

[00:00:00] **Dr Mike T Nelson:** Welcome back to the Flex Diet Podcast. I'm your host, Dr. Mike T. Nelson. On the podcast here, we talk about all things to increase strength. Muscle mass performance. And how to do it in a flexible manner without destroying your health. And today on the program. I've got my good friend, Dr. Dee, AKA, Dr. Danielle McGinnis.

And we talk all about. Everything from identity. How do you change your identity? And especially in the fitness space. This has all sorts of things attached to it from appearance to performance and more. I originally met her through the fine folks at the special forces experience. So we were able to go down to.

Costa Rica a few years ago hang out did a brainstorming mastermind there. We did some plant medicine and combo. So I'll have a link to that. If you want more information. And yeah, so I've been able to see her quite a bit over the past few years. She also helped out with. Special forces experience the process, which I was at in April, helping out also.

And we talk a lot here about. Trauma high stress events. Different methods. That she uses, especially somatic experience. And just a wide ranging conversation that I think you will enjoy. And as it typically starts out on the podcast, we just started talking and I wanted to get everything.

Recorded for you. And speaking of stress. A great way to measure your stress is by using the technology of heart rate variability. That's something I've published research on the been looking out for, well over a decade now, which seems fascinating. And the great part about eight years ago, the athlete app

it was incredibly useful. Because you could measure it using an app on your phone. So previous to that, when I was doing my research, the university of Minnesota, which I published as part of my PhD. We had to have subjects come into the lab. We had about 10 grand of used equipment. We had to take their measurements in the lab with an EKG with special equipment.

I then had to create a MATLAB program to. Do some things to the data, submit it to Cubious by hand, blah, blah. Big pain in the butt. But now with the use of an app, and after about eight years, it's been out, I've been able to look at, literally thousands of HRV data points from clients over that time period.

That's been super useful to determine what their stress level is. And that gives you an idea of if you're more on the parasympathetic rest and digest, or the sympathetic kind of the stress side of the equation. And then you can do a deeper dive into lifestyle training. Performance outcomes, et cetera.

So what have all the measurements and data I've gathered over probably the last decade plus now. I do use heart rate variability, probably as a number one thing on a day by day basis. And I've now opened a, my heart rate, variability education course on it. You can find it at heartratevariability.net.

So go to heartratevariability.net for all the information. As of this recording, it'll be open through this coming. Friday. It's September 30th, 2022 at midnight. But if you go to that link after you can find that there'll be a waitlist there in a way you can get more information. If you're interested in using heart rate variability for performance.

And just seeing how hard you can train when you should take an off day when you should take a rest day. Or even insight into other things in your lifestyle. And she did not know were big stressors. Highly recommended, go to heartratevariability.net for all the information. And enjoy this podcast with Dr. Dee

[00:04:27] **Dr Mike T Nelson:** hey, welcome back to the flex diet podcast. And I'm here with Dr. Danielle, Dr. Dee how are you?

I'm good. How are you? Dr. Mike? I am wonderful. Life is good in Colorado.

[00:04:39] **Dr Dee:** Life is good in Colorado. We are, I think, officially phasing into fall weather. It's not scorching so much. So that's my favorite.

[00:04:50] **Dr Mike T Nelson:** So I've heard, it's been really ridiculously warm, like the couple weeks ago.

[00:04:55] **Dr Dee:** Yeah. 95 plus.

[00:04:56] **Dr Mike T Nelson:** And I'm like, yeah, I'd say that's warm.

[00:04:58] **Dr Dee:** yeah. OK. It's time for this to transition. So yeah. It's been great. Yeah, Colorado is Rick and I, my fiance, Rick, who I believe has been

[00:05:09] **Dr Mike T Nelson:** on the podcast. He has been, yes, we will link to that episode was awesome.

[00:05:13] **Dr Dee:** Yeah. We initially lived in downtown Denver when we lived here and we now are in the suburbs and it feels so much more Colorado.

So more open we're. Yeah, we are. We're really enjoying the nature aspect of Colorado.

[00:05:29] **Dr Mike T Nelson:** That's good for this whole. Yeah, Rick doesn't quite strike me as the downtown big city kind of guy by choice. No,

not at all. Not at all. Yeah. And the dogs are good.

[00:05:44] **Dr Dee:** Dogs are good. They, if you guys hear the dogs and the background, I apologize. They're Chihuahua. And they like to take up space

[00:05:51] **Dr Mike T Nelson:** too. So yes. They think they're big dogs. Yes. Yes they do. totally off. Yeah. Which kind of is a weird transition, transitions into our conversation today.

Talking about just changes in. I would say identity, especially from people who are lifters and especially with your given background and your personal experience, I thought you would be the perfect person for it. And you, and I've been able to see part of your transition, which has been amazing. So kudos to you for all the work that's been involved in it, which I've only seen a tiny portion.

Yeah. But for people who are new, give us a little bit of your background of where you started doing a lot of CrossFit and then where you're at now.

[00:06:39] **Dr Dee:** Yeah. Let's see. So I actually went to school for physical therapy, so I got my doctorate in physical therapy. And actually when I went back to school for physical therapy school I went to West Virginia university and that was where I got my undergrad.

But. When I went back to Morgantown, I really didn't have anybody that I knew there that I had known there in undergrad. And so when I went back, joining a CrossFit gym is a great way to meet friends. Definitely. Yeah. If you're in a new space, like joining CrossFit, gym is like a surefire way to, to build a community.

If you have no community, which was one of my favorite things about it. I had a little, I had worked as a personal trainer. I got my undergrad in exercise. Physiology worked as a personal trainer for three years in Austin, Texas. And

so I had this background of strength and conditioning, but it definitely was not CrossFit style that I was implementing in my business.

And so I had a little stigma around CrossFit cause it was still kind.

[00:07:46] **Dr Mike T Nelson:** New. And what year was this? Just for context. So people know

[00:07:49] **Dr Dee:** this one's about 2013. Okay. Yeah. Yeah. 2016. So like CrossFit really wasn't like it is

[00:07:57] **Dr Mike T Nelson:** now. No, it was still, I'd say much more kind of underground ish. Like more, I don't wanna say original CrossFit, but it was still very different from one gym to the next

[00:08:06] **Dr Dee:** even.

Yeah, totally. And so there wasn't a lot. Consistency across the sport. Really hadn't settled into what the mission of CrossFit really was. But, when I went back to physical therapy school, it, the community aspect was a huge part of it. And that's what drew me in to CrossFit. And so it was really interesting because going to physical therapy school is like a nine to five, like Monday through Friday.

And then on the weekends, you're doing overtime with all the other stuff. And so with that, I had to let me backtrack my orientation to physical therapy school. The professors were like, you're not gonna have time to eat or sleep or take care of yourself. And so really try to prioritize that.

And there was a part of me that was like, what? , that's crazy. And. It was really interesting because I find myself to be, I'm just comparing myself to Rick. Like I he's always said that being dedicated and like consistent with something it's much comes much easier to my personality than to him.

He has to use a lot of willpower to do that for me, there's this kind of underlying just do it. That was like part of my upbringing, and so for me, waking up super early and going to the gym was not a thing. And then when I joined the coffee, it was easy to, yeah, it was very, it was part of the routine.

And if I have a routine it's like, all right, follow the routine and it's fine. So the problem comes when you start doing that unconsciously and you get addicted to the routine and then anything that falls outside of the routine becomes.

Incredibly overwhelming, I guess let's just say that. And then when I found CrossFit, it wasn't that I was just going to the gym in the mornings to do my accessory and like strength work.

It was, I was doing that and then CrossFit in the evenings. And sometimes the boldness of that was really taxing on my system. And given being N PT school, doing two, a days, four or five times a week, plus the four hours of sleep that sometimes you get when you're in a program like that, plus really shitty I don't know if you're allowed to curse on here.

You're fine. Okay. really awful. Methodologies and things that were seeping into my head about diet and the amount of calories I should be eating. It's like the amount of calories you eat during a body building cycle is not the same amount of calories that you eat when you are doing two, a days with body building and CrossFit.

[00:10:49] **Dr Mike T Nelson:** But the 1200 calories come up, it seems like women default to 1200 calories for some weird reason, no matter what they're doing.

[00:10:57] **Dr Dee:** yep. 1200 to 1400. Yep. Right there. Exactly. Which was really interesting because a couple years before that I had torn my ACL and I've had, I had a couple knee surgeries a few years before going back to physical therapy school and.

It was really interesting because I had this huge fear of gaining weight after surgery, like disrupting the quote unquote routine. Those are the irrational things that flood in when you get addicted to routine. And , it was really interesting because actually the complete opposite happened when I had my knee surgeries.

I lost a lot of weight, which was muscle. And when I started rehabbing that adequately actually CrossFit was incredibly helpful in building my strength back up. Like it was the first thing that I had found that I actually felt really strong. And also it didn't hurt at first. But then, Doing that type of activity level on not a lot of intake, it was really starting to become taxing on my body over.

I would say two years, I really started to feel the system like backfiring on me. Simultaneously, I was running a strength and conditioning company. So I was doing all of this

[00:12:18] **Dr Mike T Nelson:** stuff. You weren't doing anything at all. You're just sitting around twiddling your thumbs all day, right?

[00:12:23] **Dr Dee:** there was so much stress on the system and it wasn't until I moved to Charlotte, North Carolina.

So did my clinicals in Charlotte and got some space from that traditional routine. And I started playing around with oh, maybe I'll do CrossFit this day. So like things started to break up a little bit in that rigid routine and pattern. And then I really started to, it started to amplify the gaps or the spaces in my own physiology, in my ability to adapt to stress.

I was also working in the physical therapy clinic, like 10 hours a day. So I'm treating injuries, but also. Dealing with my own

[00:13:08] **Dr Mike T Nelson:** inducing injuries.

[00:13:09] **Dr Dee:** And so I think a lot of my attention started to D instead of just being so focused on my outward output, it started to turn inwards and become more reflective.

Like soon as I disrupted those patterns, things started to shift inwards. And that changed a lot for me in recognizing that like you said before, we hit record that came at a great cost and not only was my physiology suffering, but like my mental health was really suffering as well. There was like the outer image of me that I had created and manipulated by diet and exercise.

It was becoming harder and harder and harder to maintain and more exhausting to worry about that constantly. And so there was this. Metaphorical death, like experience that was trying to happen, stopped being so attached to that external image. But there was something in me that was so terrified of that, that it was it, I had to hold onto it until I was ready to let go of it.

And CrossFit, for me, it was so interesting because simultaneously the paradox of CrossFit is it's the thing that made me feel the most strong and the most weak at the same time. Yeah, just looking from different lenses, so that's a little bit that mean that was a lot

[00:14:32] **Dr Mike T Nelson:** of background.

Yeah, no, that's good. And that, that mirrors a lot of, I, haven't not so much in the past couple years, but in the past I worked with a lot. I would say more

CrossFit athletes. Some of 'em were at a high level. Some were, in intermediate to high level and almost all of 'em had either reached a plateau or had hit the plateau and then stepped on the gas harder.

And then just the car just started going backwards down the hill and then it, for all of them, it was really hard to figure out. And I ran into something similar with just. My methodology to solve any problem is just I'll just work harder and listen to louder music and drink more coffee.

And that works until it doesn't work. and then you're like so confused because all of your reps up until that point is like but this worked. And so there's this part of your brain. That's still thinking that what has to work. I just have to do more of it. I just, I gotta try harder. And you end up realizing the cost starts becoming this escalating non-linear thing, whether that's physical, mental, like all of the above.

[00:15:40] **Dr Dee:** Yeah. Actually I have a really interesting, I've been actually really thinking about this a lot lately. So modern day, fast forward, left physical therapy working in the clinic transitioned to doing somatic experiencing work, which is a trauma healing methodology of. But I have a little depth psychological spin on that.

So it's not just a physiological approach. It has a psychological approach as well, but there's a pattern in the nervous system called global high activation pattern. And it's basically the person who has their sympathetic state stuck on . So it's like the gas pedal, it's like foot on the gas.

And we have to wonder in that global high activation pattern, like typically what I've found in working with global high state, my own and other clients is actually, there's a really deep terror of the low. Yes. So of coming down off of the gas pedal it evokes A terror in the system. And what that does is now you have incredible sympathetic drive coupled with terror, and that's like foot on the gas foot on the brake the same time.

And so that's why this

[00:16:54] **Dr Mike T Nelson:** smoke coming outta the

[00:16:55] **Dr Dee:** engine. the system's stalling out, right? Yeah. And if you put a psychological spin on this, cuz I don't think the physiology and the psyche are separate. I think they're one in the same the addiction to the highs and the addiction to the ideal images, that ideal lives in this realm that is other worldly.

It's not maintainable for the human psyche to live in the realm of the gods and the realm of the ideals. Like it's just not possible, but that realm of the divine of the sacred of the gods, the ideals that's like how I've heard it. Referred to as that's like the a hundred thousand volts of energy.

And what if your psychic cow, your body, your system can only work with a hundred volts at a time. So we try to manipulate our system in our body to take more and more so that we can live at that level. And we just can't and that disregulates our system a lot in pursuit of that.

So in my work I've found that the process of coming down out of that kind of foot on the gas state, isn't a fast process. You have to slowly titrate the lows. What's it like for you to just maybe be with a sensation that isn't. In that habitual state, what's that like for you? And it's just like little pieces of that trying to get integrated into the psyche.

So there's a lot of psychological physiological implications to those patterns, but I feel like those patterns in particular are so prevalent in our culture because they're rewarded. It's especially on social media. Oh yeah. You get validated and paid for it,

[00:18:51] **Dr Mike T Nelson:** Yeah. You make money

[00:18:52] **Dr Dee:** now.

yeah. It's like you get famous for being the ideal. That was my experience. I was the figurehead of my strength and conditioning company, eating 1400 calories, ripped shredded to pieces and getting so validated for something that was incredibly dysfunctional. And that does a number on this system, psyche body.

So yeah it's a really. It's a really problematic pattern. I feel like, it doesn't just show up in exercise and food. It definitely shows up in relationships to work relationships, to relationships like it shows up in so many different ways. Any addictive state, I think. Have

[00:19:34] **Dr Mike T Nelson:** you found similar?

So the thing I've noticed is I also have a disdain for the word optimal one, because it, if you gave me \$2 million and said, Hey to do, let's say, pick a CrossFit workout, Fran, to what is the Beth method up methodology to train or optimal methodology to train for Fran. You've got four months to do the study.

There's \$2 million, figure it out . And the reality is if you're asking what is the optimal protocol. You can't answer it, right? Because you could have added this. You could have changed that you could have picked another population. You could have tweaked this variable. It's a never ending list of possible things you could have done.

However, I could answer. I have protocol a and I have protocol B, which one of those is better? Yes. You could definitely answer that. So I'm always real big with language with clients and myself of, I get nervous when they're like, I just wanna do what the optimal nutrition is. And I need to be more optimal in my life so I can work better.

And I'm like, whoa, slow down. Because I think that pattern, like you were saying sets up this high point that they'll just never achieve. And it, and I didn't catch this in the past and those clients would do better. But it was never good enough, right? It didn't matter how well they did. There was always this thing of I could be more optimal , and I, so I tried now just to be like, Hey, you did the thing.

Yay. Hey, you did better than you did last week. Or, this protocol was better than what we did before. Great. Because if you iterate on better, you get closer to this mythical optimal, higher state of wherever it is. They're trying to go.

[00:21:18] **Dr Dee:** you said it's mythical. It's the realm of the gods.

And when I hear optimal in the way that you're talking about it, I'm like, oh, that's just a pseudo word. That's covering perfection. Yes. That's what I hear. It's you're not looking for optimal. You're looking for perfect. That's what, it sounds like the perfect ideal thing for me. And it's it's not attainable.

It's not like perfection is the realm of the gods. Personally. I see that. And it's really interesting because I think this brings up a really interesting position of how culturally we framed health. Like usually we break things into like healthy and not healthy and optimal. It not has to be one or the other and I got, I'm telling you, Mike, I got an email in my email the other day, that's nine signs of a healthy relationship.

And it pissed me off because I'm like, this is a practitioner that's claiming to work in quote, unquote youngy intern. So inclusive of, paradox and in between spaces. And it's like, when you tell someone like, oh, that's not healthy. I personally don't believe just working with nervous system patterns and working

with people psyches all day and trauma, most people aren't, they aren't at the level of consciousness to be able to distinguish paradox.

They are stuck in that realm of it has to be this or that. . And so when you're telling somebody, oh, this is healthy and this is not, I imagine it as you're speaking to a 10 to 12 year old, because that's where their psychology is at. And it sounds silly, but it's so true that you, in the system, if you like tell somebody, oh what's it like to be with this?

And what's it like to be with that? They're like, ,

[00:23:13] **Dr Mike T Nelson:** what are you talking

[00:23:14] **Dr Dee:** about? It like freaks them out to even see the contrast. So To have that middle space in between and have to be with that is incredibly overwhelming for people where it's like, what if it's a shade less than optimal. And also what if you don't get better by this?

Are you okay with just being in the process? There's something in this like healthy, not healthy dynamic that I feel like we're almost culturally, not at a conscious level consciousness level to, I don't know. I personally I feel like we need to start having conversations that exist outside of that so that we can learn to have a language of what it's like to be in the gray spaces.

Like what it's like to, have it have a goal to be better. And then not what happens in that space and have conversations about that rather than us just. Giving rewards and trophies and money to people who do optimal, better health success, ideal things like that.

Does

[00:24:19] **Dr Mike T Nelson:** that make sense? Yeah, I think of it in nutrition in terms of I've lost clients in the past, or, I did templates very early on.

I did meal plans and I realized real fast. That was a, just a disaster. It was one of those things people wanted, but either one or two things would happen. They either didn't follow the quote unquote perfect plan. They paid me money for, even though I told 'em this isn't perfect. This is my best guess, but this will be better than what you're doing before.

And then they felt like a horrible human being because they're paying money and they weren't a hundred percent compliant, even though that , wasn't the

goal. That was their frame of reference, or paradoxically they'd follow it a hundred percent, which would freak me out even more because I'm like, what happens if they fall face first into a birthday cake on a Friday night.

Oh, my God, it was a disaster for a whole week, cause you could just see the impending doom coming that no, one's gonna be a hundred percent perfect on whatever plan it is, the rest of their life. It's just unrealistic. And that birthday cake or, whatever was is coming at them and even, yeah, even now, look at most diet books, it's Hey, here's your naughty versus nice list of foods.

It's like really? Yeah. Okay. And I get that. Yes. If you've got some pathologies, you have some gut issues, whatever things you're working around. Yeah. You need to navigate it and you can provide, general guidance. That's all cool. But yeah, this whole thing of this is a good food. This is a bad food.

And then you have said, person eats, bad banana flip Sunday, whatever. And then their email is I had this banana Sunday and I have a horrible human being. , it's like, whoa, hold on there. Like you had something that wasn't on your plan, which that's fine. That, even if that's exactly what you did, that doesn't make you a horrible human being

[00:26:01] **Dr Dee:** I think that speaks to Again, I don't wanna scapegoat culture.

We're doing the best that we can. Let's just be with that. we're like trying to survive and become more conscious after millions of years. So wanna give culture they're work in progress. Yeah, but there is something implied. I've done a podcast on this, myself of like when people believe that the world and the psyche and situations revolve around them, when things don't work out, it creates a quote unquote negative state and if we're constantly in this state of hedonism where we're chasing pleasure and experiences of pleasure and positive emotion, and that's it, you're gonna be really. Two by four cosmic bitch slapped you recognize that actually one, the world doesn't revolve around your hedonistic pleasure seeking.

And also there's such a thing as like negative emotion and what happens when you have to be with that? What happens when things don't work out perfectly and things aren't fair? That brings up a whole heap of not super pleasant experiences. And in my perspective, and who knows if this is accurate or is this just one perspective, but if I can get a client to be with what is rather than what should be, what they wish they would've done, but what is coming up in this moment and just create a space of nonjudgment to just be with that.

I think that's a good starting place. I heard that in your response. It's it's okay. This isn't the end of the world, things happen. And I think it's just a Testament to, our lack of capacity to be with what is, again, circling back to chasing ideals. Addicts love to be in the past and in the future being with what is very hard.

So again, it's like that titrating the system down to be with the here I am back in the existential suffering of the human condition.

[00:28:13] **Dr Mike T Nelson:** do you think

[00:28:14] **Dr Dee:** there's some don't come CrossFit to suffering,

[00:28:16] **Dr Mike T Nelson:** right? Yeah. but do you think there's some, so my bias is that there is some benefit to actively choosing to do a thing, is gonna suck, but you're actively choosing.

And opting in to do it, right? So that's my big thing with like cold water immersion. It's something that I've done it, most days, not every day, but a fair amount over the last, almost three years now, even now I did it yesterday. I wasn't super excited to get in the cold water. I'm standing there and there's always that hesitation of shit, this is gonna suck again.

, but it's no, but I'm opting to do this. This will be beneficial. Like you kinda have to talk yourself into it. And then when you're in it, like trying to stay in the present and remind yourself that yeah, this does suck, but I opted to choose to do it. And my hypothesis is. The more, you can do those things out of optionality that when harder things happen, I think it's easier to stay with it.

Cuz you've had a little bit of self chosen practice at it. What are your thoughts on that? Yeah.

[00:29:22] **Dr Dee:** Yeah. I feel for the person who's caught in any type of addictive behavior, let's just talk about food and exercise cuz that's kinda what your audience circles around. It's great for some people to feel as if they have a choice in my experience in moving through an exercise addiction and eating disorder.

This unconscious material like came up from behind and it, I didn't even feel like I was putting my foot on the gas. This like destructive force in my psyche was like, You better put your foot on the gas fat ass or you're gonna gain 10 pounds tonight. So it's it's it's so intense, right?

So we're like almost compulsively and unconsciously driven to do hard things. And what I hear in, in, when you say that is consciously choosing,

[00:30:15] **Dr Mike T Nelson:** correct, do it. You have the option to do it. You're not required. Cause I see the same thing in those people too, where I get nervous programming for 'em because I'm like, no dude, I'm spending most of my time trying to talk you out of all the crazy ass shit that you're gonna do, because you would find ways like, so the joke I make is if I told you to go run five miles and that wasn't hard enough, you'd either go faster, run longer.

Or if I finally got you to go only five miles at a set pace, you have to turn in your pace. You have to turn in your heart rate, you'd stick like a fucking Lego in your shoe to make it harder. you would find someone a hundred percent. Yeah. To make the thing harder, which wasn't the point at all, but you get in that mindset of it's too easy.

It's gotta be hard, like all the time. I

[00:30:58] **Dr Dee:** think for people like that and in my experience, the conscious choice comes from putting consciously, putting your foot on the brake and saying that's enough for now? Because this brings up a conversation about tolerance and capacity for me, because people like myself and people like this person that you're speaking of here, high tolerance for suffering.

Yes. Can really push it and make incredible high level athletes. Rick was training me for a half Ironman and he was like, I've, I don't understand. Like you, you've never complained once you do your program. Exactly. And maybe even a little bit more. And it's there's something that there's like a predisposition to.

Just grit or something like that. And so anyway the hardest choice for me is rest, slowing down, staying in that pace window like that. That's so hard. And again, coming back to the tolerance and capacity, that's where I was going with that. High tolerance for activation. Again, it's if you live with your foot on the gas, you get used to living with your foot on the gas.

You have a high tolerance for that, but you don't have a high capacity to be with work and rest fast and slow. Your capacity is in that like really short window. And you just you have a high tolerance for living above that basically. And so I've found that if you can increase someone's capacity for both.

And let them know that just because you have tolerance does not mean you have capacity for the ex the full experience of what you're doing. I think that changes a lot because I think a lot of people unconsciously suffer. And I don't think that there's a lot of choice involved in that because I don't think a lot of people would choose to suffer in that way, long term, but when they start again, uncoupling that lower state rest from terror rest comes out of that dissociated state and it starts to become safe, enjoyable balances out the high intensity.

So I don't know if that answers your question. Yeah. But I feel like to work with conscious choice for me working with the nervous system, it's about. Whatever is preventing that conscious choice, whatever is dissociated. You have to bring that back outta dissociation so that your conscious choice lives in a higher window of tolerance or window of capacity.

Let's just say that. So when you're just unconsciously compulsively driven, I just don't, I don't know how much choice people have. And that's a scary thing to be with too, is what's pulling the levers on this. And for me it was this pretty destructive unconscious man that was incredibly demeaning to me and my body and my experience.

And so I had to confront that and that's really scary,

[00:34:15] **Dr Mike T Nelson:** Oh yeah. Yeah. And for those individuals, I think about it as. They've at a high level, they've lost variability. Like they're stuck in this upper area and they may be able to do some amazing things capacity wise, or even intolerance wise, depending on how you use the words and definitions performance wise, let's say.

Yeah, but at what cost and for how long, and even with I was talking to a good buddy of mine, who's worked with a lot of, high level NHL athletes. I was helping him with an athlete a couple years ago. And we just got talking about, which athletes are the most durable, like how long do they have careers?

And I was telling him that my theory is that if you can up regulate very fast and then paradoxically down-regulate when you're not needed. Your career would be much longer because you're on when you need to be on you, you have the performance, which is what teams are paying you for millions of dollars per year enough how to get out of that state and to downregulate and to save your physiology and to, not smoke the engine all the time. And he agreed, like he had worked with, multiple people over many years in the NHL and through college, he's yeah, he is like the sympathetic monsters who come in, like in the NHL, they last two to three years, max he's like the people who can upregulate and

downregulate, he's some of 'em can last 10 years easy, and one of the guys we're working on was one of those dudes, like we're doing some pretty hard soft tissue work on him, then you could see him get real intense and then he would just let it go. And at the end, I started talking to my buddy, he like freaking falls asleep on the table, wake him up. He's Hey, what's going on?

[00:35:50] **Dr Dee:** It's so interesting when you say that, because as. There's something with that where I feel like we're such a well driven culture, again, coming back to culture. But we think that we control the upregulation and the down regulation, like we can put our foot on the gas. But I think people who live there a long time don't understand that like the body has a natural mechanism to downregulate.

So many people do not trust that system, that they've created the split between their mind and body. And so their mind is telling their body to go. But that comes cost of the system's natural feedback mechanism. And, there are different strategies for down regulation, but I've found in doing nervous system work in particular.

If you just create enough space and containment, the body knows exactly what to do to downregulate. You don't have to like, do all of this crazy holotropic breathwork and like all this crazy stuff. If you can get in a space where someone can help you contain your experience of the sympathetic arousal and teach you how to like, basically allow that process to happen, then you restore a broken connection with your body, which is I think a really beautiful process to witness.

Like someone who's lived completely separated from their body. Their willpower is just driving the ship, telling their body to perform, and do. And I, to me, there's this inherent, like I don't trust. That my body knows what to do if it's not doing that. . And so creating a space where they can learn to trust their body's natural response.

At first, it's a little chaotic because you've been basically jamming the system with a hundred thousand volts every time you go in and do something sympathetic. But I, that, that story just reminds me of man, the body is an incredible miraculous thing, if we can just learn to trust it. Yeah. Yeah,

[00:38:10] **Dr Mike T Nelson:** no, I agree with that.

And I like your opinion on this too. So one thing I do is some hands on work, which is be activated therapy from Doug heal, or sometimes RPR flex the

performance reset and what I've noticed in those sympathetic people, their breathing patterns are also very sympathetic, like very neck driven, very upper chest, and.

I agree with you. I think if you could just get them to in a perfect world, chill out enough and just to get 'em in a better container, different environment, all that kinda stuff. I definitely think that can help over time. But what I found is if I can get a better breathing pattern out of them, that their physiology is it's almost like it wants to downregulate, but it's a little bit lost.

It doesn't really quite know what to do. And the brain is like driving them back the other direction, like constantly all the time. But what's cool. And what I've noticed is if you can make their breathing pattern more efficient, like the breathing will switch to the more efficient pattern like instantly, right?

It's almost like their body is oh, thank God we have this option. Now we didn't have before. . And even just seeing people just down regulate within a couple hours with just a better breathing pattern is pretty cool to see cuz my thought pattern is. I don't know if they'll stay there, but I just, I want to get, 'em a glimpse of that awareness and what that feels like hundred percent.

And then once they know that place exists, that's something that they can't disprove. Cuz before a lot of times they'll come in, they're like, I just can't downregulate I, I just can't do it. My body won't do it. I've got all these issues from stress . once they realize that, oh it can you, you just invalidated the main story that they had.

And now they're at this conflict of, oh wait, I did get there that one time. So it does exist. So I can't say it doesn't exist anymore. And then you can kinda, I think work your way through that

[00:39:57] **Dr Dee:** a hundred percent. I think that's so accurate. That narrative of I can't is really interesting, cuz usually if you look at a nervous system chart, the I can't starts when your sympathetic turns into freeze.

Into that dorsal vagal state. So you move from, I can fight, flee, whatever I have to do into I can't that's the free state. And I think the myth around the nervous system is that freeze is just this kind of like dead energy. And it's like freeze actually has a ton of incomplete fight or flight underneath of it.

So it's S actually the highest it's the highest activation state. So your body is just so loaded with sympathetic drive. That's unprocessed that you've moved from. I

am physiologically and psychologically flexible to. I am just preparing for death and I can't, that's not possible. I can't. And so I do agree with that of you are disrupting that habitual cycle that maybe someone lives at, even if they're a high performer, they can still be incredibly dissociated speaking from experience

So like when someone shifts and pulls out some dissociated energy and they create this felt sense, somatically of oh, that's what it feels like to actually have space. Like it does shift from I can't too. I can, because you're creating a little pocket or a little window in the body where you the person's perceiving.

Oh, it's possible to uncouple all this stuck energy. That's all coagulated together. I am totally on board with that and disrupting that habitual cycle can come in so many different ways.

[00:41:51] **Dr Mike T Nelson:** Oh, definitely. Yeah. There's tons of different methods to do it. And I've even seen people have literally full on traumatic release doing it.

I've worked on enough people now to know right where the edge is and you can definitely see people that like they're white knuckling it all the way and they're not gonna go and I could push 'em over the edge, but I'm like, Nope, they're not ready. So me personally, I will back off.

I know some other practitioners may not, whatever reached to their own . But it's just, yeah, it's just a fascinating process. And even the people who have had, more of a traumatic release from it it's crazy to see. Just their thoughts change and just how much stuff changes, so fast.

Like I did a lot of work with Tom Meyers and he would say, it's, you're trying to get people over this mountaintop, if you're like pushing 'em and when you're doing it, it looks very odd. It looks like you're really just stressing them out, which you are that he's once you get him over the top of the mountain top, and you get 'em over that top, he's they'll just fall down the other side to resolution.

But if you don't quite get 'em over that top or that peak, they just roll back to where they were before. So I thought that was like a super interesting analogy of like how. Much in a session you would push someone that they feel comfortable with to get 'em to that point that they doesn't know, they don't know it's there.

And then you can just watch, 'em resolve a whole bunch of stuff on their own, which is just fascinating.

[00:43:10] **Dr Dee:** Yeah, I think that's a really, that's a really great point. The main thing we're taught in somatic experiencing approach in particular is not to be afraid of dissociative material and the client in themselves.

Afraid of the dissociated material. So it doesn't help when the practitioner also gets a little skittish around oh, what's happening here. Yeah. And sometimes it does get quite intense, but I think that's a Testament to the work that practitioner has to do and like the experiential level of training.

But anyway that tumbling back down the mountain that you said maybe they don't like really get that thwarted energy to release. Maybe that doesn't happen. The tumbling back down the mountain, to me, that's a place where like shame and judgment just comes in and tries to like, yeah, overload the system even more oh, there's something wrong with me that I didn't have a release or I can't let this go.

And a mentor told me one time when it comes to whether it's physiological or psychological defenses. We need them till we don't anymore. We really like those defenses are so incredibly life saving at one point of in time. And so if you don't get over the mountain per se to resolution, that's okay, I'm here with you in the meantime, , that's what I let clients know Hey, we, to put shame and guilt and judgment on top of a bunch of coagulated, shame and guilt and judgment, like really doesn't serve you at all.

And so giving them a little bit of psychoeducation to say that actually dissociation and freeze is incredibly lifesaving and there's something in your body that feels threatened by the release of that. And so we have to go slow and. That doesn't say anything about you and I'm here with you in the process.

So yeah, I think that when they do get to, let's say the metaphorical mountain to, of resolution it is pretty incredible to see how the body can, oh, all this like new resource enters. And of course, that's, that is hard to maintain. You're like, I don't know if this will last very long because I do feel like I was just explaining this to a client earlier today.

Like when trauma happens, I think of it as, imagine like a fissure is created or things become fragmented. So it's like there's spaces between the puzzle pieces. And what floods into that space is survival adaptation and trauma. And when you go in and like you reorient the survival based adaptation there's space there.

What enters that new space? It can be different layers of survival based adaptation. Yeah. It can be similar material in a different form. Cause typically

when there is space in the system, there's gonna be something that enters that. And I like to think of it as like a puzzle piece in particular, because the more resolution you do to that survival based adaptation, the closer those fragmented pieces come back together.

So you're no longer a fragmented puzzle you've gone in and renegotiated that space time and time and time again. So that you've remembered something that has been dismembered. And yeah, I think like anytime there's space in the system, a habitual, a more habitual pattern is probably gonna try to flood back in there.

And so it's about creatively working with that. This client in particular, she's like, why am I still angry? I like, I let that go. And I'm like, you let it go from a particular perspective, but what about this perspective? And so she was working a little bit more top down from like the mental perspective and we worked bottom up and really interesting how those things coagulate and like just bring those puzzle pieces back together.

Yeah, it's just, it's a really interesting process. This working with the nervous system and working with the psyche, it's everyday fascinating to me. Yeah.

[00:47:37] **Dr Mike T Nelson:** And they're also tied together. Like I tell clients it's, we're just peeling the onion, and sometimes you get a big chunk of the onion and sometimes you get a small piece, but it's all progress.

And you similar to what you said. I get nervous if. I did a session in a group of people and that person has like an amazing result. And so they run around telling everyone else, which on one hand, I'm happy they had the result they had on the other hand, I'm like, oh shit, because then, everyone else is gonna come in with that super high expectation of this thing happened to this person.

And I'm like, Hey man, like I, I will do the best we can for the, the session, whatever happens with your body is what's gonna happen. Like I'm gonna do the best I possibly can. , that's all we can do. Whatever will happen most of the time. It's positive in some way, but there's no way I can predict, nor am I gonna say you may have a similar result because I have no idea.

Number one and number two, it just, it doesn't work that way. You can't. I know sometimes like you can't force things or just not like you were saying with the adaptations and everything else. If it's not ready, it's not ready. , and then. That's okay, too. It's not bad.

[00:48:43] **Dr Dee:** yeah. That's why I see the process.

Like I don't, I personally, I think a lot of my perspective comes from a little bit more feminine nature. Like I don't see it as a linear process at all. No. It's very bad linear. Yeah. And I see it circular and almost like a funnel. And at the bottom there's like this, like whatever was fragmented, it's the potential for wholeness.

That's at the bottom of the funnel. And so you start, you're circling around the material and you feel so far away from the center and it's okay that's a tough thing to be in you're suffering. And you come back around it again, but you're a little bit closer. You're not as distant from the center.

And so I think that, if you don't look at the process as linear. When you're working in a circle, everything's progress. , even if you're moving backwards in the circle it's all the path personally. Yeah, I just, I don't know. There's a lot of, I don't know. I just see a lot of truth in that, in different aspects of life.

It's transitioning out of eating disorder patterns and exercise addiction. It's are there times when I push myself too hard in the gym? Absolutely. Do I like punish myself for two weeks afterwards? No, I like leave the gym and I have little reflective state and I'm like, oh, that was maybe a little too much.

I just think it's all part of it. We just there's has to be a little bit more openness to that perspective of circularity rather than. Linear ascent towards the heavens towards the ideal

[00:50:27] **Dr Mike T Nelson:** yeah, I think of it as you're either consciously riding the downward spiral or you're doing the upward Ascension.

And the upward Ascension to me is going in a better direction, but also expansion, even though it may not necessarily feel like expansion and that's not a complete linear process either, but if you look and you back up at it and look at it over enough time , it is a process in my opinion of expansion and going in a better direction, even though may not feel like that a lot of days.

yeah.

[00:51:00] **Dr Dee:** I have a nice little slinky here at my desk that I always . Oh, nice. Yeah. I just pull it out and in for my clients and it's like this is the whole universe expansion and contraction. This is happening in every microsecond of every second of everything plants are doing this, your body's doing this.

Like everything's doing this expanding and contracting and those global high people really don't like to consciously be with contraction. It like loves expansion, loves to be out and like expansive. And I think it's really about teaching or bringing back into the picture, the contracted phase, like this process is supposed to be gritty and you don't have to put your head down and unconsciously, put your foot on the gas and speed through it.

Like

[00:51:58] **Dr Mike T Nelson:** slow. I just wanna get to the end.

[00:51:59] **Dr Dee:** The hardest thing is like slowing it down. So much. To someone's level of tolerance. But like slowing it down and letting them, as you were saying earlier, letting them develop a felt sense of oh, I thought this was so dangerous to go do this.

And actually I'm here. I'm alive. It's okay. Great. That happened to me when I had to take what 10 days off the special forces experience event like, oh yeah. That, years and years later there's still these confrontations with old patterns. And these things can come up and try to pull you back into the habitual state or the habitual thought patterns.

And I just think that man, grace for that process, cause it is tough.

[00:52:53] **Dr Mike T Nelson:** I have this other, that for the people who are like the global high activators that. They should learn to kite board and they should become really good at kite board because it's an easy sell. Hey, look at that. Look at that adrenaline dopamine, they're like, yeah, like they're probably already on board.

what they don't realize is that to stay with it. They're one, they're just gonna get their ass humbled two. They're not in control of the wind three. They're not always gonna have the best equipment, whatever. Like shit's just going to happen by just the nature of you learning something new, but there's enough of those peak moments of where everything comes together, where you're like, oh to keep the sort of the dopamine drip to keep them coming back for more.

Yeah. And what I've realized over time is that it's almost like forcing variability into their system. Cause you're gonna have the high, like super crazy days where everyone's stoked and the wind's crazy. And then you're gonna have no wind the next day, or you're gonna have a very light wind day and you're just goofing around on a surfboard or right.

It's you. You have forced variability over wind and mother nature and being outside, like things you have no control over at all, but there's enough of this sort of slippery sense of control that you have because you're moving the kite through this space, you're controlling what you're doing with it.

So you have this sort of almost like sense of controlling it. And then every time I think about that, I just get my ass handed to me and oh yeah, shit. I don't really control of anything.

[00:54:25] **Dr Dee:** yeah, that's a really. Metaphor for how the universe is yeah. Yeah. It's you have a little bit of control, but don't be thinking you have all control.

You'll get humbly smacked

[00:54:38] **Dr Mike T Nelson:** with. Yep. And then whenever you pick a direction to go, like you'll probably get shit tested right away. That's what I've realized. Like I, after our last experience in Costa Rica, which unfortunately you guys weren't there. I was like, okay. So I got a bunch of books to write.

I need to get these things done. I don't know how much longer I'm gonna work with clients. Like I love all my current clients. They're amazing. But in terms of expanding it it just doesn't make me super excited. Cause I love the problem solving aspect. I love watching them evolve, but I don't like the day to day stuff of, Hey, did you turn your stuff in?

All the other stuff you have to do for accountability. And so I'm like, okay, so I'm gonna spend some time we'll work on these books or whatever. Ah, they'll clients will probably stay for a while. Income wise it'll be a little close, but it'll be okay. I get home literally like three weeks after that, like four clients drop off, nothing that I did happen was just, one guy's basement flood.

And like I gets a tax bill, like all these things happen. And so I'm watching my income drop and in the past, I would've just been like, I'll just open up more slots. I haven't opened up for a year. I know I can fill the slots, no big deal. And I'm like, Shit. That's not what I agreed to do. I agreed to step back, work on these things and you're like, oh, dang it.

Ah,

[00:55:54] **Dr Dee:** man, does that not come back to what I said about trusting the psyche self-regulating capacity, right? Yeah. A hundred percent. Yeah.

That's your contraction, right? Oh yeah. Like totally. It's it's happening expansive. And then something happens and it contracts, and I think this is where it gets bio psychosocial or bio psycho spiritual.

Where it's I think there's something in the cosmic forces that are like, do you trust all of this too?

[00:56:19] **Dr Mike T Nelson:** Yeah. Yeah. It's like you said, you were gonna do this now. We're gonna make some stuff hard. Are you still gonna do it? Are you gonna exactly cop out? Are you gonna go back to what you're doing before?

Are you oh, that is,

[00:56:30] **Dr Dee:** yeah. That is the, that's the cosmic. Tests. But like for, to be an entrepreneur, I think there's so much, that's like more if there's less do more like again yeah. If there's space fill it. And it's man, can we just maybe pause and recognize?

And it's okay to not have four clients. I just took the last four Fridays off in August to prioritize. Yeah. I was still working on my PhD but to prioritize that and recognize that oh my business won't fall apart. I won't fall apart. Everything's okay. That was a huge learning lesson of trust of trusting that like I'm legitimately taking responsibility for what I can and surrendering what I can't.

And that's a huge win for me cuz man. Shout out to people who love to control things.

[00:57:28] **Dr Mike T Nelson:** why are we having this call

[00:57:29] **Dr Dee:** Yeah. Yeah, I just think it's just a process learning to trust and surrender. And that actually it's interesting, cuz that is ultimately going in and out of CrossFit, that was a really big lesson.

To like trust and surrender into the process that this is exactly the process I was supposed to go through. So yeah.

[00:57:55] **Dr Mike T Nelson:** Yeah. You talking about the special forces experience, their process, which is an eight day thing. People can look up special forces experience process. So we were there together and in April helping out same thing for me like to take seven days off of my business, not.

Potentially, not even be in cell contact. Like I literally checked my email once that whole week, that was, it's pretty freaky because in my head you build up all these stories of, I told my clients ahead of time. I had another coach that, that could help if they had questions.

Cause I'm like I might name have a cell phone that works. I don't even know what's going on. And in your head, you come up with all these horror stories of, oh my God, they're gonna hate me. And they're gonna have a question and I'm not there to answer it. And then you're like I'm not doing emergency medicine.

There's no emergencies with fitness, and then you're like, oh, but they paid for my time and I'm not delivering it. And the reality was they were all like super cool with it. They're fine. No, we totally understand. It's cool. We'll be good. And, nobody complained, everything worked out fine, but it's just interesting how I built up all these potential catastrophes in my head.

And then it was fine.

[00:58:56] **Dr Dee:** Psyche is like that sometimes. And I think that sometimes. Like those stories and those narratives again, that's when there's space, something comes into that space. Just notice that that's just the invitation okay. I have seven days off. What is entering into this space, right?

Yeah. I did a whole podcast one time. I had nothing to talk about I just went with that. I was just like, okay I'm here with this lack of creativity and lack of material. And I'm just going to trust that, what comes up out of this is fruitful. Oh my God. There is so much content that came out.

So many narratives, so many things. And typically that's what happens when we go into that space. It's oh, all the narratives, all the expectations, all the what ifs, all the horror stories. And just having a capacity to confront that and say, Actually, Hey, this is maybe the first time in my life where I've consciously recognized that didn't happen.

That actually didn't happen. Those narratives that have been habitually running in my life, my whole life. Hey, that didn't happen. What's that like? Oh, it's pretty nice.

[01:00:09] **Dr Mike T Nelson:** Yeah. great. Oh, what a cool idea. yeah.

[01:00:15] **Dr Dee:** Yeah. When I asked my clients like really pause on what was that like for you to like, be excited?

They're like, oh, let's move on. oh yeah. Like joy. Excitement.

[01:00:27] **Dr Mike T Nelson:** No. What are you talking about? We gotta go on

[01:00:30] **Dr Dee:** something else. so yeah, I think relaxation. That's another word that like, not a lot of people like to spend time with or relaxation just gets bad rap.

[01:00:43] **Dr Mike T Nelson:** Yeah. And back to my kite board thing, my, my sister recently did it and she took a lesson again and she called all excited and she did great.

And she's Hey, and I realized there's this point where I brain felt clear because I was so concentrated on the thing I was trying to do that I didn't have any other thoughts. And she's, very on the sympathetic side has a high stress job. She's a nurse atheist. . I was like, yeah, because you know that the second you check out, I was like, who something really horrible is gonna happen.

But you have this sort of force concentration period. And a lot of times for people that's something they don't experience that much. So just knowing, again, going back, knowing that exists, it's oh. And then it's okay, can you transfer that? Could you cultivate that? So I think of it as deescalating the movement component with clients.

So now let's do a little bit less movement. Can you get to that same place eventually? Can you. Get to it outside staring at a tree or waiting in line at the grocery store, can you move down this sort of spectrum. So now you're doing something that's quote unquote relaxing, but there's no movement involved at all.

It's actually not moving and so now you have a greater range and you've inserted more variability back into the system. Yeah.

[01:01:54] **Dr Dee:** Yeah, man, really grateful for the work you're doing Mike oh

[01:01:58] **Dr Mike T Nelson:** thank you. No, it's great to talk to you about this stuff. Cause I didn't really plan this part of it either ahead of time.

[01:02:04] **Dr Dee:** no, I just think it's really cool to see how, being in our little SFE group that we hang out with, it's just it's really beautiful to mean to see like

the variability of ripples that are going on to the world, but like they're in their own unique way. Like you have your own unique genius and I do.

And Rick does and Jeff and Jess and I don't know. It's just it's I don't know. It makes me. Little bit hopeful for humanity after I've shit talked, culture

[01:02:38] **Dr Mike T Nelson:** And one last one I have to ask about too, is that you had quite a transformative experience in Costa Rica. What is two and a half years ago now when we were down there together, do you mind talking about that? Because, I just feel so honored that I was there and I got to see, most of it occur at least from, the outside looking in.

[01:02:57] **Dr Dee:** Yeah. Honestly, I must say I am still deep in process with integrating that, like that experience was incredibly life shifting death defying. There was a lot in that, interestingly that we're talking about this kind of global high state For me, I've really recognized that like doing psychedelics for me is not great for my nervous system.

It disrupt, it was a habitual pattern disruptor. But for me, the hardest thing is going slow and not intense, like the mundaneness of literally just working on yourself every single week. Not that I'm gonna blow the doors off this bitch and die right.

[01:03:42] **Dr Mike T Nelson:** Which is kinda what happened,

[01:03:43] **Dr Dee:** I think.

Yeah. And I think that, that experience mirrored to me, how much I've been doing that in my life. And actually, if I continue to do that, it's going to kill me. And I've had opportunities to go back into ceremonies. Sure. Multiple times. And for me, I've found, with the aid of.

That incredibly traumatic experience that I actually feel like just, I'm a big proponent in watching and following my dreams. And that is the nightly encounter with the underworld. So maybe not being dropped into primordial earth and dying all of a sudden, maybe I can just do my little nightly encounters with the underworld of psyche.

And that's been my process ever since is grappling with, okay. I, this is just as valuable. So it was a eye opener. It disrupted the cycle, but honestly, I'm still like so deep in the process of integrating it. That, that's pretty much all I have to

say about it is. It taught me to trust the slow mundane process of becoming psychological.

Yeah.

[01:05:00] **Dr Mike T Nelson:** Yeah. And the context for people who are listening is we did a ayahuasca ceremony down in Costa Rica, like podcast. I talked about my experience there and because all my experience was super late. I got to see a lot of other people's experience. And the only time during the ceremony that I was super nervous was when, if anyone ever hears the sound of someone choking on their own vomit, it is a very it's something that almost all humans are wired to be like, whoa, what would like, Something really bad is happening.

If you have no medical training at all, like you hear that sound and everyone was on top of you and then she was holding onto you. And I remember at one point she's come back to your body, come back to your body and I'm standing there and I'm going, oh shit. And wasn't even the one going through it, and everything was very, controlled. Everyone was doing what they needed to do. It was just one of those things where you see, and you're just like, oh, and then you go through the rest of the night and wake up in the next morning. I, not through really sleep . And I remember going out, we were all just hanging out by, they had this pool that overlooked the jungle.

I remember Jess was up first, I think. And then you were, and then I got up NA Jodi was still asleep yet. And I remember giving you a hug and I'm like, how did it go? And you're like, Fucking died. I was like, whoa, I looked a little intense, but I guess

[01:06:28] **Dr Dee:** yeah, it

[01:06:29] **Dr Mike T Nelson:** was. And I said, are you doing that again?

You're like, I'm never doing that again.

[01:06:34] **Dr Dee:** It's so interesting because it's like those like many confrontations with death happen all the time. And I feel like I'm like helping clients navigate those deathlike spaces. But I feel like, honestly, anybody who has struggled with addiction ever in their life, like there is so much rigid grasp on control in a sense of control that like, sometimes it does take, incredibly immense.

Life threatening situations to get you out of that. Sure. Like it's oh, you're not gonna let go. Okay. We're just gonna take, we're gonna take you out of here and see if you'll let go then. Yeah. And sometimes that's what it takes to get outta that pattern. But I don't know. It's been a really interesting integrative process for me.

There was a phase after that where I was like experiencing like immense panic attacks. Like it was a really rough one experience, but also like really rough integration of that. And so some of my clients who come to me and they're like, oh, maybe I should just do that. And I'm like maybe not.

Yeah. , I do believe that the medicine will give you exactly what you need, but if you're looking to press an escape button on your current situation of suffering

[01:07:54] **Dr Mike T Nelson:** no. no.

[01:07:56] **Dr Dee:** Yeah. I just have like immense reverence for the experience. Like it, like sometimes you get afraid to talk about it too, because there's so much of that energy.

It's don't fucking inflate yourself like that. That was easy peasy. Don't talk about it. What happened like that stuff like is really like in my system now so I'm like, thank you for the experience and I will be integrating this for a long time.

[01:08:29] **Dr Mike T Nelson:** Yeah. And that's my words of warning.

I talked to my buddy Marcos about this too, and. I'm super excited that like psychedelics are becoming more legal in a controlled manner. And I think there's definitely a huge promise of them. And again, under the right set in sunny with the right practitioners of whatever kind, but I also get so nervous at the same time of people having more access, who just have no idea what they're doing.

It's like even under the best case scenario, like you have the best set in setting everybody there is taking care of you. Everything is on par. Like I think of your experience. And I'm just like how many people would be ready to even try to handle that. And I just think of people who are going off doing.

God knows where no integration, they didn't put a lot of thought into it. They're just like, oh, my buddy said it was amazing and it's solved all his issues. I'm like, oh my God. Do do you know it's and that part just makes me so nervous.

[01:09:27] **Dr Dee:** It's it's so easy to take a, an experience of DME and take the highlights of it and put it on a podcast or on social media.

But this is our glamorizing culture. It's like we glamorize something that's incredibly painful and takes a lot of immense hard work and we're gonna leave out the shadowy aspects that like actually are really dangerous and life threatening and we're just gonna glamorize it and then we're gonna call it pop culture, and then we're gonna do it.

And I think, if we continue to do that, we'll probably blow ourselves up culturally . So it's like how much can we really do that? I think nature keeps the score on that. Yeah. I don't know. I trust the cosmos in reg self-regulation giving us what we need to learn our lessons, but right now I feel like we're in that adolescent teenage phase of consciousness where it's oh yeah, let's try it.

Let's do it. Let's go all back. And Get high, see what it does to us and that's necessary,

[01:10:29] **Dr Mike T Nelson:** yeah. I feel like we're in the curiosity stage, we're all walking around going what's this button due poke yeah.

[01:10:35] **Dr Dee:** It's a good way to put into

[01:10:37] **Dr Mike T Nelson:** No forethought, like no, no thought put in any of this.

It's oh geez, this. Yeah. And sometimes it works amazing. Other times it's not gonna go so well,

[01:10:48] **Dr Dee:** a hundred percent. I agree with that. But yeah, that, that experience was something. Just say that.

[01:10:55] **Dr Mike T Nelson:** Yeah. Even after my first one, like if somebody came to me even eight months after that and mine was generally quote, unquote positive, there's some, interesting things in it.

And people are like, Hey, we have the perfect set setting. We'll pay for it. You don't even have travel. You could go do it. I'd be like, no, like I'm still working on stuff from eight months ago, and mine was. By all sense of the, comparatively speaking, very simple and very easy , and eight months later I'm still like reviewing my notes and shit.

And I'm like, oh shit. Yeah. That's what that is. And the freakiest one was after the first one I had written down in my notes, listened to music by Mastadon. I'm like, what the, what, I like liked some of the earlier stuff, but after that, I didn't think they're really good. Yeah. And then after that experience, like I went back and like, all their albums were like, amazing.

So I started listening to all the early stuff and I'm like, oh, this makes so much sense now. . And then I freaked myself out when I watched one of their videos. I think it was for a tear drinker where they're all sticking their hand in this box and they have these profound visions and stuff.

And I watched it again and I might have sent the video to you guys and I'm like, Holy shit. The box is iowaska. Watch this video. I'm like, oh my God. And this is all very smaller, mundane stuff I'm having about like music, yeah. So just like trying to predict what direction you're gonna go after it.

It is just impossible, impossible. Yeah. We go back in January again. We did it last January, too. It's and every time I'm nervous, it's I know it'll probably be good. I know this, that everything is set up the best that it could, but it's just it's just such an unknown. But on the flip side, it was super cool.

Especially the first experience to be there with everyone, knowing that all these people picked to do something hard, they were very well educated. They knew what they were getting into as best that they could. Yeah. And just to be with. Group of people. I remember lying there going, this is so cool.

Like they all opted to do this. They're all doing hard stuff. You hear people crying and having all this noise go on. You're like, yeah, that's so awesome. You're slang those demons. That's so cool. And , I'm so glad this isn't a bunch of dickheads here.

[01:13:10] **Dr Dee:** yeah, I actually felt that too. I was really grateful for the group that we had.

It makes a huge difference, so man. Totally agree.

[01:13:21] **Dr Mike T Nelson:** Yeah. Yeah. Any last minute thoughts as we wrap up here or someone just going through transformation, obviously I think you would recommend them getting professional help to walk them down the path because I think it's something I'm just guessing here, but I would imagine it's very difficult to do by yourself, especially with the tool set.

Most people probably have.

[01:13:43] **Dr Dee:** Yeah. Honestly, just like incredibly practical. It's just starting to notice. Awareness. Yeah. That, that come up, different. I love this, the somatic experiencing dis distal that they use. It's like CBAM. So sensation, images, behaviors affect and meaning. Oh, cool. Yeah.

You're noticing sensations. You're noticing images, fantasies, dreams, things like that behavior. So if there's particular rituals or obsessive compulsive things or different ticks that you have, or, unconscious going to the gym, like that's a behavior affect so different emotional states and then meaning is stories.

So the different things that come through the system, I love using that, that gestalt to like some people are, can really. Get right into the image channel for me, I'm intuitive. So image is like right there. Some people like the stories are pretty loud, so there's so many different ways that you can just start noticing.

But definitely when you start to untangle some things, I think it's really nice to have someone who can be a guardian of that system, and put the guardrails on the system. As you and the nervous system learn how to you and the psyche, learn how to commingle together in this incarnation.

[01:15:03] **Dr Mike T Nelson:** Yeah. The same alga you as a client. So it's I'm just putting up the guardrails for you to get you to go in a better direction. And I'm probably gonna let you wander off the reservation, wander off the road a little bit, but hopefully you won't take the car off the cliff. If you don't take the car off the cliff, , we'll get to the destination.

And as you weave your way, you'll learn in the process because yes, I can tell you don't take that road. But you're probably gonna take it anyway and see what happens, so that's okay. And I know that's part of the process of learning. Let's just try to keep it a better path as best as best we can.

[01:15:37] **Dr Dee:** yeah, that's a great way to put it.

[01:15:39] **Dr Mike T Nelson:** It's a great metaphor. Awesome. And where can people learn more about you? I don't know if you're taking any clients or how can they reach you?

[01:15:46] **Dr Dee:** Yeah, if you're interested in doing this work the best way to reach me is just going to my website, honestly, which is Dr.

Danielle mcginness.com. Pretty simple. I also host the embodied podcast. So you can check out an episode there. There's always linked to my website, Instagram, I'm not really great on social media lately. So going to my website and hitting the contact info, there is probably the best way to, to reach out.

I also have a free community that's linked on my website too, so people can come there and ask questions and find all the links to different workshops and things like that. Website, Dr. Daniel McGinness is the best.

[01:16:25] **Dr Mike T Nelson:** Awesome. Yeah, I would highly recommend it. I've been honored to know you for several years now and it's just been super, always fascinating discussions and it's always yeah.

Fun. It's always nice to see you do it all the work yourself too. Not only are you helping others, but it's been cool to see all the work you've applied to yourself over the years, too. So that's super awesome to see. Yeah.

[01:16:45] **Dr Dee:** Thanks Mike. Yeah I think it's really so great that we have our little mini community of, like I said, people who are putting ripples out in their own way.

I just love to sit back and watch. And even if it's from a distance, just knowing that there's some common threads there that we're all like wanting to do genuine. Good. It's just, I don't know. It's a pleasure to have conversations like these, cuz I always learn a lot and there's overlays between physiology psychology.

So yeah. It's my pleasure. Really

[01:17:17] **Dr Mike T Nelson:** awesome. Thank you very much. Really appreciate it. Yeah, of course. Thank you. So question number one. What is your number one tip for someone who knows they need to change their identity, but they don't know what to do.

[01:17:31] **Dr Dee:** Interesting. They know they need to change their identity.

[01:17:33] **Dr Mike T Nelson:** So it sounds like they have the awareness level, but they're at a loss as to what to do next.

[01:17:39] **Dr Dee:** My first question would be to ask that person, how do they know they need to change their identity? What good question. What is that?

Impulse or spark inside of them that says that. And if I was working with that person in particular, I would follow that down its own path. And again, it's I was just talking to a client earlier about this. You really don't have to work that hard. If your system is contained adequately, you really don't have to work that hard.

You just have to learn to follow the different sensations, images affect meanings. And so I'm just intuitively following threads. So I'd ask a question like that. See where it goes, what comes up when you're actually with that answer to that and inviting people to not answer that from a place of what they want answering it from a place of no, what is like being very honest with that answer, not manipulating the answer to get something out of it.

Oh my life's a pile of shit right now. Okay. What's it like to be with. And I'm a big proponent, like people will get entirely sick of themselves eventually. ,

[01:18:56] **Dr Mike T Nelson:** that's my answer to that. Cool. That's awesome. We kinda answered this a little bit on the podcast with psychedelics becoming more popular.

Would you recommend them not recommend them? Any words of a

[01:19:06] **Dr Dee:** wisdom? I would sit with the impulse to do them and ask a lot of questions. Like where is that coming from genuinely. Is that coming from a desire to transcend something that you don't wanna look at? Is that coming from a genuine curiosity?

Yeah, I just think just sitting with the impulse. It's interesting. I wanted to go assist Jess in a ceremony and I was just like, feeling really like dissonant about it. There's something off. And actually when I sat and asked, followed the impulse of where that was coming from, it was a fear of missing out.

It's

[01:19:43] **Dr Mike T Nelson:** That's all the cool kids are doing it.

[01:19:45] **Dr Dee:** yeah. That's no reason to deny that like everything my body is saying, no, so yeah. I would ask the question of like, where is that impulse coming from?

[01:19:56] **Dr Mike T Nelson:** Yeah. Yeah. And for myself, like I spent had probably six years thinking about it before I actually did.

And my whole process was to start real low with a low dose of psilocybin scale my way up. And then when I had the opportunity to do the I Wasco serum, I was like, oh fuck. I didn't wanna start here. This wasn't part of the plan, yeah. And so then I had another six months of thinking of, okay, But it'll, this is in a good environment.

It was, I've met all my other criteria. But then for me, the only question I had left answer for myself was, are you prepared to look at whatever shows up because you don't know, what's gonna show up, are you exactly? Do you, yeah. Do you wanna open that door? Are you ready to handle whatever is behind there?

And I'm like, yeah, I think so. But that took a process of six months to try to figure out even

[01:20:41] **Dr Dee:** then I like literally tried to dip out of that experience too. I was like the day before I was like getting flight, I was trying to you rebook the flight. Yeah. yeah. I was gonna pay \$3,600 to not even get home, to get to another city that was not Costa Rica.

So you'll be surprised at the things that come up when you consider

[01:21:02] **Dr Mike T Nelson:** that. Yeah. Last question. So you've changed from being a doctorate in physical therapy. I'm thinking about doing a career as a physical therapist, any words or recommendations,

[01:21:14] **Dr Dee:** Ask why? Like why is that important to you? Like, why are you pursuing that career path?

For me personally, I pursued physical therapy because it was safe and , I would have a job forever. And actually that was nothing near where my call, my personal vocation was leading me. It was a perfect stepping stone on the path to where I'm at now, but actually it wasn't anything close to what I wanted to do.

And I knew that when I was in physical therapy school, I was not passionate about it. Again, you can tolerate a lot of stuff and you can be good at a lot of stuff, but that doesn't mean that you should be doing it. so anyway, just asking why is that important to you? Why are you passionate about that?

Because for me, stepping away from physical therapy was a lot harder than going to physical therapy school. Letting go of the lies. I was telling myself a lot of lies oh, you did this because you love it. And it's actually no, you didn't,

you did this because you would be promised a nine to five and you actually didn't trust yourself to go all in, in what you're passionate about.

And part of you didn't think you deserved it. So yeah, that would be my question is like why is that important? And also what, how do you see yourself practicing. Because there are some, I definitely don't want to detract people from going into physical therapy. Sure. Cause it was an incredible profession, but there were some clinical places that I participated in that made me absolutely disgusted.

Like the patient, like being a patient male, as a intern, like a student serving like five to six patients an hour. Oh Jesus. Like it's, there's some really gross things happening out in Western medicine. So I think like really being clear about what you want out of the profession too, so that you're not just accepting what is so that would be my answer to that.

[01:23:14] **Dr Mike T Nelson:** Yeah. And I think I probably did something similar. I did a postgraduate and then a master's in mechanical engineering and I did like biomedical stuff. It was interesting, but it wasn't as interesting to me as exercise physiology. And so then I started working in that field and then I'm like, Wow, but I could do a PhD in biomedical and I could finish that sooner.

And so I spend, five years doing that before I realized that, oh, I don't really enjoy this. Like I'm spending all my free time going to conferences on exercise physiology, like reading stuff off of pub me at night for fun. And the craziest part was, I just assumed all trainers did that. Like I assumed it was a profession.

Like everybody does this, the first conference I go to is in Arizona. I'm sitting in the back and I'm asking like, Hey, what do you guys do? Oh, we're trainers. I'm like, oh, you saw this one study right about this thing. Or that they're like nom I be, you saw this other study about they're.

No. I said, why aren't you guys like personal trainers? They're like, yeah. I'm like you read studies all the time because this is your profession, right? You want to get better? No, they're like, no, we come to seminars like this. They're like, who the hell are you?

[01:24:21] **Dr Dee:** It's funny that you say that because to me, it's one thing that I've learned by going into that pre profession and then Jessica, our friend, Jessica Depoe she says that I'm like the earliest retired physical therapist of all time.

Nice. And you know what I was able to see there was the gaps that I saw in Western medicine personally. Like I don't have a personality and a perspective and a worldview that fits in that model. Like it just for me and the way I see things, it just doesn't work. Yeah. It's too fast. It's too results driven.

It's too much of that, but I was able to see the gaps. And I'm like, oh, okay. So this isn't being addressed there. And so I went back to school to bridge the physiology and the psychology, and I wanna fill those gaps. And so going through that process and then coming outta that process was actually really enlightening because it, through that experience, it, it taught me, what I did like about it, what I didn't like about it.

And so another kind of piece of advice is you can't mess it up. Yeah. Like you can just figure out what it is like, where again, where your life force is going. Yeah.

[01:25:34] **Dr Mike T Nelson:** Yeah. I agree. And similar, like my always backup plan to the backup plan was this whole fitness thing doesn't work out.

I can always go back to working a med tech company, and the reality is I walked away from probably making a hundred grand a year working for a different company just because I didn't wanna work 48 hours a week on someone else's schedule. I was just like, I just don't wanna do it like for a while.

If you could say I could do 20 hours a week for half the pay. Yeah. I'd probably do that for a while is a nice transition, but full time. So yeah. Yeah. It's and the longer you make it on your own now I'm like, God, I think Uber driver might even be above, like when all the shit hits the fan, that might even be above going back into a cube

[01:26:16] **Dr Dee:** fan.

Your ratings would be like, oh, he asked me about a ton of research studies and I have no idea what he was.

[01:26:25] **Dr Mike T Nelson:** Didn't anything you said the whole time.

Thank you so much for all your time tonight. I really appreciate it. And yeah. Be sure to tell Rick, we said hi, tell the little puppies we said, hi.

[01:26:34] **Dr Dee:** Yeah, of course. Thanks so much, Mike. And just hit me up with whenever this comes out and the details and all that.

[01:26:41] **Dr Mike T Nelson:** Yeah. We'll definitely let you know and share it around for sure.

[01:26:45] **Dr Dee:** All right, Mike, I will talk to you later, Jody.

[01:26:47] **Dr Mike T Nelson:** I said hi. Yes, we'll do take care. Bye.

Thank you so much to Dr. Dee for all of the great information and taking time out of her. Busy schedule to share everything with I would highly recommend. You follow her on Instagram, make sure to check out all for information on her website. Also spend a true honor and pleasure to get. To know her more over the years, and we are excited too.

Hopefully see her and Rick in January of this year. And probably may also, you can also check out the podcast I did with Rick Alexander, which was also great.

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If you're listening to this podcast outside of that time, you can still go there. I'll have more information. It'll most likely be on a waiting list. But we'll have all the same information there. So go to heart rate, variability.net. Thank you so much for listening to the podcast as always. Really appreciate it we'll talk to you next week