

MITIGATING TRAUMA THROUGH RESILIENCY BUILDING WITH DR. KEMIA SARRAF

Dr. Adrienne Youdim 00:02

Hi, this is Dr. Adrienne, Welcome to Health Bite the podcast where we explore all things health and wellness. Hi there and welcome back to Health Bite. I'm your host, Dr. Adrienne, and I am happy to have with me a very special guest, Dr. Kemia Sarraf. She is the CEO of Lodestar, a coaching practice dedicated to working with high functioning professionals. Dr. Kay, welcome.

Dr. Kemia Sarraf 00:35

I'm so happy to be here. Thank you so much for the invitation. And I am delighted to meet you, first of all, and I'm so excited for our conversation today.

Dr. Adrienne Youdim 00:43

I am too as we were sharing before we started recording your work is so relevant to the present times. Always so but particularly right now. So tell us a little bit about what you do, what your coaching practice is dedicated towards. And then I want to know how you came into this work.

Dr. Kemia Sarraf 01:05

Great questions. Well, a coaching practice itself has taken on a life of its own this year, or over the last 12 months, let's let's phrase it that way. I coach very specifically and have for I'm going into my sixth year now, Coach very specifically, with healthcare professionals, mostly doctors, who describe themselves as experiencing high levels or extreme burnout. That's how I got started. And one of the things that I noticed very, very early on, because I've worked in the field of trauma for a long time as well, was that the symptomatology that was showing up for lack of a better term, the experience of the burnout was I felt inappropriate. It seemed there was a lot of self blaming going on. physicians were often coming in and saying, you know, I have bad work life balance? And how often do you hear that I simply can't get myself organized enough. Or they were being referred to me because they weren't meeting a certain set of metrics that they needed to meet. And the more that I worked in these circles, the more I began noticing that the experiences that were being relayed to me sounded much more on like what I would describe as primary, secondary or vicarious trauma. And as began talking about that really common themes emerged. One is that we as healthcare providers often don't recognize what is happening to us. It is the absolute classic frog in the pot metaphor that we have been working for years and years and years decades. As the temperature on the pot slowly gets turned up. And there's absolutely no recognition that we're being boiled alive. That's a problem. The second problem is that I was hearing a lot of self blame for the situation. And when you are Miss describing or miss diagnosing what is happening to you, it's very difficult to get into choice, which is coaches is where we always know that we want folks to end up to help step into choice around how you're going to manage that. And so the more of this work I did, the more a clear paradigm began to sort of reveal itself to me. And the more I began to think about the ways that not only to trauma, does trauma impact us as physicians, but also the ways in which the trauma informed approach was very well suited to working with physicians who were experiencing a lot of secondary or vicarious trauma.

Dr. Adrienne Youdim 03:52

And I would have brought in this, Dr. Kay, because, you know, we talk about burnout a lot. Now, in physician circles. It's not something that we discussed or described 10 years ago. But burnout is something that is kind of trickled into every professional life. And you know, in my other hat, as an entrepreneur, so many younger women and men who have left corporate worlds early, you know, earlier than what traditionally we would expect to go into their own profession or into an entrepreneurial life. And it is almost always prompted by this feeling of burnout. So it is something that I think as physicians, it's harder for us to contemplate maybe because we're so dedicated to our work and because it takes so long to get there, that it's hard to pivot, right but you know, it is something that's relevant to all of us. Professionals? Yeah,

Dr. Kemia Sarraf 05:01

that's absolutely correct. Absolutely. And interestingly enough, I had a really wonderful call earlier this week was supposed to be very short 20 minute call turned into two hours, with an executive coach who works with leaders of Fortune 500 companies. And the reason for the call was, we had recently been in a coach group together. And I brought up this concept of the ways in which trauma, and now we are experiencing trauma on a multitude of level and in a moment, we'll sort of talk about what trauma is, and and the multitude of ways in which is showing up right now. But you know, coaching has long stayed back from this idea of trauma being an arena in which we can have conversation. That's always been those strong feelings have always been something that we wanted to relegate to the world of therapy, psychotherapy. And the truth of the matter is, there's tremendous overlap in the Venn diagram. done, well done. Well, and that's a key, right. And so, I had a really deep conversation with this person, because it is showing up at this point, the symptoms of trauma are showing up in top executives everywhere. And how could it not, we are in a time of national crisis, we are in a time of a global crisis. And our most resilient people, whether they be in corporate America, or in healthcare, or an education, have shouldered the burden of this shoulder the burden of keeping things moving, without the necessary scaffolded support, to do so unharmed. And so there is harm that is happening all over the place. And, again, I think that our most resilient are our folks with the highest amount of capacity are now beginning to run a little dry. We talked about I talked about resiliency reservoirs a lot. And those reservoirs are starting to dry up, even with those who have huge capacity. Which brings me back to a real pain point with physicians, you know, burnout, you're right was only started sort of showing up in the literature maybe five years ago, six years ago, and really began gaining some traction three years ago. But it's been brewing for a very, very, very long time, and has been causing tremendous harm to physicians for a very long time. And it is, it's the both in both the dedication to the practice. But also, the length of training and the debt that goes into becoming a physician makes it impossible, for many who want to escape to even think about leaving the profession, if you have 300 400 \$500,000 worth of student debt. And you are already in your mid 30s. Because how long it took you to train, the idea that there is anything else for you is really hard to grasp. And is that idea in and of itself is a point of harm because it takes your choice away.

Dr. Adrienne Youdim 08:31

And again, I want to extrapolate that to the general public, so to speak, because, you know, college in general, has become so incredibly expensive. I think about you know, I paid about \$9,500 for a year of medical school. But by the time I had children, I was paying, you know, already one and a half times

that for preschool. And so you know, if when you start there, that proposition of paying for your education when college education and college tuitions are upwards of \$40,000 a year and then you add in all the other expenses. That is a pain point. For many again, many professionals, not just physicians. But before we get into the conversation around trauma, I want to I want you to share with us how you came to this work of working with others in terms of trauma.

Dr. Kemia Sarraf 09:37

It's a great question. Unlike most of us, it's sort of a windy road. It's funny when you're a young woman, at least when I was a young woman, which is you know, back around the dinosaurs. I thought that life was sort of straight line trajectory right from where I was to where I thought I wanted to be and and what I've learned is that there are so many Many right hand and doubling back, the doubling back that I think is the most confusing to us. But it won't even be always for momentum. Sometimes it's backwards. And I wish

Dr. Adrienne Youdim 10:11

we would talk about this more, right? Because that is the paradigm that we are taught is that it's continuously upwards and to the right, until you arrive to the sound of blaring trumpets. But I think if we were taught at a younger age, that that should not be the expectation, that kind of expectation management would make life so much easier for us. Because when those winds and turns come, which invariably they do again, and again and again, right, we would be at least not surprised by that right

Dr. Kemia Sarraf 10:47

here, you just hit my favorite thing. It's a trauma mitigation tactic. That's a micro mitigation you just did, if I'm someone who's hurting, because my life has gone sideways, and I call you and I tell you, I can't believe this. I am, I had this path. You know, This usually happens in your 20s and 30s, I had this path. I was going and now look at me and I, I'm so far from where I meant to be. And you lean back and you say, Oh, that's okay. That actually is how this works. Right. And let me tell you a story about how this worked for me, you have just allowed me to see that I am not abnormal. I'm not crazy, I'm not failure. And I'm not most importantly,

Dr. Adrienne Youdim 11:32

alone. What's really interesting is that I even use this in my primary work in as a physician who practices weight loss, you know, we have this expectation that we go on, quote, a diet, we lose 30 pounds, or whatever. And then we stay there comfortably, right? until the end of time. But the reality is that you know, you get pregnant, then you lose, then you get pregnant again, then you don't lose, then you go on vacation and you're indulgent. You know, it's no, it is this

12:08

spot on me, right?

Dr. Adrienne Youdim 12:11

But see that the expectation, again, when it comes to these matters, even something like weight loss, which is a you know, it's a microcosm, I think of greater contemplations is that it should be all upwards into the right but I interrupted you. So you were telling us how you how you got here.

Dr. Kemia Sarraf 12:28

So it was long and windy. You know, I did a public health degree before I went to medical school. And so that was always the lens for me was always the patient relative to their bigger community, whether that was their family or the community in which they lived, and the ways in which that influence health. And I met my husband while I was in medical school, he was doing his residency at the University of Utah. And when we finished, we moved to St. Louis washu, which is where he did fellowship in cardiology, and I did my internal medicine training. And then we ended up in Central Illinois, which is an interesting place to live for a lot of different reasons. And, you know, really, I'm a big believer in grow where you're planted. And so that's what we've tried to do here. So about, I want to say 13 or 14 years ago, I left the practice of medicine to start a child health initiative in Central Illinois, this was in 2007 2008. And there was opportunity I felt at the time to impact the trajectory of health for my community, in particular for the children in a broader way than with individual visits. And then a wonder how this lands with you and I say it, but one of the things that I often felt when I was in clinic, was that I wasn't ever actually practicing preventive care. I was screening for the presence or absence of disease, right? preventive care, is what we choose to do every single day in our home with the choices that we make. And I thought there's room for education around this. So I started a nonprofit called Jenny's kids generation Healthy Kids, which really was dedicated to teaching children and their families wherever we encountered them, whether that was in schools and school districts, and we ended up working pretty broadly or in the community itself to eat real moves more. And we had a lot of very evidence based and trauma informed programs that we put together over a number of years and sort of implemented. And then in 2013, my eldest son who at the time was 13 years old, and he is fine. I have I always want to give the punchline first because otherwise people start holding Breath.

Dr. Adrienne Youdim 15:00

Yes, thank you.

Dr. Kemia Sarraf 15:03

Um, my eldest son was running through the house shirtless. And I noticed some really profound and unusual bruising on him. And as a physician, and probably even more so as a, as a mom, I had that moment when I went out, I'm looking at leukemia. And within a few short hours, he went from a normal, healthy eighth grader, to a patient in the local pediatric ICU man. And with a diagnosis of high risk acute lymphoblastic leukemia. And everything changes in that moment, everything has to change in that moment, I was able, fortunately, to bring someone in to run jmH kids and step back and play doctor mom and that diagnosis super scary that first year is a really tough one. It's a scary one. And it's incredibly, incredibly hard. And it's interesting, you know, you never realize, well, you think that 80% survival sounds good, until it's applied to your child.

16:13

So I was

Dr. Kemia Sarraf 16:14

I am so fortunate to have been able to stay home, we have a local children's hospital that with an excellent, excellent physician, Dr. Greg Brant, whose name I will say, with reverence until the day that I

die. And a wonderful Children's Hospital, and Joseph was able to get his care locally, which was important and more important. Still, because I'm a doctor, I was able to do a lot of his care at home. After about the first year, which was, of course, the most intensive, I started looking for some more things that would activate the brain itself. And a friend dragged me off to what she said was a medical conference turned out to be a three day coaching intensive. And I knew nothing about coaching going into it. And the honest truth is, I think, had I known that's where she was taking me, I might not have done it. And looking back, there were some preconceived ideas I had about what it meant, that were completely wrong. And what I would say is that it was a missing piece that I didn't know I was looking for. And the way I moved through the world. And the most important part of it, for me at the time, was finding this balance for the first time because in expositions, what are we responsible for the outcome? Always, I mean, we know in our heads that, you know, we can't dictate what a patient is going to do after they leave your presence. And yet, we still carry patient outcomes with us. It's it's hardwired, it's trained into us. And I always carried that so tight and so heavy. And all of a sudden here was this paradigm that allowed me to hold the pain of others, or the ideas of others are the best, most amazing aspirations of others, lightly walk alongside them as they sorted out what worked and what didn't and where they wanted to be. And it was oxygen for me, honestly.

Dr. Adrienne Youdim 18:17

And here's another point that I want to highlight your point that I think is so important that we're not taught is that there's this constant desire to make everything right. And to be happy, you know, I was just having this conversation actually, with my 13 year old, who kind of was shaking his head, and he said, you know, almost disappointed with himself. Well, Mom, I can't really say, I'm happy. And you know, that's okay. Though, you know, the holding of the pain as you, as you said, There is so much that people are dealing with right now. And I think, again, the expectation that we should, it should be easy that it should be always happy, adds to the suffering, it adds a level to the suffering, because now you're judging right where you're at. So that is an important point to make.

Dr. Kemia Sarraf 19:11

I don't even know how to quite describe it. But this this very false reality, this false world, in which so many of us and especially younger us is I mean, I am a little too old that I care much about what's happening on Instagram or Twitter or Facebook or any of those things. But the painting of the picture, as well as you're right, this sort of hyper focus on Happy, happy, happy Joy, joy, joy. If you're not, it is your fault. You can choose it. It isn't appropriate. I mean, never mind that it is unrealistic. It's not very mature. There's no maturity to that. What is mature and this was some of the deep learning from that time with my son. What is mature is to learn to float in the pain. And the grief and the horror and know that it, it will not be forever to know that, like the tides, it will recede. And I think that there is this idea that a lot of our pain comes from this idea that we have to grab and hang on to our joy so tightly, and we have to push against our pain or our sorrow or, and we have no concept of how to move through grief in this country push against that. We expend so much energy, and it worsens and prolongs all of that. And if we would just learn to relax and recognize that our emotions are opportunities to learn, our emotions are neither good nor bad, and that our emotions like the tides will come and will recede. And your capacity to pin the tide to the shore or hold it back is zero. So allow it and become mature in it and recognize it will change

Dr. Adrienne Youdim 21:15

and that it won't break you right, and you won't you won't die in the process, you know, as difficult as it is. Yeah. So, you know, the word trauma is is one that I think I've been raised kind of not to not use lightly. And trauma really means something for lack of a better word really traumatic, right. But the term is coming up a lot more these days. We're talking about it. But let's start with just describing what that means exactly to you.

Dr. Kemia Sarraf 21:51

It's a wonderful question. And it's a wonderful comment, I'm so glad that you said that. trauma is not a word to be used lightly. And sometimes it is sometimes it's thrown around. And sometimes people refuse to engage with it, because they believe that it automatically casts them as a victim. Neither of those things are accurate. So the first thing to understand is that our modern understanding of trauma is younger than I am. So that's important. It is a very, very young field. And as with most fields, our understanding of it expands is expanding absolutely exponentially. Most people when they hear the word trauma, they think about an event, they think about abuse, or they think about a catastrophe, some sort of catastrophic event, right?

Dr. Adrienne Youdim 22:50

What

Dr. Kemia Sarraf 22:50

we fail to recognize is that trauma can also be in an environment, so or a series of events. So when you live, for example, and some of the research and we don't have time to go through all of it. But you know, the research began in the late 70s with, with Vietnam veterans, and with Dr. Maria yellow horse at Braveheart, and carried on through the 80s into the 90s, when we began the research into aces adverse childhood experiences at the end of the 90s. And that sort of cracked the world and the understanding of the link between trauma, in particular childhood trauma and health outcomes wide open, fascinating, amazing research,

Dr. Adrienne Youdim 23:41

I just want to for people who don't know, because even as a physician working in in weight loss, and we can talk about why that's relevant. I had never been taught adverse childhood events or ace. And so essentially, just to recap, Ace is a terminology that was developed that that went back to actually a weight loss doc in Kaiser in San Diego in Southern California, who noticed that some of his patients are noticed in one patient in particular who had lost a significant amount of weight and had weight regain quickly that she had had a history of trauma in childhood. And then went on to pursue this hypothesis of whether or not trauma was linked somehow to excess weight or obesity, and partnered with the CDC, right. And so after this extensive work, they found that not only were adverse childhood events, which stemmed from physical and verbal abuse, to you know, suffering from divorce or some kind of mishap in the home was not only associated with obesity, but also with With many chronic conditions like autoimmune disorders and cancer and, and so it's very important because to eliminate the stigma and the bias of certain medical conditions and obesity being primary to that, that there are underpinnings that are very significant, like childhood trauma. So that was a long way to kind of describe what what that research was.

Dr. Kemia Sarraf 25:25

It was a beautiful summary. Thank you, you are on point. And one of the most interesting things to me about the aces study is that oftentimes, I think the narrative is, you have a hard childhood, you're going to do things that are harmful to your health, you're going to drink, you're going to smoke, you're going to engage in risky sexual behaviors, of course, you're going to be less healthy. When they controlled for that. What they found was that even if you don't drink, or smoke, or do any of these things that put you at increased risk for cancer, heart disease, autoimmune disorders, etc. You still are at increased risk, the trauma becomes embodied. And there's an excellent excellent book out there by Bessel, Vander kolk, Dr. Bessel Vander kolk, is entitled The body keeps the score. It is a seminal work. And I never mentioned that book without mentioning the book, my grandmother's hands, which talks about the impact of racism, and the trauma of racism, and the ways in which that is carried not only familiarly but intergenerationally. And now as we're beginning to understand epigenetically,

Dr. Adrienne Youdim 26:46

and can you explain what that is? Because that is so important. Can you define epigenetics and explain what that is,

Dr. Kemia Sarraf 26:53

I am always hesitant to do this with medical people. And the reason is, you know, of course, unless you are the expert who has a PhD in epigenetics, you should never speak about

Dr. Adrienne Youdim 27:05

such thing but your audience is, your audience would benefit from your medical knowledge since they are not medical people. So go for it.

Dr. Kemia Sarraf 27:12

Okay. So in really, then in sort of layman terms, epigenetics means above the genome, so what we're talking about is the ways in which the experiences we have impact our DNA. So what we are finding is that our DNA is not nearly as fixed or immutable as we thought, and that the experience of trauma impacts the DNA and that impact can be passed on to our children. It is a very, very new field of research. In many ways, our again, our understanding of it is exploding. What it leads me to anticipate is that we are going to find in the next 10 years, that many of the things that we have attributed in specifically to what we call social determinants of health differences in health outcomes between different groups. And we have said well, this is because of this is because of poverty, this is because of food insecurity. This is because of the dot, dot, dot, may end up to have deeper and more difficult to sort of unwind explanations. So and

Dr. Adrienne Youdim 28:37

this is I just want to again, highlight that a little bit because it really is important because our everyone has some some story right in their background, whether it's, you know, something that is so apropos right now to discuss which is social injustice and systemic racism in this country, or people who are children or grandchildren of immigrants who have come and who suffered some kind of struggle or trauma, you know, in in leaving their country or being ousted from their country and coming. And what

we're saying is that these traumas we now know, get lodged into our DNA, and are passed on. So those of us who are sitting here and are the beneficiaries of our parents who are immigrants or our grandparents who were immigrants or of our grandparents who were slaves. Aside from what is being suffered presently have this trauma in the DNA. And again, to say a little bit more even more plainly, is that what we believe genetics to be which is your grandmother has blue eyes and therefore your dad has blue eyes and you have blue eyes is really nice. Not so fixed, that the environment that we're in the trauma, and also the environment, like the food that we eat, the exercise that we do gets imprinted onto our genome and gets passed down. And I talk about this a kind of in a funny way, because I remember I had got pregnant and I've said this, I think I've shared this on this podcast before I got pregnant with my first child while I was a resident. And I lived kind of far from the hospital because my husband was also a resident, and we were kind of splitting the difference between LA and Irvine. At any rate, I would post call while I was pregnant, stop by the McDonald's drive thru and get a soft serve ice cream. It was like what I needed every post call day. And when I learned about epigenetics, I thought to myself, Oh, my God, my food preferences that I have imprinted into my genome, my child. Fortunately, she doesn't she's not too keen to soft serve ice cream, but I make light of it. But it really is important that our environment interacts with our genetics in a very tangible and concrete way.

Dr. Kemia Sarraf 31:11

It does a what you just said, is the beauty in it, too. Because what it means is that, yes, there are things that are coming forward. And I am in a position where I can begin to step into choices that will change what happens next.

Dr. Adrienne Youdim 31:32

Right? It gives us agency,

Dr. Kemia Sarraf 31:35

right? That's right. And it's, and it's the beauty of it. And so when we began sort of looking at the sum total of this, so we talked about trauma being an event, trauma is also an environment. So let's bring it back to our doctors. I mean, I want to I want to just bring it there. And then we'll we'll widen, if you have spent years, decades of your life, working 6070 8090 100 hours a week, in a toxic environment, without the types of scaffold and support that you need to do the job for which you have devoted your life and heart and treasure that can begin to show up in exactly the same way, as a primary trauma of being attacked as an event, they are indistinguishable in the way in which they become embodied.

Dr. Adrienne Youdim 32:33

And that's so important too, because as we were talking about defining trauma, we do tend to still equate it, like you said, with some kind of catastrophic event. And I think it's really important to highlight that, you know, difficult working circumstances in which you have micro abuses on a regular basis, none of which seem catastrophic, in and of itself, can represent a kind of slow grade trauma. And it's important to recognize that so that people have more compassion for themselves, right for where for what they are experiencing, and also to empower themselves to get out of a situation that is that is toxic,

Dr. Kemia Sarraf 33:25

and to choose differently, and how they're going to engage. So a really interesting thing that has revealed itself as I've done this work, is that oftentimes what has to change is the are the rules of engagement on behalf of the physician, or nurse, or even administrator, you know, it doesn't always come to a place where it's like, well, I have to leave in order for things to improve. It is more about it's such a funny progression, you know, so often we move from this space, nobody can see me holding my hand out here to the left, but this space over here, where it is unrecognized, unnamed, unmitigated trauma into this space where we sort of pull it out and we, it gets expressed, a gets name, it gets examined, it gets discussed. But that's not the end. What you what the beauty of it is that once you've pulled it out, then you get to step into choice about well, what am I going to do with this? And physicians in particular, and high functioning professionals and educators and, and all of these folks who are accustomed to being problem solvers and forward thinkers and movers, what they do is they look at it, they pull it apart, and they they step into decision about what they're going to do with it. Okay, now, I know I'm not alone. That is a mitigation, just knowing that connecting with others, and knowing that I am not the crazy one, the times are the crazy one or the situation is crazy. And then all right, what's over here to the right, let's keep moving. Where do you want to be? How do you see yourself? What does it look like when your best version of you shows up? How do you want to show up in this time. The other piece of this that I want to underscore for everyone today, is this idea around resilience, and the the misappropriation the weaponization, I'm going to use that term, the weaponization of resilience against highly highly highly resilient people. Because the number one type of call I have fielded, and number one type of requests for training that I have fielded in the last year has been resiliency. When you come and increase, do resiliency training, tell us what we can do to be more resilient. And you know, from the outside, you think, oh, we were having some sort of, you know, crisis of resilience, that is absolutely fundamentally untrue. The folks who are showing up every day outward doing the work, whether it's in healthcare, or education, or public health, or frontline workers in our grocery stores, and our restaurants and other these are highly resilient people. It isn't that they lack resilience, it is that they have poured out too much resilience for too long, with everybody simply asking more. And no one asking the vital question of should you turn this spigot off? Can you turn this one down. So I often use the Hoover Dam as a metaphor for resilience, especially, you know, the the groups of doctors I work with, they've got this enormous reservoir of stream physicians and this has been studied aren't the most resilient professionals, period, I mean, that that's, that's the end of the sentence. It's been looked at, it's been studied, physicians do not lack resilience, what they lack is a scaffold of support and the autonomy to do the job that they have trained to do. And so, you know, there's there are these rivers that flow into the reservoir, those are not being tended. And that is part of the problem. The bigger problem is, if you look at the spillways of the dam, they're all open, full speed, the water is pouring out, and people are standing downstream looking up at the reservoir and screaming, give us more, give us more. You're so awesome. Give us more and woe to the physician who puts their hand in the air and says, I'm exhausted, I have no more because then they said, What are you talking about, you're exhausted, you lack resilience, you lack work life

Dr. Adrienne Youdim 37:52

balance, and I can again, extrapolate this to even just being a mother, right? So. So to our listeners, who are who may not all be physicians, you know, this is relevant to all professional work, and home life, right? Of being asked, particularly right now, when moms are home, and kids are home, and spouses are home often. And so mothers are managing the household and the schooling and whatever

work they may or may not do. And constant exposure interaction with their spouses, if they're not used to. That is the overwhelm of, as you say, more of needing to do more, while they're being forced, are faced with this spewing Damn. So as we acknowledge this, and I know that this is, you know, the work is the work. It's a process. So we can ask you to give us a sound bite. But maybe there are some practical or one practical tip that you can offer because, again, in the context of this of the podcast, which is health bite, right, small actionable steps that really can have a big impact in our lives. Can you give us a practical consideration around this,

Dr. Kemia Sarraf 39:19

I'll give you my favorite tool. In fact, this is one that I use with all of my clients and my medical students and my residents and my husband and my kids, and it comes back to that resiliency, reservoir, that metaphor. So let's imagine, most people have seen at some point a picture of the Hoover Dam. There are three vantage points. You can be standing at the bottom looking up at the dam, you can be standing on the edge of the lake looking at the lake, and every single one of us has someone in our lives, who stands on the tall turret and has eyes on both sides. Water going out, and the level of the water in the dam itself, figure out who that person is. Who's your spotter, who's the spotter in your life, it may be your spouse, maybe your best friend, maybe your sister, sometimes it's your children, my children acted as my spotter at times. This is the person who will give you advance warning, when there's too much water going out and not enough water in the reservoir. And it won't sound like that. It'll sound like Mommy, we never play. That's a hard. That's when the cuts, right? it'll sound like your husband saying, Are you still working? You need to get some sleep. It'll sound like your sister picking up the phone and saying, I didn't talk to you in months. How come you never make time for me? it'll sound like you crying in your closet at two o'clock in the morning because she can't do it anymore. It'll sound like a lot of things. What's really important to know, and listen to those spotters when they talk to us?

Dr. Adrienne Youdim 41:10

Yeah, it's interesting, as I'm hearing you speak, this is, you know, sometimes it may be perceived as a complaint, right? Like, why aren't you spending enough time with me? Or you're not doing enough in a way, you know, in a time when you're feeling like you're doing so much. But to recognize that that is maybe a reflection of insufficient boundaries of a person not doing enough to set boundaries for themselves. So I really, I love that tip. I think we could talk for days on end.

Dr. Kemia Sarraf 41:44

But one thing I would add to that, is that, yes, there's a lot of focus right now on the upstream, what's the water coming into the reservoir? everybody's saying do more things to take care of yourself. And there's a lot of emphasis on self care. And I'm sure you talk about a lot of that. So I doubt that I would have anything to add that you haven't already addressed. What I would like to sort of offer to anyone listening to this. Is that, please take a look at the spillways. How many do you have open? How fast is the water pouring out? I promise you, they're spillways. You can turn off. And there are ones you can turn down and the world will keep turning, right. And it can begin to give a little grace around that the balance begins to restore itself. But we can't leave everything open on fall, and try to rely just on the water coming in. Because there's no way to balance that right now.

Dr. Adrienne Youdim 42:44

Not right now. Yeah. And that's where we have our agency. Well, I really appreciate this conversation. Dr. K, for those of us who want to learn more about you who want to hear more from you. where's the best place to to get more content.

Dr. Kemia Sarraf 43:03

The best place to go right now is to lodestar PC, I o d e s t A R p a s in Peter C as in cake, lodestar, PC comm You can also find me on all the social media.

Dr. Adrienne Youdim 43:17

So let's start PC. That's where we can get more information. And I have looked at your website and there is great information there. Thank you again for sharing your time with me and I look forward to hopefully to having more conversations in the future.

Dr. Kemia Sarraf 43:31

Thank you so much.