# The Psycho-Emotional Roots of Hashimoto's: Self Censorship Transcript

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## Introduction to Psycho-Emotional Healing

Hi. Welcome back to the Reversing Hashimoto's summit and Heal your thyroid. Dr. Jen is here and I am with Zachary Feder and he it is very, very interesting.

He's worked in every major field with every major modality of the psycho emotional, ancestral and spiritual healing and development. And today we're going to talk about self-censorship and the psycho emotional roots of Hashimoto's.

Welcome, Zachary. Hi, Dr. Jen. Great to be here with you. Thanks so much for inviting me. Of course. Of course. Tell us a little bit about your background and how you even started to dig into the psycho emotional roots of diseases.

Yeah, I had a kind of checkered and meandering past, but the short version is that in my early twenties I had a very difficult time accepting the status quo of life that had been presented to me and that is presented to most of us.

And so I that's a kind of a euphemistic way of saying I had an existential breakdown that, of course, turned, transformed, rational and propelled me onto this strange and quite marginalized, at least at the time.

So 20 odd years ago journey. And from that point, I really went out to understand the psyche. The psyche, the Soma consciousness itself. And this is an amazing time for that.

We're in this, you know, it's wonderful that someone like you from your side of the street can talk to someone like me online and we can have a cross-pollinating conversation.

That is exactly the kind of synthesis that I'm really interested in and that it seemed to my life really wanted me to explore the synthesis between all these different domains with, of course, you know, my own passion being within a psycho emotional, psycho spiritual.

And so I can talk a little bit more. But I think you kind of outlined some of the broad strokes, which was this for some strange reason, I got pulled into a lot of different career paths from organizational development to.

One of the highlights of my career working with Dr. King hard. So if you health institute and that really was probably the time where everything really came together more formally in a clinical setting.

That's where suddenly I started to really explore all of the modalities that I'd learned over the years and had been using, you know, in various ways at different times.

But now, faced with complex and chronic conditions and specifically autoimmunity, that is a big interest of my. And so here we are with Hashimoto's, which of course, is another, you know, fascinating and oftentimes challenging branch of autoimmunity.

## How Trauma Shapes Autoimmunity

So absolutely. And with autoimmune disease, there are so many different triggers. And I think in conventional medicine, we put aside the psycho emotional line and we we always we push that back, right?

We push those feelings back. And it's interesting because in medicine, a lot of doctors, nurses, they're not very healthy and they do have a lot of disease.

And they push they say that they become numb to the trauma they've seen or people they've taken care of

because that's the only way they can survive. Because, I mean, I work I still work in the emergency room and the stuff I see, I wouldn't wish upon anyone.

So if we're not recognizing this and we're pushing it aside, what's it going to do but create disease? That's how I feel about a lot of this. Mm hmm. And, you know, God bless you and others.

I have friends who are nurses, and I just like so much unbelievable respect. You know, we couldn't those of us, I think on the psycho emotional side, you know, we couldn't we couldn't do that work.

So we need you guys. You know, we're too sensitive, quite frankly. So I think that's where the cross-pollination comes in, is that we're going to we can do what we can to support you guys who are on those frontlines.

And when you need support, you know, you come to us who are kind of on the fringes and hopefully over time it'll take some time. But ultimately, we do want the allopathic and conventional worlds to begin to incorporate a more broad spectrum of interventions that are absolutely workable and effective so that we can avoid, you know, surgery, let's say, of upon the thyroid when it's not necessary.

Absolutely. And I think people are becoming more aware and accepting of this, but we still have a long way to go and people have to be open to it. Have you found that people aren't open to what you're doing and how do you deal with that?

Absolutely. It depends. And this is where it gets challenging. And I'm you know, I'm happy to offer you my my overview of the Hashimoto's, you know, matrix and how it presents from the root of the psycho emotional.

Because I know a lot of people here are obviously looking for answers. You know, they're going to be wanting to heal and we can certainly support them with that.

But the simple answer to your question, which is that it's a it's a big question, is it really depends how deeply unconscious the psycho emotional trauma is.

And we have to be very sensitive and very patient as practitioners and very attuned to that, because if we attempt interventions at the wrong time too early, when if we attempt to spoon feed the patients, something that they maybe might not be aware of too quickly, then our interventions and our Hippocratic Oath becomes iatrogenic, which is to say that the cure becomes toxicity in and of itself.

And so we don't want to do that. And we do have to allow people to awaken to these deeper elements of trauma at their pace. You know, that was actually the prime directive in Gene Roddenberry's, you know, Star Trek movies and series that went on for so long.

You know, it was like and this was a perfect extrapolation or an externalization of a sort of a psychic and unconsciousness consciousness process into mainstream media, which I always thought was quite interesting, is, you know, if you are confronting a civilization, do not bring them advanced technology until they're ready because you will actually disrupt the natural flow of evolution.

That's the prime directive. And it stands, you know, as true with the psyche and in the clinical space as it does, you know, on the Bridge of the Starship.

Well, that's really interesting. What type of modalities are we talking about here for someone listening out there that they don't even know really what we're talking about?

What are some examples of the modalities you use? So you could say that there's three main domains, I would say, in the psycho emotional psychosomatic.

The first would be the psychological right, the mind it's really mind body spirits. And of course, all of the you know, the naturopathy and the functional medicine, even the Olympic, they also go under the heading of the body.

But there's also so, you know, within the body, you have the somatic the somatic experiences, the Takumi practitioners, the energy workers in the mind.

You have the psychoanalytic, the psycho therapists, the counselors, the social workers to some degree, right? The union therapists. And then, of course, in the spirit, you have the intuitive's, the medical intuitive's, the the shamans, those who are kind of working more deeply on the fringe within the New Age.

And, you know, for some strange reason trolled most of them. And they are like overlapping circles and some modalities are better than others.

## Modalities Across Mind, Body, and Spirit

Some are derivatives of others and less effective, and some are really fantastic and have been lost. And once again, this is just an incredible time. I mean, we are in a boom time for healing because all of these modalities back to the you know, some of the earliest interventions of the Egyptians are coming back to the fore.

And that's actually the upside of the information overload that we're experiencing currently. The upside is that we have access. And so what I would say to people who are, you know, new to this, it really depends where you are in your journey, but you have to trust yourself and where you're going to be drawn is usually going to help even if you have to, you know, go through one practitioner in one modality after another for a period of time.

That will be part of the journey. But you do have to trust yourself. And these are, you know, phrases like this used to sound quite wise. And unfortunately, today they become cliched and trite.

But you do have to you do have to trust that you're going to be the one who knows. Your body will know. And this is one of the things that I think is challenging for many people in the mainstream, because I'm just feeling has actually become difficult.

And I would say that because of social media and the rise of everything that we've seen in the Internet, all of the dopamine disruptors in the neuro and the disruptors, it is becoming, and especially for young people, more and more difficult to feel right.

And that is going to be one of the biggest hurdles that we have in the beginning, because there will be not just reluctance, but there will be also defense mechanisms against healing and rationalizations that are unconscious within the psyche that need to be understood.

If that is to be correct, it can't just shout at someone to start feeling they won't do it. Right and they have to want to do it and take the time to write.

I mean, I know for me, when I started meditating, I, I would do yoga in medical school, but I never started meditating until I met through my integrative medicine fellowship.

And it was life changing. So I had to work at it. And it's really hard to get people to know what it feels, you know, they're like, I don't have time or I'm not good at meditating and tapping into silence in the mind.

And it takes practice. And I think you're right. With all the dopamine rushes, you know, the rails, the tick tock, it's it's you get that instant gratification, that dopamine rush, and it really affects our biochemistry and our brain because the dopamine receptors become oversaturated and they mean more and more to get a hit.

It's very addictive. So as you said, that is making it harder to seal, which is very scary. You know, how do you think that moving forward, the field of psycho emotional, somatic, spiritual and ancestral, how is this going to move forward and heal from our world, which is just getting more and more technology?

You know, the meta all of that stuff. It's going to get worse and it's going to get more painful. And at the peak of people's pain is the tipping point.

When they take the bridge, they take the bridge over. Oftentimes we just have to wait. And for those of us who are, you know, on the other side, it can be very agonizing.

But that also is a really clinical, if important clinical posture. You know, there are some individuals, especially for work, working for working in the field patients is something that clinicians oftentimes have difficulty with.

Sometimes that's difficult for us. We actually want to evacuate our own anxiety of the pace of the patient, not because it's right for them, but because we can't take it.

And so we do have to wait for that. And I think culturally it's happening. I mean, look, this is an incredible time. I mean, I've never seen more celebrities talk about therapy.

So it's a bonanza time for any of us who are in that field. And that's a wonderful thing. And and God bless them, you know, they're they're kind of leading the charge and that's going to help mainstream.

But the mainstream in and of itself is is unfortunately extremely toxic more than ever. I mean, I think tick tock and all of these things, they are actually when we get down to it, if you ask someone who really is within the depth psychological world, these are defenses against feeling.

Yes, there is an element of creative expression, but that's not the true drive. The true underlying driver is not the impulse to joy. It's the rush against death.

It's the escape of pain and death. And so that's what I see as as as haunting as that might sound for social media and tick tock, we are escaping the trauma and the bodies within ourselves and that's understandable.

Like, that's okay.

## Why Feeling and Self-Awareness Matter

Like I will be the first to say escape it for as long as you need to like. Because if we try to catalyze that too quickly, it will become androgenic again.

And so I'm very much a believer in supporting the natural process. People get there. Okay, that's very different from, like you said, like how physicians think and we want to push, but sitting back there and just maybe giving them the information and then writing with them while they let their body know when it's right time.

I guess for me it's hard to decipher children, for example, I mean, screen limits because we know how toxic and addictive and how bad it is for, you know, depression for them being on these things.

Do you look at with all of this, you know, tick tock and like you said, the technology, you look at it in a different way with children as more protective being restrictive as opposed to when you were talking about adults, just let them kind of escape.

That's different. Okay. That's a great, great question. And that's different. And I would say as a field, I would be open to discussing a kind of a general, you know, open letter of the field to parents around screen time.

I think that would be extremely beneficial, but we would have to understand the up and downstream effects of that because the way that I see the dysfunction that takes place within families, specifically around screen time, is that parents are allocating screen time to their children in exponentially more toxic amounts because they don't have the resilience to metabolize what the children are going through.

So it is an accommodating mechanism that the parents are using. If you stop your child from using the screen, you're essentially removing a dissociative element that is suppressing trauma.

And so that trauma will then erupt within the family system. And the parent has to be prepared and trained to

receive, metabolize and heal that correctly or else simply applying the dragnet injunction of less screen time is going to cause chaos.

So you see, that's how I would approach it. But I completely agree with you that I think that would be an inspiring move and I would be the first to sign an open letter if you decided to do that.

I would love to. Well, the reason I bring that up is because we're here. We're talking about Hashimoto's, we're talking about autoimmune disease, and they don't develop overnight.

This isn't like, Oh, now you have an auto immune disease. This takes years, sometimes decades. So. Oh yeah, yeah. And when I got diagnosed with Hashimoto's, I know it started in my childhood development and I'm still, I have my hypothesis of why, but it's, it's very fascinating to look back and I'll do that with patients a lot of times surrounding emotional trauma when their diseases start or their right.

And this is very much ignored by conventional medicine, like totally right. Or we suppress it with what sets our eyes or, you know, medications, which I'm sure you have your own opinion on that.

Also. They're all in the same basket of dissociative moves. I mean, you might as well put SSRI right alongside tick tock. It's just a slightly different domain, but it's intending to do the same thing, which is silencing the system, you know, silencing the trauma from erupting once again, because, you know, we're only just starting to understand how to actually do that.

Most parents do not know how to metabolize trauma, let alone let alone their child's. And the thing is, you do have to be trained in how to do your own first before you can do someone else's, because you'll just get tangled up.

So parents, you know, how many times have we all, you know, trotted out the unbelievably insightful, you know, intervention of airline companies that you have to put the mask on yourself first?

I mean, this was like God knows who came up with that, but they should just get the Nobel Prize in science or psychology because it just spoke volumes to what we have to do as parents.

And so, if you like, I mean, I can this might be a good time to dove in and give you a sense of at least where I would come to in the broad strokes of the Hashimoto's.

And maybe you can give me your thoughts around that. I would love that. Yeah. So I think we've kind of established right that every disease does have a psycho emotional, somatic ancestral and spiritual component.

And in the case of Hashimoto's, we have the creation of thyroid antibodies that I would see as the final expression in a long line of causes that, let's say for our purposes, we're going to say, begins with the suppression of voice in childhood.

Right. So thyroid antibodies are really downstream, biochemical effects, material world effects of upstream energetic and increasingly less material dynamics that are triggered by trauma most commonly in childhood.

## Screen Time, Dissociation, and Children

And in the case of Hashimoto's, the specific trauma that I have seen in my practice over the years is really quite simple and we've already been touching upon it.

It's the fragile ego or the, you know, without being critical to this, the emotionally undeveloped ego of one or both of the parents shuts down the free and unbridled expression of the child.

Right? So children are natural whistleblowers. They're actually like newly formed immune cells within the family ecosystem. And that's exactly as it should be.

And parents do need to be trained in how to kind of nurture that, even though, you know, most don't really know how. So they do end up parenting. This is my old joke.

They end up parenting a lot like the large command and control corporate entities. Right. That have difficulty understanding and responding kind of equitably to nuanced and appropriate objections from their minority stakeholders.

And so instead of listening and attempting to incorporate the neurofeedback of the children, which really is the family's path to more generative ity, more well-being, more health, even more profitability, quite frankly, they react by shutting the voices down, essentially by just canceling it.

It's like that's the command and control, simple response. And it's kind of a manic response. I'm just canceling the child, censoring the child. And this whole traumatic complex, as you rightly pointed out, can take place in its entirety practically by the time the child is four, like the whole inception can take place as early as that, in my opinion.

Now, of course, if it turns around after that, things can be made. But you can have a complete, complex and complete entity of defense mechanisms and trauma and autoimmunity in its inception.

Complete, I think by the time the child is four. And just to be really clear, for most people, this is really, really important. It does not have to be violent suppression.

Right. Although it often is. It is almost even more often, much more subtle. Right. Like every time the child would say expresses themselves in one direction or another and they regularly receive a parent's eyeroll or a departure from the room or the raising of a voice.

Right. The suppression imprint will still take place, right? That is still trauma at the eggshell, fragile level of the toddler of the child, of the infant, right?

Absolutely. So that's one of the ways in which we do need to kind of up level our appreciation of the nuance and the sensitivity of the child, the psyche.

I mean, we are lumbering fools for the most part next to our children. I mean, lumbering fools. And we really need to address that. And and I think we are so the traumatic experience, right.

Of being shut down, whether overt a covert, whether subtle or aggressive and violent by the parent. And here's where it really starts to happen. It literally drives an energetic wedge into the psyche of the child, causing them to shear off a part of themselves and dump it into the unconscious.

Right. So now as a result of that experience with the parent, the child has essentially been cleaved into a duality. Right? They're no longer what I say.

They're no longer an individual. Right. They have begun to the kind of tragic, self-destructive path of the dividual right. It's of the psyche of many siloed parts that that not only do not communicate openly with itself, but actively wages, silent cold wars against its other parts.

Right. I can see where I'm going with this. So now we have at the very least two parts of the psyche within the child, a larger, more advanced part that's attempting to move on with life despite what took place over there.

Right. It's like I will accommodate for this. I will continue to do my best to live and speak my truth and strive to fulfill the mandate of my soul and all that good stuff.

And then there's that other, smaller, more primitive part of the psyche that was sheared off as a result of the trauma and left behind in the somatic unconscious.

And that part says, you know, if living a free and uninhibited life and speaking my truth means losing the love of my

father, then that's not a love I want.

It's not worth it like for you.

## Hashimoto's as Suppressed Voice and Childhood Trauma

Right? And if the more advanced part strives to do that and to keep going, which it should, and in many, many cases it does, the more primitive part will say every time you do that and every time you speak up, you give me no choice but to sabotage you, but to try to get in your way to save the relationship, pathological or otherwise, with my father or my mother or a sibling.

And so for me, that is the depth psychological birth of autoimmunity, of violence against the self. You know, in the Hashimoto's context, and as you also rightly said, if you know, if it continues for years on end internally, invisibly, silently, subtly, behaviorally, it will carve these energetic groups in the immaterial energy body until it hits a tipping point and it pierces through the membrane from the immaterial into the material and the synthesis of thyroid antibodies will get triggered.

And so in a nutshell, I would say that that's how I would at least begin to consider, you know, this particular trend. Yeah, that's fascinating. Zachary, question with that.

So does it have to be a parent? Could it be a teacher? Could it be daycare? You know, I mean, there's a lot of kids. That's where they are. And could it be a sibling?

You mentioned siblings. So it's not always just the parent, right? It's not. But the parent does bear, I think, the lion's share of the responsibility, even if they are completely unconscious of it. I mean, you know, we are parents.

Even if we are unconscious of how we should be acting, it still is our responsibility. It is a less burdensome or a less I don't know how to put the word exactly.

It's it's not as kind of insistent a responsibility as one that is conscious that we that we shirk. But it still is our responsibility. And I but I would say, yes, absolutely.

It can kind of happen from anyone. But, you know, if you have a teacher who's doing this and then a parent who supports you. Right. It would be unlikely, in my opinion, that Hashimoto's would develop from that.

Even if you had a teacher for a year, I just don't necessarily see that. But if the parent but if it's if something happens, let's say there's an instance and there is a trauma and then the child attempts to metabolize it and work with it.

And let's say that the parent, you know, maybe with all the goodwill in the world, just kind of brushes it off and they don't even have to brush it off.

They can talk about it, but they may not exactly know what the child needs. Yeah, that thorn within the psyche may stay there and then, you know, here I am talking myself into agreeing with you that like.

Yes. And the reason for that is it's like, why is historically Hashimoto's a condition that takes place among women more than men? Right. It's like there it is.

Right? It's this is this is what the great work of feminism has been counteracting for, you know, 100 years and hundreds before that as well. It is freeing the voice of women within the workplace, within the family, within relationships.

And I would even say that we are seeing and you'd probably be more of an expert than this and I am, but we are seeing more cases in men more recently.

That's at least what I've heard. And I thought to myself, Oh, well, this perhaps is this is actually a good thing. It's an illustration of some men actually enter into a more sensitive emotional role, but then suffering from exactly the same things in different ways that women do.

And so so the answer is, you know, yes, it's all of the above. Every time I've come up with a principle in the psyche, I always find an exception. So.

Absolutely. Yeah, that's interesting. Yes. So more men are getting autoimmune diseases, but predominantly women in categories especially. So a few things that I find interesting that I want to ask you about.

Most women present after having a child after childbirth. Now, you said that know at it's a tipping point. And yes, there's a lot of different things that are contributing to eventually your body, just not, you know, getting to that tipping point.

Right. The environmental factors. But, you know, we're touching on the emotional today. So with regards to the childbirth, I find that interesting and also the United States, because if you look at autoimmunity in Hashimoto's and most common cause for hypothyroidism and worldwide is not in deficiency.

But in the US it's from Hashimoto's. So could you touch on, you know, living in the United States and then possibly, you know, and then after childbirth, how emotionally those can be triggering of this?

Totally. And I did think it was always interesting that Hashimoto's was of course discovered in Japan by Dr. Hashimoto and of course that's another area that historically has been unbelievably repressive to women with regards to after childbirth.

You know, here's how I would I would answer that. And I'm not saying this is an entirely comprehensive and conclusive response, but what I have noticed is, is that until we have our first child, we have more breadth and more depth and more resources to deal with our inner parts, with our psyche, with the inner children within the psyche.

And that's sheared off more primitive part. That's essentially what in some of the fields is referred to as an inner child. Right. They're primitive parts of the psyche that have got to have complete psychic ecosystems.

They have mandates that they must obey. They have rationalizations for why they obey them. They have defense mechanisms for those mandates if you attempt to change them or rewrite them.

Right. And so when we don't have a child, we have a little bit more access to these, you know, endogenous psychic parts of ourselves. The minute you have a child, it's over.

That's it.

## Childbirth, Motherhood, and Autoimmune Flare-Ups

Like you're your free ride or the time in which you get to really go in wholeheartedly and completely, or has just been cut by 80%, maybe 90%. Right. And so what I have seen with the parents that I work with over the years and certainly with the mothers, because I work with a lot of mothers over the years, a lot of single mothers, is that everything that we're working on ourselves to some degree gets put on hold, which then exacerbates whatever we're working on, whatever we haven't worked on.

Also, because the child is going to be a reflection of very overt reflection of any discrepancies within ourselves, between ourselves and our partners and between ourselves and our parents and even our in-laws. Right.

The child is naturally going to trigger everything in one word. And that's once again, that's what they're supposed to do. That's what the system upgrade of having a child is supposed to do, although we don't really have an education on this.

And so the way that I answer that question is that I often describe it as, you know, if if we haven't done adequate work with our inner child before having a child, once we have a child suddenly we begin to have what I call the inner child, outer child tug of war, right?

Which in which child that we take care of. And if you're a normal, good parent, you usually sacrifice yourself and you give to your child. Right? And so that would be one way in which I would say that suddenly there's a spike after childbirth.

It's just like just the natural awareness and compensatory mechanisms that take place for, let's say, Hashimoto's suddenly get pushed to the side because there's someone else we have to take care of.

And that is, is how it should be sacrificed, in my opinion, should be made. But, you know, the mother should not be left alone. Like somehow we should help them to have a parallel path of her own healing that can actually tie into the child.

And that's something that can be really, really generative once they realize that it's not an either or that healing themselves is healing the child and the child will actually support that process.

So that's how I would maybe approach that. Yeah, that's fascinating. And I and me being a mother, a woman, history of my autoimmune disease, which is in remission but and so totally see that I think it's the women I see it's very it's plus because they are pulled in every direction but how you talk about it deeper into the psycho emotional state.

I feel like if women would hear this and what you were saying that they wouldn't maybe take it easier on themselves. Right. The women I see are are tired.

They're stressed, their adrenals are overloaded. You know, some are on medication, SSRI ized benzodiazepines. So it's very it's a very hard world for women after childbirth.

So I love that what you're saying, how it kind of triggers these things and you do sacrifice yourself. So I love that that was very insightful. And to that I would just I would really say like I would invite every mother to drive a stake into their calendar at least several times a week where they have time with themselves, not on the phone, not talking with someone else either, a professional, where they're really doing the good work and it's regular if they can, they have the resources for that, and if not with themselves, then I mean, that's a perfect moment to absolutely defend them from all of the overwhelming responsibilities that are piled on to they need to have that container, that hermetically sealed container, right where it's like, no, the door should be locked.

You know, you can't how many mothers? I know they create the container, but then the doors open and the phones are, you know, in the computers up, it's like now hermetically sealed.

But the downside of that in quotation air quotes is they're going to start feeling and that's okay too. Then we would have to rally whatever support they have so that they can actually move through that in a way that they know intrinsically is good.

And I would say, you know, women are leading the charge on this. I mean, that's why every psychological course is maybe 20 women men. That's why every yoga studio is still like, well, they're a little better these days, but, you know, women are leading the charge.

And so, yeah, we need to support them now. They aren't leading the charge, but men need this also, you know, I mean, that's the thing. I feel like it's harder for men to get this help or, like you said, go into a yoga class or go see a therapist. So as a wife and, you know, most people watching the summit are probably women, but they have a man that they're worried about, too.

So how how does that work? You know, what can what can they do? They need they have the same needs or. No, because they're different. They do. They just need to usually approach it in a different way.

I mean, the psyche does have intrinsic elements that are common to all of us. But, you know, the masculine configuration is certainly different from from the feminine.

The feminine is naturally receptive, right? It's archetypal receptive. And so women are and, you know, women are open to it also because for thousands of years, you know, you guys have been in the hearth in front of the fire, you know, tending to the children.

And, you know, in the inner world, you've been in that inner world, you know, that's why to some degree, women are more, I think, strategic and empathic and intuitive, because you've had this long cellular history of nuance and subtlety and feeling, you know, is the baby stirring?

You know, that's the feminine superpower. And, you know, the male superpower is unfortunately disassociation, grabbing the sword, running into battle, you know, and in many cases, that has saved the family.

In many cases, it has destroyed our civilization.

## Men, Relationships, and Emotional Shutdown

But so men have a much bigger wall. I've usually found, you know, generally speaking. And it's just it's a different kind of work. You know, I work with men and women, but it's a different, different kind of work.

And what I would say is, you know, some men are are extremely shut down and it's difficult like they do. How many men have emailed me over the years and said, you know, I just got a divorce?

Is it too late to start? I'm like, Yeah, kind of okay, but maybe not. Maybe they needed that divorce. Maybe they're going to get it right the second time, you know?

And so that's another example of like the patience, unfortunately. But I do believe that there are certain ways for, you know, wives to approach their husband and to be, you know, soft and caring and still somewhat forthright.

And that's the challenge. You know, most women that I have found and same goes for men, I mean, we all have similar things, but obviously there are a lot of women out there who are utterly exasperated by the state of the world and by the state of man and by the state of their partners.

And so they approach the issue in the archetype of Medusa, which is, you know, the princess who was violated, who turns into a gorgon. Right. And that's completely understandable.

In some cases, it's actually necessary. But we have to remember, which is the hard part, it's very, very hard that a lot of these men that are that are very shut down, they're harboring, you know, continents of trauma, you know, and to to actually broach that trauma is oftentimes going to disrupt their lives in really gargantuan ways.

And oftentimes for days and perhaps even weeks. And so usually what I've seen with the man is that like the table hasn't been set for them to address that.

And the feminine principle in the relationship also isn't necessarily adopting the correct posture for them to trust that they can open this holy of holies within themselves and be safe.

Because if you go there and you know, your partner flashes her eyes at you, it's a re traumatization, you know, and the guy will just leave the house, slam the door and go to the bar.

So we you know, we need education on both sides. Absolutely. Now, what about ancestral trauma? In trauma? I feel like some patients, we can't get their antibodies down and we fix cycles and there's just some trigger.

And and I talk about that with them like that. There is your mom or your grandmother went through something like can that be healed or is God harder to heal?

And I'm kind of stuck. I have a few patients and I'm like something were missing. Something. And I really think it goes back to trauma. Mm hmm. Totally.

Yeah. I always start with childhood. It's the biggest bang for your buck. I also think that, you know, sometimes we we try to make things more complicated and we do go to the higher levels or the later levels or the more subtle levels.

But sometimes to your point, yeah, sometimes times, you know, someone was a witch in the Crusades or, you know, medieval England and they spoke out in the wrong place at the wrong time and were beheaded.

I mean, that stuff is real. That stuff pops up. You know, if you're doing past like regression, which I did for a period of time, it pops up all the time and it always rhymes with current life conditions.

So that's the funny thing. You know, people used to ask me all the time, like, does this is this really real? Like, did this really happen? And I would say to them, like, to be honest, like, I'm, you know, I've been through it so much, it doesn't even matter to me.

I'm not going to proselytize whether one thing is real or another. I'm going to say, Does it rhyme with your current life conditions? That was like, yes, it does. Right.

And so whether the psyche is for some reason fabricating some outlandish tale as a metaphor for what happens, you know, when they were six with their father or their mother or a teacher.

Right. Maybe that was the Inquisition, right? The classroom was the Inquisition and the teacher was the church. And they felt like a witch and they just produced that story.

Like, it doesn't really matter. But to your point, oftentimes there are there can be ancestral and other strange, you know, exotic material from other places that do need to be addressed at those levels.

You know, that would be the shamanic level. That would be the regression level, the hypno therapeutic level, the trance level. You know, increasingly the psychedelic level.

But, you know, that's also opens up a whole question of this for me, because one thing that I have found is that it's really commonplace in in battle the alternative psychological, psychosomatic landscape.

It's really commonplace to not necessarily understand the the trauma structure, and it's difficult to embolden the patient to take on their own awareness, responsibility with regards to their throat chakra on a moment by moment, day by day basis, with whom, in what conversations, and rather than do that more laborious, more effective work, because you're really you're in the gym, you're really training for the marathon.

And when it comes, you can run it rather than doing that, oftentimes this whole intervention is something else. A little bit more like a quick fix is it's a sidestep, right?

## Ancestral Trauma and Deeper Healing Work

It's an attempt to cheat the system. And I've always been very open to say, like, I was absolutely part of that trade for a period of time. Right. I was like looking for the silver bullet.

I was exploring those around. You know, Dr. Clinger came up with one of the most unbelievable modalities that I still to this day think is isn't fully it hasn't been fully explored at all.

It's psycho kinesiology. So essentially it's essentially it's psycho emotional muscle testing, right? Using his HRT, autonomic response testing process and the things that came out of that.

Right. So you're not even asking the person I mean, really, you're just muscle testing it. So if anybody as a

skeptical, just experienced that for a minute and it's it's you know he kicked open a door of the many doors he kicked open for all of us into a realm that was that was really astound and and overlapped onto some of the past life regression people and their work and some of the the trance work and all the rest of it.

And so long story short, is that there are moments when you can I mean, even family constellation work is a great one for this. That's also something that people will have massive shifts, tremendous releases, as they say.

And sometimes that can be just the right kind of latch that is flipped, that then cascades down right. But sometimes it's not. Sometimes it offers a temporary resolution of symptoms that then when the patient goes back to their their same old ecosystem, slowly undermined.

And that would be where I always use the phrase, it's like you get a cycle, be care, be wary of getting a really good psycho emotional adjustment and then going home and sitting on your shitty chair.

What do you think's going to happen? You know? So we want to be very, very aware of temporary state shifts versus permanent state, permanent state acquisitions, totally different.

So we do want to question but yes, sometimes you've got to go to the shaman. You know, I think we should all have a shaman on speed dial. I love that. A shaman speed dial 11.

That's what interests you most in your own works because. Golly, all of this, to be honest, I mean, I'm particularly interested in, you know, the development of a standard model of healthy consciousness.

I think a lot of what we're talking about may sound complex to some people. I don't think it's any more complex than driving a car with a stick shift to some degree.

Like if you really take in understanding how to change the oil, the tires, the mirrors, how many passengers you can have, how much you can have in the luggage, how far you can go after the oil change is recommended, and what the effects are.

If you do go over that limit the costs involved where you go to get it repaired. Like I don't think it's that much more complicated than that, at least not for our purposes.

So my real interest is standard model that the individual should have access to and the standard model for what happens when the individual connects to the other.

The relationship, you know, what is a relationship? It's really all about a covenant to agree to Splunk into each other's traumas and heal them. So essentially the marriage vows need to be rewritten for the modern world, for the modern psychosomatic aware, literary literate world.

Right? They need to be rewritten.

## Training Practitioners and Closing Thoughts

And so my interest one of my interest is is is that that actually takes place so that there are I would even say, you know, there could be state sponsored trainings that offer tax rebates for couples to take before they get married, which will then have, you know, downstream financial benefits for society.

And then the same training, a different, more complex training for when and if the couple decides to reproduce to understand that, like, okay, you know, this is what you're actually taking on.

You're now taking on not just the trauma metabolite version of your partner, but you're taking on the responsibility of ushering a healthy psyche to to full embodiment.

Right. And yeah, there's some complexity to it. But like, look, with what we're doing today with technology and I like,

we're fine, we can handle that complexity.

So those are the things I'm really interested in as well as, you know, offering trainings. That's that's another thing that I'm really passionate about training practitioners in, in how to see, you know, the modalities that are at our disposal and how to use them and where.

And that's another thing I have a you know, I have a wonderful course that I've been doing for some time called the Transdisciplinary Healer. It's it's the idea that it's not just multi-disciplinary, it's trans, which is to say that we're not just learning different modalities.

We're actually going we're going beyond them to the intrinsic nature of psyche that each of them is a kind of window onto slightly different. So that some of the stuff that I'm really excited about right now in the field.

I love that. And that would change the world if they had those courses like you spoke about, it would be amazing. So I really hope that that you start leaning into that and start to see some of those things that would be really cool.

Where can everyone find you? And I'm sure everyone wants to know more, see more of you, read more. Where do you hang out is on any social media. I'm not sure if you would or not now, but your website is great, so let everyone know how they can get a hold of you.

Yes, I am mercifully off social media. I don't know if I'd have a leg up if I could. I wasn't. But I can be found at the, you know, highly narcissistic zacharyfeder.com.

And yeah, I by the time this airs, I should have another training coming up for practitioners which you can find on my website, which is the Transdisciplinary Healer, really excited by that. It's a lot of fun.

We take a lot of modern in some ways pop culture references of of psyche and where psyche is is doing well and where it's being dysfunctional. So it's very alive and real.

It's there aren't a lot of white papers in the way that I teach because I find it far more accessible for, you know, our Western first world digitally saturated minds.

So that's something that people can explore. Thank you. Thank you so much. It was such a pleasure to talk to you today. Dr. Jen, this was great to I really appreciate it.

Thank you also for all the amazing work you're doing.