



Resolving Childhood Sexual Trauma

Guest: Dr Keesha Ewers

Niki Gratrix: Hi Dr. Keesha, thank you so much for being part of the Trauma and Mind Body Super Conference.

Dr. Keesha Ewers: I'm so glad to be here, what a great title for a conference.

Niki Gratrix: Thank you so much. Now we're going to talk about sex, but your a doctor of sexology, which is really fascinating and this is a really important topic. So I wanted to ask you first, your own story and how you got to become a doctor of sexology and your own history with that and how you got interested in it.

Dr. Keesha Ewers: Yeah, whenever I give lectures to functional medicine doctors or other providers on stages, I always say, best doctorate ever by the way. Everyone always asks, like I didn't even know that existed and what was happening.

I'll tell my personal story in a minute, but how I even got a PhD in psychology was because I was having all these people come into my office, and sit down and say, Dr. Keesha, I want bioidentical hormone replacement therapy. I think my hormones are out of whack. I read all this on the Internet, it fits me or you gave bioidentical progesterone to my sister, mother, daughter and they felt fabulous and I want some of that.

And so I would always listen and then say, OK, so tell me what's going on for you. And I was hearing a lot of low libido, like my libidos is gone and left me. And then when I would start asking very, very simple questions that came out of my own curiosity, Okay. So do you like your sex partner? I would often get people crying: my husband had an affair five years ago, I've forgiven him, but I really don't want to have sex with him anymore, the trust has been broken or, my partner got laid off, or, got a promotion or, I have a special needs child or, just on and on and on. And I started realizing that none of this had to do with bioidentical hormones.

And I would say that, I would say progesterone and estrogen don't really help that. And then I would hear things like, I never have had a libido level that I was satisfied with, when I would ask, when's the last time you had a sex drive that you were happy with? Again, tears like, never.

And so then I would say the same thing, this isn't magic, hormones are not going to suddenly have something reappear that was never there in the first place. And so I started looking in the medical research for what I was seeing.

I couldn't find anything, anything. So I thought, OK, I need to do a study and see what's happening here. And so I went back to school and my doctoral research was a study that I did call *Healing Unresolved Trauma, The Hurt Study* and what came out of that was the hurt model. And we can discuss that later. But when I was in it and I was working with these women, I started realizing, oh, this happened to me, too. But, because at the time that I was doing this study, I was probably 40 and 10 years prior to that, I had been diagnosed with rheumatoid arthritis and my libido level had gone, just gone.

I remember looking back at that and going, oh, yeah, it was like, the first thing to leave and the last thing to come back. And so let's take a look at that, because ten years prior I'd actually gotten underneath why I had R.A. and that had involved childhood trauma, which included sexual abuse when I was 10.

I had done a lot of work around that, a lot of trauma release work, a lot of work. And within six months, my R.A. was gone. So I've never had it in twenty five years since that point. But I started seeing reflected back to me the same pattern I was seeing in all my patients who were having hormone issues. And I started realizing, like the hurt model actually addressed much more than just low sexual desire in women and their relationship to themselves and sensuality and sexuality. And we can talk about all of that.

It actually was pervasive with their relationship with themselves in all aspects of life. And that actually hurts the model, you have your initial hurt in which we can talk about what that means, and then what it does to your nervous system, how it imprints into your body, the meaning you put with, the belief you create and the behavior that you create as an adaptive strategy for that. That happens initially in childhood and then it continues all the way through your life until you get some kind of wake up call. Maybe it's a disease, maybe it's multiple divorces, not being able to hold down a job or a good relationship with anybody in your life. No matter what it is, it's some kind of call to action where you have to kind of sit up and go, OK, wait a second, I think I might be involved in this somehow?

There might be something in a pattern that I am also participatory with. And so in the hurt model, it has these two branches, that's say OK. So if you keep doing things the way that you learned how to do them as a traumatized child, which I call maladaptive memory processing looping. You will continue to have the same nervous system response, the same pattern, and then that will lead to a degradation of your health in all kinds of different ways, mental, emotional and physical. And then over here, you actually get an opportunity to go hang on. I think I need to maybe do some self-confrontation here.

I think I need to look and see where I fit into my own pattern. And maybe this adaptive memory process that I created when I was four years old isn't serving me at the age of 40. And maybe I can go do something about that. And that trauma work and I call it reflection and mirroring that processing of rewiring and reframing, then actually can stop that whole looping so that you can evolve into your next stage of development. And this is actually amazing because it changes things in the bedroom with yourself and others.

It changes things in the boardroom. It changes the way that your body manifests a sense of the world and what you can accomplish. And so it's really, really an amazing way of being in terms of saying, OK, what's not working for me is probably my greatest teacher right now,

let's do it, and let's start doing some integration work around this. And that includes sexually.

Niki Gratrix: This is so brilliant. It's so interesting to talk about this topic with you. I think a lot of people with different chronic illnesses, they don't think, they don't go straight thinking about how sexually alive do you feel? How sexually expressed are you?

It's the last thing that they might think of thinking about. And yet, it's from my experience as well, my own experience, I think the level of sort of trauma around this, the distortions, the unhealthiness around sex in general and especially women with that. The history of so many women around sex and even if it's not sexual abuse, but just how they were treated, it's an epidemic. I think it's an absolute epidemic and it's not loving themselves at its core. If you can't have a really healthy, sort of loving sexual relationship with other people and yourself. It's a key piece. Right?

Dr. Keesha Ewers: It's true. I call it that your libido level is another vital sign that's as important as your blood pressure, your eyesight, your heart rate and the weight that your scale is giving you. I mean, it's all just data, right?

So one of the things that helped me reverse my rheumatoid arthritis was really delving into other frameworks and paradigms of seeing the body. And I found Ayurvedic medicine and this is a ten thousand year old framework of science that is the sister science of yoga. It comes out of India, all written in Sanskrit, so it has funky terminology that's hard for people to wrap their heads around. It makes so much sense to me because one of the very first things that I read was we're not all the same. And I was an ICU nurse.

You talk about cookbook medicine, there's protocol and triaging and decision trees you're making all the time. This happens, you do this. This happens, you do that. And so this way of saying, oh, we're not the same that was, I know it sounds so ridiculous but it was so revolutionary to me. And it really opened up something for me to consider that, oh, we'd have to feed and water and take ourselves for walks differently from each other. And we have this balance of what they called doshas or our whole body typology around our metabolism, and our mental health, and our spirituality, it's all contained inside our pulse actually and it's all very different. And that began a nice string of curiosity for me that got me deep diving pretty deeply into it. And one of the things that I uncovered was that autoimmune disease is undigested anger. And I remember thinking, like putting those two words together, digesting anger, just didn't make any sense in the Western model of medicine, that's not something you would see, right? And it made a lot of sense to start thinking about it like, oh, our experiences that we've had, any event in our entire lives has to be digested.

The way that Ayurveda conceptualizes digestion, is that your tissue layers are created from the proper digestion of what just happened before. And it goes down, down, down, down into these seven layers. And if one of them doesn't do a great job, then it's like copying a copy on a Xerox. You're not going to have really great quality. And so by the time you get down to your reproductive layer, which is the very inner most layer, then you have to have had really fantastic digestion of everything ahead and that's your food, and it's your feelings, and emotions, and experiences, and memories and all of it has to be digested.

I've given a lot of talks about Ayurveda and how this emotional world works from that perspective, and how that affects your body and it's beautiful. It's just this beautiful way that they thought about it. And so I started really working with that, like okay.

So I had sexual abuse and I was 10. The vice principal of my elementary school sexually abused me. And I, at that point, made up a meaning to attach to it because he said "this is because you're a bad kid." I was one of two white kids in an all black school and that I was white trash. And so he said, "this is cause you're bad." And at my age, I thought, oh, I must be doing something wrong to deserve this then. So the meaning I made up was that, first of all, authority figures can't quite be trusted. Just see me in T.S.A. I'm very watchful. And then the beliefs that I put in place there was that I actually need to be perfect to survive. Not just to get loved or feel worthy, but to actually stay alive. And so the adaptive behavior that I created from that was absolute unquestioning perfectionism. Which is a completely unsustainable way of living.

Niki Gratrix: OK. Yes.

Dr. Keesha Ewers: By the time I got to be 30, I was a perfect wife and perfect mother of four kids. I ran marathons. I of course, qualified for Boston with my first marathon because I drove myself to this intense training program, I mean, everything. I was the top of everything. And that wasn't because I felt like I needed to show up; it was because I felt like I needed to survive.

So at that point, I wind up with this autoimmune disease, which is me killing me literally. So there's no way that sexual abuse would have interfered with my love life and my sex life at that point because that would not have been perfect. That was all shut away in the little box, really far away and then I got rheumatoid arthritis. And at that point, I'd had all kinds of little things in the decade prior.

It takes like 30 years, 10 to 30 years to develop a full-blown autoimmune disease. So my body had been talking along the way and I had been just suppressing everything, Accutane for acne and lots of ibuprofen for pain when I was marathoning and down with injuries. I was such a no pain, no gain person. And so it had to be this fatal, terminal there's no cure disease that finally got my attention, and that's the beauty of all this. If we don't listen, when things are really quiet and we don't pay attention to what's going on sexually, physically, with our weight, with our jobs, with all of these things, then things will just continue to ramp up.

So it was at that point. This sexual abuse all those years ago, it was like a turkey timer in me. It took exactly 20 years to develop a disease that was going to kill me. And it was like with a little timer went "ping" you're done. And I had to do something about it, I had to, or otherwise I was gonna be on all kinds of medications, and just a different life and a different person than I had been before that, that my kids were accustomed to.

Niki Gratrix: That's a really amazing story. The connection between that's where it started, that was the true root cause. And your view that what happened to you at ten was the root cause.

Dr. Keesha Ewers: Well, we talked, when I did the reverse autoimmune disease summit, I interviewed you. And we also talked about this attachment stuff that I had going on at birth too. Which of course, led to probably my inability to tell people about the sexual abuse at 10. Because I tried, but it was 1975 and I was raised with no television, I was a Navy brat. And I actually don't even think I knew the word sex, I don't even think I did. I certainly hadn't heard the word abuse and I don't think I knew molestation, I just didn't. It was such a different time.

So I remember telling my mom I don't want to go to school, my dad was out to sea and I had a stomach ache and I was crying, and headaches. And that was something that never happened, I loved school. And so I say that because I want people that are parents that are listening, like, listen to your children if their behavior changes dramatically.

Niki Gratrix: Right. Yes. Big time. So share a bit more about the program. Actually I was getting very interested in the hurt program that you created. Share a bit more about that.

Dr. Keesha Ewers: Yeah. So this hurt model was a great way of kind of understanding why we repeat what we do and then the outcomes that can occur versus where if you start this idea of, oh, I need to really look at my pattern. So let's say I have a lot of people that can see me for a variety of different reasons.

But let's just take what I started with, I want bioidentical hormone replacement. And then when I say, do you like your partner? And then I get tears. Well, there's this past betrayal. So at that juncture when I say, okay, the hormones aren't going to really help this. What I do is say, OK, let's take a look at how that betrayal event that you experienced has impacted you over the last five years on a hormonal level. So let's check those. Let's look at your adrenals. Let's look at cellular mitochondrial health.

I always do genetics on every one of my patients because I want to know what are the neurotransmitter genetic markers that can actually get dysregulated. And then if somebody says I'm depressed, I'm anxious. I can't sleep. I have no libido. Then I'll also do some neurotransmitter testing. And then I start asking the questions along the emotional mental level, which is, okay.

Well, first of all, I usually start with your husband having an affair. And so when you talk about that right now, close your eyes and what feeling comes up and so we find the feeling. Where's that living in your body? Give it a color. Give it a shape. Give it a texture and then drop in. Like okay, what feeling is associated with it? Despair or sadness or anger or whatever it is. And so then we'll go back to when was the first time you remember feeling that feeling. And it definitely will not be an adult event, and you know this.

I mean, this is what I think the most profound learning that most adults get out of this. Is to really want to focus on that betrayal of adulthood as being the initiatory part and it never is. So then you go back to when is the first time you can remember. And if you just stay with the feeling and not the behavior, then it can be that there are a whole variety of things that will come out. And so we work with that and heal that. Because remember the meaning, the belief, the behavior that I created at ten was perfectionism. I have to be perfect to even survive.

That's what I'm looking for. I'm looking for those outmoded, outdated, meaning, belief, behavior patterns that are showing up. Because hubby came along, had an affair without integrity, with his vows of marriage, definitely screwed up, and hurt her.

But five years later, not being able to move through and repair in spite of all of the work that they've done together, was because there was something deeper. And so we had to go back and heal that, reframe, rewire the brain, move it through and out the body. And then, then we could start working on the thing that happened five years ago. And then she can start to actually get back into a relationship sexually with herself and her partner. So sex at that point for her was just the withholding currency, you hurt me so I'm going to hurt you.

David Smarsh, he's one of my family and sex therapy teachers, and he talks about a high desire partner and a low desire partner, and that in every relationship, there's a high desire partner and a low desire partner for everything. I'm the high desire partner in my marriage for dogs like my husband is not really a pet person. So I'm the dog person. I'm the high design partner in our marriage for hiking and exercising and getting outdoors. He's not. He's a meditator, he would like nothing better than to sit all day long on his butt. And so he is the high desire partner for having a really, really tight budget in our family. He's the high desire partner for sex. So when you can figure that out, you'll start to understand that it's always a relationship, it's always a negotiation. And so if it's not explicit that marriage is always a negotiation, then what happens is when something, when the high desire partner for sex is not getting their needs met, then they'll start being the low desire partner for something that you want. And it becomes just a leverage point or a currency that's being used to regain power. So in her case, it wasn't that she didn't have libido.

She had no vitality on so many different levels. So in Ayurvedic medicine, they talk about this word called Ojas o j a s, which is really life-force vitality. It's the same as chi in Chinese medicine. So you're born with a certain amount of that and when you burn through it, you die. Like, that's how they talk about it, and it's very hard to replenish.

They conceptualize it like a golden drop of honey, which actually Dr. Gerald Pollack, who I interview every couple of years or so. He's from the University of Washington. All this amazing research on water and he talks about ez water, which is a fourth state of water, which actually is exactly what Ayurveda talks about from all those centuries ago.

Niki Gratrix: Amazing. That's amazing. I did not know that.

Dr. Keesha Ewers: He and I geeked out about that one day when I was interviewing for my radio show. I was like, oh, my gosh, that's just...

Niki Gratrix: That's amazing.

Dr. Keesha Ewers: I know. So that's the part, that vitality that your self can actually uptake and be hydrated and fed and nourished. Emoto talked about this with water, if you yell at your water, then it's going to molecularly change. Is not going to hydrate you and nourish you. If you play beautiful music and you talk sweetly to it, it's going to have a different molecular structure to integrate with you. So that's actually how ojas is too.

So through your ojas if you have no self-love, a self-love deficit as you talk about, and if you're constantly feeling like you're being victimized in life, then that's going to be another place where you're going to deplete your ojas. So I started thinking about this when I was in grad school, gosh, we just don't even have an English word for ojas. We don't, it just doesn't really grab it. And I started thinking, actually, libido does, because libido comes from the word desire, which in Latin means from the stars, and from the stars for me is like, it's your gift that you are to the world.

It's your dharma, your life purpose. It's the force and the vitality that you have to actually execute that to be able to live it and to achieve what you came here to do. And so libido level can be a measurement of that kind of like idiot light on a gauge on your dashboard of your car. And when you're driving along and your gas is getting down the E, you don't just push the gas pedal down and expect to go further and faster forever.

You actually know you have to stop over at a filling station and take care of your car. But we don't seem to do that for ourselves. So our little gauge comes down and we reach for an energy drink, Red Bull or something like that, or coffee or some short chain carbohydrate, or smoke weed, or do something to actually change the way that we're feeling instead of addressing what the body's trying so hard to convey.

Niki Gratrix: Yeah, I think that's you've gone in a direction that I exactly wanted to ask you about as well. Because with sex, when we talk about sexual energy, it is so much talking about it from an energetic perspective. Like the masculine and the feminine energy and how, when we are alive and vital it's a sensual experience and it means that this energy flows, there aren't blockages in the body.

And what I find really interesting is, I think there has been an epidemic unfortunately. What can take that away from us.

Early life stress and trauma will, it's literally, that's the, it's like a virus we get stolen from us that's that beautiful sort of vital sensual energy. That can get stolen from us and then wait forever looking to replace that in the outside world.

Dr. Keesha Ewers: It's not necessarily that it's stolen from us, we actually give it away.

Niki Gratrix: Oh, yes. that too.

Dr. Keesha Ewers: The agreement that we create, right? So we create this agreement, I'll take care of you in fact, I'll be overly caring toward you if you'll just like acknowledge that I have a need and maybe read me. Which of course is impossible. Or I'll do this thing perfectly, it's the five love languages. So many different ways of conceptualizing this, the Enneagram, the five love languages. But the thing that what we're doing is we have to realize that that strategy that we're using to give it away, was something we created in childhood under duress when we were being traumatized. And we can define what that means because everybody has had trauma and we probably need to talk about what that means. But that's where we start giving our life force with the numbing out behaviors that we create.

One of the things that Ayurveda says, like for men who masturbate all the time, they're actually getting rid of their ojas. So that's where in Eastern philosophy the idea of recycling your energy came from and it's been called Tantra in the West. And actually Tantra is my spiritual path and that is not that. But actually a different kind of thing where Tantra actually literally means the web, the weave, the walk of life, and that every single thing is actually God.

Everything's God, your trauma is God, death is God, birth is God. Everything that happens to you that you judge and deem and categorize as good is God. And also the things you deem and judge and categorize as bad is God, like all of it is. And so when you're in that space, you have more ojas because you're recognizing that. Oh, that car accident that I just had two days ago, that too is God. That was me being tapped on the shoulder, like, you need to get more mindful, and so it's always being in that space where sex is God too. Which is where in the United States we've gone completely awry. From the pulpits across the United States desire is deemed and judged as a sin.

Niki Gratrix: Yeah. Yeah. I think that exactly, this in the wider picture, the shame around sex. The shame around masturbation. I hate that word, it's such a, it's not a good word. It should be called self-love, something like that.

Dr. Keesha Ewers: Self pleasuring.

Niki Gratrix: Yeah. This is the kind of mass consciousness and the belief systems around sex. And it should be really part of the discussion around health completely because it's so essential.

It's just this relationship with others and with ourselves on a sexual male, female level is the foundation of health at the deepest level, including the ability to have self-love. If you have shame around something as foundational as sex, for example, that's just not a foundation to build a happy life or health.

Dr. Keesha Ewers: So I started this whole new branch of medicine called Functional Sexology. I'm the mother of functional sexology, which I say makes me the mother focker. She's the one from Meet The Fockers. One day I was looking around my house at some of the things we have and I thought about it from my children's perspective, they're going through school. I'm like Mrs. Focker. But Functional Sexology, people will say to me so, first of all, what is that? And I always say it's finding and fixing the blocks to your flow, it's really like the flow for anything. It's not necessarily just sexual, it's your desire for life.

There's this really, really amazing story that is one of the only ones that's ever come out of the Judeo-Christian tradition that a colleague of mine, her name's Dr. Tina Shermer Sellers found. And she was looking for sex positive stories that came out of the Judeo-Christian tradition. And she found this one in an ancient Hebrew text.

And the way the story goes is it was Jerusalem in a very, very early time. And the King Solomon Temple was there and the rabbis were starting to notice that the citizens of the town were starting to become very, very libidinous. That is what the term was, which means there is a lot of fornication. So one of the sins. God, can you please take away this energy?

This energy that drives people to behave in such horrible, simple ways. And so, God said, "are you sure you want me to do that?" And they said, "yes, yes, yes. Thank you for answering me now." And so one of the rabbis witnessed this line of fire. It was like going over the wall of Jerusalem and off into the desert. And they said, "oh good, okay. Now the people will become more saintly and more religious than more tuned in into God and we'll have a better environment here to raise our children in."

So over the days, they loved what was happening. But then as the week started to progress, hens stopped laying eggs, and cows stopped giving milk, and artists stopped creating, and no building was happening, and nothing creative, no music, nothing. And they started seeing everything really just dying, because all that creative energy had left.

So they went back to the holy of holies and they said, "OK, please come back." And they said, "can we just get half a dose?" And God said, no, you have it. And then you have to behave responsibly with it." And so they said, "all right." And then everything came back to life. And I love that story because desire is not a sin. It's just learning how to behave responsibly.

Niki Gratrix: Yes, exactly. Exactly. There's so much to be healed within the culture because that's what we're talking about with this type of expanding out. The source of thinking about health from this perspective, it becomes a cultural thing and it even hits religion and values and everything, it's so true.

Something I wanted to just dive back into because it was really interesting, this idea, because it's so crucial. You were saying about women, will be looking at some event in their adulthood, and it doesn't have to be just as a kind of partnership relations thing, it could be anything. But it is something that's in adulthood and then you asking the question, but when did you first have this feeling? And you take that back to childhood, that's incredibly powerful. I just didn't want to let it go because it's also usually, for my understanding, like we have some event that happens in childhood and there's a wound.

So there's an emotion that needs to be released. So we'll keep attracting events that trigger that emotion until it will get released so that we face up to it and heal the original.

Dr. Keesha Ewers: And what we're attracting to us is teachers and they're not bad. So you may have had someone that you call your asshole ex narcissistic husband and you as an empath, nurturing, beautiful caregiver are just like, I finally got rid of that horrible, toxic vampire.

But really, the horror of it, what you had attracted also God and was your teacher to be able to learn to set good boundaries, to be able to learn to advocate for yourselves, to be able to learn to understand your value without having it reflected back to you.

That's one great thing about being with a narcissist, is that they won't reflect your value back to you. They don't know how to read you, they can only read themselves and see their own value and they don't have empathy. What's the utility of that? Oh, this amazing ability for you to finally check that developmental level that needed to happen a long time ago and didn't because of trauma, and it's never too late.

So all of the people that come into your life, all the events, all the experiences. Then become these incredible catalysts for growth and learning and probably doing some retroactive learning that needed to happen at different developmental levels that didn't. And so that's really why I kind of reframe it because, yes, thank God that you don't have that relationship anymore and hopefully you've got what you needed from it so that you don't attract five more of them.

Niki Gratrix: Yes. So you can learn the lesson once and for all. Which, yes, is very interesting. Actually, I wanted also, can you speak to this issue about confronting the self? Because we've talked about this in a previous interview, but I didn't think we talked about it in this interview.

So because that's, this is a really important step, isn't it? With psychology work that you're trying to address a health issue and you realized, wow, it's actually I need to look at something emotional. Would you say this is the top, number one thing required for that? This ability to self confront?

Dr. Keesha Ewers: Well, I always say that there are two, two most important words in the English language. The way I see it right now in my own developmental state is, first of all, a willingness. Willingness to self confront, willingness to be able to take a look at all the teachers that have come to you in your life, be able to see yourself. And then when we can talk about that in a minute, the reflective mirror works.

The second most important word is integration, as being able to take what you learn in any given circumstance, whether it's in a plant medicine journey or it's a psychology appointment or it's from a disease or an interaction you have with somebody inter- relationally, that you can then take that insight and then integrate it. So we can be a lot like Teflon where things, we can see it and then it just kind of smoothly runs right off of us. But if we're willing to take it in and really start doing the work to integrate and go into your next developmental state, which is the hard work, that's why the willingness to work is so important. And the thing that I see that triggers, that is what I call the misery to the motivation ratio.

Unfortunately, human nature seems to be and I definitely fell into this category that the more miserable you are, the more motivated you are to actually do this work. If you're not miserable, if you're just slightly annoyed or frustrated, you're actually not as willing to go in and really do the self confrontation work or really do the integration work. But if you're really miserable, then usually there's a higher degree of motivation.

Niki Gratrix: I used to talk about people not being sick enough to do the work. Like, wow, this is crazy. Yeah, that's crazy. So is there anything else that you want to also, that you think that's important that you want to share about your own journey or a message for people as well?

Dr. Keesha Ewers: Well, we kind of said that we would come back around and circle around and talk about why we think everybody has trauma.

Niki Gratrix: Oh, yes.

Dr. Keesha Ewers: I want to make sure that we do that.

Niki Gratrix: Yes. Yeah. The prevalence of that. And yeah. I mean, it's, nobody gets out of childhood without having some degree of trauma. Basically, people don't realize that.

Dr. Keesha Ewers: So there are a couple of kinds of trauma. You could think about capital T trauma, which is the stuff that everybody thinks about hurricane, war, sexual, emotional, physical, domestic violence, abuse, like the adverse childhood events study that talked about neglect and abandonment, and all of that that we think of as like capital T trauma.

And then there's the lower case t of trauma. And this is really interesting because when I was doing my doctoral work, I was looking at a lot of fMRI scans of brains. And what I found and it was really fascinating because as I was mapping these brains, I was looking at them next to what I was seeing in the research about what parts of the brain light up when women have sexual desire. I went, oh, my gosh, and I have the slide and it's the same parts of the brain that are hijacked from PTSD or lowercase t trauma are the same parts of the brain needed for a woman to feel desire. So this won't happen, if your brain's lit up in a trauma cycle.

Now, again, people will kind of go, well, thank God I don't have trauma. So a researcher by the name of Mall and their team actually took a look at the brain changes that happen with the capital T trauma, and found that we actually get brain damage.

We have a shrinkage in our prefrontal cortex. We have an engorgement or an enlargement and the volume of our amygdala in the limbic system, particularly on the right side of it, that flight or fight response. And so that was well known in people that had PTSD. But what they found was that people that were reporting chronic daily stress had the same exact brain changes and biochemical changes as people with PTSD.

So on a perceived stress scale if that was chronic, if someone comes and says, I'm overwhelmed, I would say overwhelmed, like the gateway drug for perfectionism. It's just flaring and showing you that your perfectionism is out. Overwhelm will change your brain in the same way that sexual abuse does.

Niki Gratrix: Wow. When you say overwhelmed and you say chronic stress, you mean like the thing about rushing round, answering emails, picking up kids.

Dr. Keesha Ewers: Let me answer it, because this is really important. The word here to not forget is perceived. Does it even matter what it is?

Niki Gratrix: Yes, very important.

Dr. Keesha Ewers: It's perceived stress. So it can be anything. When I give talks, I have this whole diagram I use where there's a person and then you have this perception and this comes from Ayurveda of how you're viewing your world. And then what that does when it hits your mind is this a stressful situation?

So I always tell people like I'm one of the busiest people that you will ever meet. And I don't consider myself stressed and overwhelmed. I consider myself living in the flow of my dharma like this is what I meant to do, I love it.

So my biochemistry matches that because there's nothing up here that's saying that I'm in survival mode or I'm not going to make it or it's too much, I'm on bread and peanut butter and I'm ripping it and I'm spread too thin. All of that, that overburdened, over scheduled, overwhelmed is a perception of your life being too much. That can fall in any category.

Niki Gratrix: Yes. That's a really important point, because all the studies of stress always say its perceived stress, that it's not actual events, not the physical circumstances. So this has been absolutely fascinating,

I've loved hearing your story, you've shed really tremendous, important information as well. It's very enlightening. Any final comments that you want to add about the level of trauma, the epidemic of trauma that we have in general, any other comments on that and any final kind of words of wisdom that you might have?

Dr. Keesha Ewers: Well, the sort of pithy word of wisdom I'll leave is that, what's in your head goes to your bed.

So whatever your perception of your life is follows you into bed. And so ultimately, you're not broken and you're not frigid, you don't have something wrong with you, there's nothing wrong. It's just another data point.

If you're attracting people to you that can't seem to read you, this is something women do all the time, right? If he really loved me, he would know and I wouldn't have to tell him what I need. So what does help you have an orgasm? I don't know.

Well, then how in the world is anyone else going to know. You have to know you first. And so again, what's in your head goes to your bed and the lack thereof also. So being able to articulate your needs to know yourself, to love yourselves, to know that the people that you attract to you to be able to have good boundaries with them and then also to be able to show up and see and be seen. That shows up as the quality of your sex life.

Niki Gratrix: Yes. And that the quality also shows up in your health. Right?

Dr. Keesha Ewers: Absolutely. It shows up in every arena, shows up in your bank account. And so good sex comes from good communication. That scrape you off the ceiling sex comes from scrape you off the ceiling amazing communication. And that's going to be true for anything, right?

Niki Gratrix: That's profound. This has been so good, so important. It's such an important topic to address for people to have, to get their health back. And thank you so much for sharing your time with us Dr. Keesha Ewers:, it's been awesome. Thank you.

Dr. Keesha Ewers: Thank you. Bye everybody.