

ADDICTION

SUMMIT



Adverse Childhood Experiences (ACE) and How to Heal

Guest: Niki Gratrix

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Dr. Paul Thomas: Well, welcome, folks, to another episode of the Addiction Summit. It is my pleasure today to introduce to you Niki Gratrix. She is an award-winning transformational coach -- and Niki, I'm going to have you talk about what that means -- a nutritional therapist, and a bioenergetic practitioner. You founded, I think it was, the largest mind-body clinic of integrative medicine in the UK, with patients in 35 countries, I believe.

You've been published. In 2015 you hosted the largest-ever free health summit for overcoming fatigue. I mean this is a space that you are very knowledgeable about. And I'm especially really excited for our viewers to learn from you about adverse childhood events and how those impact us.

Just yesterday my wife and I were driving to an event. And we got a call from a friend of ours who is about our age, around 60. When I got sober 15 years ago, she was in my home group and was there. And she's still struggling with relapsing on opioids. And she was saying, "What can I do? I need help." A little bit of probing, and it became clear there were some unresolved childhood issues. So these things seem to be huge for so many who suffer from addictions.

Tell us a little bit about your journey and what led you into helping others heal.

Niki Gratrix: Yeah, sure. So as you mentioned, I cofounded this big clinic in the UK. And it actually was a clinic that specialized in chronic fatigue syndrome, chronic fatigue related illnesses. And it turns out, with those kinds of illnesses, it's very stress related. And there's a really high proportion of people who end up stressed and burnt out who have early life stress. They've had trauma in childhood. So I ended up kind of having to delve into that to help people resolve some of the deeper, underlying issues that ultimately caused them to develop chronic fatigue and burnout in adulthood.

And actually we're talking about addiction. There are so many different types of addiction, is there not? And it's not always about the overt addictions. Sometimes it's addiction to workaholism, sometimes an addiction to overgiving to others, always focusing on other people. And the underlying causes are all the same, which is that we're just trying to distract ourselves from emotional pain that's unresolved underneath.

That's so important, what you just mentioned there, because I had a wonderful childhood. Actually I've had people challenge me. "There were some issues, Paul." And I'm going, "No." And now I'm starting to realize there were.

One that I just figured out yesterday was I was allowed to cry to sleep when I was really little. And when I used to have nightmares as a very young child, I would get marched back to my room to go and have that repeat nightmare. And I didn't think about it until somebody said, "You know, that probably was stressful to you."

Anyway, but I didn't have the common abuse, neglect, addicted parents. I was pretty blessed in that regard. But you're so right about the fact that the addictions are all across the board. And we do those things to try to feel better.

Niki: Yeah, we're always trying to avoid something.

Dr. Paul: Something. And it actually sort of helps for a while, until it doesn't.

Niki: Exactly. But what you're saying there, it's a really good point because a lot of people, especially when we use the word trauma or early life trauma,

people don't always associate that they have had trauma in childhood. So we should talk a bit more about that. What do we mean by early life stress?

Dr. Paul: Yeah, please do.

Niki: Yes, well we'll talk about that. I'll just mention, first of all, there was a huge study done called the Adverse Childhood Event Study. And it was a study of 17,500 adults done by the CDC and Kaiser Permanente started in the 1990s.

And the results were stunning. Apart from the fact you have an increased risk of seven out of the top ten causes of death if you have a high level of adverse childhood events, known as ACEs, you have a 20-year reduction in life span if you have six ACEs, this kind of thing.

If you had four ACEs -- this is what this huge amount of data showed -- only four ACEs showed that in adulthood you're more than 12 times as likely to attempt suicide than people with no ACEs. If you had four ACEs, you're more than 10 times as likely to use injection drugs in adulthood than people with no ACEs. You're over seven times more likely to be an alcoholic, over three times as likely to engage in binge drinking, over three times as likely to engage in risky sexual behavior. So clearly these early life stressful events are a profound sort of root cause of so much addiction behavior. And in the study, what were they looking at, because this is the key thing.

Dr. Paul: Right. What are the ACEs?

Niki: Yeah, so they had ten different categories. They had bullying, racism... or actually, no. It was physical, sexual, emotional abuse, physical or emotional neglect, domestic violence in the family, have incarceration of a family member, substance abuse in childhood in your family member as well. So I think that was about ten categories. And they just picked those ten because they just had a bit of research on them. And they weren't expecting the results at all.

But there's also, in that group, in the emotional neglect section there's what we could call silent ACEs. And these are things like it's not what happened in childhood. Perhaps it's what didn't happen. You weren't emotionally validated. You weren't seen. We have epidemic levels of that. But just not being emotionally validated, a young child can take that to mean, "Okay, my feelings don't matter; therefore I don't matter." And therefore it starts this cumulative

kind of interjection of a kind of feeling that they've taken from the outside world that somehow they're bad and wrong.

And that starts to feel very bad. And then you start to attract experiences that back that up because it's a self-fulfilling prophecy. And then you don't know what's going on. You're just confused. And it's overwhelming. And you just want to numb out. And then that's reaching for whatever it is to numb the feeling, in a nutshell.

Dr. Paul: Yeah, so can those childhood adverse events happen even in adolescence, for example? Or is it just young childhood?

Niki: Yeah, ACEs, they were looking at anything below the age of 18. But obviously trauma can happen in adulthood as well.

Dr. Paul: Yeah. I mean navigating adolescence, for most people, was stressful.

Niki: Big time.

Dr. Paul: You've got to go from being taken care of to being independent plus figure out your sexuality. And yeah. How do you deal?

Niki: It's a really good question. In that study 67% of all adults actually said they'd had an adverse childhood event when they were given those ten questions. And in fact it was probably a massive underestimate because people were thinking of trauma as, "Oh, does that mean something big, like a rape or an assault or something big like that?" But no, most trauma is relational. So it's not a one off single event. It's relational to do with mostly our caregivers, key authority figures, friends, family. So it's not just one event. We call it ambient trauma. So it's something that is going on kind of all the time. And it's constant.

Dr. Paul: I imagine a lot of people don't even realize it because I didn't. So at age 13 I was... I say I was sent off. I chose to go. My parents were lovely. They gave me choices. But really I had to go. I went to boarding school. It was a wonderful school. I actually thought I was having a wonderful time. But I was 13 years old, over 1000 miles away from my family, in Africa, no contact, so complete isolation. And I thought I was doing great.

But in retrospect that was one of those things where I think it was pretty traumatic. And then at 17 I come to the United States. My family stays in

Africa. So even though I had what I thought was an amazing childhood, that was stressful.

Niki: Yes, and often we tend to disassociate from it at the time. So we don't often realize the impact that that's had on us. And then we kind of forget about it. But it's like Dr. Bessel van der Kolk says. He's like the world leading expert on trauma: the body keeps the score. That's the name of his book. And that is biochemically scientifically accurate. Literally your body has changed from the date the trauma happens. And usually a trigger may happen in adulthood. And there your nervous system is feeling all that unresolved stuff that never actually got just seen and released.

Dr. Paul: And it's just subconscious sometimes, isn't it? You're not quite aware of why you're uncomfortable or anxious.

Niki: Yes, it's just like that generalized anxiety. So this is really important for people to know, that it doesn't have to be some huge dramatic thing. Sometimes it's just parents that maybe didn't say they loved you enough. Maybe they just weren't around enough. Maybe they were a little bit overcritical.

Maybe they did kind of parent a little bit through shaming, which happens a lot, kind of manipulation through shaming – “If you don't do this, you're a bad person” -- rather than being honest and assertive, which is you've got to do this because I'm your mom or you're dad. That's it. But no, you're a bad person. And then you start to get into manipulation games.

So the point is that the majority of trauma is relational. It's not these one off events that we think of as trauma, where people get that thing called PTSD, post traumatic stress disorder. That's one type of disorder. You start to have flashbacks about the incident. You have avoidance behaviors, and you can get nightmares. Think about war vets and what they go through [inaudible] the incidents.

Developmental trauma is this relational trauma I'm talking about. It's different. It kind of falls into the category of attachment trauma. The symptoms are totally different. The symptoms are kind of chronic anxiety, chronic depression, lack of self worth, feelings of kind of low self worth and self criticism, core shame, issues with social relations, kind of all the stuff that I see most of the time in clinic. It's much more those kinds of symptoms. And they can be more severe depending on the degree of how much trauma there was and so on. It's also known as complex PTSD because it's this relational

ongoing. So that kind of trauma is much more prevalent. And when I ask people, “How was your childhood?” if you ask a question like that, most people just go, “Great.”

Dr. Paul: It was great. That’s what I thought. Oh, mom and dad, it was great, but...

Niki: And then you’ve got [inaudible] First thing you hear is [inaudible] “Are you trying to say my parents are bad, or they did a bad job?” And you don’t want to go there. But it’s the same as a nutritionist. When I ask people, “How’s your diet?” they’ll go, “Great.” And then as a professional I’ll sit down with them and go, “Let’s have a look at this.”

Dr. Paul: Right, what are you actually eating?

Niki: Yes. And you always find it. And that’s the same with anybody who has some training, professional awareness about trauma and emotional stress and so on. And so they’ll usually start thinking and saying, “Oh, no, that wasn’t quite...” Have you had emotional neglect? How can you self report that your parents didn’t behave in the way that they should’ve done, like [inaudible]. How can you self report on emotional neglect? It usually takes somebody to just sit with you. Or you might read a book and go, “That happened to me, that totally I relate to that,” that kind of thing. But it’s not obvious. A lot of trauma isn’t obvious.

Dr. Paul: So in your work in this area, where I think we all have suffered from some form of childhood trauma or neglect or distress, stress, how do you help people? If I’m watching and thinking, “Well yeah, I was abused.” Some people had horrendous trauma, right. And some of us, I feel a little luckier, is subtle. And it wasn’t severe. But it still affected me. I ended up reaching for relief in a bottle and smoking cigarettes. But how do you help people first, maybe coming to grips with this might be an issue? And then secondly, what do you do about it?

Niki: Yes. So I take a very multifactorial approach. So it’s good to understand the mechanism of how does trauma impact. And it actually impacts the body at the biochemical level. It impacts the body at the nervous system and the brain level. And it also affects your emotional body. So I think Eckhart Tolle called it the pain body, right. So we’re carrying around this kind of pain body. So I tend to have people work multifactorially.

So step one is, if you have an addiction right now, and you have an issue right now, first of all be open to consider maybe it did come from something that happened in childhood, some of your upbringing, not just childhood. It could've been a traumatic event in adulthood as well. So start exploring that. And second, maybe be open to the fact that you're not just a screw up. You've been using the addiction to deal with unconscious, unresolved trauma. So you're not a screw up.

Dr. Paul: I don't have to be ashamed?

Niki: That's it. That's step one. That's it exactly. That's a big one isn't it?

Dr. Paul: The shame is huge with addiction, right? For me, in the beginning to admit I had a problem with alcohol? I'm a doctor. How can I do that?

Niki: Yes, it's such bad news. And look at in the U.S. how they treat addicts, drug addicts. We criminalize it, right. It's totally inappropriate, unfortunately. I think it's Dr. Daniel Sumrok -- I always quote him. He's the head of the addiction center at University of Tennessee.

And he says, "Addiction shouldn't be called addiction. It should be called ritualized compulsive comfort seeking because it's a normal reaction to adversity in childhood like breathing is response to being spanked." That's what he literally said.

So I think that's step one of just understanding that your biochemistry, nervous system, and emotional self changed when this trauma happened. And it kind of felt like it started to control you and your behavior. And it's not because you're screwed up. It's because trauma has a real footprint on your body and on your life, that if you don't face it, it feels like you're out of control, and this thing's taking over you.

People will do anything to get rid of the pain. Now they'll have [inaudible] to take away the pain. They'll go to the bottle. They'll cut themselves, anything just to take away the pain because that's the gut wrenching feelings, something like a heart break. It's not just an emotional body of feeling and the sensations in the body. And you'll do anything to make that disappear. That's what I would do.

Dr. Paul: Yeah, I might be feeling inadequate. I might be feeling insecure. I'm not good enough. I'm not this; I'm not that, all stemming from some unmet needs.

Niki: Exactly. That's all. And that's why. And really, when it comes to healing, it really comes down to kind of learning to once again step into yourself and your own body. And are you in a safe space in your own body? Can you inhabit your own body feeling good in a safe space? Is there compassion? Is there a support network within yourself? And usually for most people it's like, "It feels pretty crap in here. I'm out."

Dr. Paul: Right. I was going to tell you, when I was drinking too much, if I looked at myself in the mirror, I didn't like what I saw. And so I'm a little stressed, still, if I put myself back at that stage. And you're telling me to heal myself, and I still don't know how to do that. I'm thinking you're going to move me along a little further.

Niki: Yes, so I guess step one is, if you're already in the addiction stage, one is that there's no need to be ashamed. It's rooted in trauma that hasn't been resolved yet and hasn't been addressed.

Step two is, forgive yourself in the present moment for doing what any normal human response is, like being wounded. Like if you're stabbed, you bleed. So forgive yourself. And it's [inaudible] forgiving yourself for whatever behavior you think you did wrong.

And then it's the exploration process. So it's really starting to look back into childhood and start to be open to what events... can you remember certain events that you were different afterwards and they changed you, like you've been doing, where you started to go, "Maybe there are some things there that I could look at?"

And there could be various ways that you would want to do that. Some people will have big events that they know it's big trauma stuff. And obviously there are a lot of different types of therapies out there that are really great. You might have things that have happened that you have never talked about with anybody. And just talking for the first time with a trusted person -- it doesn't have to be a counselor, but any person who is non judgmental, trustworthy, and is going to be supportive -- just talking about something to somebody can be life changing if you've never done that before. You might have just held that with you all that time. But you'll feel a relief and the stress start to release just from talking to somebody. So that's kind of step one.

There are a few resources out there I tend to sort of have people read. There are a few books and different types of things. I work a lot with the Enneagram system, which is a personality typing system, like nine different personality

types. Well, there are four that I focus on a lot. It's the achiever type, the perfectionist, the giver, and the anxiety type. That group, by the way, is particularly prone to burnout as well.

Dr. Paul: I think I have all four of those.

Niki: So that's very interesting work. So the Enneagram, there's a book called *The Wisdom of the Enneagram*. And it's the enneagraminstitute.com, where you can do a quiz online. And it's this kind of exploration process of, 'Oh, yeah, I've got these really strong perfectionist tendencies.' It's like learning to know who you are. A lot of us have these maps that are controlling our lives, like operating systems. And we're not even aware that we're a perfectionist type.

Dr. Paul: We're wired that way.

Niki: Yes, or that we're a giver type. Maybe we're overgiving. Why I love the Enneagram is that it doesn't just look at the external behaviors. It also gets to the why underneath. And that's often where it starts to get into the childhood stuff. So people report, like the giver type. Giver types are wonderful people. They're usually a lot therapists. A lot of mothers are like this.

And they're the ones who never take time out for themselves. That can lead to an addiction because when you don't do self care, the body gets so stressed, more and more painful. And it's just easy to go and reach for the bottle. Even drinking wine in the evening because we're not...

Dr. Paul: You need a break. You need a relief. That was definitely my story. I was a workaholic, crazy hours, working so hard I deserved. I needed.

Niki: Yes, exactly. Some of that's just cultural conditioning, by the way, because we are in a culture that doesn't support rest, relaxation, and self care. And that's why we have an epidemic of stress. And stress is just a very uncomfortable feeling, that feeling of being wound up and not being able to sleep, right. We don't have strategies to release that.

But the childhood origins that sometimes [inaudible] with that, too. Someone may have been shamed for not achieving enough. So if you have achiever parents, a bit of narcissism and achiever parents going on, they want to see you as a reflection of them. That's where the narcissism comes in. They tend to -- maybe didn't do it on purpose -- but inadvertently only gave you love

when you were achieving and doing well and achieving standards they wanted you to.

Dr. Paul: I'm a little guilty of that. I don't know exactly why, but inadvertently I would always praise my kids when they did well.

Niki: Yes.

Dr. Paul: And what I didn't realize I was doing was I wasn't just praising effort; I was praising success. And then when they didn't have success, I didn't say anything. I didn't feel like, "Oh, you bad kid." But they felt that way because they didn't get my praise. So that's a little parenting tip I learned by mistake. My poor kids. Sorry, kids.

Niki: It's really prevalent. And by the way, if you didn't get that, how could you pass that onto your children if your parents didn't do that for you? Which they probably didn't, which is how you didn't get sensitized to it.

Dr. Paul: Right. Right, I thought I turned out okay, and that's how you do it.

Niki: Yes. So that sounds like achiever type, perfectionism. The strategy is, "I didn't get unconditional love. But if I do it perfectly, I'll earn love. And then I'll be okay." So it's all about a kid, a child, just not feeling safe and okay as they are. One way or the other, they've had to earn it. "I'll earn this. It's not unconditional." It's "I've got to earn it for doing things perfectly or through achieving.

Or the other way is a lot of children learn that the only way to get love is to give it first. And they become carers. This is where a lot of therapists, a lot of mothers... and it becomes problematic when it is never ending. And this giver, this healer, never turns it inwards. And it's like martyrdom, almost can't feel guilty if they [inaudible].

Dr. Paul: Yes. So how do we get from there to doing self care? What tips do you have for that?

Niki: Well, part of it was the exploration. So that's why I said use the Enneagram. Oh, that's sounds like me. I do recommend this just because we're talking about silent ACEs here as well. There's a book called *Running on Empty* by Dr. Jonice Webb. It's exploding right now because it's all about emotional neglect. And it is a very useful resource to also look into. There are a lot of people listening who already know they've got overt trauma, but for

some of this covert trauma, that's a useful book. So explore. Is it you? Is this like "Oh, that's happening?"

So then just being aware of the patterns helps start resolving them. And then it's a process of physically changing your actual lifestyle. So you're actually scheduling in a massage once a week. How about that? That's possible, right, a possible idea, or once a month.

So sometimes a self care regime, because so much trauma creates stress and discomfort in the body and painful feelings, it affects the vagus nerve. The vagus nerve gets down regulated. And that's the rest, digest, detoxify nerve, the nerve that is the nerve of compassion. It's the nerve that makes us feel loving, warm, connected to others when we stimulate the vagus nerve. So it's very healing. And it's the key to feeling good. And it always gets down regulated when we're in, what, fight, flight, right?

Dr. Paul: Right, stress.

Niki: Fight, flight, freeze, forwarding, all this stress response that we're used to. And it's been conditioned. Our brains get conditioned into it. We're in survival brain. Sometimes it's just in survival brain because we just didn't take the breaks that we need. Simple things like daily reset rituals, these are stress breaks that you can take. Stop. Come into your body. Be in the present moment, if you can do that kind of once every hour, every hour and a half through the day. It takes one minute just to stop, come into your body, look at your surroundings, come into the present moment. It's a nervous system reset just doing that.

Dr. Paul: Wow. I don't think people realize that just that helps.

Niki: Yes. So you can do things like that. Then there's also scheduling in time to do things. I always talk about stimulating the vagus nerve. Any time you do yoga, tai chi, a big one is breathing exercises, a deep yoga exhale breath stimulates the entire vagus nerve, makes it feel like we're breathing. Just breathe, yes, even that, taking ten deep exhales. So the exhale stimulates that vagus nerve and calms the brain.

And there's even science showing that the breath, there's some neurons in the brain that we're observing how deeply you're breathing or not. The more shallow it is, it's telling the limbic system and the amygdala there's a problem, stress, stress, stress.

So this is a way of communicating through the autonomic nervous system. Just deep breathing, is a huge thing. So if you're having an emotional hijack, feeling particularly anxious and panic attacks, deep exhales and regularly bringing that in.

So I have people start a morning routine. A morning routine's really very useful. It involves going to bed a little earlier so you can get up.

Dr. Paul: Get enough sleep.

Niki: Yeah, you know what? If they just went to bed at 9:30 or 10:00, switched all the overstimulating iPhones, all the blue lights in the evening time to orange light -- get the blue blocking glasses, those glasses that block out blue light -- be in bed by kind of 9:30, 10:00, total blackout in the room, then you'll end up waking up earlier. I often ask people, "How do you get up in the morning? Do you get up like the house is on fire?" Some people like total stress.

So the time to set the nervous system up for the day's often like a little morning routine. It might be something where you get up, and the first thing you do is tend to your body and your state of being. Do some yoga exhale, cultivating joy and some fun right there. Maybe put some essential oils on.

By the way, essential oil's another great tip. Use them loads. They increase heart rate variability and increase vagal tone. So again, you're breathing. But essential oils, inhaling essential oils, is a tool I have people use all the time. And then also do some very simple yoga positions first thing in the morning. So do some breathing, some yoga, get your essential oils on.

A simple morning routine like that is setting you up for the day because you won't do it unless you schedule it. If you don't schedule it, it won't get done. But this is part of the reprogramming. So it's part of the daily reset ritual, similar thing at night as well. So some of it has to be daily reprogramming. Sometimes it's weekly. Do a massage once a week, very relaxing.

Dr. Paul: For our viewers, these are actual practical tips you can implement and should implement. I can tell you I've been one of those over stressed out, doing way too much. And I now get massages, about every other week. I feel like I can't afford any more. But they're amazing. I quit my night clinic and started exercising. I get to bed earlier, like you suggested. The diet, these are all little things that...

Niki: They add up.

Dr. Paul: They really add up. I've felt my sense of well being, that self care you're talking about, just get better and better. My energy improves. And stress is the X factor. And to counter it, you've got to be intentional. And that's what you're talking about.

Niki: That's it, totally, maybe scheduling some meditation time if you can do that as well. There are these things like the Muse headband, or there's the emWave, the HeartMath biofeedback, little bit of technical support, that biofeedback, so you can get a bit of extra help. So you're actually listening to sounds as you're meditating. And they'll get rougher. It'll be like weather. And the weather will get rougher if you're not in a balanced calm state. So then you sort of aim to make the weather really calm. It's a biofeedback-supported meditation tool. You can do it for five minutes, even three minutes. Who can't do three minutes once or twice a day?

Dr. Paul: And there are probably apps for that.

Niki: Apps for both of those. So they're easy to use and simple to set up. You mentioned diet. That's such a huge one. It's not only just cutting out all the processed and refined, the stimulants. It's an addiction, isn't it? Because of all the other reasons why you're stressed—not taking time out, not sleeping well, not doing all that—then you need the stimulants, like the caffeine and sugar. And that's causing a big blood sugar imbalance. That in itself, that strategy, causes depression, anxiety, on top of what you already had that you were trying to escape from.

So a diet to balance blood sugar, a protein breakfast, just this one thing, if people did a protein breakfast, went to bed at 9:30 at night, really started to make these kinds of changes that are the basis of feeling not stressed anymore. And the less stressed, more comfortable you are and safe you feel in your body, you're not going to need the numbing reaching for whatever it is.

So protein at breakfast, it could even be meat or fish. But a protein shake, I tend to recommend people a lot. Eggs are another alternative. A protein shake can be vegan or vegetarian as well. You could use a good high quality protein powder, just like half an avocado or a bit of nut butter, a few red berries. And whiz it together. It takes five minutes, less than five minutes, but a protein shake, a high protein shake, in the morning. You could add some oils in there, and fats, like coconut oil.

And it satiates the appetite. And it creates sustained energy. If you've missed breakfast, you'll get to 11:00, oh my God, I'm either anxious, or I've got to reach for food. I need something. And that's when the caffeine comes or the whatever. Whereas if you've had a good quality protein breakfast, you'll be satiated. And it will balance your mood and your energy through the day. And then I also have people eat some protein with good quality veggies, stop for lunch.

Dr. Paul: Have you been watching my lunches? I'm charting while I'm doing my lunch.

Niki: Yes, so lunch is a really important one. And you know what? Getting outside and getting sunlight. Sunlight is profound. It's part of circadian rhythm management. When people don't get enough sunlight, they can't sleep at night. So the pineal gland, our whole body has a 24-hour circadian rhythm that is governed by getting sunlight at the right time of day.

So I try and get people out in sunlight in the morning and again at midday. Get the sunlight, because it's telling the pineal gland you're meant to be awake right now. And all the hormones that are meant to be busy right now in the middle of the day start functioning. And then when it gets darker, then we don't let it get dark because we've got blue light from computers. So our circadian rhythms are—

Dr. Paul: Never gets dark, right. When we were our ancestors, cavemen or whatever, no electricity. I grew up in a village in Africa with no electricity. The sun went down. We went to bed.

Niki: Yes, isn't that amazing? And that campfire light. It was all about orange light. We didn't have these bright lights in the evening. So I've changed the bulbs in my home to be orange bulbs in the evening. I love it. It's so destimulating. It's like, "Oh, it's calming down, ready for the evening time." These are life changing, what we're doing.

Dr. Paul: These are life changing. I want to highlight for our viewers -- because you went real fast on breakfast -- but I didn't hear any doughnuts. I didn't hear any breakfast cereals. I didn't hear any juice because what do those things do?

Niki: They don't create sustained energy. The analogy is throwing hay at a fire, which you get a big burst of energy, but it disappears very quickly. But the protein shake is a slow burning log of energy.

Dr. Paul: And avocado or coconut oil, these are healthy fats that also will give you that sustained energy. And you don't get the sugar spikes and then the crash where you just feel so irritable that if you have an addiction you're reaching for it because you just don't feel good.

Niki: Yes. You see, all these daily reset rituals, these daily lifestyle changes, they all start to add up. Cumulatively, they start adding up, if you do them. That's the thing. You have to do them. They are the basis of feeling, "Oh my god, this amazing energy, balance during the day, less anxious, more centered."

So I can't encourage people enough to start. And you do have to kind of schedule it in. But it's so worth it. You'll be more productive. Anything you thought you were going to lose out by not being productive you get back anyway in spades.

Dr. Paul: You get it back.

Niki: Clearer thinking.

Dr. Paul: You get it back fast. So I don't know if you want to touch on something that's a little different, but it plays into everything you've been talking about. When I have an addiction and I'm no longer doing my addictive behavior or my substance, I experience withdrawal. And it feels horrible. So I want to go back to get some relief from my behavior or my substance. Do you think what you're talking about here will help me?

Niki: Tremendously. That and we're trying to create a new habit of being you during that time. And that's the time where you're going to need all the extra supports. Who are you hanging around with, very important. So the last type you want to be hanging around with is people who are either not supporting what you're doing or actually doing the thing you're trying to avoid. So the environment and the people you're hanging out with, very important.

But these kind of changes, what you were getting from the substance, the feeling -- you were going for a feeling -- so you need to do the things that aren't the substance that will give you the feeling. So that's why I talk about the vagus nerves so much. Stimulating the vagus nerve is what makes people feel high and socially connected and joyful.

There are like 40 different ways to do that. And we've talked about circadian rhythm, deep breathing. Exercise will do that, singing, laughter, watching

positive media, not watching horror movies. There's such a low standard in all the television and the media. There's research showing it literally lowers your vagal tone right there. So all these kind of triggers.

So you're building this emotional and physical environment around you that supports you feeling good, everything to support you feeling good. So those kinds of things most definitely need to be in place to keep you going so that when you're like, "Oh..." Then you can start to do the healthy thing that gets the same feeling. What you're looking for is a feeling of safety, relaxation, joyful, feeling good, right. That's what you're trying to do.

Dr. Paul: So for those of you who are stuck in a horrendous addiction, whether it's alcohol, drugs, opiates, meth -- the withdrawal symptoms are just overwhelming -- you still put all these things in place? What if that's not enough? What if that's not enough?

Niki: Yeah, if we're talking about severe addiction, I think sometimes biochemical support through that and seeing a professional is appropriate.

Dr. Paul: Professional help, yes.

Niki: Yeah, getting professional help. You might also definitely need professional help to deal with certain traumatic incidents where there may be a feeling inside you, the whole thing that you've been taking whatever you've been taking is because of this horrible gut wrenching feeling of shame and trauma inside. That is going to come to the surface as soon as you get the stimulants out and get your breathing. Breathing starts people feeling again.

Dr. Paul: Feeling, though. "But I don't like what I feel. That's why I was using. I didn't want to feel."

Niki: Exactly. That's what it is. It's all numbing out. So I might go for it, feel, because...

Dr. Paul: I'm going to start crying if I feel.

Niki: Exactly. I might have to start feeling the feelings that have been so uncomfortable. That's what I've been running away from. So that you might need, depending on the severity and the type of trauma.

There's a lot of help in different psychotherapists. If it was a specific incident, things like eye movement desensitization and reprogramming, which is EMDR,

is the frontline therapy now, randomized control trials showing it's definitely supportive and helpful. It's the front line therapy recommended. It's widely available. And it's well controlled because it's in mainstream journals. So an EMDR practitioner tends to be very good for specific events.

And then there are some other types of therapies out there. Sometimes psychotherapy, talking, can help, creating, articulating. If you can articulate a clear, coherent story of your childhood, what happened, how it affected you, you start to create the narrative. That is a very empowering and healing thing to do because it also helps you to understand it was an environmental failure. It's not your fault. We can say that. We can say that intellectually. It's not your fault. You're a good person. And people go, "Yeah, right."

Dr. Paul: Yeah, right.

Niki: So we want to help them to get that emotionally. And there's something very powerful and magical about talking about that event happens. And suddenly all these aha moments may occur, where you suddenly realize, "Oh my god, it was. It was my parent or this particular person who said that. I took that on, and I've been carrying that thinking I failed or I was a bad person."

So when you learn to articulate that, even writing about it but talking through it with somebody as well, and you create this coherent story, amazingly you start to disidentify. You stop living out that "I am bad" to "This thing happened." And you disidentify from it, so talk therapy and writing therapy.

EMDR is like an energy psychology. There are all these different types and ways people can do it. And some are going to be more suited to others. Some people want to talk more than do journaling.

EFT, Emotional Freedom Technique, is good for specific events and incidents where you have specific memories.

Dr. Paul: And people can probably search those terms and come up with practitioners.

Niki: Yes, exactly, exactly. Another one that's big is neurofeedback. So that's more for developmental type trauma, less for the PTSD type trauma, neurofeedback.

There are pros and cons just because it's still relatively new, pros and cons finding the right practitioner still. And you'll see. If you just type in neurofeedback, you will see there are qualified practitioners who are part of neurofeedback groups. But you will need to commit 10 to 20 sessions doing it. And it's like one hour, one and a half hours each time. So it's a financial commitment, time commitment. And they usually say at least 20 sessions.

But it is very good for the more emotional neglect/attachment trauma, developmental type trauma, which can be harder when you don't have specific memories of events, specific events. So it is up there, but it does take time to find a practitioner. And it is a commitment. But that's another option as well.

I'm just thinking. Oh, there are a couple of others I should just mention because they can be very good for people. Body-based therapies, so there's one called Somatic Experiencing by Dr. Peter Levine. These are really excellent. You just type that in. You'll find his institute, highly recognized, very good people trained in that, a little bit more for the specific sort of events, one off events, so Somatic Experience.

And sensorimotor psychotherapy. They're both body-based psychotherapy. So if you don't want to do talking, or talking hasn't worked, there's body based. There's energy based. And there's talking stuff. And everybody's different. See, I can't tell anybody to do one thing. It's a bit of a journey. And it's never wasted. So even if you do something, you'll discover something about yourself, even if you still have the trauma. So if EMDR doesn't maybe work for me because I need to talk about it. Or it's actually more in my body, and I need to change my nervous system through the body, so it's a journey of self discovery, basically.

Dr. Paul: Oh, fantastic. I know you talk about the seven steps of healing childhood emotional trauma. And we've sort of been working through them, it seems. I think we're almost to that point where you talk about emotional detox reactions.

Niki: Yes.

Dr. Paul: What is that?

Niki: Yeah, that's a really good question. So if you're seriously doing this work and you're releasing old, toxic, negative emotions, that can be disorientating. You can go through a stage of feeling in the void. You can go through feeling a loss of identity.

You can start to lose certain friends and family because if you're kind of raising your vaginal tone and you're starting to feel better as a person, you may not realize you've attracted a few energy vampires around you that you sort of... it's an odd thing, where you thought people cared, and then you start changing your behavior, feeling better. That can trigger them because either it brings up their stuff. It means they've got to like, "Oh no.." They're getting more secure and a bit more confident, and they're kind of getting bigger in their energy. Sometimes other people aren't supportive of that. Not everybody will be. It will either bring up their stuff, or they liked you small, hate to say it.

Dr. Paul: Yeah, this is so common. I think when I deal with my addiction patients, as they start to heal, all their friends are trying to pull them back into their using world. Or if it's your family and they're also in that world, they're trying to keep you there because then they don't have to deal with their stuff. So having a safe environment, and sometimes you have to change your environment, at least for a significant amount of time.

Niki: Yeah, look carefully at your relationships. You might need to, the few that will need to go. And the good news is that creates space for new people to come in, so better people who'll be more supportive of the new you. So change means change. You're actually going to have to change. You're going to feel differently. And you [inaudible] life's going to be different. You're going to be doing new things, and you're going to be hanging around different people.

Dr. Paul: And it's going to be amazing. That's what I can tell. If you've been suffering and you've been in bondage to addiction and you've been in bondage to all these stresses that have been with you since you were a kid, and you start to break free of these things, it's going to be amazing. I mean I'm sure you've seen transformations that just blow your mind.

Niki: Yeah, it's been unbelievable in my own journey as well. You may not have even realized—it's not until sometimes when you do the work that you realize that you've not really experienced very much joy at all or love. Or you've kind of been numbed out and confused the whole time. And then when you finally start to feel that, you can't feel the up feelings. If you're doing something to numb out the low feelings, you don't get the up feelings either. That's it. That's the cost.

Dr. Paul: You're just blah, right.

Niki: So when you start doing this work, yeah, you start to feel, what, amazing. You start to feel amazing, joyful for no reason, and enthusiastic and

optimistic and certain about yourself and seeing you within yourself. These are the feelings that we're all trying to get. And it is a process.

Dr. Paul: Somewhere in adolescence, I went from just being a kid who seemed to be able to be relatively joyful without substances -- in my case, substances ruled for a couple of decades -- and then you feel like you can't have happiness or feel good without them. But it's so blah, like you said. It's not real joy. It's just pleasure seeking.

You don't have to, but maybe you can share a little bit about your journey and the transformations you've experienced.

Niki: Yeah, so I actually experienced the type of attachment trauma, where it was more... I had a kind of narcissistic parent who when I was about age eight, it was a very severe kind of... I can remember being happy and playing up to the age of eight. And then suddenly I wasn't performing. At school we all got classified. You know how at eight or nine, like, "Are you in set one?" (which means you're clever and bright.) "Or you're down in the dummy group or whatever?" And we all got classified. This is just standard stuff which happens all over the world in schools.

Dr. Paul: Yeah, were you in England at the time?

Niki: Yeah.

Dr. Paul: Yeah, I was in the British system, so I totally get it.

Niki: I didn't realize. I can tell you to this day, even in the last two or three years, I still have only just come to terms with what happened. So I suddenly was told I wasn't applying myself and that I was playing out too much. And as a little eight year old, your parents are gods. Suddenly all the joy went. And it was suddenly like everything became extremely serious. The problem is I was so young, I also took that as—They were just trying to make me work hard and make sure I was [inaudible]. My identity became my achievements. And if I didn't achieve, that was my identity.

Dr. Paul: You were a failure.

Niki: Fame and failure. So I literally developed performance anxiety ever since that day. It's not surprising, is it? By the time I was 18, I couldn't sit my equivalent of an A level because I blanked out because of the anxiety.

Dr. Paul: Performance anxiety.

Niki: It was a blank paper. And I had to get up and leave my exam room. I carried that with me my whole life. So until I finally did a conscious regression, I still carried it, anytime I had to perform at something. And people manage it. I kind of avoided doing things where I had to perform. It affects your whole life, so performance anxiety. I was a workaholic. I was a mixture between a workaholic and an overgiver. So I became the therapist on a mission. I completely burned out running a chronic fatigue clinic.

Dr. Paul: Right, there you go.

Niki: So we teach what we need to learn, right.

Dr. Paul: Yes.

Niki: Even now I still have to work on that. I think I've always been more easily stressed because it changed my nervous system setting. The neuroendocrine immune system changed from that trauma day. And so I was much more sensitive to stress and prone to stress and less stuff would stress me, my threshold of what would stress me. So that's the nervous system reset. The body keeps the score. So I was battling that.

And then whenever anything came up that was remotely like performance that I could fail at, and it was my identity, and I would be like shame and a bad person. That was a lot to carry around. And it's gets cumulative. If you don't deal with it, it's like having baggage. And then something else happens. And then inevitable adult stresses come in. At some point or another, the body breaks down, or you can't cope anymore, or there's a mental issue, or you reach for the substance.

So sometime or other the body doesn't heal. It conceals. And it wasn't until I actually went back and I actually sort of... if you install the protector, so when I rewound the childhood experience of that event when it happened and imagined it was actually me in the future as a powerful, protecting adult that came in and said, "No, that is abusive."

Dr. Paul: You're okay. Or I've got you.

Niki: Yes, that was it. I've got you.

Dr. Paul: I've got you. You're okay.

Niki: No to that behavior. They didn't know what they were doing. But it was abusive. But they didn't realize.

Dr. Paul: They didn't realize.

Niki: They didn't know any better. They thought they were trying to do the best for me. And that's how they were brought up. And it changed ever since then. But I still have to do the daily reset rituals because my nervous system reset. And that's an epigenetic change. Literally, there are neural pathways and epigenetic changes that don't normally change with one shot. It's reprogramming it.

Dr. Paul: You have to keep working it.

Niki: Daily reset. So sometimes it's a combination of things that we do. One of the things we might do is go back and do something like that where we look at a particular event and resolve it. A really powerful therapy is when we look back in childhood and things that troubled us, there's something that needed to be said, done, or that didn't get done or said. And if you can have either a facilitator to help you do what I did -- in my case I needed that protector there that said, "No" -- it might be something where someone needs to get up and fight back or run away. I call it kind of conscious regression. But you can work with therapists to do that kind of work as well. So in some cases it's really powerful.

Dr. Paul: Very powerful. I witnessed my wife go through that. And in one weekend she was able to look at her fearful, little child who was hiding in the closet, escaping abuse, and say to her, "I've got you. You're okay."

Niki: Amazing. Amazing.

Dr. Paul: That's formative.

Niki: I can feel it. Yes, I can feel that as you're saying it. The energy of that's fantastic. And that's why I call myself the transformation coach because we're not just talking, and then you just become very articulate.

Dr. Paul: Right, there's work to do.

Niki: There's actual change, so experiential change. You're not going to be the same person that you were before. That's it. So that's why we're talking about transformation.

Dr. Paul: Yeah. Now you talk about scales effective healing. What is that?

Niki: Oh, yeah, okay, the scales effective healing. So often what we see -- it can apply to everything -- when you start doing the healing, you might change your diet, and then you might start changing your circadian rhythms and going to bed on time and things like this. And you might be expecting to kind of feel great, amazing, straightaway in a linear sort of way in exact proportion to the number of things that you're doing to make yourself feel better. That quite often doesn't happen. So you know the old scales, these old, little scales.

Dr. Paul: Oh, those scales.

Niki: Yeah, you have weights on each side.

Dr. Paul: Right, right.

Niki: So healing is like you're taking a weight off each time you do something, like maybe you change the diet. But it won't change until the last weight comes off, right. The last weight comes off, and the whole thing changes.

Dr. Paul: Bam, okay.

Niki: So it's to help people understand that sometimes we might be in a plateau for quite a while. And it's kind of like I don't feel any different. It can apply to everything. My energy's not changed. My weight, my performance in this isn't changing. But those are the times where we can drop back and put weights back on, like, "Well, I did that gluten free thing, and that didn't help. So I'll start eating that again." And then you've negated. All of a sudden it was going to do that, but you block it if you start going backwards. So it's keeping the faith, keeping the commitment even while you go through the path. It's not really a process. Sometimes it is a little gradual. We're going like this, and then all of a sudden, you'll just get a lot of benefit all in one go.

Dr. Paul: All in one go, yeah.

Niki: So it's having people have the mindset to be prepared to deal with that because it's how healing occurs. Sometimes it can occur very quickly, all in one go, and we take a big step up. And just because you're at a plateau doesn't mean you're not healing. It's cumulative. So the tipping point needs to be reached, and then the whole thing changes.

Dr. Paul: Fantastic. That is a good sum up of all these things you've been talking about. Don't stop. Just keep adding. And positive self care, you've just got to make it better and better, right. I mean just do more. You can't do too much self care.

Niki: No, you can't. There are not too many things you can do to stimulate the vagus nerve, laughing, humming, chanting, singing, essential oils, sunlight.

Dr. Paul: Dancing, eating good food. Get outside. Awesome. So as we get close to wrapping up here, think of our audience. This is the world, being an online summit. And I think addiction, either it directly affects us, or it affects someone we love, just about everybody, probably two-thirds of the world. What message would you like to leave people sort of as your closing thoughts?

Niki: I would say however addicted you are, however serious it's been, however long it's gone on for, there's an essence of an unbroken you. There's a part of you that is pure, untwisted, straight, still pure and unbroken. And it's always available. So there's that part of you that you can tap into. And the body knows how to heal itself always. However long it's been going on, there is part -- you could call it consciousness; some people might call it their soul, whatever resonates with the person -- but there is that part of you. And it's just tapping into that.

And it's like a cloudy day. The sun is still there even though the clouds might be drowning it out. But it's still there. So I guess it's just having people know that's the truth. And then when you start doing the work to clear the clouds, slowly but surely you'll know that was true. So the body knows how to heal itself. And there's a part of you that's unbroken, always.

Dr. Paul: That's beautiful. You've been sunlight for our viewers. This has been a phenomenal—just a very powerful presentation. Thank you, Niki, so much.

Niki: Thank you so much.

Dr. Paul: And how can people get a hold of you or access your expertise online?

Niki: Yeah, just my website, which is nikigratrix.com.

Dr. Paul: Fantastic. Well, this has been pure pleasure for me. And I know our viewers are going to get so much out of this. Thank you again so much.

Niki: Thank you for having me and doing such an important topic. Very good, so thank you.

Dr. Paul: Wonderful. You have a great day. We'll be in touch soon.

Niki: Okay. Take care.