Introduction to the Peptide Summit and Trauma

Hi, my name is Tucker. I'm Matt Cook, and welcome to the Peptide Summit. Today we have the home edition, and I'm with Doctor Kisha Ewers, and, she is an integrative medicine expert, doctor of sexology, family practice, AARP, and a psychotherapist.

And today, I'm excited to, bring her on the show because we're going to talk about trauma, which is, a topic that's near and dear to my heart. It's something a lot of people face.

And, and so I'm delighted to kind of have you here. And this is a peptide summit. But I would say one of the biggest things that people face in this world and particularly now, is, trauma.

And so diving into kind of some of the biology of that and how it affects people and how, to think about that, I think is important. And then that that's going to be a launching point for a conversation on this, some strategies that we use.

And we could talk about peptides as well. So welcome to the show. Thank you. It's so great to be here. So tell me a little bit about your background and and how you put together trauma.

I'm super excited to hear about that. Yeah. So I spent the first, part of my medical career as an RNN in the ICU. So from age 19 to 30, I was a high intensity, high adrenaline junkie, skydiver raising four small children.

You know, I really loved that. That high intensity part of, the hospital.

Dr. Ewers' Medical Background and Autoimmune Awakening

And then I was diagnosed with rheumatoid arthritis and and much like my patients who come to me with autoimmunity will say where, where they say, all of a sudden I was sick, you know, which we know is not true.

None of this stuff happens overnight. But it was experienced that way for me to one day I'm training for a marathon in. The next day I wake up from my night sleep with 10 pounds of extra puffiness all over my body.

My joints are red and inflamed. I, you know, some someone had taken the batteries out of the Energizer bunny and so I went in and, was seen. And in the course of the history, she asked me, you know, do you, do you have a family history of, of autoimmunity?

And I said, yeah, I think my grandfather had rheumatoid arthritis. I never knew him. He died actually, at the age I am now at just 57. And he was wheelchair bound for a bit of that.

And she said, well, that's what you've got. And, you know, here are two prescriptions. One for an IV non-steroidal anti-inflammatory drug, one for methotrexate, come back when your worse not enough.

And I just remember going wait wait wait wait. You know I am super disciplined. I make my own food. Is there anything else? And she said no. Do you happen to to draw the short straw.

You know and in the genetic lottery here and you know, that was kind of like close the book fit on the shelf, end of end of discussion. And so I remember on my way home thinking my paradigm of medicine says this.

Maybe there's another way of seeing things that I've never been exposed to, and I should probably go look. And sure enough, like I always tell people, I wouldn't have known an herb if it would have bitten me.

Like I just didn't know anything about what we traditionally call alternative medicine or complementary, you know, alternative medicine. And so I dove into pad Med and looked at the research, and I found a couple of compelling, papers on yoga and autoimmunity.

And so the next day, I was in my first yoga class. And in the course of holding one of those postures, you know, as the yoga teacher was walking through the studio, he said, enough about this word.

I, you're Vedic medicine, which is the sister science of yoga 10,000 years ago in India, right? And it was enough that it intrigued me that I went home.

And I look that up. And you remember this? Oh. And, So I went, I looked it up. And one of the things that was so interesting about your Vedic medicine to me is 10,000 years ago, they said, we're not all the same.

And in fact, you know, we have these different constitutional types. And autoimmune disease is undigested anger. And I remember sitting back in my chair and going, But I'm not an angry person, you know, and, and then thinking, oh, maybe the fact that I identify like that, you know, and reject this emotional experience of humans, that maybe that's, that's something.

And so I started learning, I was learning how to meditate, and I was becoming a yoga teacher in this whole process. And one day in my meditation, this word autoimmune kept floating in front of my, you know, my, my awareness and, and I thought I started looking at it and like, that auto means I'm doing this to myself.

You know, I wonder, like, when did I first want to die? Because that's kind of what I'm doing, is autoimmune means my immune systems attacking myself.

That's my defense system, and it's turned on me. So when when did that start and why? And that was a really important question to ask. Not how do I quickly get out of pain and suffering, but what what triggered this?

How why is this happening? And so I followed what I think of as like the this little golden breadcrumb trail of memories backwards to, to find out like, is there a time when I wanted to die and I came on this little ten year old girl version of myself who was being sexually abused by the vice principal of the elementary school that I was attending.

And I remember looking at her in my mind's eye, thinking, oh, she wanted off the planet. She wanted to die. My dad was in the Navy. He was out to see this was happening.

I didn't have parents the right words to convey it to the people around me. I, you know, it was this 1970s, and I'd been a Navy brat for my whole childhood and lived a lot of it in Japan with no television.

And I don't even think I knew what the word sex was at that age, or even abuse or molestation or any of those things. And so I was telling my mom I didn't want to go to school because it was scary and, you know, things like that.

And so, you know, I thought, okay, this has to have something to do with what's going on right now. Today, 20 years later, I bet this is connected. And it turns out science tells us that indeed that is true.

And so a lot of people, you know, I teach for the Institute for Functional Medicine and, and I'll be on, on the stage talking about adrenals and hormones and the connection to the immune system and trauma and say, we're not asking our patients the right questions.

You know, when we give them protocols, whether it's homeopathy or it's dietary or supplements or peptides, whatever it is that we're doing, we're we're addressing, you know, their ICD ten code, write a diagnosis code.

But what are we really looking at?

Trauma, Childhood Abuse, and the Root of Autoimmunity

What triggered their nervous system responses that tore apart their gut dysregulated their immune system, shorten their telomeres. You know, like all the things that we're trying to repair, have we gotten down to the actual root of it and we also know statistically that 1 in 4 children, you know, is assaulted a year and that's reported.

And so we know it's much more than that. Right. So this is this became something that I went, oh, I know these things are connected. And I started going into some pretty deep trauma work.

And within six months, my IRA was gone, you know, taking meds without I did change my diet because I was also studying some other things, like how to match what all my lifestyle choices were to this particular system, you know? But what I change to do, well, I had already gone gluten free and it turned out in my genetics I'm very gluten intolerant and I cut out sugar, but I hadn't gotten all the way better.

You know, I was about 80% there. And so when I started really doing this work with trauma, it completed the process. So that's a good one. I had a, woman I love, who's the mother of one of my friends, and they came to visit me.

And then, her husband, who is my friend's dad, said, oh, I'm going to give you guys sour dough bread because sour dough doesn't have any gluten to gluten.

Salt digested. And so and then, yeah, we kind of had, dinner. And so then they ate all of this bread. And then next day she woke up and her hand was swollen.

You know, and she has rheumatoid arthritis. You know, it was such a great, overwhelming display of, What a what a role. You know, food, food can play, but I echo, I said it, I heard it on myself.

And I echo what you say that that a lot of times there's a, there's this trauma and and a lot of times it's so hard to be able to even begin to speak about it.

And then just, just starting a conversation often can be profoundly helpful. And so it's interesting that that, that it's and then had and did that send you in the direction of becoming a therapist then?

It did. Well, actually, it's interesting because it sent me in the direction of then getting a master's degree, you know, your Vedic medicine, going back to school and getting my R and P, getting board certified in functional medicine.

And then I opened a private practice, and I just remember the person that came and sat down across my desk for me, that had anxiety. This this man that was, very vada, you know, like, all the things that I would identify.

But he had such anxiety. But he was there to see me for Gerd, gastroesophageal reflux disease, and of course, the the American Medical Association gold standard for that is going to be proton pump inhibitors.

Right. That you could tell that he was such an anxious person. I ask him, is he, you know, was he in therapy? Was he addressing his, anxiety? And he said, well, I mean, he was in talk therapy.

And I said, is it helping? And, you know, I remember as I'm writing, I'm pulling out my prescription pad and going, I don't this isn't no, no. And so I put it back in the jar and I said, look, there's there's something that, you know, the gold standard medicine would tell me to do is evidence based, like, this is what I'm supposed to do for you.

But I said, I can tell what's going on that's causing this by your conversation as we've been talking. And what do you you know, we we we went through sort of an initial trauma that had created this anxiety.

And I realized, you know, I said, so take this back to your therapist and, and, and work with us. But I remember thinking, I can't do this job without really understanding the psychological component.

And so I went back to school. I always say, like whenever someone comes in the office and stomps the champ, the champ goes back to school. Because in that experience, as I would try and communicate with his therapist, she was very unresponsive and not open to really dealing at a trauma level, but more at a talk level.

And I started realizing that all therapy is not the same. And I didn't know that back then either. You know that there were these the other was there was so much to it.

And so I yeah, I went back to school again. Okay. That's, you know, the so, you know, my father as a, as a, shout out to my father, my, my father is, is a therapist.

He's a psychologist. And so then, I spend my whole life basically every day with psychology conversation, you know what I mean? Getting an IQ tests and stuff like that when I was a kid.

So then, you know, my rebellion was to try to pick the field that was farthest from psychology, which was anesthesiology. And so then I literally put all my patients to sleep and then didn't talk to them.

And then the great irony is that I basically tell people now that fundamentally, I'm a psychologist, with a needle. Yes. But but, you know, I was looking at grad school.

I was a shoo in after all those years in the ICU to be a C in RNA, you know, a certified nurse, and. Oh, yeah. Right. And so. And I would have gotten into school so easily, the income would have been great.

And so that was one of my things that I was looking at. And as I shadowed an anesthesiologist for four hours, I was done. I thought, you know what, I don't want to just put people to sleep.

I want to talk to them and teach them and help them gain empowerment over whatever is going on for them. But yeah, there's a there's a sadness in that, right?

Where you're just putting them to sleep right now. Now then, I'll say a couple of things that are interesting is one, when I think about trauma, if the one place that of my life that I have probably seen more trauma than anywhere else is in ICU and in a hospital based setting, you know, I as you spent, you know, a good part of my life doing a lot of trauma.

And so it's interesting that that's visited both upon the practitioners that are there and the, the, the people that come in and so them. Yeah.

Therapy, Functional Medicine, and the Role of Trauma

And, and and then within that, within any trauma, you know, trauma happens and then there could be work related or like you as a child, you know, sexual trauma and then and then superimposed upon that then is all everything that's going on physiologically and so on, like in your case, a little genetic susceptibility to, to autoimmune conditions.

And so then even an invader energy medicine, people would say, oh, okay. So maybe there's like an aspect of anger. Maybe that was like in your family.

Yeah, I was that I had pastor who was with us for a couple days and he said, the sins of the father are visited upon the son. You know, maybe you can the daughter like from the Bible.

He was quoting the Bible to me. And so then it's just so, important to me that, you know, you're out here helping to tell this story is a good one. So. But you bring up a point that's really important, and that is that it's not just childhood trauma.

It's adult trauma, too, you know, like your illness, if you're diagnosed with something that then you're told there's, you know, or you go to a doctor after doctor or medical provider after medical, right.

And you cannot find an answer or solution and you start feeling like your body's betraying you. That's another form of trauma. And so, you know, it doesn't.

We have adult developmental levels to not just childhood developmental levels. And we can get Arrested Development in those spaces where we're traumatized.

We don't we don't move through our wisdom attainment the way that we need to when we have those arrested. Developmental spaces and those, of course, are the places where I call it the spiritual gymnasium.

You know, where God's just put a weight in our hand and we have to lift and we're going to get a strong muscle, you know, like, we don't we don't get wisdom from from just like coasting.

We have to have some resistance training. Right. Okay. So then I have a good question for you. I don't know how to even say this, but so. It's like for me, almost all of the bad is I what how what how I contextualize trauma for myself is I tell a hero's journey story about.

Yeah, yeah. And so then I do too. And so then, but then this would be useful. And so then for me, let's say that I had some life threatening thing that scared me.

And then I got through it. Then I tell myself a story. Oh, well, at least you saved and then that is going to make you better and stronger when for people who go through the the trauma of sexual abuse, how, how how do you maybe personally or how when you're working with people, how do you help them to do the hero's journey story.

Yeah. You don't jump to it. You don't jump to the part where if anyone's familiar with Joseph Campbell's map, right, you first. You first have this call and you can accept it or not.

And then you find a mentor, you learn new skills, you go into the cave and you integrate those skills. You come out, and then life gives you all these really choice challenges to start to practice them.

Once you've mastered, you know, then you come out, resurrected and as an oracle. And so now you're a teacher of that level of development to anyone who finds you, that you can then be that person.

And then this is the thing that takes people off the most. After some time, that will get repeated, like another challenge comes along, and then you have to get a new skill. Right.

And so when we think about the different kinds of trauma, you could think of it as capital T trauma or lowercase t trauma. Studies show of fMRI scans that you have the exact same architectural change in your brain to peop, people that fill out perceived stress inventories and call themselves perpetually overwhelmed, overscheduled, can't keep up.

Their brains change in the same way as somebody that has PTSD with a capital T trauma. There's a shrinkage in the prefrontal cortex in the front of the brain.

Your executive function, there's a growth, especially in the right side of the amygdala that am I okay, am I safe? You know, your limbic system. And there can be a disconnect between that child brain and that adult brain.

So you don't jump from the experience of sexual abuse in childhood or rape in adulthood, or any of these capital T traumas, and there are many of them that are outside of sexual, too.

You don't jump from that to forgiveness and having the silver lining immediately appear. It's a process and it needs to be a process. So if it happened in childhood, I conducted a study in 2013 called the Healing Unresolved Trauma Study.

And out of that came the Hurt model. And when I discovered is why the Adverse Childhood Experiences study the largest trauma study of its kind that was done between 1995 and 1997 by Kaiser Permanente and the CDC, who

showed that with capital T traumas, domestic violence, sexual abuse, neglect, abandonment, loss, like having a caregiver, or a parent incarcerated or mentally ill or addicted to a substance or divorced or dead.

Those are those big capital T traumas that if you're eight years older or younger, that you endure them. They're called an Aces score. So, you know, you have one of those.

You have an ace score of 182 of those, a score of two, and so on. The higher your aces score, what science tells us is, the higher your risk for these kinds of chronic illnesses that we see in our society today are community cancer, genetic expression that goes towards disease, etc..

So when you think about like it, it depends on the level of your trauma. Okay.

Hero's Journey, ACEs, and Digesting Trauma

How many of those aces that you have as to the process that you're going to use to step towards freedom from that trauma as being a victim to I mean, I just came up with this.

It sounds a little cheesy, but to a victor, like, you know, like where you really triumph over that and you have wisdom from it and you can look at it and say, wow, had I not gone through that, I wouldn't have known this or been able to be the person I am today.

Many people that go through cancer come out with that same story, right? Had I not had cancer, I wouldn't have known this, this, this and this about myself or learned how to do these things or and and so you can't you can't go from A to Z and like that.

And it is a very like in I'd like to come back to what we talked about with our Vedic medicine, saying, you have to digest your memories, you have to digest your emotions, you have to digest your experiences the same that you do.

Food that's so illuminating. And it's also a huge missing piece in our medical paradigm. The thought that you have to digest these things and so that digestive process has to be done in a healthy way, slowly, at the pace that you can manage.

That I totally agree with that. Yeah, I I've, you would probably I would like to talk to you about some of that unusual things that we did. You know, we studied, for actually years.

I don't even think I've ever even talked about this on a podcast, but there was some, we studied somatic therapy and as a way to kind of heal trauma. And so then that would be like, you know, you would hold a muscle, maybe in a shortened position and, and then be talking and kind of working people through a process.

And, you know, they say the body keeps score, right. And so then that idea also of like an idea that in Chinese medicine and, and Nirvana, they both talk about it gets the idea, it gets digested and processed and assimilated in the intestines.

And so then you're working your way through that, you know, for, for, for us, when we have that big trauma, we're often, doing things to kind of work on biology.

So like from a peptide perspective, you're saying see, see like it works on the Gaba system. Cmax will increase brain derived neurotrophic factor. But they'll the they're they can be fairly calming and then supportive to neurological function.

The neurological bio regulators probably similarly a lot of people that have trauma with autoimmunity think there's immune peptides will start to regulate, sometimes we'll use ketamine, you know, ketamine therapy, ketamine psychotherapy.

I use a DMA. I'm an are you a certified? Yeah. Psychotherapist. And then I also use other I do deep immersion retreats for trauma with plant medicine.

Yeah. Okay. So yeah, I read about that. I was going to I was going to ask you about that. So then what, what has been your experience when people use MDMA for trauma?

Because I would, I would be, supportive of that. What it does is it down regulates the that that limbic system and the left brain, the one that's always there saying, does this make sense?

Is a logical are you you know, it's like an internal family systems. You would think of it as your protectors, right? The protectors that come up and are there.

You can actually get them to gently sit still and just be present and witness. And you can allow that other part, like the the right brain, to flourish.

We're a very left brain dominant culture. And so just and I know like when I sat in the jungle with ayahuasca, the minute it's kicking in, I can feel my left brain slide like a sliding door away.

And I every single time I always go, oh, I hope that's coming back. You know, I, I can, right? I just feel it leave. And then what's, what's there is this access to your heart because your, your brain is not getting in the way with all of its analysis.

We can have this analysis, but, you know, paralysis by analysis over and over and over again and retell our story and just get locked into the construct of it.

And it just gets rigid in our nervous system, you know? And so when you can soften that and get access to the heart, there's a whole in my doctoral work, I, I used, a very interesting forgiveness process as an intervention for women with a history of sexual abuse and low libido.

And, you know, it was you don't jump to forgiveness. That's why I said that, you know, you have to work through this when you have these nervous system patterns that are set up in childhood.

If you've been a victim of trauma in childhood, well, you were not power. You weren't autonomous. Children are not powerful autonomous beings. They're they're little beings trying to figure out how to be in a world governed by big beings.

And so, you know, the idea that we go into fight, flight, freeze, are facing children is freeze. And so things get frozen in there. And so some of it is, is, getting that ability to give that child space some autonomy, like witnessing and giving space so that they can have a voice, that they can take back some power, you know, that you can help them do that.

And so there's that that has to be witnessed and done before we get to that place where it's pure heart and we can use God's forgiveness and we can we can work with that.

Right. But you don't want to do spiritual bypassing because otherwise it just stays in the body. But how would you define spiritual bypassing, where you give lip service to.

Oh, I forgave them. Right. But then, yeah, you still have the activation every time you think about them or, you know, you're triggered, you know. So forgiveness does not mean reconciliation.

That's something that I'm always differentiating for people. And so there's a mirror exercise that I use that's in my book Solving the Autoimmune puzzle.

And it's very powerful. And it's, you know, it's it goes through a whole process.

And you, you really start finding like out that you also are a perpetrator on this planet. Like, we've hurt people, all of us. Right? Yeah. And so we start learning how to understand, like all the phases of, of the human experience and not just locking into the one where, oh, we've been hurt, you know, so you start working with the multifaceted multi dimensionality of a human life.

The. The I'd be curious. Yeah. So one way that I sort of put that together is I imagine if and and in a way I almost think about it like my whole childhood I was a little getting therapy.

I was, I was at a childhood psychological study. But then imagine if you're in trauma and you're kind of guarded and blocked and some overwhelmed. Yeah.

You're it's almost like you're you're engaging, but you're because you're somewhat armored. You're kind of. And then let's say you're trying to convince me of something with, with logic or words.

And yet I don't really want to go there because I'm shielded and I'm kind of and I may be kind of trapped in a story about what happened to me. So then what happens then is, is that I think some of some of these mind expanding or mind altering experiences as a part of a therapy.

It could be ketamine or it could be a ketamine kind of it opens kind of psychic possibility to me. MDMA increases empathy. And then often empathy was blocked because it was so not safe to be empathetic.

If you had been a victim. But you learn how to have empathy for yourself because you have to think like, if you have autoimmune disease, you're at war with you.

Oh, let's go. Yeah, you have to learn how to have empathy for a lot of times when people when children have not been protected, then they don't. They come away with a belief system that they're not worth protecting.

And so then they don't engage in self care in adulthood. They will they will freely say, I self-sabotage, I'm good for a while, and then I'm bad on my diet.

I will. You know, they don't consistently love themselves or consider themselves worthy of engaging in self-care consistently so that you have to teach that one that they're worthy and deserving that little one.

And so the empathy that MDMA brings is focused towards the self when I'm working with them. Yeah, 100%. And then and that is so you know, it's amazing thing when you think about the the data is probably going to end up showing that like there's a lot of people that are one and done.

I mean this is not like you're doing MDMA every week. Now these FDA trials are in through phase three. And it's like, you know, PTSD from war veterans that are getting healed in three sessions that have been treatment resistant for years in the VA. Yeah.

And then yeah. But and then interestingly, you know, what I kind of feel is, is that, I mean, I talk to people that have gone through that, that experience certainly if I came into total connection with you and I realized and here, here we're like I had been kind of maybe partly participating, but partly in my own story at my kind of trauma.

And so then was just kind of like, and I even have felt that way myself. And then suddenly I, you connect and you realize, oh, hi. Yeah. Like, oh, thank you for being here.

And I said, thank you for helping me. So then what I feel like is, is that that connection you remember almost in your car and then I walked away. But I remember we had this great moment of connection and then that therapeutically is that like, it's crucial because then you can kind of relate to that.

And then that's called a resource place that you can anchor in and come back to again and again. Oh okay. Good

one. Yeah, yeah. Now then, you know, but now.

So then if you unlock that one, I mean we might as well do it. So then. What I think that that would be helpful. Yes. Now then another thing that could be potentially even more helpful long term would be DMT and and which is the, which is the medication that's within ayahuasca.

But then there would be other ways of kind of making it that I think ultimately this is going to take years to kind of come to fruition. But how how do you perceive that as, from a, from a therapeutic perspective in terms of what it does to consciousness?

So I use a layering where for you could say Westerners, people in our culture, are so traumatized and their hearts are so protected and blocked and held, you know, in the space of I have to I'm not good enough, I'm not fast enough, I'm not beautiful enough, I'm not smart enough, I'm not rich enough, I'm not whatever it is because we're such a productivity, achievement oriented society.

And so I always start with heart opening. And in one session I will do that first, and then I will layer in what's required. But the the ayahuasca that I use is not the tea.

It's mixed with some psilocybin and some chocolate. And it gives that DMT. And I end with that and that is that is that mansion right after the heart has been opened, after there is empathy that has been dropped into after there's a clearing, you know, through a couple other substances.

And then I work with that. And so, you know, it's it's really beautiful, this layering effect. So then say, say that, say that, unpack that a little tiny bit.

But so so you use a heart opener and and then and then basically the ayahuasca route and, and and the psilocybin.

MDMA, Ayahuasca, and Consciousness-Based Healing

But then that will activate the, the, the, the small amount of DMT, this in the small siphon. Right. And then and was there something else I missed in there.

There. It depends on the person. There are usually two other things in between. And so you know it's a whole night process that happens. And it's just really beautiful.

And I do I do a lot in group setting in these deep. And so then people are actually witnessing each other's stories and healing that story inside themselves because they're in, you know, Rupert Sheldrake morphic field.

Right. So you connect to we're not so different as we all try and think we are. We you connect to that story within yourself and that gets healed as another person is healing theirs.

It's it's very powerful. Right. And then the I would by a thousandfold recommend something like that over like traditional ayahuasca because this is basically what you're doing is a way that makes DMT available.

But it's that, it is a little bit more consistent and over a period of time of hours. And so then what that does is that it that's why I think that it creates kind of a positive field of, of consciousness that and then that, that is an anchor that people can relate to.

And then traditionally was criticized as a lot of nausea and vomiting and so, the purging is part of the process when you're doing it, part of the process in the jungle with the ship bow, you know, like that's that's part of the process.

But in this case, it's done very it's done a lot differently. And there isn't purging in that way. So, well, that's amazing that you're doing that. That's crazy.

The but this is the type of stuff. And I've had, a lot of patients who have done stuff like this, and which is how I know about it, and I'm deeply grateful there's people like you that are taking people to places where you can do stuff like that, because realistically, that is by far one of the greatest things, I think that I've ever, ever seen or heard of in my life is that genre of of work.

And interestingly, it is it is, it is really taking people from that kind of blocked place to that, like total sort of acceptance. And the first one is self, you know, and that is this just kind of never ending journey.

But like to me, you know, I, I just, I love kind of talking about this stuff and hearing about it. What, how many times do you think people have to do an experience like that?

What? How many times does the average person you work with to do something like that? Well, that's a question I, I get a lot and I want to answer it very thoughtfully.

And then I have to go, so there's a, there's kind of a spiritual tourism that's going on these days where people are collecting these experiences and talking about them with others.

And the what I usually will emphasize is integration is is the most important part of this entire process. It's not insight, it's not the breakdown or the breakthrough.

It's the integration that you do afterwards. It's in Joseph Campbell's hero's journey. It's going into the cave, it's integrating it, it's coming out, and then it's practice seeing it with the challenges that life will now deliver for you until you have mastery.

And so you don't want to hop from one experience to another. And so I will I tend to do these retreats quarterly and people will sometimes do four in a year, and then then they don't need to for three, four years until they get that next layer that it's time.

I remember when I left the jungle after doing like a seven night thing with, the temple of the way of Healing and Light with my daughter for her vision quest with several.

It was she's 25 now and she was 18. And I remember saying like, okay, mother, I, you and I are done for a while.

Integration, Retreats, and Closing Reflections

Like, there's just so much I it's going to take me years to integrate. Right. And that that's a really important I think the processing is, is important, but the integration doesn't get as much airtime.

And that's. So everyone's going to be a little bit different. There's not a there's not a really pat answer to that. Okay. I'm going to 100% agree with that.

So I love the work that you're doing that that's amazing that you're doing it. And it's super helpful. And when you when you deal with kind of big, the big psychological and and chaotic traumas of the world that can exist, There's the it takes multiple kind of perspectives and frameworks and ways of thinking about it.

And so you're doing awesome work. Thank you for being who you are. And I'm grateful that you're in the world. Thanks for having me and for the work that you do.

Okay. All right. Well, Bye. Have a great day.