. You know, just like, as if I'd stolen it. Or they just made me feel so guilty. You know, my dad worked hard for his money, and your mother has to buy groceries.

And just the, And again, you stay at home all weekend, and you can't go out. And you, you're not going to. The thing with that, my dad was taking my brother and I to this thing, and, it was a wrestling match.

We were. And I had to stay home, and I cried all night. I never got over it. Took me 25 years to figure out the money isn't bad, that I'm entitled to my share, that I'm not a bad money handler.

But it took me fricking forever. I happened to have accumulated some some wealth in my old age. You know, I still work as hard as ever, but. But you know, I got over the money thing, but it took it took me a long time to realize that that was a trigger.

It was kind of a big key for me. The the, you know, you're you're bad. You don't you're not good with money. Oh, man. Race drew me up. I was just broke until I was in my early 30s or something because, because of that, you know, because you're not good with money.

So, if I can imagine what it would be like for the women or men, you know, I'm sure that was more of a woman who had the sexual trauma and that you're, you know, well, actually read there's no difference.

And that's what I really want to convey is the bar that is that is your own worst trauma is the worst trauma. You don't there's not in a child's perceptual field.

There's not oh, somebody else has it worse than I do. It's and I got this one day I was coming home from the ICU and I'd been at work all night, and my, my daughter met me at the door.

She was eight at the time, and I still in my scrubs, and she held out her little finger to me and she said, mommy, I have a splinter. Can you take it out?

And I said, sure, honey, sit down here on the stairs and I'll I'll be right back. And I went and I got my tweezers and, in a little safety pen and came down and and I reached for her, her finger.

And the minute she saw the the needle, of course, she started wailing and I remember looking at her with so much compassion and and thinking about the little two year old in the crib in the ICU that I had been caring for all night, where I had just started before I came home from work, a scalp IV and in her vein and her scalp, which is where we do it for babies.

And she didn't have an arm because of leukemia. That's why she was in there. And she hadn't even flinched. She was awake. I started the IV. She just didn't even flinch.

She lay there and looked at me and let it happen. And not even a peep, right. And I just remember looking at my daughter screaming about the sight of a safety pin and the anticipatory pain of having this little splinter taken out of her finger, which is very little. Right?

Yeah. And thinking, thank God that this is your worst trauma, that that this is causing you to wail, you know, and I

just remember hugging her and just thinking, you know, this is this is so beautiful.

And and, you know, as I've done therapy with patients over the years, some of the worst traumas for some people that they've gotten so sick over, it's like like you with the money relationship.

I remember during therapy for a woman whose big trauma was that she was their daughter and had to wear him down, and the meaning she made out of that was, I'm not important.

And so then she went through her life getting into abusive relationships with men who didn't consider her important because she'd made up this meaning and she didn't have all this abuse in their childhood. Right?

That you would usually say, oh, someone that's hurt then turns around and gets in hurt or relationships. It was all about hand-me-downs for her. And once we solved that and healed that, then she was able to move forward and get into better, a better relationship, you know, and it it really is.

It's so important to understand that how you digest your experiences is just as important as how you digest your food. Yeah. And it's not it's not a natural skill either.

Just a quick before we move on, I want to talk about, you know, how this helps people reach their highest potential and all these different areas. But, it occurred to me that, you know, I was able to get over this thing with the money.

But it took a while to work, like, you see, digesting it and and realizing, you know, what was really going on and that I actually liked money. What about these women who have been abused?

Did they ever like sex again? Or how does that work out? You know, like, Yeah. So so oftentimes it's not even about sex, right? So remember that somebody that is abused sexually, it's usually about power.

And so that the, the what will happen is sometimes they become oversexualized and and sex they start to understand is can be a currency to get what they want and they can use it in a manipulative way.

So it just depends like men and women can use that as a tool or they can use it for emotional connection and a demonstration of love or for a physical release or so.

There's so many different ways and reasons people arrive in the space of wanting to be intimate with themselves or another. So it really depends on motivation. Right?

And, and so it ultimately it's not so much about the literal, the literal repercussions of having it being sexual any more than yours with money was more about, oh, I'm bad, right.

And so you had to sort of work with that. This woman with the hand-me-downs. I'm not important. It didn't translate to be about clothing. The translated to be about, not important.

Right. So it depends on the meaning that's created around it. Yeah. Yeah. Yeah. So it may not be about the the sex is the right and they find a way. Yeah, I get that.

So it takes some sorting out for sure. So how is it possible that these kind of, I guess you would call them injuries of sorts, you know, how do you heal, so that we can be mentally, emotionally, you know, physically, spiritually, enlightened.

And that is another thing I want to mention that you mentioned self-awareness. Before you take on a client and be ready self self-aware enough. So how does can you talk about that a bit?

Yeah. One of the things I teach in the Academy for Integrative Medicine Health Coach certification program is self mastery of your own stuff and how to track that, because the more you have your own self mastery, then that's the higher order of client.

You will attract you. You know, if if you're attracting people that are driving you bananas with certain behaviors, then you have to look at yourself because it means you have set up, you know, a lack of boundaries or you haven't been had mastery over your own stuff and so I teach my students how to do that.

So when you're when you think about it in that way, then you have to actually be able to go in and find out, like what are the meanings. And I always start with in my in solving the autoimmune puzzle, I have some worksheets and one of them that I'll start people with that I think is super important that our audience can start with right away is, you know, to to really take a journal and write down all the expectations that you have of everything in life.

You're what's the expectation you have of you're right. I was the expectation you have of your tongue, of your of your left pinky finger. You know, of the government, of your spouse, of your parents, of your children.

You know, like every part of your body. What are the expectations you have of if you have a, belief system and a higher power of of the divine, what is it that and there are millions of what I call implicit expectations that we lay on life and the more that those are in hiding in the shadows and our implicit instead of explicit, the more we struggle and the more drama we have in our lives.

And the more relationship dysfunction. And and according to science, relationship dissatisfaction is the number one barrier to women's sexual desire. So it's really not so much about like the big capital T trauma.

It's about what is causing that relationship dissatisfaction. What's the expectation you have of your partner that they're not meeting, you know, and is it a realistic expectation.

And so you start looking at all of those and starting to take responsibility for unrealistic expectations. Now, my partner and I have, an expectation that we're going to be monogamous in a relationship.

So I don't change that expectation because it's an explicit expectation. We both talked about it and agreed on it until such time that that changes. That's the agreement. Right?

So that expectation won't change. But you literally have millions of implicit expectations that no one's agreed with you on, that you still have. And as long as you carry them, then you're going to be constantly disappointed.

And that then creates a perceptual field of discontent, which creates a whole biochemical neurotransmitter, hormonal shift inside your body that creates disease.

And so this is a great place to start. That's really I really like how you put the dark cookie. You know, the explicit the things you state that you agree upon, like monogamy and these kind of things, very important in relationships, you know, and, and, but all the implicit ones, like, could be telling on different pages that stuff.

Well, if I have a, if I have an agree, even if I have an expectation that my husband is going to keep his socks picked up all the time, then I'm going to be unhappy all the time, right?

Yeah, yeah, yeah, I get it. You know, like I can just say so many things, but I want to, we've been doing really well here. I think it's been a great conversation.

I think we've added a lot to the, program here, you know, trying to establish that there's really smart people like you who really care about others, who really been, to the wall and are willing to go to the mat for person who is, ready, you know, because I'm like you to I take calls, you know, all hours of the day and night, to try to help people.

Most of these are my students, you know, for 12 years, I have several thousand who they come out of the woodwork sometimes, but, And it's always good.

## Leadership, Scope of Practice, and Closing Thoughts

I always just try to hold that space for them. But the other things, before we have to go here, about this program

here, this, this event and the leadership we're trying to.

But besides teaching your course, what do you think that we as leaders could be doing to to to provide that leadership in the health coaching world? Yeah, I think that, you know, like this book I'm writing on healing trauma.

It's really getting the information out in a way that usable for not just our students, but for as many people as possible. You know, I, I have a, a kind of mantra, that I start my day out with and my meditation practice that comes from Saint Francis of Assisi, you know, like, how can I be an instrument in thine hands and, and just really surrendering to how is it that you want this message to come through?

It's not my will and it's not my information. There's no new thought. None of us are saying anything new, and it's not ours. And so really, just being willing to be, that instrument and, and my, my whole goal is so that people can be free of their suffering.

And so in order to be free of your suffering and then there's a lot of, okay, I have to really train my own mind. And so leadership to me is being able to give methods for whatever it is that your mission driven, purpose driven life surround is, is built on right?

Yes. I love how you mentioned it. I actually I there's so many parallels, I think in our, careers and in the way we think for sure. Doctor Keesha, I have a pretty big piece of property and it overlaps a lake.

It's it's really, probably better than I just, you know, it's it's like a Paradise. And I have, all around my, I've put in over 2000 plants. I have Buddhas and sculptures, things like that.

I have a, probably four foot tall concrete old antique, a statue of, Saint Francis overlooking me. And he's underneath this huge cactus tree overlooking the whole the whole valley, you know, and I get, service above self, you know, and, that that's the way we can somehow, well, just do some good in the world now, your course.

Yeah. We're going to put some things in the show notes. But it's about six months. And is it, rolling started with you. You have to show up for classes.

It's a rolling start. I like to have the, we have live case study calls every week, and I like to have the new students show up and be on calls with. Right.

We never kick anyone out so our graduates can present cases and get mentorship from me also. And so, those new folks get to see how it all ties together as people that are closer to graduation, or the graduates or people that are midway through the program are presenting their material and getting mentorship.

Then they get to see how the threat theoretical parts and the clinical parts pull together. Yeah, case studies are really incredible. So tell me what you think of the top standard practices of professional health.

Coach must file to establish and dignify the field of health coaching versus those that might do it as a hobby. Because my my goal is to raise the profession as I know yours is to.

Yeah, so much for me is about staying within scope of practice. I think of health coaching takes a dive. It's going to be because that scope of practice is not being followed in languaging and in practice.

So just being really, really careful about knowing what layer in the medical world health coaching is and not moving outside of that, because the other areas of medicine are watching this world of, you know, the wild, wild west of health coaching and it's starting to get regulated and certifications are starting to be put in place.

And that's good. But making sure our students are really well educated to know what is their scope of practice, where is their lane, and how to, understand how to stay in it in a collaborative way with all the other parts of the medical world.

So collaborative collaboration is really important, and staying within scope of practice. Yeah, I think that's really critical. And I've spent the last, well, 20 plus years making sure I stay in my own backyard and not overlapping, but integrating because we're a physician, who are very heroic, and they save lives and they do amazing work.

And I said, if you have a temperature of 105 and you're bleeding from your eyeballs, you don't call your health coach or your nutritionist or your personal trainer, your massage therapist, your Reiki practitioner, or your yoga instructor, or any instrument you call a a doctor, you know, and you go, I always say there's no such thing as a functional medicine emergency, you know?

So so that's that's actually on my message. You don't call me, you go into the emergency room, right? Yeah, exactly. And, and, and there's oversight needed.

And in many, many cases, I think you're absolutely right. Health coaches have to know that they may be the junior partner in, you know, working with a person if they if they need medical oversight.

But that's still a very, very important spot and place to hold for the client. Because once they're out of the woods on the medical side, then what are they going to do?

Well, they still have to eat, right and go to bed and exercise and reduce stress and take yourself and prevent the problem that they just came away from.

You don't slip back into the drowning pool, you know. Yeah, exactly. So I agree with you 100%. Last question here for you, Doctor Keesha is and it says more about the traits of the person themselves and then their scope of practice.

You know what? What are the greatest traits of a health coach? Separate him or her as a professional? Well, I don't think that there are specific traits, because I think we all come to this with our own, personality structure, but just having mastery over that structure.

The more self mastery over your own personality structure that you have, the better health coach you're going to be. So, I mean, people might say compassion and good listening and good communication.

Those are obviously important and essential to be a good coach. You have to have them. But the things that are more hidden are going to be well. Do I arrive as a self perceived compassionate person with a big heart who can listen?

But then I'm in it because my self-worth comes from being able to rescue people. Even if people don't respond well to the guidance that I give, then I'm going to feel like crap about myself because they're not getting better.

Well, you're in it for the wrong reasons then, because it's not about you. And so, you know, it's it's learning how to not have your worth come from this work because you need to have your worth come from inside of you and already established, and they're not trying to get something from your clients in order to make you feel better about yourself.

And that's that's hidden. And it's seen a lot in health coaching. And it's seen a lot in nursing, you know, because it's their caregiver kinds of personalities.

So I, I work a lot on that kind of stuff. Yeah I think that's excellent. That's a very good answer and pretty specific to, you know, when you named a couple things there.

And I agree with you. I'll just leave, folks, with the thought that, you know, we all know what it feels like to help someone when they appreciate us.

And it does give us a sense of purpose and perhaps duty and things. And they're actually very valuable and part of our own development. And the other thing for me is walking the talk, just setting an example, you know, which is

the highest, form of accomplishment.

Someone follows you lead, you know, it's it's, you know, they want to, I'm not looking for puppets or anyone to imitate me, but to to to show them it can be done.

You know, the next example. I think that's really critical. Thank you so much, Doctor Casey. It's been a real pleasure. We've gone out and we haven't run out of things to talk about, but we have run out of time.

So, very by, there'll be lots of information about Doctor Keisha's program in our show notes. And make sure that you buy the recordings right now, but buy them today, because once we go off the air, they won't be available again.

So get them while they're hot and, affordable and all that sort of stuff. Thank you so much. You've been a real pleasure again for everybody. Okay.