



**BIOENERGETICS**  
SUMMIT

## **The Bio-Energetics Of Childhood Trauma and How It Impacts Adult Life**

**Greg Eckel, ND, LAc With**  
**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**



### **Greg Eckel, ND, LAc**

Welcome back everybody, I'm your host, Dr. Greg Eckel. This is the Bioenergetics Summit and we have my esteemed guest and colleague Dr. Keesha Ewers on talking about the bioenergetics of childhood trauma and how it impacts adult life. She's an integrative expert doctor of sexology, family practice, advanced registered nurse practitioner, psychotherapist, herbalist, and is board certified and functional medicine and Ayurvedic medicine. And is the Founder and Medical Director of The Academy for Integrative Medicine, Health Coach Certification Program. Dr. Keesha has been in the medical field for over 30 years and after conducting her own research titled, Healing Unresolved Trauma, in 2013 she developed the Hurt model for understanding how past childhood traumas impact adult health, is such an important topic.

This led to the creation of her online program, You Un-Broken, for patients to heal their own trauma and the mystic medicine deep immersion healing retreats up on San Juan Island in Washington State. Dr. Keesha's popular speaker, including at Harvard and from the TEDx stage, bestselling author of "Solving the Autoimmune Puzzle." "The Woman's Guide to Reclaiming Emotional Freedom" and "Vibrant Health." "Quick and Easy Autoimmune Paleo Cookbook: The Anti-inflammatory Recipes with 7 Ingredients or Less for Busy People," I need to read that one. And "Your Libido Story." a workbook for women who want to find, fix and free their sexual desire. Dr. Keesha, welcome aboard.

### **Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

I'm so happy to be here, thank you for having me.



**Greg Eckel, ND, LAc**

This one is so important, and we think about bioenergetics is kind of being in the ether, but this is really bringing it home for us. And you have so many credentials, so much study and different facets of functional and integrative medicine. How did you come to this work?

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

We all have a story of how we got here, and I'm definitely no exception. So I started out as a registered nurse, we were just talking about that off air, LDS Hospital in Salt Lake City. And gravitated immediately from the age of 19, all the way through my twenties. I was a marathon runner, sky diver, and I loved the high intensity adrenaline junkie, and thoracic ICU, and life flight and things like that. And just was a perfectionist driven, pushed myself so hard. And then around age 30, and this is the way my patients describe it too. And it's patently not true, but all of a sudden I got sick. One day I woke up with 10 extra pounds of puffiness all over my body where my joints were and I was just flattened with exhaustion. They were red, they were inflamed. And it was like someone had taken the batteries out of the Energizer bunny.

And so I got in to a doctor and in the course of the history taking process, she asked me if I had a family history of autoimmune disease. And I said, I think my grandfather had rheumatoid arthritis. And he died in his fifties actually at the age I am right now. And he was wheelchair bound, I think. And I just kind of said, yeah, I think so. And never knew him. And she said, well, that's what you have. And here are two prescriptions, ones for methotrexate and ones for a strong non-steroidal anti-inflammatory drugs, take them until you get worse. And when you get worse, come back and we'll change your meds. And it wasn't if, but it was when. And I just remember saying, well, hang on just a second. I'm very disciplined, I make my own food, I'll do anything. And she said, no, this is genetic. So go home. I just remember thinking it was this sort of dismissive close the book, put it on the shelf, it's genetic, there's nothing you can do. And on my way home, really contemplating that and saying, I wonder if there's another way of looking at this.

And getting home and looking on the computer PubMed, where we keep our medical research and looking for something. And I remember finding an article on yoga and autoimmune disease, and so the next day I was in my first yoga class. And in the course of that class, as there won't to do the yoga instructor, he had us holding these postures for prolonged periods of time. And he was wandering through the studio, talking about this framework of medicine for a little bit called Ayurveda. And he said enough, it's the sister science of yoga, 10,000 years old from India. And he said enough that it piqued my interest, and again, I went home looked it up. And what I



discovered was really revolutionary for me at the time. I always tell people if an had bitten me, I wouldn't have known it. I was not in what I do today, nothing. And I went home, I looked this framework of medicine up and it was like the clouds parted an angel saying like, oh, this makes so much sense, we're not all the same. And the attempt that we may... I came from this intensive care unit branch of medicine where it's very cook booky, you're triaging constantly. And if this happens, then you do this. And there's always a decision tree that you're following. That, that, that. It has drugs that go with it, and it's not at all about root cause. Investigating why this happened, it's getting the person out of the fire and then someone else is gonna go figure the other stuff out maybe. And so this was really new for me. And I remember reading about it and going, oh my gosh, of course, this is why when I push a nap scene for someone that's nauseated, one person will go crazy with anxiety and they can't stay in their skin, and the other one will go to sleep.

Of course we're different. And it really started flooding through these examples that I had met in my medical career of how we are not the same and don't respond the same to drugs. And so I just remember thinking there's something to this. And then I read further and it said, by the way, autoimmune disease is undigested anger. And that concept of not only are we not all the same and shouldn't eat the same feed, water, take walks differently, but also we have to digest our emotions, our memories, our feelings, our experiences. And that was just foreign. That the idea that the same as an apple, you digest your experience. And so that was something that had me rock back on my heels a little bit and sit back in my seat and kind of go, but I'm not an angry person. And then the next thought was, well, that might be the fact that you can't identify with anger, might have something to do with where you are today.

And so I was learning how to become a yoga teacher and learning how to meditate, and really going into this. And one day I was always meditating, this word autoimmune started coming across my third eye space and I was swatting it away. 'Cause when you're new meditator, you think you can't have any thoughts. And then finally I started focusing on it and looking and I thought, oh, autoimmune, that means I'm attacking myself. That means I'm committing suicide in this societally acceptable manner, basically. There's a real time in my life that I wanted to die. And I asked that question instead of how do I get out of the mess I'm in as quickly as possible, is there a time that I actually wanted to die? And so I started what I think of as following this little breadcrumb trail backwards in my memory banks. And I landed on a 10 year old girl version of myself that was being sexually abused by the vice principal of the elementary school that I was attending. And I remember really looking at her and feeling into the space and the energy of her thoughts, the bioenergetics of her thoughts. And where she was at on the planet. And she



wanted off, she went out. And I remember thinking, yeah, you had tried to tell mom and teachers and didn't have the right words. People couldn't really understand what you were trying to say, and you didn't understand what was going on. And just couldn't figure out why people treated others badly like this, and maybe this wasn't the life that you really wanted, so just really kind of wanted to go. And so I had a really thriving relationship with angels at that time. And obviously looking for, if people aren't so great, then where can I find and just really solidified the strong relationship with the divine. And I remember looking at that and going, oh, I wonder if this RA has something to do with this time period. And sure enough science tells us that it does. And because I wondered that and decided that this was a doorway I needed to go through, I went into some really heavy trauma healing, really took it on and said, okay, I think this does have a connection. And my rheumatoid arthritis was gone within six months and has never been back. Just clearing out.

In Ayurvedic medicine there's this understanding that you're more than your physical structure. You have your energy body, your emotional and mental body. And in that emotional mental body, your beliefs, thoughts, feelings, experiences get stored here. And they run through to your physical body, through your energetic system. They think of it as 72,000 different channels that come through your energy body, that then actually impact how your genetics express, how your organs, the health of them, your immune system, your hormone relay system. Like all of it is impacted by your perceptions that are pinging off of these stored belief patterns that you created in childhood. And until you go there and really start cleaning that up and detoxing that, then you're having this subconscious unconscious impact on your physical structure in adulthood, and it's interesting 'cause science actually bears this out.

### **Greg Eckel, ND, LAc**

That is incredible and such a great way to explain what is happening for us as adults and where illness and disease is coming from for some. And that component, I love your tying in with the Ayurvedic medicine and the 72,000 channels through which it filters into our energetic body, is so fascinating. And thank you for sharing your story and doing this work. It's really interesting to hear how people come to the work and turning that personal tragedy into really a lot of support for so many people. So thank you for that work Dr. Keesha. And the one... I wanted to talk about that component of the trauma in getting stored in these energetic, in the biofield or in the bioenergetics and the field around the body. Because so many people, like you mentioned in Western medicine, it's they just treat the symptom, to give something to get rid of the symptom and why that's not working. Of course, we want that medicine for acute trauma care. And if your legs falling off, you need that type of care.



**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Having a heart attack, you're appendix fails, this is what you do. Acute care medicine and we do it really well.

**Greg Eckel, ND, LAc**

So well.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

No due chronic .

**Greg Eckel, ND, LAc**

And in this chronic front, is when these traumas get hit in the body. So why do you say everyone has trauma?

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Yeah, because it's part of the human experience. And people will hear my story and they'll say, oh my gosh, thank goodness I never had sexual abuse. And I say the same thing, yes, good, thank goodness. And that's considered a category of what we call capital T trauma. That's the way I think about it. Like there's capital T trauma and there's lower case T trauma. And not everybody has experienced capital T trauma and wonderful. And capital T trauma would be domestic violence, and sexual abuse, emotional, psychological neglect abuse. Having a mother also violated and a domestic violence situation where you witnessed it as a child. Having a caregiver that was incarcerated or mentally ill or incapacitated in some way, addicted to a substance or dead.

These are big capital T traumas for children under the age of 18 years old. And they were studied in the adverse childhood experience study in this way and found that, oh gosh, the more of those that I just rattled off, then the higher your ACEs score, then the higher your risk for all of the chronic illnesses that we see in our society today, including a whole lot of other things. Now that is where the ACEs study took us. And it was huge, it was 3,500 participants between 1995 and 1997 that were studied on. It's big study. So that's capital T trauma. Lower case T trauma, if you think about the way that our brains develop. So before we're 26 years old, we don't have prefrontal cortex that's fully developed as children. And so as we go through these naive experiences as we're growing up new things, we've never had them before. We're going to run up against a lot of those experiences that we don't understand what's happening. Maybe we had three friends that we played on the playground with, and then one day you go outside and



they've all said, we don't wanna play with you anymore. That's a trauma, but it's not ever going to be listed as a capital T trauma. But it's very traumatic, because the way that we're wired biologically is in tribal days, sitting around the firelight circle. If the tribe puts you on the outside of the firelight circle, then there's a very big risk. And you biologically are wired to know this, that the savor tooth tiger could eat you. And so when you feel any kind of experience of rejection or betrayal, then that is registered in the child mind in the limbic system as a trauma. So when we think about trauma, we have to think about childhood as a jungle of this. I've done therapy on thousands of people now, and I'll often talk about a fellow that works for a big software company here in Seattle area, whose job as a computer engineer was to get up in front of teams, groups to present information. And he would sweat out his shirts and have social anxiety and the hyperhidrosis.

And he'd gone to doctor after doctor, gotten Botox injections in his armpits, been put on beta blockers, been given anti-anxiety medications. And someone gave him my name, and he finally came to see me. And when we were chatting about this, I started doing the work from the Hurt model that you talked about in the intro. And it was so interesting because it quickly became apparent that when he was in middle school, he had encountered a trauma that for him was off the charts capital T, but it would never be talked about as a capital T trauma anywhere else. In the lunch room, he had tripped and fallen and his tray had clattered and his food went flying. And everyone in the cafeteria, including the girl that he had the crush on that was sitting at the table there started laughing, just erupted in laughter. What a middle school kids, of course they're gonna laugh. And in that very moment, so there's this moment that happens. We have a feeling, and for him it was a feeling of shame and embarrassment and terror. And then from that feeling, because we're perceiving ourselves as in danger right there, danger that the tribe is not accepting us, say that we're being rejected 'cause we're somehow different than them, or we've just created this moment, then the nervous system is going to respond in that fight flight freeze or faint. Now when we're children, it's always freeze.

We don't have autonomy and power. We're not fighting and we're not fleeing, we're freezing. And so in that moment, there's this frozen feeling of embarrassment in front of this group of people that are laughing at him. So then from there what we do, is we make up a meaning to match what just happened. The feeling and the nervous system response, we create a meaning, and we'll all do this differently. So what he decided was he was an idiot, and the belief that he came away from that moment with was I can't be trusted in front of large groups of people. And so then from there, a child is going to create a behavior that is adaptive to that belief, and that meaning, and that nervous system response, and that feeling. So it's a little circle that happens.





So you create an adaptive behavior for the moment that's adaptive to the child brain. So what he decided was, I never go in a cafeteria again. And so he ate in the library for the rest of his educational career and including graduate school. And he didn't even go in the cafeteria on the campus where he worked, he just didn't do public eating spaces. So now he's being asked with this job to get up and talk to people. And of course he goes into a complete freeze state and he's sweating. Like, it's just, he's panicked rabbit. And so when we healed that, that belief and that meaning, we went through and we started taking each one of those and confronting them and healing it, then he was able to learn how to get up in front of groups of people and know that he was safe, and it was okay. He wasn't a 12 year old boy anymore where there was a risk of being expelled from the tribe. So this is a lower case T trauma. And it's in the same kind of category that we have all encountered many times in various ways. Girls that start their periods and they don't know. And you know what I mean? And just things like that-

**Greg Eckel, ND, LAc**

And making stories up of how to reconcile for yourself with not knowing.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Exactly.

**Greg Eckel, ND, LAc**

It's so fascinating. And it also emphasizes this component of the inherent wisdom of the body to heal itself. And if we're just listening to it, you had mentioned it at the beginning of how you kinda leave those breadcrumbs back of following for your yourself, and coming back to those origins of the imbalance or where we took that turn to make things right in the moment which served us at that time but now are no longer serving us.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Now it's called maladaptive.

**Greg Eckel, ND, LAc**

Yes.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

And I go ahead. It gets in our way. If the behavior you chose was, oh, I'm going to eat something to ground myself, and my favorite thing is Oreos. Or when you become a teenager, your maladaptive strategy is to smoke weed or drink a lot of alcohol, and then you take that into



adulthood and that's your adaptive strategy, it's now become maladaptive. You might be struggling with inflammation, weight gain, alcoholism, addiction of many different sorts. Have an origin of being an adaptive coping strategy for a child but it is an outgrown story.

**Greg Eckel, ND, LAc**

Yeah, I like to say that those are friends that don't serve you anymore.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Yeah, head bears the bite, is what I call.

**Greg Eckel, ND, LAc**

Yeah, love it. So now we all have trauma and we're seeing that in all of the research playing out, what's the first step we can do to heal past childhood trauma.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Well, I wrote a book called "Solving the Autoimmune Puzzle" and I talk about the Hurt model that came from my research, so that we have that first circle or cycle where there's the event, there's the feeling, there's the nervous system response, there's the meaning, belief and adaptive behavior response. Then the model bifurcates into two other wheels. The one over here is you don't self confront ever, and you keep doing the same thing, and that leads to disease. Because it's like ruminating on automatic negative thoughts, self-sabotaging behaviors, judgment. And it keeps you in that sympathetic nervous system arousal that does lead to disease. If you come over here on this side of the model, in the middle of the wheel, it says willingness to self confront. That's actually the first thing, is just being willing to say, oh, every time I'm unhappy and upset, I'm present. I wonder if maybe it has something to do with me and not always something going on out here. Just that willingness to start sitting with, I wonder, and really being willing to question your own thoughts.

Just because we have a thought, doesn't make it a pearl. And so we have these patterned thoughts that are automatic. And in fact, research tells us that our thoughts, 94% of them every day are recycled, we've already had 'em. And so rumination on automatic negative thoughts, that kind of a pattern that theme, if you can be willing to take the time to start investigating that in questioning it, is it really true that this person had a motivation that you're projecting onto them that is somehow injurious to you? Is that really true? Or is there an experience they're having that has to do with their perceptions, and their patterns, and beliefs and behaviors from a long, long, long time ago that are clashing with yours. And maybe a willingness to open up a





space where both can happen at the same time, will keep you from triggering every single time you come across that behavior from another person. And so it's really starting with, and I call this the misery to motivation ratio. What I've discovered is people have to get pretty miserable before they're motivated to start investigating themselves. But once you're willing to start doing that, compassionate, curious, questioning your own patterns instead of everyone else's, then that's the first step.

**Greg Eckel, ND, LAc**

I love it, that curiosity and the asking of questions is so critical. And that's great, I'm glad you brought that back up, 'cause that's in your own discovery, you were shoeing off the autoimmune. Like coming across in your field and your thoughts. And then you decided, you know what, actually, I'm gonna tune into that and get curious, why does that keep coming up? And that component we hear from all the great texts of the answer lies within. And I think as amazing providers, what we do is provide that presence in listening deeply and intently because people tell us what the path is. They've left the crumbs, but they're just not able to see it. So I want to just emphasize that for folks listening and watching this, is that curiosity and asking your symptoms. Like what are you telling me? I love that, thank you, Dr. Keesha.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

And that's first. And the truth of the matter is I was victimized as a child. We are all victimized as children in some way, shape or form, all of us. We've all gotten a raw deal at some point in life. And we've also been perpetrators at some point in life. Whether we know it or not, we've hurt, we've also hurt other people. And so being able to hold the space of, oh, I was a victim of this and I'm a perpetrator, if I can broaden my scope of awareness, I call this going from the mouse to the eagle. When we're children, we're mice, we only see what's in front of us. We're not exactly safe. The smaller we are, the... It's not guaranteed that this life on the planet is gonna be safe for us. But once you get into adulthood, you can take more of an eagle perspective and fly over the top of the forest and not just see the gigantic mushroom in front of you as a mouse. And so you can go between those. There's some resilience and flexibility of perspective if you're willing to go there. And so you can hold that, both can be true. And oh my gosh, from an eagle's perspective, this is the nature of human life on planet earth that we are hurt and we hurt.

So how do I work with this so that I can heal the places that I've been hurt and learn how to forgive myself when I've been the one that's done the hurting. So it's forgiveness in my doctoral research was a big intervention, but what I always teach is, you can't go there first, you need to go through a process first, and then you get to forgiveness. And forgiveness is the way that I



teach it is you're not doing lip service pulpit forgiveness, like all I forgave them a long time ago, and forgiveness is not reconciliation either. It's not condoning behavior. You don't reconcile as someone that's hurt you if they have not shown contrition and shown up as someone that's safe to be around. But forgiveness is something that if we're going to have ourselves the bioenergetics, if they're going to be bathed in a hot tub of resentment, you're never going to get better. So you have to drain that hot tub of resentment and bring in gratitude appreciation. I can talk about all the stuff that I've been through in my life, and I can also tell a story of being a perpetrator of hurt. On my watch, two of my kids got sexually abused by a neighbor boy. And when I found that out, I got breast cancer four months later. Having to go through the process of forgiving myself for that, was the hardest thing I've ever done in my whole entire life. And again, within four months, my breast cancer was gone. But I had to go in there and I actually had to forgive that woman who had allowed her children to be sexually abused on her watch. So, this is the stuff. This is where we gain our wisdom. This is how we get our health back. I call this the missing piece of the puzzle.

**Greg Eckel, ND, LAc**

Yeah, that's beautiful. Going through it and you cannot bypass any of that.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

You cannot.

**Greg Eckel, ND, LAc**

You cannot. And it's like, this is not for the faint of heart and nobody gets outta here alive. But having these tools and the ability to have the conversation and understanding, forgiveness on that level is so powerful and you're right. It's not just lip service, it's actually, you're going deep in and doing that work. So that's awesome. On this component too, I wanna talk about how trauma also changes brain architecture, because we get rewired in these events. And so there's some back filling, and so can that be reversed.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

In my research, I was looking at brain scans and hundreds of them. And there's a well documented shrinkage of prefrontal cortex in an adult brain and a growth in the amygdala in the limbic system, especially on the right side. When there is PTSD, Post-traumatic stress disorder in response to these capital T traumas. But what I discovered is that there are a couple of studies that indicated that lower case T trauma actually causes the exact same brain architectural changes. So if you fill out a personal stress inventory scale, and that's the one that



says in the last year, have you moved, been divorced, changed a job, lost someone you love, these are big stresses. And the more of those that you have, the higher that number is. Well, it turns out that people that fill that out, if they describe themselves as perpetually overwhelmed, they have the same brain changes as someone with PTSD. So it's the same exact thing, it doesn't matter if it's-

**Greg Eckel, ND, LAc**

Capital T or little T.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Fascinating. Like war vets and soccer moms, same brain changes.

**Greg Eckel, ND, LAc**

Wow.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

So that's revelatory. It's like when I teach for the Institute for Functional Medicine and I'll teach doctors about this, and I'll say you have to stop telling your patients to get rid of their stress. Here you have perhaps a parent with a special needs child or someone that's caregiving an elderly parent, or someone that loves their job, but it's stressful. What are you saying? You have to reduce your stress or get rid of your stress. Instead you have to help them change the relationship they have with the parts of their lives that they are perceiving as overwhelming.

**Greg Eckel, ND, LAc**

Their reaction or response to it.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

All about perceptions.

**Greg Eckel, ND, LAc**

I love that, rewriting it, creating a new PR story around what your experience is with a very full life is what that is.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

One of the busiest people that I know and I feel so blessed and grateful that I get to do the work in the world that I do. And I never feel stressed by it and overwhelmed. And when I was younger,



I did. And so it's like, I've come to that place where I just feel grateful. And so then my body responds differently than my 30 year old body was responding.

**Greg Eckel, ND, LAc**

Oh, I love that. That is revelatory. At the end of our interview, is there anything that you would like to share with folks Dr. Keesha?

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Well, just kind of what you brought out that sometimes people that are self-identified as being spiritual will engage in what we call spiritual bypass. And that's because you've done a lot of work from your adult brain, but problem I see often, because a lot of, I attract that person into my practice, highly evolved spiritual people, and they haven't gone through and actually healed their trauma triggers. And so I get people that are kind of angry at the medical complex. I've gone to doctor after doctor, including functional medicine. People get really burned out on spending thousands of dollars on supplements and diets, and not having their autoimmunity completely gone. And they'll roll up on my shores, upset by this. And one of the things that I point out is, you haven't wasted your time or your money.

What you've gotten to is where you are now, but what's been left behind is this missing piece of the puzzle, the trauma part, and you can't bypass it. You can't build a school on top of a garbage dump. Eventually what's gonna come up through the floor is going to kill people. So you have to really go and do that healing work. And it doesn't mean you have to revisit your traumas. You don't have to go experience them again. It really like I do these deep immersion retreats and people are shocked. I didn't realize this was going to be almost as easy as it is.

**Greg Eckel, ND, LAc**

Awesome. What's an action item for somebody that's listening in to get into action. Because each of the interviews, I wanna get people into action and back on the road to wellville, so to speak, what do you recommend there?

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Well, one of the things that I like to have people start with is kind of what I said. Here's the first step when you're willing to do that curious, compassionate self inquiry. Then for 24 hours, just start watching your own thoughts and not judging them, but perhaps making note of them. How often do you have shoulds in there? How often are you speaking to yourself in a tone that maybe you wouldn't use with anyone else? How often are you opting out of life, because of some



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pattern that maybe is from an upset four year old that's driving your car of life, so to speak. And so what you're doing is you're learning to develop a little bit more of an observer's mind and really watching what are my patterns. And again, without judgment, there's a really lovely practice you can do where you get a little bag of white pebbles and a little bag of dark pebbles. And at the end of the day, you can sit on your floor. And as you have been observing these thoughts, put a pebble that is white in the middle of the floor for every life affirming, gracious, appreciative thought that you've had. And for every one that's not that, put a dark pebble. And in the beginning, you'll notice you have kind of a heap of dark pebbles if you're honest.

And as you learn to see that and feel it and have the kinetic connections to these different colors of pebbles and know that at the end of the day you're gonna be sitting there again, okay, I wanna really have more white bubbles this time. You learn how to change the channel or the frequency of the bioenergetics of your own thought stream. And I always teach people, leaky boundaries leads to leaky gut, which leads to a leaky immune system. And so with a leaky boundary part, people will often assume that when you're setting good boundaries, it's with all those toxic vampires out there. Emotional vampires and terrible toxic people, but actually the first person to set boundaries with is yourself, your own thoughts. And this is a really great practice that you can do with the pebbles to start witnessing it. And again, with patience, grace and compassion and not judgment.

**Greg Eckel, ND, LAc**

I love it. Yeah, the curiosity and that is so nice with the grace compassion non-judgment. Thank you so much, Dr. Keesha Ewers on the Bioenergetics Summit. Thank you all for listening.