



Conscious Life presents

TRAUMA SUPER CONFERENCE

Holistic healing in a divided world

Guest: Dr g (Claudelle R Glasgow)

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[00:00:10] Jaia Bristow

Hello and welcome back to this Trauma Super Conference. My name is Jaia Bristow, and I'm one of your hosts. And today I am delighted to be welcoming Dr g. Welcome.

Dr g

Hello. Good to be here.

Jaia Bristow

Good to have you here. So let's dive right in. We were talking just now off camera about your job as a psychologist, which can be similar or different to that of a psychotherapist, depending on the country. And I'm curious what you notice, especially in relation to trauma, are some of the main challenges that your clients are going through at the moment, especially in this era of change and division and uncertainty?

Dr g

Thank you for this. First, I want to center who actually seems to find their way to me because I think that it will provide a little bit of the lens of people that I'm working with. But in general, we can say that this is a time of uncertainty. I could speak to in the US particularly, because that's where I'm based, there's a call to action. We've realized that a lot of the ways with which we have organized our systems, understood and defined things around health, around how we view things, and people, have needed some change.

And so there's a lot of uncertainty about, how do we do that change? And we want the change quickly. We like to move very fast over here. And so there's a lot of people that just feel a lot of anxiety about repeating history, about not properly integrating everybody and all of everybody. And I'll get into that in a little while.

And so we have many aspects of our identity. And sometimes people feel that laws only appeal to one part of their identity. And they're like, what about the rest of me? How does the rest of me get care? And we've seen that in the health profession as well. At least in the United States, psychologists can diagnose, can form treatment plans, but it's a choice for a psychologist to prescribe medication.

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That may be different in, and we were talking about that, the UK and other countries. And so there's a clear demarcation around health and who can offer, quote unquote, medication and what health looks like. In some ways, the treatment of psychology in the West, in the West here, actually separates mind and body.

So they're like, you guys deal with the mind, we'll deal with the body, and everyone will be good. Unfortunately, those professions don't talk. And there's a hierarchy with regard to that profession, those professions, and health as well. And so, therefore, there becomes a hierarchy with how we even regard ourselves.

And so people who are medical doctors, those who could prescribe medication, have been deemed higher on the wrong of the hierarchy and therefore working with the body and not even working with the body holistically, just working with the body symptomatically, has been where people will go first.

And then secondarily, oftentimes, depending on who you are, you may consider that the mind or the spirit has anything to do with or in conjunction with the body. I feel like the way that I approach work and also what's needed for integrated trauma care is that we need the whole thing. We need to talk about the whole system.

When you speak about people like Stephen Porges and Peter Levine and people who are doing somatic based work and somatic based being just of the body, again, different than how we talk about it medically, but of the soma which also includes the spirit, that we're talking about the nervous system and how the nervous system responds to stress.

I'm going to use the word stress to talk about little t traumas, you know you're like I'm late for work kind of traumas, or I forgot work entirely. And for your big T traumas, natural disasters, wars, killings and so on. Either way it's a stress on the body. Either way it is more than we probably typically handle in a day.

And so I feel like in my work with trauma and trauma healing, I'm a somatic experiencing practitioner. Peter Levine was one of my teachers and so I'm incorporating, what's the nervous system doing? I also have a lot of bio background because I was a pre-med major so I can speak that language. I understand there's a lot of stuff going on with the body that's extremely helpful in understanding also what's going on emotionally and how that might increase or decrease symptomatology.

So we need to bring it all together. The other piece that's typically missing in trauma work, and this is missing, in part, because of who you might treat and how we have regarded the spirit. Now the minute I say spirit, people think religion, I know, you're all turning things off right now. But just bear with me. Bear with me.

By spirit I'm not speaking about a specific religion. I am just speaking about understanding that there might be something more going on. We talk about nature, nurture and fate. I'm talking about fate. It's like that other part that we really can't explain that does play a very strong role in how things move. More importantly, this plays a very strong role with a lot of different cultures in how they regard healing and what other elements they need to heal.

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So, we address the body, which can be medically addressed. It could also be spiritually addressed, for this piece of healing. So all of those things I'm seeing, particularly the beings that I work with are black and brown beings at their intersections, basically the global majority, depending on how you define it. But I work with a global majority at their intersections and help them actually reconnect with their lineage of healing.

And that could be a lot of different things, outside of what is typically prescribed or got the stamp of approval, if you will, in traditional psychotherapy. But it's important.

Jaia Bristow

Yeah, definitely. There's so much in what you've just said. One of the things that stands out to me is, first of all, the differences there are in cultures, right? You were saying how in the US, there's this desire to change quickly. I spend half my time in France and half my time in the UK. And in France there's often a very, culturally, a resistance to change. So it's always, pump the brakes, let's go on strike every time there's any changes suggested.

And I'm currently developing a DEI course and training in French. And it's really interesting how using what feels like it works from US culture, because the US is definitely the forefront of DEI, standing for diversity, equity and inclusion, for those who are unfamiliar.

And I think the conversations around these topics in the US are at the forefront, but there's some things that just don't line up right culturally. So I think it's interesting what you're talking about, about taking a holistic approach to healing in general and also focusing on the fact that we're not all exactly the same as humans, that we do have differences in us, different cultures, different ancestry.

And I also love what you're saying because it ties in a lot of the conversations I've already had on this conference. So, I was talking to Tracey Reed, for example, about the mind body connection and trauma and chronic illness. I talked to Jonathan Meenagh about the spiritual element that you were bringing in of trauma and ancestral trauma healing. And I've had a session with him and it's like, yeah, if I didn't believe in anything like that before, then I do now.

And I did. But that's been a big part of my, not just trauma healing process, but healing process in general is, like you say, is it fate you said? The body, mind and fate, the fate element. I also spoke to Martin Aylward a bit about how different cultures can have different lenses. And I think often in the Western world, we can be very focused on not, as he calls it, the hard luck story, which isn't to say that there's no definite trauma, but then other cultures focus more on the blessings and the goodness and we spoke about that.

So I really appreciate everything you're saying because it's tying so many different threads together. So, yes, I was wondering if you could say a bit more about this holistic approach and how you work and the importance of that.

Dr g

I think I just also want to make a mention about just different cultures and why particularly working with black and brown beings is my center. One, it's my lived experience, and I've had a lot of experience of being viewed, even with regard to my privilege, as being less than human. So for me,

this actually comes down to humanity. I know there are a lot of cultures where they're like, we're fine, we've got brown people, we're okay with them. We don't have a race issue, that's a US issue.

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We have to remember that colorism, we can speak about it, and colorism is in every single culture. So whoever is listening to this, it may be an untold story, and it often is. Right now, we're just very loud with it here, but it happens everywhere. And it's been around since the advent of othering, from the beginnings of slavery, which, again, there are two different versions of slavery, right?

There was slavery in the sense of servitude in class and hierarchy. And then there's slavery as far as exploitation and removal of human rights. And so sometimes people speak about it in different ways in different countries. So I just want to make that note.

And here in the United States, and even just a result in Europe, because it started there, with regard to slavery, there have been laws that have been put in place where particularly dark skinned black beings and, again, black across a diaspora, I'm not just saying American blacks, are viewed as like three fifths of a person and viewed as lesser humans.

So I really come back to the theme of humanity. And God forbid that you have any other aspect of your being, like, I'm a queer, non binary being, so like, I don't know, I'm like a 0.5 of a human. I don't know. I don't do fractions, but less than a less than a less. And sometimes those other aspects of identity are not regarded. So that's really important to how I do the work.

First of all, we have to be able to view the being that we're working with as wholly human. I can't tell you how, it seems so simple, but you'll be surprised because of the amount of bias that exists in all of us, in all of us, I was not raised to be very pro black, ironically, I was raised to really admire whiteness and wealth and that positionality and to fashion myself in a way that would be respectable, if you will, to be a respectable black, right?

And so, of course, I went through an institution that is about respectability and to be the model minority. So I always will have my work to do as well. And still my lived experience mirrors a lot of my clients. And just to be viewed as a full human being, to be curious and to be asked about your full being, is something that in and of itself is relieving.

There's so much shame and isolation, abandonment and abuse that comes from within families. We forget that this starts within families. So a lot of traumas start there. And so to be in a space where you are firm is the beginning of being able to relate to another being and not come from a stress response. We don't realize how many people are coming in in a heightened state.

And then we, as healers and clinicians, are trying to help and it's like, no, they're not feeling safe, and we're not able to even pick up on the fact that people are not safe. And so that is always the first round of doing the work for me, is how do you understand safety? Really understanding that from a client's perspective and how am I holding it? And how am I not?

I have my biases, so how am I not, how am I even bringing judgment into this space that is making me feel safe? And I take as long as the client needs for that to feel right and for them to also know what that feels like because they're often turning that off or minimizing or only knowing that they can only have that space in one area.

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So I do find a resource of, what is one space where you feel safe? It could be under the covers, in your bed, door locked, barricaded. If that's where you have had a feeling of safety, let's use it as a resource and understand how that feels in the body, how that feels in the mind, what that makes you want to do and say from that space. And then how can we begin to bring that resource into other areas, especially in the room here, so that they can actually hopefully learn something else to help them with the other things that may be going on.

So it sounds like such a simple first step, but the most simple things are really complex and they require a lot of work. And sometimes I work with a client for a month and they're like, I feel aligned and we can talk about anything.

And sometimes it's like, I don't know, I still need a year. I've had several therapists who have tried to do conversion therapy on me or who have actually caused harm. So I don't know about you, and they've also maybe even looked like you and I don't know about you, and that is fine, but you're here. So that's how I start the work.

Jaia Bristow

I think that's so important. And I love what you're saying about how it's about humanity, right? And that so often we receive these messages because there are these systems of division and oppression in place and we're all receiving the same messages. So if we're not actively doing the work to undo those messages, then we will automatically see certain people as lesser than other people, as less human than.

And that's uncomfortable to hear and uncomfortable to process for a lot of people, but I really hope, especially practitioners, I hope everyone, but especially practitioners, are listening to this conversation because what you're saying makes a lot of sense. We know that stress and safety are linked to trauma.

So if a white therapist, for example, I'm just using this as an example, is working with a person of color and hasn't done some anti-racism work in themselves, then the person of color or anyone from minority and oppressed groups, marginalized and oppressed groups, naturally have their guard up a lot more to protect themselves.

And so if they can't relax in a therapy session, which is designed for someone to open up and be vulnerable, because they can't feel safe and the job to make them feel safe is on the therapist, or the psychologist as we were talking about the different terminology, yeah, I think it's really important what you're saying.

And the other thing that I really took from that is how, like I said, we're all receiving the same messages, but those messages impact us differently. So as a black person, you receive the messages that whites are superior, and so that was impacting you as you said growing up, you didn't grow up pro black, you grew up valuing whiteness because that's what society tells you to value.

And if a white person grows up hearing those messages and receiving those messages, they will think less of black people, and black people will think less of themselves. And it's not to make this conversation all about race by any means, that's an example of showing how these systems, which are so ingrained in society, can work. So thank you for sharing that...

[00:17:37] Dr g

And that it's ongoing, I think I want to name this piece too. I think that when we're in this work there can be a sense of and a desire for mastery, that we can do the training and we can check things off and then it's done. But bias is intrinsically a part of our human nature. I like oranges more than I like certain other kinds of fruit. To make it basic, we all have preferences and we all have biases, and, so, it's beyond a training.

I really tell people I regard this as a way of life that I can't just close the door and be like, well this was great. I use all my DEI words and I use all the things, and then I'm going to practice a very different way of living at home. We're relying on our bodies, our bodies maintain our memories and our ways of being far more deep, deeper than our cognitions do.

And so you can't fake it. You can't fake that you like apples, you just can't. Your face is going to immediately get pungent and even though you're like, oh this is great, there's going to be incongruence. So I just want to really iterate that I think as part of this change, the idea of mastery also needs to be played with differently, that we can approach things with a beginner's mind. They say this in Buddhism, a sense of freshness.

I wonder, although this person looks like this, they're not like each other, or although they like apples, they may like McIntoshes and I'm not a fan of McIntoshes. So, can we be curious? And that space of not knowing is not threatening to us. I think that that's the hardest thing about us learning and changing how we do this work.

Jaia Bristow

I love that idea of focusing on cultivating curiosity rather than just thinking we can just master something and that it's the work of a lifetime. Those are also the things that I teach in the workshops I lead and that I really hope are messages that people hear and receive, that being open minded.

And you mentioned Buddhism, you've mentioned spirituality, you've mentioned fate, you've mentioned your work around working with queer people and people from, black and brown people, and people from other marginalized and oppressed groups. And so I'm wondering if you can say a bit more, and obviously you're a psychologist where in the US you have the choice to also prescribe medication or not.

So psychologists and psychotherapists, I think, are kind of the same profession for you. So I'm wondering if you could say a bit more about this kind of holistic approach and this how to, you were talking about the mind and body again, about how eating an apple you'll have the visceral reaction if you don't like apples, for example, so could you say a bit more about your work and the sort of holistic approach?

Dr g

Maybe we could start with how we regard symptoms, because that seems to be where we may differ in what we do with them. So, for example, when somebody comes in with any kind of symptomatology here, I'm sure over there too, mental health words, I mean, everyone's reading a DSM, so I feel like people self diagnose, which I think can be very empowering to have a name for their experience.

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So we have a whole battery of symptoms. And so the first thing is that the way that may be different than I view symptoms is I don't view them as a problem. And so that can seem really countercultural to start with, it's like, well, I'm coming here, obviously there's a problem. So I just feel like first we have to view that what is arising has been a way of coping with said stressor, whether it's on the level of trauma or the level of overwhelming stress.

Either way, I am in appreciation of it, actually, that it's gotten you here and that it's allowed you to survive, then you'd like some changes. It also is a way of creating and inviting a sense of curiosity about symptoms that people experience and to think of them differently. So now I'm not boxing them. I'm not erasing people's self diagnosis.

I actually don't use diagnoses very much with people because people get very rigid, especially here in the States, around what it means and they over identify with the diagnosis. They actually call it themselves. They're like my anxiety and my, and I'm like, really? It's all of you? So working with cognition, working with mind, we need to create as much space as possible.

So, here's another way I love to play and flip with how people think about things. So it's a big part of my work. Symptomatology as not being a problem is the first thing, so I don't build resistance against it. The next thing is just being curious about how it works, and so everyone's more comfortable talking and everyone is more used to talking about it from a cognitive perspective, everything from ancestral work to just psychotherapy. If they want to talk about it in that terms, I'm just like how do you understand it?

So frame of understanding really helps me understand what a person is bringing into the room, what they might feel safe and what their paradigms of talking are. That helps me bring a space of entry but also be curious about other areas that may not be spoken to. And then I teach a lot because whenever we're talking about the body, most people in the Western hemisphere are like walking around without their bodies, they're just talking heads, so they're usually not aware of it.

And being aware of a body, sometimes it can make people feel more vulnerable. Especially if I'm working with any kind of intrusion trauma, usually there's a lot more explanation and permission and teaching before I do any intervention per se. And even as I'm doing an intervention I'm telling them and asking them and I'm always giving them a way out.

So here I'm trying to create a narrative that begins to be in dialogue with the body. So, even if they say, I feel anxious all the time, I'm like, as you think about that right now, what do you notice happening in your physical body? And usually people start to talk about emotions, which are still thoughts, but it's a starting point. I'm like, okay, cool.

And then we get animated about well, what if we had to draw it, if we had to give it life and 4D experience, where would it live? And I tell people that the reason being is because when we start to think about a stressor of any sort, regardless of symptomatology, if we don't define it, then it becomes global in our experience, it could be anywhere in our body.

So this is just a mind trick, we say our minds are not very smart, and very open to suggestions. So it just helps people know that they have something, relatively speaking, that they can address even though it may feel overwhelming and something of their totality. So that's mind body, and

we're always playing and checking and seeing, would mind agree, would body agree, with what you're saying, what you're feeling?

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And it's just playful for me, I feel like the work of Holism is also around play and exploration and so I don't know why after third grade and under here it's like we stop playing, we stop having recess. We still need it. So that's a part of it. But then I ask about beliefs, other people in the family, or if there's some resonance and vibration.

And so what we see ancestrally or intergenerationally, is sometimes certain diseases, certain happenstances happen for many people in the family and it's just curious. And so sometimes even just working with that threat, I tell people that our bodies are not just our bodies. Our bodies are cellular imprints of the memories and resources of many other beings that have come before us.

Just like a deer from jump knows to get its legs together and if it sees a tiger, it's going to try to run. It might be a little chaotic, but it's going to run. No one taught that deer anything. It was just born. But it knows that, right? So this is the same way, we have that animalistic way in a very healthy way of muscle memory and also, sadly, sometimes muscle illness and disease.

And so knowing that can sometimes be empowering for people because they feel like not only are they helping themselves in growing and understanding of this, but they're also helping many generations back about a different way of engaging and responding to stress. So I bring in that piece for people and depending on where people are at, sometimes we do some ritual.

And ritual can just simply be talking to our great, great, great grandfather, if you happen to know that being. Even if you don't know their name, you know that they were there at some point and you know that they had heart disease and every woman in your lineage has heart disease and now you do too. And so what can we do to work with that now?

It's just another element of bringing connection and bringing community in, psychotherapy has become such an individualistic kind of healing process when every other culture, for the most part, is collective in nature and community in nature. So even symbolically, we're bringing the community in for healing, which has a very different feel about how you hold this space.

But those are just some things and I know people are like, what about the trauma? And I'm like, yeah, I think we can get really buzzworded about things, but trauma is overwhelm. So I'm always talking about overwhelm and overwhelm manifests in a lot of different ways. That's one way of playing with it.

Jaia Bristow

I love that and I love what you were saying about addressing symptoms, but not seeing them as problems. And I'm curious, when you say people come in with symptoms, are they usually mental health symptoms, physical symptoms, a combination? What symptoms do you specifically address, or work with?

Dr g

I work with many. I'm actually really surprised, many people are using a lot of DSM words. I feel like it's just right out of a book. And so I've had to do a lot of work with people to be creative about

how else they would describe that, because it really doesn't give me any information, if I can flip through the book. I also explain to them about diagnosing, that even though they're describing the symptom of difficulty sleeping, difficulty sleeping is in like 60 different diagnoses, so I don't know what it means.

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And we get a good chuckle out of that because they're like, you're the doctor. And I'm like, I know, isn't it funny? But it's so that people can really make it their own and really add the nuance of their experience to this arbitrary name. I'm just using this arbitrary name. I also work with people who have had psycho spiritual difficulties.

I'm a strong proponent of indigenous medicines. People use indigenous medicine to help heal. They trust that more than they do, by indigenous I mean plant based, sourced medicinals, and they trust that more than they do pharmaceutically constructed medicines, which were derived from plant based medicines.

So I just want to center that. When we speak about prescription based, we can be talking about two different branches of prescriptions. And so sometimes people have not been guided well. Sometimes people view their symptoms as being more a gift, actually, but they don't know how to train or work with it or cultivate it.

And, so, traditionally and historically in psychotherapy, that would have been pathologized and viewed as being an illness if someone came in with a psychospiritual concern and from hallucinogens, auditory, visual and so on. And I don't regard it as so because many cultures see that as a strength, but because many people have been taken from their cultures, their cultures have been stripped or they have had so much distance from their lineage that they don't know how to utilize, it doesn't mean it's gone.

So I really try to help people, and I don't know all indigenous ways by any means, but just helping people resource back to their lineage, to roots, to finding connection with it, but also helping them work with it in a functional way in this moment, is what's most important. So, is it causing a person's distress, is for me to find out from them, but not for me to determine them, which is definitely a flip.

Jaia Bristow

I love that because what I'm hearing in everything you've just shared, in the taking the symptoms seriously, but really questioning what do people mean, not just taking them out of the DSM-5 book, because we were talking about DSM-5, I also just wanted to highlight Dr Patrice Douglas's work, who does some amazing work around the DSM-5, and especially black and brown communities. I've interviewed her a couple of times and she's great.

So just throwing that out there, but yeah, what I'm hearing you say in your holistic approach and taking the symptoms seriously, but not making them problems in this idea of you are not your symptoms, you are not your condition, in what you're saying about working with the mind body connection and, how does that feel in your body? Not just your thoughts, not just your emotions. Where is it actually somatically, what's going on?

Asking or talking to an ancestor, if that's helpful. Working with plant based medicine, everything you're saying is saying to me that when you see a client, you're basically saying to them, there's

nothing wrong with you as a person. And if you believe that, that's messages coming from all over the place.

[00:32:55]

But that actually maybe some things aren't aligned in you right now. Maybe some things feel off. Maybe there's some issues and some problems in general, or maybe some of your symptoms are causing problems in your life, but you are not a problem. And as someone who has had many mental health conditions, many physical conditions, who has dealt with trauma and my own ancestral types, I could feel myself really relaxing as I was hearing you describe the way you work, and I was, like, curious as to what, and that's what it is.

I spent so much of my life feeling like, we talked about feeling lesser than or being treated as lesser than in society, but also feeling like I'm a problem or a burden or everything's wrong. And I remember hearing a podcast recently about the soul, the body and soul connection, and how so often we think of the body as like a meat sack which contains the soul. But actually this person was saying the body is part of your soul, it's a physical expression and manifestation of your soul.

So, again, I don't want to scare people away with all this spiritual talk, but yeah, really appreciating and I think it's probably good for some of our listeners to hear, that you might have some issues, you might have some things that aren't aligned. You might have some problems in your life that are being caused by some of these issues or impacted, but you yourself, as a being, there is nothing inherently wrong with you. Or at least that's the message I'm getting from what you're describing. And that feels good to hear.

Dr g

Yeah and I think the other thing that I tell people is that I believe that you can heal yourself. It's not to diminish my skill set or the training I've done by any means, but we actually, and I know this will not benefit capitalism or anything else, but we do have the intrinsic ability to heal under the right conditions.

And so the other thing, I think, that people come to me, it's really about severity and how long have they waited before they have wanted to reach out? For many people, it's been years, like I've been holding onto this for years and I'm like, ah, how compounded that makes things. And so I really keep telling people, I know that you can heal yourself and I'm here to be a guide to listen for what are the conditions that are needed for your healing, and where are they going to come from?

Many of them are internal, around, whatever. That is my job, which is not how I was trained. And it's always a tear. I'm actually holding space called confluence, and it's a space for, you know, black community and black mental health beings. And I'm speaking about mental health beings who are degreed and not degreed, because many people are holding, regardless of being degreed to hold.

The one's ability to hold is about a person. We all have intrinsic skill sets. What makes you, you? That's when we talk about soul, your essence, you're you you, there's a lot that changes in you and anybody. But then there's that you you. That you you has a capacity and it just needs more space and it becomes stressed and it becomes overwhelmed and it gets misaligned. And the body is part of nature. It does not like misalignment.

[00:36:53] Jaia Bristow

I love that because what I'm hearing is that you're there to help guide and facilitate your clients in finding their own alignment and healing themselves. There's no ego involved when you talk. It's not like, me, I am a healer, I am here to fix you. Give me all your money, I give you medication. The end. Which is, I feel like, what the medical system has become, and it's such a shame because healing, at its root, feels much more aligned with what you're sharing.

And there are certain cultures, certain people, certain ways of being that still live with that sort of ethos of healers as guides and facilitators for the person. And again, taking that holistic approach to see exactly what's needed in the individual. And so, like you say, it's bringing in the collective but also focusing on the individual. It's not a template, you apply the same to every person, because every person isn't going to need the same thing.

Every individual might be a bit misaligned in different ways. So I think that's fantastic work and I really hope that whether people listening are practitioners working with people, dealing with trauma, or people managing trauma in their own lives, that people have stuck with us, because I think this has been an incredible conversation and I really admire the work that you're doing.

Dr g

Thank you. And thank you for providing space for that to be heard. And I just want to tell people out there, don't be discouraged. We're all doing this together. And I know it may not be felt that way because of the charge of the times, but that's just because it's urgent. It's urgent that we align because we've been misaligned for so long. That's all that it is. And so that's going to feel louder. Let's be messy together and figure this out.

Jaia Bristow

Brilliant. Thank you so much for your time today, Dr g. How can people find out more about you and your work?

Dr g

Yeah, well, go to my website, which is www.claudelleglasgow.com. I'm [fearlesscrg](#) on Twitter. Or [garudagrין](#) on Instagram. And otherwise, you know, opportunities like this, as I said, as a traditional healer, I respond to the ask. So don't hesitate to reach out and just say, I have an ask. Can we have a conversation? Cross discipline. I'm here for that.

Jaia Bristow

That's phenomenal. Thank you so much. I really, really appreciated this conversation, and I hope everyone else has, too.

Dr g

Thank you.