



Modeling trauma techniques

Guest: Dr Darryl Tonemah

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[00:00:10] Meagen Gibson

Hello, welcome to this interview. I'm Meagen Gibson, co-host of the Trauma Super Conference. Today I'm speaking with Dr Darryl Tonemah, American Indian counseling psychologist of Kiowa, Comanche and Tuscarora heritage.

He has three bachelor's degrees in psychology, sociology and gerontology. A master's degree in Community Counseling and a PhD in Counseling, Psychology and Cultural Studies. Dr Tonemah is a trauma informed counselor who works with native groups across the United States and Canada. Dr Tonemah, thank you so much for being with us today.

Dr Darryl Tonemah

Thank you for having me. Honored to be here.

Meagen Gibson

So how did you get interested in trauma work?

Dr Darryl Tonemah

I grew up on several different reservations, and at the time trauma wasn't even a word, it wasn't even a concept that many years ago. And I was probably around 5th grade, 6th grade, and my friends were coming to school, either they had bruises or even at that early age they were smelling like alcohol. And my dad ran the clinic, the Indian hospital there in our little community on the res there, and I started asking him questions. I would tell him what was going on. And again, this is a different time and reporting things was different, it was a whole different era.

He said, some of our people in our community have had some tough things happen. Sometimes the parents are struggling. It's been this way for a long time. He's talking about intergenerational historical trauma. And those weren't even words yet. He just said, this has been happening for a long time. And so I asked what I can do to help? Because we had been raised to get an education and then help your people. And that was very ingrained in us, even before I was in 6th grade.

And we talked about medicine and we talked about social work. And I had heard of social work. And he said, you're not very good at paperwork, Darryl, and I wouldn't be good at that. And we ended up talking about psychology. And I made the decision to get into psychology, to work with this

community that had a lot of symptoms of the trickle downs of trauma. And I thought, let's run toward that.

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And thankfully, blessedly over my career I've been able to learn more and experience more and put research into practice. And then actually learn from that practice so it becomes better and stronger and can benefit other people. That's really the genesis of that.

Meagen Gibson

Thank you for sharing that part of your story with us. So what is sovereignty and how does it relate to trauma?

Dr Darryl Tonemah

Sovereignty is an important word for native communities. Like I said, that's my key audience. I do a lot of work in other universities and hospitals and clinics and things like that, but sovereignty has always been a word that's been present in my home and growing up in the communities that grew up in. And sovereignty in the social cultural perspective is we are autonomous in our capacity for laws and finances and ceremony and language. That's what sovereignty is in that social cultural perspective.

And so that word always stuck with me because it meant we are who we are, and we are the best versions of who we are and we have the capacity to enhance who we are. And the more I started doing trauma work, trauma really wants to limit those things. Everything I listed about how we can become autonomous and take care of ourselves and believe in ourselves and strive and thrive, that's the opposite of what trauma wants. Trauma's goal is to have a person hiding in their bedroom underneath the covers, shaking. That's trauma's end game. And being a bully like that, well, that's the opposite of what I want for myself, my kids, my community, people in general, the folks I work with.

And so when I think about personal sovereignty, then personal sovereignty is, how do I reclaim what makes me autonomous? Can I control my heartbeat, my heart rate at this moment? Can I slow down my breathing? Can I get my thinking back online at this moment? And once I realize I have that capacity, in this moment, does that extrapolate or interpolate or whatever that word is to the next moment, to other areas of my life? And I take this tool and put it here, and put it here, it becomes sovereign there and becomes sovereign there and becomes sovereign in all these different locations, not just right here.

And that does happen, and that can happen. It doesn't happen by accident. Just like in the social culture perspective, we don't gain our sovereignty by accident, we go out and grab it and say, here's who we want to be.

And when working with traumatized folks, generating that belief that I can reclaim this thing that trauma is trying to steal away from me insidiously, little by little or sometimes in big chunks. And so rather than saying, well, that's just how it's going to be, which is giving up our sovereignty. How can I claim it at this moment? And how can I learn from this moment and claim it in other moments?

I have a story about when I went to a reservation in the Midwest a couple of years ago, and I go to a school that is in a community that has a lot of tough stuff in that community. High rates of poverty and abuse and alcoholism. It's a tough situation in the community. I go to the school in that community

and I get to work with the kids. I work with kids in their classrooms and I get to work with teachers and counselors on skill building and tool building and things like that.

[00:07:00]

And it just so happened that I was there a couple of years ago, it might have been like two years ago in May. They were having their spring concert, spring sing in the gym. The gym is old and it was in bad shape and poorly lit but the kids were in there singing. And there were probably 10 people in the audience. And I was seeing the kids that I work with, and I see them when they're struggling the most, and they're the most overwhelmed. And I see them singing, which is totally out of context for me. Signing, I didn't know that was on your menu. But they're singing, it's spring, I'm so happy it's spring. And I'm just enjoying the heck out of it because I thought there's hope here.

Now we're just clapping. And then I get a tap on my shoulder and one of the teachers says, Dr. T, can you come outside? One of the kids is freaking out on the swings outside. I'm enjoying this, but I said, of course, so I went outside. And there's this little boy, he's probably in 4th, 5th grade, and he's hanging onto the swings. He's got the chains and he's just hanging on. He's white knuckling it and just bawling.

There are several people around him kneeling with good hearts, wonderfully intentioned, saying, what's wrong? What's wrong? What's wrong? And as you know, the 'what's wrong' question isn't to be asked right now because it could be one of a million things. It could be something that he doesn't even consciously connect to. So he's not aware of this. So we're dealing with the hypothetical when we're asking that question, what's wrong? Could it be? Could it be? Which is my cognitive behaviorism? Could it be? Could it be this? We just stick our heads down rabbit holes.

Meagen Gibson

It feels very similar to when we notice a behavior that we don't like in a child and we say something like, why would you do that? It's asking for cognition and recognition and understanding that they don't have access to maybe yet.

Dr Darryl Tonemah

Exactly. And the more we ask that question, the more they get frustrated, the more we get frustrated because they may not know the answer. So we're asking an unanswerable question to them. So we're dealing with all this hypothetical. But in that moment, let's deal with the facts.

The facts are my heart's pounding, I can't breathe, I can't think, I'm hot, my limbs are tingly. Those are the facts right now, so we can deal with the other stuff later. But let's do the facts.

I just asked if I could borrow him for a second. So I sit on the swing next to him. And through all the research that a child, or even us, but we look for the safest person in an environment when we're stressed like this moment. And you've seen this when babies fall down the first thing they do is look at the adult to see how should I be right now? And if the adult is like, ahh, then the baby's, like, got it, ahh. But if the adult is like, sup, then the baby's, like, just chilling. So they borrow safety.

That's why going into any kind of trauma work we take care of ourselves first, because going into that moment, they're going to read if I'm stressed and overwhelmed, not even consciously, but if my pupils are somewhat dilated or if my cheeks are somewhat flushed, they're going to read that and say, this is a big thing. So they need to borrow some of our safety as providers.

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So I sit next to him and I just sit for a second and genuinely want to feel myself become more present and calm and grounded. And I just say, this feels pretty good. And I said, I feel it right here, too. And I said, do you want a flute lesson? And he is like, (crying sound). What is that dude? And I said, do you want a flute lesson? And I said, I think my flute's in my car.

And so I got out. And here's the playground, here's the school and there's a little hill right here and my car was right here. I said, let me just run to the car, meet me on the hill here. So he sits on the hill and I go to my car and I get my flute out. I wanted him to breathe. Heart rate variability breathing helps with slowing the tempo and slowing the game down, you see the choline flowing. I wanted him to experience that.

And he's like, (crying sound) like that. He's just tears and snot. It was just a gross situation. So I say, well your first flute lesson isn't about playing the flute, the first flute lesson is about breathing. So here's how, when you breathe into a flute, you don't blow into a flute because when you blow it does this (flute sound). It sounds bad. When you breathe (flute sound). I'm watching my posture, watching my tempo and the tone in voice and the timbre and all that stuff. Again, he's still borrowing my safety. And I said, how about you watch this. And I do that with him. I said, how about as long as you hear me blow a note, you are breathing. That's your first flute lesson. I wasn't even talking about trauma or stress or his sense of overwhelm at this moment.

Meagen Gibson

You weren't telling him, I need you to take deep breaths. You weren't telling him, I need you to calm down. You weren't saying, tell me what's happening with you. All you said was, hey, I'm going to play the flute. You want to join me? I love it.

Dr Darryl Tonemah

And he doesn't have to know that we're going to create acetylcholine for your heart to slow down. He doesn't know any of that stuff. He just wants to know, I want to feel better now. And it's much different teaching one to be calm than to stay calm. Those are just two totally different ends of the spectrum.

And so he starts breathing, and he's still crying like that. And so we go through it 5, 6 times and you can see him coming back. And I say, come back because you know about the sympathetic system and the parasympathetic where he's coming back.

And here's where the whole thing almost fell off the rails. I said, do you want to play? Snot.

Meagen Gibson

Oh, no.

Dr Darryl Tonemah

I gave him that flute. This is not that flute.

And so he first does this (flute sound), so I said no. And then he holds it and he just (flute sound). And I said, now, lift a finger. I told him to lift two fingers and then three. It wasn't about the flute playing.

[00:14:57] Meagen Gibson

Of course. Yeah.

Dr Darryl Tonemah

But it was about him recognizing his capacity for sovereignty in that moment. If I could have sat there and asked him, 'why are you doing this?' for about 2 hours and watch him struggle. But again, why would we want to deal with a hypothetical when we know the facts? And we have tools to address facts. And those tools that address those facts make him feel better fast.

So we sat talking for just a couple more minutes. The whole thing took 7, 8 minutes. And then I talked with him, he stopped crying and he was back, he was present again. And the whole thing, like I said, took a short amount of time and then I said, sometimes when we're at home hard things happen, things we don't like happen and it feels like this at home, too, I imagine sometimes. And I said, maybe just go into the closet or the bathroom or the backyard and take the flute with you and just play the flute for a while. And do it the way that you learned here.

And I said, do you want to play some more? He said, no, and he got up and ran into the gym. And I sat there on the hill by myself with my flute, no he took the flute, with the flute bag. And that was a very telling lesson for me. It just reinforced.

And the teachers got to see it because sometimes there's a learning curve to learning otherwise. And it was very telling for them that they learned otherwise in that moment how quickly they can bring themselves or their students back, and how important it is that they are projecting actual safety, not just saying I am, but actually being safe. So they can borrow that, it's for loan. And the more that we practice it on our end on an ongoing basis, on a daily basis, the more, when these occasions arrive, we can readily just hand it out and help those around us heal as we heal in community with each other.

And I always like to say that we heal in community and we suffer in silos. And that's one of the things I said earlier about the bully of trauma. It loves you to be in a silo because that's its sweet spot. But the more we connect, the more we borrow each other's safety, the more we create communities of healing, the more we create gatherings of the mighty, the more we heal as groups of people, which is how we're supposed to heal, which is how we heal.

It feels like I'm talking a lot right now, so go ahead and ask me another question.

Meagen Gibson

No, you've done a fantastic job. I let people speak when they're making great points.

And I love what you said as well, because whether it's the teachers or any other circumstance, or a child, telling someone and teaching someone something, there's a lot of value in that, but demonstrating it and just showing it, as you said, I love that term borrowing safety. And as you said, it starts with you, period. Even in that moment, you had to start with you and just sit down on the swing and make sure that you were grounded and in the swing and had your own breath and had your own ability to create and have that safety for him. And then being able to show the teachers and demonstrate here's how I'm going to do this, without ever telling the child to calm down, without ever asking what's wrong.

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And I know that you can speak to this, so much of what we know about trauma and the way that we're treating it now has nothing to do with reliving or retelling. There's so many other methodologies for people for whom retelling and rehashing might not be helpful.

Dr Darryl Tonemah

And that's unkind. If somebody comes in here, and maybe it's our first or second session, I'm still pretty much a stranger to that person. So Hi, I'm a stranger, tell me all the worst details, the worst thing that's happened to you and leave crying. You're welcome. Pay at the door. That's a very unkind model. And I think even from the beginning, helping people lean into, I call them these tools that are otherwise, they're just unfamiliar. They're very successful and very well researched, they're just not familiar.

And I can be honest with you, when I first started, I myself was saying well, tell me all about that. And I will be sitting there stressed myself because this person is becoming very activated, they're plugging in. And I thought, well, what do I say? What do I say? And then as I've grown as a professional, there's not a million dollar question. There's not that thing that I'm going to say or the question I'm going to ask that's going to heal him, it doesn't exist.

What I prefer now and what I've learned, and how I've grown as a provider is, many of the folks that I see are using a lot of external tools for internal events. So the sense of overwhelm that's been stored in me since childhood. And it feels like this, and I don't have the internal tools because maybe I come from a traumatized community or traumatized home, I'm not taught internal tools. But I see a lot of external tools modeled. And so to get rid of this, maybe I drink or hit or smoke or eat or use. And so I'm using these external tools to address an internal event.

So our journey, our hero's journey for this person, then, is let's develop some internal tools for internal events. And these internal tools are portable, and wherever you are, whenever you are, you've developed these set of tools. It's important that, I will say once we start learning these tools, I'll tell the folks that you are not toolless in this battle anymore. You're not fighting it alone. You don't have to white knuckle this and hope it goes away, because that's not how sovereignty behaves. Sovereignty behaves like, you be quiet because I'm in charge of this moment. And when people start to recognize that, it is a beautiful thing.

I've had folks say, because we'll be here in the office or online here, and you can see their body shift. You can see them start to come back to calm, to start feeling sovereign. And they'll get this little smirk on their face. Almost invariably, the shoulders would come down, and I almost get a lump in my throat when I watch them because I'm like, dude, it's happening right now. I'm watching someone reclaim right now. It's so awesome. And you can see them deflate and get that smirk.

So that's that part of it, but then I'll say, how does your body feel? What does your body feel like right now? And here's what they'll say at the beginning is, my heart's not pounding. I'm not hot. My legs aren't shaking. So they're saying things that aren't...

Meagen Gibson

My breathing is not rapid, they're saying what they aren't instead of what they are.

[00:23:11] Dr Darryl Tonemah

Yeah, that seems like we're almost there. But they're waiting for the other shoe to drop though, because it's going to happen again, but it's not happening right now.

So I just say, well, what if we called that peace? What if we labeled the sense of warmth and connectedness. Instead of saying this isn't happening, let's say this is happening. And I am involved, I am autonomous in making this occur within me. Which seems like maybe even a semantic shift but it's a chasm. Because if you're perpetually waiting for the other shoe to drop, then even that in itself is stressful. But if we can embrace, well, this is what peace feels like.

You've probably heard several people say this, I've had people say they've never felt like that before. Which is, when I think about that, that's probably true. This happened when they were 5 and they're now 60. For 55 years they've been carrying this boulder around, and finally they put that boulder down and they say, wow, this is what it feels like to not be carrying this right now. That is a sovereign moment.

And we chase, we seek this sovereign, we start stacking up these sovereign moments. We just become defined by our sovereignty as an individual. And then we develop the capacity to loan that out to other people. That's kind of the foundation of my approach, I guess. I don't even know what the word is, the work that I love to do and the work that I get to do. And I don't feel overwhelmed anymore when people come in. I feel like, let's knock this thing out. Let's see what you got under the hood.

Meagen Gibson

I know you're capable of this capability.

Dr Darryl Tonemah

Yes and maybe before I learned otherwise I wasn't totally aware of that. I was hopeful but now it seems much more practical.

Meagen Gibson

As you were speaking about the tools that people do develop when they don't know any better, I have so much empathy for people with traumatic experiences or traumatic presences, that's not a word but you know what I'm saying. Where their current environment is not safe or their current community is not safe or they've experienced something where they have not had anyone model the tools or the safety.

And I just have a lot of empathy for people who reach for the tool that they have. Because so much of what we're dealing with when we deal with trauma is trying to escape those, either the thoughts, the prisons of our own minds, or our body sensations. And so we've got tools, we've just been reaching for the wrong tools because nobody showed us a different way and a different methodology. We haven't seen it modeled. We haven't had it demonstrated. Instead of just being retaught different tools before we ever have to unpack all of that trauma.

It's just such a valuable experience that I know that you have given to people that you've experienced yourself, I've experienced it as well.

[00:26:56]

Just to share a short anecdote with you. I had an experience a couple of weeks ago where I was activated in trauma anxiety for the first time in years. And my experience now that I can talk about it, is that now I'm so proud of myself because I didn't have any tools before. And now, even though I was completely activated, I was able to be present with like, wow, my breathing is really fast and heavy. And my heart is beating really hard. I can feel it in my chest and I was able to be there and be present with all of those experiences. I couldn't stop them from happening. The reaction was going to happen. It was out of my control. But I was able to be there with it and it didn't hijack me. It didn't take over my entire being. I didn't use any bad tools to cope with those things. I had my whole arsenal of things that I've learned and practiced from amazing professionals like you and was able to just have an uncomfortable experience that activated me. And then it was over.

Dr Darryl Tonemah

Wow. What a cool way to word that. I just had an uncomfortable experience. It wasn't the definition of me. It didn't ruin my life. I just had an uncomfortable experience. That sounds cool. I just had an uncomfortable experience and it doesn't define me. It was just an uncomfortable experience. That's great and good for you. And to know that I have internal tools for this internal event, and I don't have to externalize this. That's great.

You know, one of the things that you just shared, I think is so significant and is really the foundation of trauma work is getting to know that information and just calling it that information. It's just information my body is giving me. Depending how the amygdala or the thalamus or the prefrontal are all going to respond, how do I respond to this information that I'm giving?

That's what I love about going into the schools and working with teachers or counselors, is starting that process at a much younger age rather than 50 years of rocks and boulders we picked up. We are saying, let's not pick them up to begin with. And it starts with, just foundationally, what is this? How do you know what's that?

The schools I go to have an overwhelming amount of fights and behavioral problems happen during gym class. In gym class your heart is pounding, you're hot, you're tingly, you're sweaty. And that's the same sensation base as what happened at home. So it's a labeling of it's not the excitement, it's fear or it's anger, and they respond accordingly based on the labels that they're giving them.

So what we do when I get to visit schools or gym classes is we'll get after it, and then we'll just stop and become economists in that moment. Claim sovereignty at that moment. We just slow down, slow the game down, do some breathing, let's pick it up again. And actually you're greasing up that pendulation. In Levine's work, you're greasing up that pendulation.

So what you're trying to do is create this moment where I was like this but now I'm like this. We have to teach them to know the difference, to discern and give it different labels. This is not fear or frustration or anger, it's excitement, but they feel the same way in us.

Meagen Gibson

Especially in a young brain. Yeah, absolutely. Before I've learned all of the different ranges of emotions, I'm going to conflict those two things. I'm going to arousal in this way if they match in heartbeat and physicality and sweating are going to be grouped together. And the outcome of that

arousal is going to be the same if I've only had one practice outcome at home or in whatever environment.

[00:31:23] Dr Darryl Tonemah

That's exactly it. And if we can get them early enough and even if I'm working with somebody here in my office and they're still cognitively present, I can say, how do you know it's anger and not something else? Because joy has the same effect as well. My breathing is more shallow, I'm tingling, joy has the same sensation basis. So really looking at the nuances and understanding. And when we get activated, we have trouble contextualizing things, so why would I feel joy now instead of excitement or fear or anger? It's very empowering. And the earlier we start, the better. It's not saying that it's not often possible later, but we just want to help them carve a different path earlier in life, to make it easier for them.

Meagen Gibson

It's so interesting because I'm not necessarily the greatest person at dinner parties because all I want to talk about is trauma, people often find that off putting. But I just find all of this work incredibly fascinating, and I love talking to people about it. But one of the things is that people don't understand, well, why is this such a big thing now? And it's exactly like you just said. In your career the way that you've learned how to, and been taught to, and the things you've learned, and the coping skills that you're able to teach people has changed. We know more. The science is much better now.

And so our ability to give children especially, better tools at a much younger age. If we want to talk about community, I don't think that there's any better effect that we could have on community than to teach children how to deal with these emotions, and give them different tools.

And just a short story from my life. I remember probably 3 or 4 years ago, right after I had started my personal trauma work, I noticed that when I was getting activated with my kids, that I would purse my lips. And then I noticed this behavior with, I have two sons, and they would be wrestling or playing and fighting. And then there was always a point of escalation where it would end badly. It would always end in tears even if it started in good spirits.

And so I sat them down and I said, I really noticed that when I'm getting impatient with you and when I'm about to lose my cool and when I'm getting escalated that I do this, what do you guys think you do? So I started it with, here's what I've noticed about myself so it didn't feel like you're doing something wrong, you're out of control. And they were both able to identify parts of their behavior.

And so now they know, don't verbalize, they'll be fighting. So I'll hear my one kid say, he does the same thing I do, he's like, oh, I just pursed my lips together. But it's just like this, you don't have to come from a horribly traumatized background or home to learn these tools to learn to take responsibility for your own activations, for your own role in your relationship, for your own role in your community and how you contribute to the atmosphere of your community.

Dr Darryl Tonemah

You need to know yourself a little bit. And there's a significant block between mind and body when there's traumas, particularly physical type traumas. And I'll have folks that are self soothing, like you're doing, and don't even know, they'll be sitting here and they'll just be doing this with their hands and not know, or they're doing this with their chest or they're crossing their legs and they're doing all sorts of self soothe behavior. They're saying my body feels out of control right now.

[00:35:19]

And when I point that out, they'll look shocked. I don't remember doing that. They were so disconnected. And part of the process of not just dealing, but healing. And I think that's an important distinction. I don't throw the word healing around loosely. It's a word with weight to it. But we've come from a place of, let's deal with this. Let's ignore it or avoid it and think about butterflies and flowers.

Meagen Gibson

And step it down.

Dr Darryl Tonemah

Let's deal with this. Coping skills are fine, but I want people to feel sovereign. I want them to punch it in the nose. And so dealing with it, though, if they're perpetually dealing with it, that takes up a lot of time of your day. And then pretty soon you're just pushing it up a river. And you're going to catch up to it eventually. And then eventually, pretty soon, just the time waiting for the catch up becomes stressful. And then you end up dealing with that. And then so pretty soon the dealing seasons become shorter and shorter. Whereas healing is, well, it doesn't have the same capacity. It doesn't have the same power for life anymore.

So I have a scar right here on my wrist here. When I was a little chubby kid on the res in North Dakota and I had my Captain Kangaroo hair do. Do you remember Captain Kangaroo?

Meagen Gibson

Oh, yeah. Absolutely.

Dr Darryl Tonemah

We used to have snowball fights, and for some reason, trailers are always dumped on the res. They would come from off res and just dump them on the res and then they'd get stacked up along this fence line, like, 30 old trailers. A perfect place for rowdy kids to have snowball fights. And they're all sawed in half, they ship them sawed in half.

So my buddy was in there, and my buddy behind me threw a snowball and he put the snow in his hand and did this, and it melted and then it froze. In North Dakota it freezes in, like, 2 seconds. And he threw it at my friend that was in the trailer half, and it hit him right in the forehead. This ice ball. You could hear it echo throughout North Dakota. And he came back, he bent at his knees and then came straight back up with a crazy look in his eye, and he picked up a window frame. He lost it. And threw it at my friend behind me. And I was in front of my friend. Like I said, I was just a little heavy kid, and I was probably eating a candy bar or something. And they said, Darryl, look out! And I do this, and it comes across my wrist right here, and it just gushed.

And I ran home, and he's running, the guy from the trailer is running next to me, and he's saying, just like doing this, and he's saying, come to my house, I'll get you a band-aid. And I'm like, don't. And so I get to my house. I have seven brothers and sisters, and it was laundry day, and it was sock day. And mom used to obsess about socks. They had to match. I looked through the door and I see she's doing socks, and I thought, I'm going to die. She's not going to take me to hospital, she's doing socks.

[00:39:09]

Here's the miracle of the story. She grabbed one of the socks and put it on my wrist. Long story short, stitches. And being a rowdy kid, they lasted about a week, and then I was playing football. So I have a scar on my arm now. Why did I tell you that long story?

Meagen Gibson

I know you're coming around.

Dr Darryl Tonemah

I'll come around I hope, I don't know. It's not bleeding anymore. It's not even hurting anymore. I don't even think about it until I tell you on a video task. It's healed. I don't have to deal with it anymore. I don't have to see, is this going to bleed today? I don't have to worry about it today because it's healed.

So when we talk about healing, this internal sense of healing, it doesn't come back bleeding on us because we become sovereign over it. So understanding the shift from dealing to healing.

And we're in a season of work in psychology and neurology that we know so much more about how the body and the brain behave and heal. And there's so many folks learning these tools, so many folks learning these tools. There's so much access to great information right now that's sitting right in our laps. And I'm happy to be part of this conversation, but just happy to be a provider during this season.

Meagen Gibson

Absolutely. It's an exciting time to do this work. And I know that you didn't know it was going to be like this by this time, but I'm so glad that you're doing the work.

I'm going to wrap this up, but I do want to ask you about one more experience because I think it's just such a great story. Your family experienced a tornado and what that taught you about traumatic experiences with the example and experiment of your family.

Dr Darryl Tonemah

Yeah. It's probably unethical for me to do research on my family. I was working at the University of Oklahoma, and this is a really long story, so I'll keep it short. Our house was hit by a tornado, and it was my wife, myself and our two older kids. We didn't have our youngest son, Jack-Jack yet, but Carminda, Gracie, Parker and myself. And we were hiding in a closet, and the tornado destroyed the house and left our closet, took the roof and twisted the house but left our closet for us.

And we had very different, vastly different experiences of the tornado. Because when the sirens were going off, just like a good Oklahoman, I went outside to see where the tornado was.

Meagen Gibson

Obviously. As a Midwestern girl, I can tell you that's exactly what I would do.

[00:42:25] Dr Darryl Tonemah

So I walked out of my back porch and the tornado was, in fact, in my driveway. And so I turned around to run back in, and it tried to pick me up a couple of times. It dribbled me across my back porch, and I was using that charge, the fight or flight charge for what it was intended to be used for. I was fighting and flighting. So that charge was used for what it intended for. My family was hiding in a closet. And that charge settled in different ways.

So I have an entirely different experience of it. The memory didn't really store in me because I used it up, whereas my wife has a very scattershot memory of the event. The four horsemen of trauma showed up. From hyper arousal in Parker, was this hyper arousal. Gracie was constricted and probably all of them sitting in the closet we're having some sort of dissociative state. We have the whole gamut of what it can present like.

And using these tools, and I get to say this, and I'm so proud of it, using these tools, because this is where I get to the research and say, well, where is this showing up? And how is it showing up? That using these tools and the existing research we've healed, we've gotten rid of it. We've gotten rid of the charge. And from constriction to the hyper arousal to the dissociation, they are back and stronger for the experience.

Sure, we would rather not have had the experience, but we wanted to be sovereign in determining how it was going to be in us. And that's really what I want for myself and my family and the folks that I get to work with, is become self determined in most ways.

Meagen Gibson

And that's a perfect example. Thank you so much for sharing it. It's a perfect example of why this work and your work and the tools and why teaching them are so important. Because you don't get to decide how your whole entire system is going to deal with something. You don't get a choice.

And I think that's one of the things that people often misunderstand is that if people share an universal experience, that they're all going to have the same reaction. Or that you show up as yourself, and then the world happens to you and things completely out of your control are going to determine how that is interpreted in your body and in your mind. It's the tools and the help of safe people in your life that help you digest and heal and grow through that. So thank you.

Dr Darryl Tonemah

I couldn't have said that better. I'm going to feel what you just said there, too. I'm going to bogart that.

Meagen Gibson

Fantastic. I'm glad I could be here for you.

Dr Darryl Tonemah

That's an excellent learning point, though. People digest it in different ways. You're absolutely right.

Meagen Gibson

Just like, one of my kids can't eat lactose. We're all going to digest things differently.

[00:46:08]

Yeah. Just the fact that it's out of your control I think is something that people really need to hear. Whatever way that you interpreted something terrible that happened to you, that's not your fault. What you do from here is your responsibility, and it's up to you. And isn't completely at your disposal.

All right, go ahead.

Dr Darryl Tonemah

I tell folks, because trauma being a bully, they'll say things, I just feel crazy because I don't understand. Let's not even worry about our state. You're not crazy or broken or ruined. This is just the way it's behaving in your body right now. And so let's meet it there from the point of sovereignty.

Meagen Gibson

Because trying to understand and trying to make your body deal with it differently is like trying to push that tornado off the porch.

Dr Darryl Tonemah

So then let's use the tools to not have the tornado living in us.

Meagen Gibson

Absolutely.

Dr Darryl Tonemah, thank you very much. How can people find out more about you and your work?

Dr Darryl Tonemah

I have a website, tonemah.com and there's contact information there. We have a telehealth, which is fntelehealth.com

If you want to just reach out and shoot us an email, I'd love to hear from you. I sit in my office waiting to hear from you.

Meagen Gibson

And Dr Tonemah is quite the musician as well, so you'll have that bonus if you go search him out and seek him out.

Dr Darryl Tonemah

Yes. I'm a huge Rockstar.

Meagen Gibson

Wonderful to speak with you today. Thank you so much.

[00:47:58] Dr Darryl Tonemah

Thank you for having me.