



## Healing Trauma to Live Your Purpose

### Guest: Mastin Kipp

**Alex Howard:** So welcome everyone to this session. I am very happy to be talking with Mastin Kipp. Hi Mastin, thank you for joining me.

**Mastin Kipp:** Hey Alex, I'm so excited to be here, thanks for having me.

**Alex Howard:** For any of you that don't know who Mastin is, just to give Mastin's professional bio. Mastin Kipp is a number one bestselling author, speaker and creator of Functional Life Coaching for people who are seeking rapid transformation in their lives.

He's been featured on the Emmy Award show *Super Soul Sunday* and recognized as a thought leader for the next generation by Oprah Winfrey.

Mastin has built a highly successful international personal development company that helps people create rapid change, connecting to who they really are and how to live their lives with passion and purpose.

Through his writing, online courses, in-person seminars and international retreats, Mastin has worked with over 2 million people in over 100 countries around the world.

Oprah also recently named Mastin, one of 100 awaken leaders who are using their voices and talents to elevate humanity alongside other teachers such as Tony Robbins. Caroline Myss, Deepak Chopra. Dr. Brené Brown, Marianne Williamson, Eckhart Tolle to name just a few.

So, Mastin, thank you again for being here.

One of the things I was saying to you before we started recording, what I really appreciate about your work is your taking the work of a number of people, which we are talking to as part of this event and your own ideas and you're really looking at how to make that practical and how to make that applicable in people's lives.

So beyond just being a bunch of theories and ideas. I know you're really into what works in the trenches of daily life.

**Mastin Kipp:** Oh, yeah. I mean that's the functional life coaching is all about what's functional, what works. And the reason why I started functional life coaching is that it's very simple actually to the work that you're doing in terms of the concepts or therapeutic coaching, is how to blend this concept of therapy, which is what people perceived as the past with coaching, which is what perceived as the future and how to blend those two things

together to get results. And the thing that the past and future have in common, where those two places meet is your nervous system.

And all the work is focused there, whether it's Dr. van der Kolk, Dr. Porges or Dr. Levine. So many different people that we've either befriended, know, reference and a ton of our own clinical distinctions as well. We're really focused on how to get actual results for people with the trauma informed nervous system informed, polyvagal informed approach. And it's super fun because ultimately most of the time it has results.

**Alex Howard:** Right. And I think before we come into some of those pieces. It would be good, I think just to set some context here from the lens through which you're seeing things.

So when you're talking about trauma, what do you mean by trauma and why is trauma and a trauma informed approach so important?

**Mastin Kipp:** Sure. There are a million different definitions of trauma out there, whether it's Bessel talking about not being alive at the present moment or not being fully seen or heard or recognized.

You could talk about Dr. Porges's definition, the context of it's a chronic disconnection from connection or safety.

You could talk about it for the DSM perspective, which is more the shock, abuse, neglect, wartime trauma types of things, or all the way back to Freud.

My personal definition of trauma and our clinical definition of trauma, is any experience that chronically deregulates your emotions, your thoughts, your body, your health or your spirit. So if you're in chronic dysregulation, spiritually, emotionally, physically, in any of those body organs, chronic illness, any of those things that is the definition of trauma. And as I'm sure we've talked about in this series, trauma isn't just an event, it's what happens in you after the event, specifically when you're not in a safe environment, whether that could be holding an abuse underneath the rug, whether that could be suffering in quiet isolation after divorce, or whether that could be coping with the lack of certain secure attachment as a kid with eating all kinds of inflammatory foods, causing chronic inflammation in the body and on and on it goes.

Obviously, the capital T traumas, rape, abuse, neglect etc., wartime trauma, shock trauma, all that stuff. But it's really the micro traumas, the small traumas that don't get addressed over time that add up. And those are things like when we're a child, facial expressions from our mother; like before the age of two that's one of the only ways that we can communicate. And if you have still faces, if you have the caregivers that aren't attuned, then the child feels miss isolated and when mammal's isolated, well, that's a threat to the nervous system because we're going to be eaten by pray.

So whenever there's that disconnection, that can be a traumatic experience. Specifically, if it dysregulated you from now on, if that makes any sense.

So people who think that trauma is only this big stuff. They don't really know exactly what it is, and if that doesn't really land for you, if you have depression, anxiety, guilt, shame, overthinking, perfectionism, procrastination, if you had imposter syndrome, if you have drama in relationships, any of those things, chronic fatigue, all those things, chronic illness, those are all symptoms of an underlying emotional and other types of trauma. So hopefully that's an all-encompassing, broad definition.

**Alex Howard:** I think that's going to speak to everyone in some way and in some context. And I guess to come a little bit more than specific and you touched on it, but trauma lands and impacts upon the nervous system. And there's a nervous system response that people have, be it those big T traumas or those micro traumas. Perhaps speak a little bit to that.

**Mastin Kipp:** What's interesting, I got into trauma accidentally because I just started asking the question, why to my clients? You said, you were gonna go eat that way for the week, why didn't you? You were going to leave that person, why didn't you? You were going to go live on Instagram, why didn't you? And after asking why enough, we got down to basically everyone's been through something hurtful.

And I started realizing, well, that it makes sense if you went through that and that you're scared of that over there; well that makes a ton of sense. And so I coined the phrase called survival patterns, which is basically everyone's trying to survive. That was 2011 or 10 or something like that.

A couple of years later, Polyvagal Theory comes out, explains everything, in a much more articulate fashion and Dr. Porges's context around things being an adaptive response versus a good or bad response is entirely spot on and completely lines up with all the clinical observations that I've made over the last 20,000 hours of working with people.

And so what I firmly believe is that the nervous system has been around way longer than the DSM-5 for the APA stuff, millions and millions of years. Every response we have has an underlying root cause that's based some version of our history that the nervous system doesn't realize that that's not now, it thinks at the same time. And based on that understanding, it makes sense, which is why when we talk about something like psychosis, which people say is a disconnection from reality. Psychosis is a label that people use from the perspective of a caregiver or clinician. But for the individual going through it, it's very real because their nervous system is perceiving it.

And so we have to have a lot more respect and empathy and understanding for people's responses.

Another example, classic personal development. I don't believe in a thing called limiting beliefs, nobody wakes up and goes, Oh my god, I want to limit myself today. But we wake up every day seeking safety. So limiting beliefs, that's really, I think, almost shaming a trauma response.

Instead, we realize that people try to protect themselves and its coaches and practitioners and therapists. Anyone doing this work our goal is to make the most nervous system and perceived experience of the future safer so that they can move forward. And until we honor

someone's nervous system response, we're going to be shaming them or trauma denying them unintentionally and it's just going to keep them stuck.

**Alex Howard:** And I think one of the things that happens when one, and you've got a lot of clinical experience working with people with trauma, one of the things that one discovers is there is a logic to people's nervous system responses, as much as from a typical psychological, analytical lens of people being crazy or hypersensitive.

There's often a logic to the way that people respond and those survival patterns that you mention that people have.

**Mastin Kipp:** Yeah. The way I think of it is, if we go into attachment theory for a little bit we can understand how, especially mammals evolved, grew and created safety and health.

We have to be what's called attuned, tracking facial expression, tone of voice, body language, all that stuff matters. Now a good parent is attuned, not just physically present, not just a roof over the head, not just money, but attuned to the child's emotional state, helping the child make sense of the world.

Well, you gotta ask yourself the question, how attuned are the practitioners and the bodies giving us diagnoses to individuals? Now, I would argue that if you're creating a diagnosis or a label to somebody without understanding trauma, you're actually contributing more to a stigma than you are actually clarifying what's actually happening and someone's lived experience.

And so we need to have a mental health system and a person development world where people are more attuned to someone's response, and to realize what you're saying is exactly right. There's a logical reason why this is happening.

So, for example, treatment resistant depression is more a statement that that system has no idea how to attune to that individual, than that something is wrong with that individual.

Does that make sense?

**Alex Howard:** There's a crazy arrogance of traditional approaches, which is that, if we can't find what's wrong with you, either, there's nothing wrong with you or no one could find what's wrong with you. And there's something about that when you really break that down there is this staggering arrogance, really, that's behind that perspective.

**Mastin Kipp:** I think Bessel writes well about that articulately in *The Body Keeps the Score*, in the context of why the American Psychiatric Association have decided to reject the mountain of data that he put forward for developmental trauma disorder. Which basically means every other diagnosis in the DSM minus a couple of medical ones, would most likely be a secondary diagnosis to a developmental trauma disorder for most people. And you gotta ask yourself the question on economic agendas and things like that.

But the thing about me is and our work is, is that we don't do diagnosis, we don't do pathology. We just attune, we help people understand and we use Peter Levine style

language. We make their internal role explicitly stated, so they understand why they're doing what they're doing, not buried somewhere in their subconscious somatic sensations, but explicitly state it. And then their frontal lobes and their ventral vagal system can go, oh, that doesn't make any sense. And now we are creating a gap and start to bridge different parts of their personalities that really make it safer for it to move forward. Instead of judging the parts that are feeling guilty or shameful or why do I do this? Or whatever it is.

We can start to befriend those parts of the nervous system in the context of building a business, getting into a relationship or getting out of a relationship, picking healthier food choices, whatever it may be. And we really focus on honoring those responses.

What's amazing is once you get to that place on IFS, Internal Family Systems, Schwartz calls it your "exile." When you get down to conversational levels around extra hostile conversations; if you look at all the ways in which that young, traumatized part of our personality copes, now we can start to realize my nervous system is freaking brilliant. I invented thirty eight personalities to survive, look how creative I am. That's more than books that Deepak Chopra wrote, probably.

**Alex Howard:** And that's saying something.

**Mastin Kipp:** So I am constantly in awe of our clients rather than trying to shame them or put them in a box because. Well, there are certain behavior clusters that might go and correlate to certain maybe diagnosis or certain patterns that we might observe clinically. At the end of the day, each person is individually and beautifully unique as well. It's so important that focus.  
I hope that answered your question.

**Alex Howard:** Yeah, absolutely. And I think sometimes also people can negate experiences that have happened to them as a child, because they didn't see them as being traumatic at the time. And I remember years ago having a girlfriend who'd had an okay childhood. Nothing terrible had happened, it was just sort of okay. And I'd had some pretty bad things that happened in my childhood, it was fairly easy to go, that was traumatic.

And I remember realizing and having this conversation with her, well, it was like, actually it was easier for me to work through my history because you could recognize that was clearly trauma. Whereas for her, that was this kind of subtlety and the fact that she was still close to her parents, they loved her, they were attentive, they were caring. They just failed in certain ways, not because they didn't love her, they just didn't have those strategies and those skills. So the people that are watching this, that perhaps they're less familiar with developmental trauma, perhaps they're here because they've got a chronic health condition, for example, and they're saying, well I had a good childhood. I wasn't sexually abused, I wasn't physically abused or whatever.

What would you say to someone that's trying to make sense of it from that perspective?

**Mastin Kipp:** Sure. I found especially if someone's brand new. I find it very helpful to stop trying to determine if you have trauma or not and instead focus on symptoms.

Are you depressed? Are you chronically anxious? How dysregulated is your life? Are you on emotional ups and downs? Do you have a hard time moving forward? Are you stuck? Are you in constant depression? Do you have a chronic illness? If you have things like this, if you have relationship drama, do you have a hard time maintaining relationships? Are you constantly repeating the same mistakes over and over? Are you stuck in some way, consistently?

Those are all trauma symptoms.

Now, what type of trauma? Well, it might not be shock trauma like capital T stuff, but for example, you've got very attuned parents who fed you high fructose corn syrup. And all of a sudden high fructose corn syrup is what your nervous system interprets as love. But now you've a chronic disease, maybe you have type two diabetes and chronic inflammation that all stems back to something.

But think of an injury? Talk about like a sports player? Like baseball. So a lot of times, pitchers have to go out, Tommy John surgery, it's like an elbow injury. That's even preventative, that's a trauma. But we don't wait for their arm to fall off and say, maybe they should get surgery.

So just because something is obvious and big, that's certainly easier to identify. But you want to look at the symptoms and you want to realize if I had these things, there is an underlying emotional, mental and physical root cause, and those are also traumas. And the other thing is, is that, Bessel really talks about this in *Body Keeps the Score*. We didn't know this, 5 or 10 years ago at large.

Clinically it's only been maybe 20 ish years for the most cutting edge people. You go all the way back to the work of William James, who thought that basically psychology was a soft science, because you couldn't measure any of this stuff. This is all new phenomena that we've been mapping over the last 100, 150 years.

Take into context an average research takes a minimum of 20 to 30 years to go mainstream. We didn't know, We didn't know. If you think about the Ten Commandments, which is like a pillar of Christian and Jewish faith. One of the biggest "ah-ha's" in the Ten Commandments is don't kill each other and we haven't even gotten that far yet.

So we have to understand that the nervous system is a lot more sensitive than we think. We're much more vulnerable, we're also stronger than we think. But we're re-contextualizing trauma because we're coming out of shorter lifespans. We're coming out of acute illnesses like the plague killing the whole world and now we have chronic issues. And you can't cure or reverse chronic issues with an infectious mindset, a pill or whatever it is. And so we understand the nervous system to a whole new level that honestly, we didn't even have the luxury to afford that long ago, because we don't live long enough to realize it.

**Alex Howard:** Yeah. And also, we were just trying to survive. It's almost a sign of the evolution of the species that we can start to pay attention to some subtleties. Can you say a little bit about the relationship between emotional trauma and an inflexible nervous system? We touched on both of these, but actually, how does that relationship work?

**Mastin Kipp:** Sure. Because I'm a coach, I work with people who are both clinicians and also lay folk and or call it B to C regular human being consumer type people, who are just trying to change their life, I work with both.

And what's really interesting is, is that whether you're a clinician who's done, you've got your masters, your psychology Psy.D, your PhD, LMFT, all that alphabet after your name.

Or maybe you're a person doing spiritual work and you got EMDR, CBT, DBT, NLP, all that stuff too, and you still lack the results. Why am I doing all this hard work and not changing?

The reason is because your nervous system does not want you to take risks that could potentially hurt you or create uncertainty. And what that means is that our nervous system gets frozen in certain responses. So if you look at Polyvagal, the Polyvagal ladder, we know ventral, sympathetic and dorsal, which is like a stoplight, green, yellow, red.

Basically, we get stuck in yellow, which is a sympathetic effect, stress, go, make it happen all the time, different versions of that. Or red dorsal, which is immobilization or fear typically and those are more than depressive responses, isolation responses, down regulated responses. Bipolar is just yellow, red, yellow, red, yellow, red. And we want to bring the ventral vagal system online, which is that prefrontal cortex, it's that myelinated part of the vagus nerve above the diaphragm that creates social engagement, happy tone voice, executive function skills, all those things. And what happens is because as Porges helps us understand there's a hierarchy.

If I can't negotiate my way out of, or use diplomacy to get out of this problem, then I go yellow sympathetic, which is going to kill you or flee. And if I know I can't escape, I go dorsal which is red and immobilized and the problem is ventral goes off line. So our prefrontal cortex goes off line, our ventral system goes off line, all the good thinking goes off line, our sensory motor rhythm which creates our felt sense of presence goes off line, our midbrain which is optimism goes off line. And then we're just stuck in these very short window responses of stress or quit, stress or quit in very different formats. And then eventually we try and try and try, nothing happens and we just go dorsal, which is more of a depressive, invisible response.

And it's very hard to get out of those things because you don't even know that you have these different hierarchies of the nervous system. They're too busy being pathologized and there haven't been strategies since Polyvagal Theory to really get more, quote, "ventral."

So what we do with clients is we help them go up and down their ladder where they go dorsal, they go sympathetically, they go ventral, to sympathy, to ventral, they go up and down the ladder and what that creates in the nervous system is a sense they can go to a depressed place or anxious or scared place, but I don't have to live there forever. And as a child, when we had these early experiences, the situation was typically so overwhelming and we felt so powerless. That it was at that point our entire life, we felt like we couldn't escape depression, we couldn't escape anxiety, we couldn't escape these dysregulated emotions. And then maybe we get a diagnosis and that's our identity all of a sudden and I can't get out of it.

And so the inflexible nervous system means that you're stuck in a very small range of responses. And the more nervous system flexibility that you can have to feel safe and in danger and sympathetic, and then more immobilized and able to go through those different blended states things really start to shift and change.

And what's really beautiful about the work that we do is, we help people reduce the frequency, the intensity and the duration of these responses. But more importantly, it's not that we help them never get dysregulated or never get stressed, never get depressed. We help them understand that when they go there, they have more agency than they realized and that they can come back from it. And I think that's really a sign of mental, emotional, spiritual health or physical health, it's not that you don't get dysregulated, it's that when you do you can come back faster.

And so a flexible nervous system gets dysregulated, but it can come back faster.

**Alex Howard:** Yeah. So you in a sense, you're teaching people not to just be a victim of the circumstance or the events that happen. You are teaching that ability to change gears, which I think is critical to them also not living in a state of fear.

Because I often think about what happens with trauma, is there's trauma and then there's the fear and the anxiety about the trauma. And after a while people become a victim to that.

**Mastin Kipp:** Yeah, I think it's hard for me to use a word like victim because there's such a victim, and words like, limiting believe there's so much around it, but you're absolutely accurate and correct. The language that I would use is that we help people rediscover or discover for the first time their agency.

Which is they can have an internal effect on the world and that they're not just cause. And that's because when someone's in a trauma response, especially early on, they haven't learned they have any agents.

**Alex Howard:** Yes.

**Mastin Kipp:** They don't even know that they have it. When they realize they have it, there's a whole other set of problems that come with it. Because usually if I didn't have agency and now I'm learning how to, that means all of my formative relationships are now a threat, even if those people are dead because now all those systems were set up for me not to have agency. But what's amazing is that when they realize that they do have agency and they can take those actions associated with it, they need their nervous system, but instead of them going, why am I freaking out? They go, oh, I know you, you're my friend, you kept me safe when I was five, thank you so much. Hey, did you know I'm 38 now, let's move forward.

And it's a very different response than just having to, just let me please reframe it or whatever. And I also think that coming out of that sleep, if you will, it's important, I think Peter Levine talks deeply about this, is that you have an empathetic witness, to say, hey, this did happen to you and to be there as long as you need to be there. But it's very important to not stay there, because even though it can feel really good to get validation for your trauma,



that has a life span, shelf life. Because if all you do is you stay stuck with just, oh, my God, I'm so sorry for you, then you're not actually getting into purpose and getting into what you're supposed to be doing with your life. But it's an important phase that you want to pass through.

**Alex Howard:** Yeah. And I want to come onto purpose in a second. But I think before we do something else that's also important here is that you can't resolve and you can't heal trauma in a purely cognitive way.

And I think that's one of the things that I think you're emphasizing here as well, is the importance of the heart and the importance of actually being connected emotionally to the impacts of the past, not being defined by those, but being in touch with our felt sense.

**Mastin Kipp:** Yeah. I mean, I must say something okay, the term mental health is the wrong frickin word.

Now you might be doing an EEG scan and looking at brain wave patterns, might be trying to measure neurotransmitters and all that stuff that happens here. But, Porges and anyone who says that the HPA axis knows, and microbiomes knows, that our body, especially if you look at the vagus nerve, 90 percent afferent fibers leading from the body to the brain, verses different fibers from the brain of the body. So we look at the original bi-directional communication, is it bidirectional? Yes, but it's mostly guts up, all the neurotransmitters are produced down there for the most part, and they come up.

So if you look at a dysregulated brain in an EEG scan, you're looking at an after effect of the viscera's impact on the brain as well as what's happening in the brain, but it's 90 percent body to brain. So if you'll get the body on board I don't care how much cognitive behavioral therapy or personal reframing you do, that shit is gonna be a platitude at best.

You're going to be like that didn't work, or you'll comply because you want to impress your therapist or coach. You've got to get the body on board, which is why the book is called *The Body Keeps the Score*, Bessel is very intelligent in the way he framed it. And that also speaks to Porges's, that's kind of the phylogenetic, has to happen in the right order.

If I don't get the body on board with my dorsal sympathetic systems, my subcortical system, there's no way I'm going to be in executive function, making good decisions, visioning for my life. I'm going to be stuck in a rumination, dorsal depression, generalized anxiety and different versions of that. And when I get my body on board, well guess just what happens all the sudden, magically the brain is so much more improved.

Quick example on this. I do clinical neurofeedback every day in my house. If I eat inflammatory foods, my low beta waves, which I'm trying to train up to be more present, are impossible. They just tank. If I eat alkaline and anti-inflammatory, they are naturally 10 times higher. And so it's like, is it really mental health? I don't think so.

I think it's semantic and emotional health and mental health is an aftereffect in a lot of ways, it's important, but it's not the origin.

**Alex Howard:** And I think actually that categorization of mental health says a lot more about the people that were categorizing than actually what it is that they're observing and looking at.

**Mastin Kipp:** That's right.

**Alex Howard:** Mastin, you mentioned purpose. And I know that one of the key pieces of your work is looking at this relationship between trauma and the impact of the past on living and fulfilling one's purpose in the present and the future.

So maybe you can open up a little bit how that relationship works and why that's so important.

**Mastin Kipp:** Sure. So I am in many ways someone that sold everybody else. I love any modality that works. I don't care if its neurofeedback, trauma informed yoga, kundalini yoga, anti-inflammatory diets, whatever it is, all those modalities are great. But you have to ask the question why? Why am I doing this in the first place?

And it's so clear in the literature if you go to PubMed and you type in purpose in life. Thousands and thousands and thousands of articles come up. What do they say, when there's purpose in life, you have better recovery from trauma. You have better improved all cause mortality reduction, meaning anything that could kill you, will likely kill you less. You can extend your life up to 10 years. You have improved financial abundance, not just in the short term, but over an entire decade, longitudinal studies.

So if you look at blue zones where centenarians live to be over 100, having a purpose is like a foundational piece.

So if I'm just doing somatic experiencing or if I'm doing behavioral therapy, if I'm doing neurofeedback, those are great tools. But why do you have a tool belt in the first place? The purpose is so that you can do your thing, what you're born to do in the world, to get unstuck and actually make that happen.

So what is purpose in life? Purpose for me starts as an emotional state. Any goal that you set, whether it's financial, spiritual, relational. You think there's gonna be an emotional payoff. You want the money because of how to make you feel, connected or abundant or certain or safe.

Same thing with a relationship. You want to have passion in your life forever or whatever it is, connection.

And so purpose starts with understanding how you want to feel and then figuring out, what vehicle do I want to bring that forward in? Am I going to bring it forward in business, relationship, nonprofit. What do I want to do? Maybe it's a kid. How do I want to raise a child or family, whatever it is? And that means if I lose a business, I still have purpose, if I lose a child, God forbid, I still have purpose.

So you don't lose purpose, you find different vehicles for it throughout your entire life.

But your purpose, ultimately is to figure out how you want to feel, upregulate that and help other people operate their emotional states as well. That's basically what purpose in life is all about. And what you want to do is realize, can somatic experiences help me get to that end?

Can applied Polyvagal Theory help me get there? If the answer is yes, use it, if it's not, dump it because everybody has a different buffet of tools.

**Alex Howard:** Yeah. And I think often, I mean, thinking about that relationship between healing trauma and connecting to purpose.

I think also often people have dreams, they have things that they, deep down when no one else is looking or listening they kind of fantasize about this thing that they want to do.

But they have so many stories and so much, I guess, emotion and survival patterns, all of this stuff that's in the way of that, that that's completely obscured, and there's no chance of that coming forth without having some resolution here.

**Mastin Kipp:** Well, it's interesting, yes, a client is a classic example, be a practitioner. Let's take somebody I can think of who has a PhD and PsyD one of our clients, like so smart, can diagnose and crush it and change lives.

You ask this person to go live on Instagram, deer in the headlights.

You ask this person to raise their rates financially, deer in the headlights.

And all these reasons come up that are valid based on the history of this person and why they can't. However, you think the same person, you put them in a movie theater, God forbid, when we all come back and then the movie theater catches on fire. They're not going to sit there and go, I need to know the burn rate of the actual fire to burning ratio and how much oxygen is being considered, CO2 is being put off and Mercury is in retrograde, oh it is, okay, maybe I won't get up. They just, they go, they have to make it happen. So we have the ability to actually mobilize. What we have to do is make it safe to mobilize versus making it a threat to go away from. And purpose is something that gets you going.

So you could take someone who has all the diagnoses in the world. But if their child is in danger, they will rally, make some stuff happen. What happens is, I think the majority, my personal opinion, which is not based on clinical peer reviewed study. Okay, just my experience with 20,000 hours of working with people is that all these other issues that we have, these diagnoses, the core of it, even below the diagnosis of the trauma, even below the trauma is a lack of purpose.

Because if I have purpose or meaning and I can understand that, that was horrible, but it has a meaning to it. Like Viktor Frankl talks about *Man's Search for Meaning*. We can overcome trauma. I mean, that's what Viktor Frankl did in Auschwitz.

That's what Oprah Winfrey did with her life and all of our clients who are survivors that are now thriving.

So the core isn't even to have a diagnosis or even understanding a trauma. It's why am I going to go do this? What's that motivating factor? How do I want to feel so I can feel that way? And then getting myself disconfirming experiences so that my nervous system can start to believe it's actually possible.

But without that core, why, we will be stuck in all kinds of responses and there's not a big enough reason to change. But when you have a good enough reason to change, you're going to do it. And when you find especially meaning in the trauma that you went through, everything can change.

Everything can change.

**Alex Howard:** And of course, there are some people who will say that they've read every book, they've done every workshop, they don't know what their purpose is.

How much of that do you think is just a response to a shutdown, like a nervous system in freeze, can't connect emotionally or what are some of the other reasons why you see people that just get stuck at that fundamental question?

**Mastin Kipp:** Well, a couple of things. People have to be ready because people will seek out the practitioner that will help them go as far as they feel safe going.

So when somebody comes to me, they're ready to dive into the deep end.

But what I will tell you is, is that I think it's a lack of awareness on the clinician's part, because the personal development, whatever, spiritual, mental health community has told people you have a purpose. A purpose that is not true, it's not that you have a purpose. Purpose is not a statement, it's a question. What is my purpose? And we go live with that question. There's no arrival point there.

Okay, my purpose is to be X. That's improper training. It's a question that we live. It's important that at least once a decade, you really aren't clear what the answer is because that means you're growing, but there's no arrival point.

So it's a constant question that we're living this idea of what's my purpose in life? But if you maintain a focus on how you want to feel and how you want to help other people feel, that's a guidepost because you may or may not know the answer to this esoteric question of what is my purpose? But you can certainly say, yeah, I want to feel a connection today or excitement today. At least it gives me something to focus on that's tangible versus this, in many ways unanswerable questions.

And it's all about emotional regulation and that is, we've come into the present moment with that.

So sometimes being lost and what is my purpose, it's just a survival response that says, if I stay in confusion, I don't have to move forward versus moving forward with a half answered question.

**Alex Howard:** Yeah. I want to come into some of the practical pieces, we've touched on some, of working with this. So when you're working with someone, one on one or in a group program, what are some of the strategies? What are some of the tools that you're using to help with people's nervous systems?

**Mastin Kipp:** Well, the first thing is I believe that appropriate psycho education is very important. So the first thing we do with anybody is we teach them Polyvagal Theory 1-0-1.

You have a ventral vagal system, you have a sympathetic nervous system, a dorsal system. I have a guided process that guides them through a felt sense of what each one feels like, so they don't just get here cortically, but they have a subcortical experience of it and that becomes an anchor point.

The next thing that we do is we help them resource what's called secure attachment, what does that mean? It means, we help them remember times or relations where they felt really safe, really connected, really taken care of, and we anchor that in the body.

And then we look at their goals and where they want to go. And then when they start to pursue those goals, we have a resource that security attachment. We help them remember that they're riding this Polyvagal ladder. And then eventually what we do is and this is very supervised, I have a process I've created called traumatic memory, deconstruction and resolution.

What we do is we regress people to their root cause traumatic experience, and we help them clean agency over that experience. And so it's a non-ordinary state guided process that we do in groups and individually. And they go back and because they have this agency in their nervous system where they know they can go down the ladder, and they feel safe in depression, they feel safe and anxiety, they feel safe in happiness and all the above, they resource secure attachment. When they go back to those places, they can go back to those places with agency and with tools and with a prefrontal cortex. And when you experience those memories over again with agency, that's a huge part of starting to heal those things and now they understand this is what's happened to me, I can see a cascade up because of this. These were my nervous systems, expectations and neural beliefs. Because of that these were the appropriate emotional responses at that time. Because of those emotional responses, these are the thoughts I was having, because of those thoughts these were the behaviors I was having. And then what we help people do is the exact opposite.

So it's like, okay, here's all the stuff you did to get dysregulated and to stay safe. What would the opposite start to be? We list it out and then we help them start to take action in that direction in the context of when stuff comes up, why does it make sense?

How is the nervous system responding to this old pattern?

Is this an old pattern or is this a necessary concern?

And we help them become more explicit in that and as it happens over time, they become more automatic and start to realize like that, hey that was just my history.

And we don't look at our clients as broken, fragile people, especially ones with intense trauma, because if they went through the trauma, they survived those are some of the most resilient people we've ever met. So we treat them with a ton of honor and dignity and I'm

constantly in awe, but that's the basics around it. We also throw in references to functional medicine so that they can have less inflammation in their body, heal their gut if they need to, maybe refer them out to maybe aiming clinics or something like that to get SPECT imaging to understand what's happening in the brain. Maybe we get them over to like a neurofeedback, it just kind of depends on what's happening. And I quarterback all those experiences for people and then obviously if they're going to build their business we do online marketing of all types of stuff.

But in the context of their nervous system, not just here's a strategy to move forward. So there's lots of things that we do, but it always starts with that initial psycho education, getting into the felt sense, getting into the trauma and then moving forward.

**Alex Howard:** I really like what you just said about not treating people that have been through trauma as broken, delicate people. Because I think one of the things which is a question in my mind sometimes is, it sometimes feels that the more trauma informed everyone becomes, the more people walk on eggshells and pussyfoot around and be really afraid of triggering and upsetting people that have been through trauma.

And I'd be curious to hear a bit more about how you navigate that tightrope of holding that place of genuine compassion and sensitivity, with that more, I guess feminine quality, with that also more father-like quality of, you handled it, you can handle this. How do you navigate that tension?

**Mastin Kipp:** Well, my number one goal, first of all, as a clinician is to make sure that my nervous system is regulated. If I'm dysregulated, I'm probably going to dysregulate my client, no matter how much I know. So I'm always making sure that I'm as regulated as I can be.

Then when I'm working with somebody, my number one focus is to create dyadic or between two people safety, between being that person. And then to be as attuned to that person as I can be. So I'm constantly monitoring facial expression, tone of voice, body language. I'm hearing the words they're saying, but I'm mostly looking at their nervous system responses.

And depending on the context of what's happening, there is absolutely a time to treat people with extreme over sensitivity because what they're going through is very, very sensitive and we absolutely do that.

However, a big difference between our work and lots of other people's work is that we bring a lot of irreverence and certainly humor into what we're doing as well. And if you look at the biology and the biochemistry, the biochemical opposite trauma is humor and fun and play.

So we bring a ton of play into that. My expectation is that the client will conform to that. Versus if I treat you with respect and oh my God, look what you did and Holy shit, oh, my goodness. Game changer, game changer.

One of my favorite things to do with people after we've gone through a regression that's been very difficult, maybe talked about trauma for the first time is, ask them a question. I

say, do you think would be possible to ever, ever authentically laugh about this? And I'm talking rape, incest, abuse like the worst of the worst and the answer is always no way, dude like you're crazy.

Okay, well, how long, if you were to laugh at it, do you think it would take to actually authentically have a laughing experience associated with this? Then they go 10, 20, 30 years. Okay, how about 5 minutes? And they're like, this is crazy, so I get into this whole process, usually it's in a room with people in a little group and I get all serious. I say there's this very important mudra that we do, it's a spiritual mudra that I learned from this ancient yogi person. It's all bullshit, I'm just trying to create the context.

I get everybody to take their finger like this and then I have them pointed out in front of them like this, the whole room. And then they spin it around three times and it goes right into their nose, and everyone puts their finger by their nose. They can't help but laugh, and I go, tell me the story again. And they tell their story again and they're laughing hysterically. And that is a complete disconfirming experience in the context of that story, their nervous system will never forget.

Now, that has to be done in the right context with the right safety at the right time. But that's something that someone who treats someone with these kid gloves would never do. But it's all about context and how attuned you can be to someone's nervous system and to understand what's appropriate and what's not. And you have to have humor, because if you can't get someone to a place of actually authentically laughing at some point, then you're not really getting trauma resolution.

**Alex Howard:** Yeah.

**Mastin Kipp:** Does that make sense?

**Alex Howard:** Yeah, totally. Someone said to me many years ago, "the more serious you become about your problems, the more serious problems become." And there's something about that and of course, the person, I guess, most famous is Tony Robbins and his ability to just bring humor to places that, if you don't understand the context looks insane, but actually done the right way is enormously powerful.

**Mastin Kipp:** And if you look at Tony; he's had some missteps in the last couple of years in the context of understanding trauma and patriarchy.

So for sure, there's a growing edge for him in this context. He learned from Bandler and Grinder in NLP but they studied Milton Erickson and went all the way back to Erickson, all the way back to Fritz Perls gestalt, all the way back to Virginia Satir and family therapy, those three, which is where all that comes from.

What did they all have in common? They all had attunement, they were all attuned to their clients, they all felt the nervous system of their clients. And specifically, Milton Erickson had tremendous respect for the person, an individual to be their own therapist.

And so I just think that when you look at the greats and the originals, they weren't getting all these CE's and trying to catch up with the system and fit and all that stuff. They were just with people and there was much more innovative and much more, I would say client focused than it is today.

But if you follow the nervous system and you bring humor to at the appropriate time, like Erickson showed us how to do that back so long ago and was picked up by lots of people including Tony. I think that's a really, really powerful thing.

Now, it's not the only thing, because here's the thing. If you're not attuned and you miss that person that then you're shaming them.

So it has to be the right place at the right time, which requires a lot of skill to be able to do that. But it's absolutely necessary, absolutely necessary.

**Alex Howard:** And I think it's also there's something clinically about being willing to take risks. And if you have enough, if you've built enough trust and safety, you can miss step. But you can feel when you've missed a step and then you can bring that into the room and you can work with that.

**Mastin Kipp:** And not only that, if you look at attachment theory; part of healing relationships, therefore, healing trauma is that it's not even about not messing up. It's about the repair.

**Alex Howard:** Right.

**Mastin Kipp:** All the trauma healing and relational healing comes in the repair process. So as a clinician, if you can be transparent about that and be willing to own your own mistakes and then be able to bring that to the place and then actually repair it with people, that's amazing.

Last year I was live in Atlanta and I had a conversation with a gay man about Christianity and the experience of what it's like to be gay. And we talked about it, we got to a really good place at the end, it didn't quite land, I felt like I missed him.

So at the end of the seminar, it was a four day seminar, at the end of the fourth day, after it was over, I just said. "Hey, man, you want to chat?" And I listened to him. I know I missed him, what did I miss? And he opened up so much. And it was such a beautiful thing to go, Holy cow, of course, I miss this and I missed this, and this, and thank you so much. I'm so sorry. And he was like, who does that? But I think it's okay to miss if you're willing to swallow your pride or realize you don't have it all together and actually listen to human beings. And that's a really important piece as well is to go and have a repair process, because you'll grow as a clinician.

**Alex Howard:** Yeah. And I think it's also, the point you're making, that's what normally hasn't happened with the people that have caused trauma in the first place.



Unless we're talking major big T trauma, often parents, they love their children, they're just stressed and they're tired and in that moment, they're not particularly skillful. But if it could be responded to and there can be healing on the other side, there isn't trauma in the same way.

**Mastin Kipp:** Yeah. And the term for what you're describing is called disconfirming experience. It disconfirms the original trauma because when you go through a trauma and then you relive it over and over and over again, every time and relive it, that's a confirming experience.

All men are cheaters, or no one loves me or whatever it is.

If you create a disconfirming experience, that's literally opposite of all that. That's when the nervous system goes, what do I do with that? And sometimes being attuned or repairing or acknowledging that we messed up could absolutely be a disconfirming experience for people that didn't get that.

**Alex Howard:** Mastin, I'm mindful of time, but people that want to find out more about you and your work, what's the best ways to do that?

**Mastin Kipp:** Oh, thanks Alex. So @MastinKipp on all the networks, Instagram and Facebook and everything.

And then [mastinkipp.com](https://mastinkipp.com)

And obviously *Claim Your Power* book is [ClaimYourPowerBook.com](https://ClaimYourPowerBook.com) and there's a free four day coaching experience along with that too, to help you really focus on finding your purpose and resolving your trauma along the way.

**Alex Howard:** Awesome, Mastin thank you so much. I really appreciate not only your breadth of understanding of many different pieces of the jigsaw, but also the practical way to bring it together.

So thank you so much for making the time to share with us.

**Mastin Kipp:** Thanks Alex, it's been a pleasure. Great, great questions and thanks for having me.

**Alex Howard:** Thanks, buddy.