



Conscious Life presents

TRAUMA SUPER CONFERENCE

Title

Guest:

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:08] Meagen Gibson

Hello, and welcome to this interview. I'm Meagen Gibson, cohost of the Trauma Super Conference.

Today I'm speaking with Dr Darryl Tonemah, a 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, Meagen. Happy to be here.

Meagen Gibson

So I'd love it if you could tell us, I've talked to you several times, but for anybody who's new to you and your work, I'd love it if you could tell us how you got interested in trauma work.

Dr Darryl Tonemah

I became particularly interested in trauma probably about 15 years ago. A lot of the folks that I was working with, and a lot of the communities that I work with are highly traumatized. A lot of tough things happen in a lot of the communities that I work in, and the folks that come to me from those communities. And I realized the tools that I was using, although it felt maybe good temporarily in the short term, I didn't feel like we were moving the needle for long-term change.

I wasn't working myself out of work, which was really the goal was I want them to be sovereign. I want them to not need me around anymore. So I realized there wasn't, in the types of conversations that I was having, I realized I had to look up a whole different set of tools and access a whole different set of tools.

And once I started doing that, my work with folks just exponentially felt more useful, more connected. And I think the folks that I got to work with really felt like they went from dealing with

an issue to healing, not the event, because we didn't make any events not happen. What we did was we took away how the event was affecting me today in this moment, and having that sovereign moment where they felt in charge again.

[00:02:31]

Then I realized, wow, this is something that I really need to dive into the deep end and create economies of scale. So I get to work with a lot of other organizations and folks to say, well, why don't you look at things this way now? So it's been a 15-20 year journey for me.

Meagen Gibson

Wonderful. And I heard you mention sovereignty a couple of times, and I definitely want to talk to you about that, because one of the things that occurred to me when I was thinking about how I wanted to speak with you today is that one of my personal reasons and goals behind doing this work and doing these conferences, is not only to make individuals feel better and help them find relief and help them find support, but also so that they not only feel better, but that they can help other people, right, move beyond themselves.

And I know community is such a huge aspect of what you do and how you tie it into what you do. So I would love it if you could describe explicitly for us what sovereignty is to you and then why that is so important when looking beyond yourself?

Dr Darryl Tonemah

Okay, well, sovereignty in a big context, in a social, cultural context, would be a community, city, government agency in charge of its government and finances and languages and ceremonies and things like that, and being able to be in charge of those things. So in a bigger context, it looks like that, but in a micro context, I have more capacity to do those things if I am sovereign in my own skin. I have clarity of thought and vision to do those things.

If I can even just control what my breathing is doing at this moment, if I can just slow my heart rate a little bit, that opens up a menu for me. Instead of hiding and ducking and avoiding and just saying, I hope this passes, I hope this passes. That doesn't feel like sovereignty to me. That hoping for a better outcome in this moment.

How I understand personal sovereignty is, well, let's turn toward it and lean into it and see what we can glean from this. And as we do that, we actually start the healing process because the brain and body have to respond in time, saying, well, there's a new sheriff in town because this is how we've always been doing this.

And once we start doing it in a different way, when things change, things change. And so even a small change, the brain and the body have to say, well, okay, well, then let's start a different pathway for this. One of the things that trauma does, its endgame is to have us locked in our homes, in our bedroom, hiding under the blankets, nursing a beer. That's its endgame.

It's all about constriction and contraction and limiting, whereas healing is not even healing. But healing is about expansion, it's about growth. One of the dangers that I see happening a lot is I hear people saying, well, I've just been told to avoid my triggers, which I don't think that's fair, honestly. I think that plays right in the hands of trauma.

[00:05:47]

Because again, if trauma is trying to contract and constrict, you open up that front door, there's a world full of triggers. So that kind of mentality is to stay home and shrink and shrink and shrink. And plus, that's not even a fair game because there's triggers working right now that we're not even consciously aware of. How am I going to list all my triggers if they're not even on the radar, consciously? So I wouldn't be able to limit them.

So part of expansion then, in my sovereignty, I have the capacity to leave my house and have depth and breadth to my toolbox so that anything comes along during the day, it's not going to be bigger than I am. I have internal tools for these internal events, rather than having to rely on hiding or drinking or hitting and smoking, the external tools that I might use for these internal events. So my definition of sovereignty is how do we harness that and start controlling that within ourselves. And that's a beautiful thing to see.

Meagen Gibson

And would you say that part of that is, and I've heard you say that you need to use the tools that match the event that you're trying to move beyond and the trigger you're trying to move beyond. And so part of that is being able to use a tool when you are triggered and withstand. It's not that the physiological reaction will necessarily go away, it's that you will earn and discover the sovereignty within yourself to withstand that trigger using the tool that you've been given, right?

Dr Darryl Tonemah

And then the physiological response has to learn that, because you've changed things. And so part of it, and probably, honestly maybe the most uncomfortable part of it, is leaning into that just a little bit. But here's what I like to emphasize. You don't lean in alone. You're not toolless, endless in this struggle. I think a lot of people approach it as alone and I've got to fight for myself. But we need to create communities of healing.

We have to be scaffolded by professionals and family and community members that we can engage so we don't feel like we're alone in this battle. So when we do go out our front door, we go into the community.

There's people out there that are already on our side, that are working with us, that are collaborators in our healing, and so many of these types of conversations are happening in communities around the world that I think it's actually kind of becoming a movement. And I think this program here is part of that movement, that people are having these conversations to create communities of healing.

Meagen Gibson

Absolutely. And I want to talk about this because community is such a huge part of what you do and it's important to me too. But I've noticed sometimes that can be an avoidance tactic for people that need to do their own work and they kind of skip that internal sovereignty part, and decide to focus their discomfort on doing good deeds or being in the community.

[00:08:58]

And some of the most kind of destructive, un-self-aware people are out doing good work in the world, but have skipped that internal sovereignty step to kind of be self-aware and accountable and do their own work, right?

Dr Darryl Tonemah

Well, that's absolutely true. It's just another addiction that I'm addicted to because that's serving a different need. I'm getting an endorphin rush from that. I haven't done any healing. It's just become another dealing tool.

And really that's a personal self-accountability moment. Why do I do this? And what is this about? Am I just choosing this instead of drinking or smoking or hitting or using or eating? Is it just the latest thing on my menu?

And so part of the healing of that, and I think the people who genuinely want to heal can sit back and say, all right, let me just take a moment to look at my motivations and what am I about in these processes? Not everybody is going to want to have that insight because just like anything, if I'm using an external tool, it feels pretty good.

And helping the community and being in community is a socially acceptable tool. You're not harming anybody. So that particular addiction would take a lot of self-awareness.

Meagen Gibson

Right. And it's kind of like if you have high anxiety, you can be an incredible employee, right, like super high-functioning and you get a lot of things done and you're very productive, but you're making yourself sick, right?

So it's all about if you've got the self-awareness to kind of grow the lens through which you can see your thoughts and actions and behaviors. In the long term, you might kind of be healthier in and of yourself.

Dr Darryl Tonemah

And I think that's a nice cross-section between starting from the top or starting from the bottom. The bottom up and the top downward. I think they both have wonderful value and I think the ability to have that thinking about how I think, which is the root of wisdom. Are my processes really helping me? What am I about?

And I think it's really important for people to spend time daily, regularly, kind of going through their thought process. Particularly, if you're on a healing journey. It's important to pause and all right, what am I doing here and why am I doing this? What is my motivation?

And just being really honest about that. That's a tough thing because if we have been pretty unhealthy previously, honesty can be kind of a gut punch. But knowing that that's just part of the growth process, that's part of the healing process. And again, I think normalizing that conversation like we're doing here can be very powerful.

[00:12:05] Meagen Gibson

You mentioned earlier dealing with internal events with external tools. So could you go back to that for a minute and really explain what you mean by that?

Dr Darryl Tonemah

I work with a lot of people who struggle with addictions like drinking, hitting, smoking, eating. All these lists of things that are outside of me that I'm using for a quick rush to address something that is pretty uncomfortable inside of me. It's my internal event, and this internal event can be very long-standing. And external tools change as we age through the different stages of life. An external tool for a kindergartener may be kicking underneath the table. An external tool for a third grader may be fighting on the playground.

But as you get older, oh, mom and dad have smokes or we get interested in the opposite sex or we find liquor cabinets or we find foods and things like that. So the tools change over time, but they all serve the same purpose. Is there something outside of me that can help what it feels like inside of me? And part of a healing journey then is, A. Recognizing that I'm doing that, including the addiction to community work and being a really great worker, including those things, but saying, okay, why do I do that? What am I trying to feed?

And one of the things that's part of these subtle addictions is, like with the community or being addicted to work, can they survive without me? How will they do it without me? Because I'm so important. So that's something that we struggle with and there's that metacognition. Let me think about how I think here? And our ultimate goal is to develop internal tools for internal events and really simple things.

Trauma Super Conference has all sorts of talks on things that people are using. You'll talk about heart rate variability, breathing forever, and using somatic tools for somatic events. Cognitive tools don't do very much for somatic events, because they're located in totally different parts of the brain and body.

So having those tools match up, well, this isn't a cognitive problem. This is a somatic problem. If I'm not able to talk about it, why am I using the talking tool? If I'm having trouble thinking clearly about it, I'm not going to use a thinking tool.

And this is where we get support from each other, because it's important that if I can't talk about it, if I'm so overwhelmed, I need someone to borrow safety from. Somebody that can loan some of theirs out for me so I can start regulating again and just kind of kick starting my internal tools.

Meagen Gibson

I'm so glad that you brought that up because I'm going to share an anecdote, in case anybody at home is trying to think of an example, or is struggling to think of an example, of like cognitive tools versus physiological tools. And then you can tear me apart and tell me I did everything wrong.

But I had a situation where I was with a bunch of minors, a bunch of boys who are about 13, 14 years old, and we were at one of those places where kids go to hang out. I don't have to say

anything more about that, but there was an incident with another party. Management, police were called and some of these kids were of a marginalized group of people.

[00:15:46]

And I had an extraordinary physiological reaction. I was in a complete panic and was very worried about these kids. I was not in charge of them, but I was with them. I wasn't just like a bystander trying to insert myself in a situation. I did actually know these children, just to be clear. But I mean, my heart rate was up. I had a fitness monitor on at the time, and my heart rate was up 160 beats a minute for an hour.

Dr Darryl Tonemah

Wow.

Meagen Gibson

Just like huge sweating. But at that moment, I knew that I couldn't access any physiological tools to help myself calm down. And that I had to use everything up here in order to reason, to stay calm, and so that these kids could actually borrow my safety. So on the outside, I had to look calm, I had to speak calmly, I had to speak with responsibility and rational thought and action. But on the inside there was literally like an entire hurricane happening, right, of physiological symptoms and panic.

And it wasn't until the situation was resolved an hour later, I was able to leave that place and leave the situation with everybody in safe places of their own, that I was then able to process the physiological action, what was going on and having to reset.

And that involved a cold shower and ice packs and breathing and a bunch of other physiological tools that could get my nervous system kind of reset and settled down. And so I just wanted to give a concrete example of what we mean by cognitive tools, physiological tools, kind of how they meet in a situation when you're getting activated, even if it has nothing to do with you. Because it really wasn't personally about me. I was just present and trying to help.

Dr Darryl Tonemah

The fact that you recognize that kind of shows that your brain was still firing and wiring in good ways, that you still have the capacity to know those things. Unfortunately, sometimes folks don't have that.

Meagen Gibson

They don't have access to it, right, of course. And six years ago, I wouldn't have. Just in case anybody needs that validation, I wouldn't have had that.

Dr Darryl Tonemah

This came along. And that's one of the things that I think is great because you've done the work and you leave the house and something comes along, you have the tools to address it. And I think

a lot of people go through, maybe people tuning in, or people go through life just thinking, this is just how it is. It fell out of the sky and it landed on me and this is how the world works.

[00:18:25]

And I really encourage us to lean into the possibility, to the potential. I think that's part of human growth and development. What are the possibilities and examples like you that things have changed? And once we start doing this type of work, it doesn't have to be huge, it can start doing subtle things that help this, which helps us.

One of the things that I really leaned into over the past probably five years maybe, is the body as a system. And so many people have told me, I just can't think my way out of these things. Okay, well, then let's start in a different part of the system. If you're feeling stuck because you're trying to think your way out, nothing's changing. Well, let's dive in with physical tools.

Sometimes with folks, my first thing is asking them how much sleep do you get? And focusing on how much water are you drinking? Let's just shake things up a little bit. How much are you exercising? How much activity are you getting? What's your nutrition like?

Finding the spot that the brain and body and the mind, that spot in the system that's going to let us in and start shaking things up a little bit. But again, I think I should emphasize this, have a team, have scaffolding. You don't have to do this alone. I think maybe, previously people thought they did, that they're on this journey alone and no one else can do this alongside of me.

But I think actually, honestly, coming out of COVID season, understanding of mental health and behavioral health has just changed. And people realize we're kind of all in this together and we've all had certain stressors and things. So I think being in collaborations is the way to be right now.

Meagen Gibson

Yeah, it can be hard when people don't feel seen, heard, soothed at home for them to feel like there are resources of support, but there are. There are a ton of them. And I think you're absolutely right that COVID has been a universal kind of compassion point for all of us, where we can imagine someone else struggling because we also struggled.

No matter who you are, you were impacted in some way that you can relate to the fact that somebody else struggled as well, even if it wasn't the same way you did.

Dr Darryl Tonemah

Right. And there's not one person. Like I thought, I wonder how Bruce Springsteen is handling this? Probably the same as me. Just that he's the boss and he listens to his own records, so it's affected everybody. And I love that. A compassion point. Is that what you said?

Meagen Gibson

Yeah.

[00:21:21] Dr Darryl Tonemah

I really like that. Maybe it's increased empathy that we have all had something, so many of us gained the 'COVID 15' or more. We've all binged TV shows and we've all kind of done the same things to try to regulate. I think it's a great time in history for us to connect like this.

Meagen Gibson

Absolutely. Speaking of, if you don't have that community of support in your own home, with your own family, I know that you've said that you can't heal where you're being hurt. And we mentioned actually before we started talking, that safety is one of the core components on a healing journey.

And so if you could talk about that just for a minute about safety. And we mentioned borrowing safety earlier, but in getting your own safety or seeking your own safety, how does that work?

Dr Darryl Tonemah

So I'll tell an anecdote. So my son, he's now 14, but when he was like two, he was just a little monkey, and he'd jump from the chair to the puffy footstool. I'm sure there's fancy names for these things, but he would jump back and forth and then he'd push it out and he'd jump further and he'd push it out to jump some more. And one time I went to work and I came back and he was crying.

And I said, what happened to Parks? And my wife said, he didn't make it. And he pushed it out one too far. She said, I think he hurt his shoulder. So we're kind of feeling his shoulder and it wasn't there. He went down to his wrist and he hurt his wrist.

And we end up at the hospital. The doctor said he broke his wrist. And so the doctor says, will you hold his arm for me, dad? And so I did. And he just freaks out. Not the doctor. My son just freaks out, screaming, everything. What are you doing?

And fast forward six months, we're living in New York, and have to take him in for a well-child exam and the doctor has to give him a shot. And the doctor says, dad, will you hold his arm? And exactly the same thing, he's just screaming and crying. It took me and the doctor and two nurses. I was like, just let him have the mumps. I don't care. And so they ended up giving him the shot, and he was just exhausted.

A couple of months after that, I had to take him back to the same clinic, but his brain fired and wired, just the road that we were on. And he was like, I don't want to go. He's just screaming, I don't want to go. And we get there and I open his door, I don't want to go.

And I said, do you want to run? And he gets out of the truck and we just take off running as fast as we can. And thankfully, he was two-years-old and couldn't run very far

Meagen Gibson

Or very fast, right?

Dr Darryl Tonemah

I could still take him, just so you know.

[00:24:18] Meagen Gibson

Exactly.

Dr Darryl Tonemah

Finally he stopped and I said, you want to go back? He said okay. So we start to go back. And he said, I don't want to go. I said let's go then. We do, like, five times, and by the fifth one, I'm just like, let's just go to the cardiac lab, let's cut out the middleman. Let's just go to the cardiac floor. So he said, let's go then, Dad.

We go in and the doctor has to give him a shot. Nothing. He's had shots since then, all sorts. And he needed safety. We borrow safety. We loan out safety all day, every day, to everyone we meet. And do they feel comfortable in our presence? Do we feel uncomfortable in other people's presence? We're borrowing and loaning all the time. And the younger they are, the more they need to borrow from the adult.

And his brain and body said, I got this charge. I haven't finished using it. What are we going to do about it? And I said, well, let's use it. But when we're running, when we stop, he looks at dad and says, okay, I'm going to borrow your safety right now to help me regulate because I'm this little boy, and I don't maybe have the tools like this to use on my own.

But part of and here's the big part of the thing, is I have to have safety to loan out, which means I have to have ongoing self-care. I got to practice doing this. Ongoing. We don't have a fire drill in the middle of a fire. We have a fire drill 20 times in case there's a fire, but we have it 20 times and there's a fire. We know exactly what we're doing.

The system, the brain, the mind, the body all know how to roll when that fire alarm goes off then. So if I become something, I go out my front door and I become under distress or something during the day, I've already got a system.

I've already been practicing ongoing, just like you were when you needed it. You had been practicing it ongoing. Then if we're practicing it ongoing, this self-care, this awareness of how am I making sure that this is okay, then my son needs to borrow some. We have it to loan out.

When you say borrowing safety, it's like literally, they're saying, okay, can I borrow a cup of safety from you right now because I'm not feeling it? And I say young people, but we do it all the time. You probably had people say comments about you, or it's just really nice to be around you because things feel normal when you're around.

That's just really nice feedback from people, that's just saying, okay, in this environment, I can loan out some safety and they feel normal and regulated within that. So that's what I mean when I say that.

Meagen Gibson

And it's beautiful too, because it's not something you say, right? Like, you didn't sit outside with your son and say, calm down, right? We all mean well, right? We're not telling people to do things. We're showing them how to do it. It's so important to demonstrate it.

[00:27:38]

And what was occurring to me while you were talking is how some parents do this so well for children or people who caretake, right? Nurses, teachers, people who are taking care of people in vulnerable positions all day long. And yet when we get stressed or upset, we don't ask ourselves often, what would make me feel safe? What would make me feel calm? What would make me feel cared for? What would make me feel XYZ?

At least, maybe I'm projecting, I don't ask myself, that enough, right? I'm really good at doing it for other people, but I don't ask myself that enough. I don't say like, gosh, I'm tired. What would make me feel rested? Or gosh, I'm really stressed. What would make me feel less stressed?

Dr Darryl Tonemah

Right. Maybe we don't know until we start monkeying around with it a little bit. And I know for me, I'm a pretty hyper guy. I'm not a go kind of guy. So sometimes if I have a long day at the clinic or I gave a long talk for something, I'll come home and I'll tell the family I'm going to go upstairs and do nothing for 30 minutes.

And the first time I did that, they were like, what? It was totally off their radar that dad was going to do nothing. He's not going to sit here and just twitch his leg for the next two hours. So I would come upstairs and just lay there.

The first several months of doing this, Meagen, were super hard because my feet were doing this. In my mind, I was saying I could be doing this. But come to find out that nothingness is full. It's not even nothingness. I realized my body is always tingling and when I'm still and I can just breathe and get to know what's going on with it, that's a healing process.

So I'm not carrying whatever I came home with and then offering that to my family. If I can come in and reboot and then give that to my family instead. For me, that's been a significant thing. As well as nutrition, being more aware of gut health and things like that has been really helpful for me.

And really that was kind of since COVID started. I think during COVID, the first six months of COVID, it's like 600 webinars, which was ridiculous. Sometimes it'd be six or seven a day because people were so stressed. I wouldn't want to be in that seventh webinar, to be honest with you.

Meagen Gibson

There was a huge demand for smart people like you to talk to groups of people, though. Huge demand.

Dr Darryl Tonemah

No, I was telling knock-knock jokes by that seventh one.

Meagen Gibson

I'm sure, which was probably just as effective.

[00:30:40]

But one of the things that we lost, that occurred to me as you were talking kind of about your routine, is just ritual, right? We lost so much ritual, whether it's our individual rituals, like so many of us came to work at home and so it's really hard to turn off or to leave your work or to go through, not a cleansing ritual, but like I'm putting this down and shifting into another gear where I'm not going to take it. Even though I'm literally just walking out the door into a different room of my own home, right?

Dr Darryl Tonemah

Yeah. Routine like that is important, particularly during a chaotic season. Routine is important because stress and trauma is chaos. It's something so out of my routine, out of what is normal in my life, that it creates this response in me. So it is chaos.

And so part of gathering things back is creating, setting my routine again. One of the things that I work with folks is sleep hygiene. How are you going about that? What time you wake up and nutrition and things like that. And I think the challenge for coming out of COVID season is exactly that so many of us work from home. And I'm in my little office, bedroom office here, and I'll turn this off and it's family go time six feet from me.

And how do you separate those things? That's been a challenge. And it is a challenge. I don't think it is an insurmountable challenge, by any means, but I think a lot of the things that we're talking about today, Meagen, they don't fix themselves accidentally.

It's the things that, how can I start attending to this? How can I throw a pebble in the lake here and just see where it reverberates? And I think maybe I want to emphasize it doesn't have to be the biggest thing. It could be something small that reverberates because you don't know what it's going to affect. But it can't help but change things.

Because, again, my favorite saying to come out of COVID is when things change, things change. And when things don't change, things don't change. So it goes back to that motivational interviewing, but then what are we willing to do? What are we willing to negotiate? Where's the small change that we're willing to make to begin the process of healing and self-care?

Meagen Gibson

Absolutely. And it's good to have a bunch of ideas for what you can change. But I think people often get into that trap where they're like, I'm going to eat better, I'm going to sleep, I'm going to exercise. It's all at once, right? It's a new me, tomorrow, right?

And you mentioned sleep several times. And we did a sleep conference a few months ago, and there were so many tiny, simple little things that can make such a revolutionary, and of course, I'm always experimenting on myself. But one of the things that came out of that was like, actual sunlight in your eyeballs before 9AM.

If you have a regular work schedule and wake up at regular times, right? Little things like that, like direct sunlight into your eyeballs before 9 AM, made a huge difference in my ability to sleep at a decent hour and things like that, right?

[00:34:04]

And that has downline effects on the way that everything feels. So I decided I was going to try one thing, two weeks, get sunlight in my eyes every day before 9 AM. Then the next two weeks, I would try to wear blue light blocking glasses after a certain hour, right?

It was not like everything all at once. What are tiny things that I can do to take care of myself and make tiny improvements? I know you've also said things about seeking peace instead of avoiding symptoms, and that feels like tiny behavioral ways to seek peace. But at the same time, I'd love it if you expanded on that.

Dr Darryl Tonemah

A lot of the folks that I work with, once we start moving the needle a little bit and they're having less response, less physiological reaction, and you can see it in their face, their posture and their body, the way they're sitting there. And I'll say, what does that feel like? And they'll say things like my heart's not racing, I'm not breathing fast, my legs aren't moving and my brain is not racing. And so they're describing everything that they're not.

And this may seem like a semantic, but rather than saying everything you're not, let's call this peace. At this moment, let's call this peace. So then it becomes something to pursue, rather than something to avoid.

And that seems like a small thing, but letting them know that they've had the experience of peace, maybe some of them, for the first time honestly. They've had an experience of peace that, oh, this is on the radar now. This is on the menu. I didn't know it was before. And so once they start, okay, well, what can we do to start having more of those moments which feels like sovereignty?

How do I have more and more of these kinds of moments, where they sit in me and I can just sit comfortably in my own skin? And framing it like things to pursue? I think a lot of the folks that I've worked with who have a lot of traumas are desperately avoiding what it feels like and are terrified of it.

So rather than desperately avoid, let's passionately pursue something that feels better. And I think that to occupy the mind space with that just seems more empowering to me. And you don't have to have been traumatized to do that. We can do that as just self-care on a daily basis.

Meagen Gibson

Absolutely. If you notice that your mind quiets down when you exercise, right? Or you notice that you feel peaceful when you're in the shower or things like that. How can you then bring those in?

I recently had a stye on my eye and I had to get a little heated eye pad, and I was like, well, now I'm a person who uses a heated eye pad every day, because this is lovely, right? But it was like this warm, comforting thing.

I was like, I can't take five showers a day, even though that's when I do my best to calm down. That's when I feel my most me. But I can't take a shower five times a day, but I could heat up this eye mask in the middle of the day, right? How can I give myself these little moments of peace and restoration?

[00:37:51] Dr Darryl Tonemah

Did wearing that affect your driving?

Meagen Gibson

I don't wear it while I'm driving. Non-operational, no operating anything with the eye mask on. Those are the healthy external tools, right? Things like warm baths and showers and sitting quietly on your bed to reset.

Dr Darryl Tonemah

Having that healthy, well conversation with a trusted person who you can feel vulnerable with. That's a healthy external tool. Not every external tool is an addiction. My running road, my running path right here, that's an external tool. And I rock it and I enjoy it and I definitely do not overrun. But it's something outside of myself that I use.

My guitar right here is an external tool. Something that helps me, my kids, my wife, things that are outside of me that help me shore things up. It doesn't have to be a negative thing. But I think when I talk about external tools that are the negative it is we're running toward those to replace, to create some sort of endorphin for me instead of borrowing that safety from it.

Meagen Gibson

Yeah, because we're seeking the same thing, right? But in both instances what we're trying to do is feel peace. In one instance, we're using something that will have diminishing returns for sure. And in another instance, it's sustainable and will help us grow and strengthen us in some way or contribute to our overall health, instead of having that diminishing return.

Dr Darryl Tonemah

Yes. Thanks for bringing that up and making sure that we made that distinction. We don't want to paint external tools as universally bad, but we want to use wisdom in our approach toward them.

Meagen Gibson

Absolutely. And never discount the impact of laughter. Snuggling.

Dr Darryl Tonemah

Oh, absolutely. There's so many things that seem subtle: a positive relationship with someone, laughing, singing.

Meagen Gibson

I'm so glad you said singing. Yeah. And you don't have to be good, right? Like humming, singing, it doesn't matter what it is. There's so much in your vagus nerve and with your nervous system that can be calmed through using your voice.

[00:40:29] Dr Darryl Tonemah

Right. But that guy from Aerosmith, he's always in a good mood.

Meagen Gibson

Exactly. Steven Tyler is never upset.

Dr Darryl Tonemah

That might be something else, I don't know, I don't know. But he's in a good mood.

Meagen Gibson

And someone who sings yourself, right, like Dr Tonemah, makes a lot of music. Y'all check him out.

Dr Darryl Tonemah

And I'm in a good mood. So singing corporately in groups. And one of the things that I like to share with my community that I work with a lot is the 360 degrees of culture. So I'm Kiowa, Comanche and Tuscarora. So I'm a native person and there's lots of research on culture being a healthy, preventive tool for so many things. But it's not just the behaviors of culture, it's the meanings of the relationships within that.

So the uncle that taught you how to fish and the safety within that. The grandma that taught you how to cook, the auntie that taught you how to sew. Whatever it was, whatever that relationship was, doing that behavior, it was more than just the behavior. How did I feel safe and connected and part of a community while doing this behavior?

So when we talk about social kinship systems, we're really talking about safety and how am I using that from these different players that have been in my life? So I've learned safety and resiliency in vagus tone, from many different characters in my life. So one of the things that I could just say to my community is culture can heal the behaviors of those things.

But, my thought is, let me just talk about my specific culture, but cultures around the world. One of my previous colleagues was a Scottish dancer. That's a cultural behavior in the community, in the environment. Just think about what connects you to others.

Meagen Gibson

Absolutely. I love that. Dr Tonemah, thank you so much for being with us today. How can people find out more about you and your work?

Dr Darryl Tonemah

We have a website, Tonemah.com. T-O-N-E-M-A-H dot com. And also for the speaking and stuff I do, we have a website for that too. What is it? Tonemah-Consulting.com.

[00:43:21] Meagen Gibson

Yeah, because [Tonemah.com](https://tonemah.com) has a lot of your music on it, right?

Dr Darryl Tonemah

Yeah, it's got music on there. So get ready to sing. Get that vagus tone so you'll feel better. But [Tonemah-Consulting.com](https://tonemah-consulting.com), I do believe, is where we do a lot of the speaking work.

Meagen Gibson

Fantastic. Thanks again for being with us today.

Dr Darryl Tonemah

Thank you, everyone. Take care of each other.