Emotional Mastery and Emotional Pilates
Guest: Joan Rosenberg

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Dr. Mark Menolascino: Welcome to the Women's Heart Health Summit. I'm your host, Dr. Mark Menolascino, medical director of the Meno Clinic in Jacksonville, Wyoming. This is your chance to hear from the international experts from all over the world about how to achieve optimal health, optimal vitality, and how to prevent heart disease.

We're joined today by Dr. Joan Rosenberg. Joan, thank you so much for joining us.

Dr. Joan Rosenberg: Mark, it's a pleasure.

Dr. Mark Menolascino: Well let me tell our viewers a little bit about you. We've known each other for several years. You're someone who I've always enjoyed talking with, listened to. And the way you think about your clients, and the way you think about health in general is very unique. And I really have a deep appreciation for it.

Joan Rosenberg, PhD, creator of emotional mastery and emotional mastery training is a highly regarded expert psychologist, master clinician, trainer, and consultant. As a cutting-edge psychologist who is known as an innovative thinker, trainer, and speaker, Joan has shared her life-changing ideas and models for emotional mastery, change, and personal growth in both

professional and educational seminars, psychotherapy sessions, and graduate psychology teaching.

A two-time TEDx speaker, and a member of the association of transformational leaders, she has been recognized for her thought leadership and influence in personal development. Her forthcoming book, *90 Seconds to A Life You Love*, will be available February 2019.

A fulltime professor at Pepperdine University, Dr. Rosenberg provides clinical supervision and teaches courses for students in the doctoral program. A United States Air Force veteran, she served as psychologist in the Air Force before becoming a staff psychologist at the University of California, Los Angeles. She's also taught in graduate psychology programs at the University of Southern California, Phillips Graduate Institute, and Wright State University in Dayton, Ohio.

She currently lives and maintains an independent consulting practice in Los Angeles. Again, Dr. Joan Rosenberg. Joan, thank you so much for being with us.

Dr. Joan Rosenberg: Thanks Mark.

Dr. Mark Menolascino: You have such an interesting background. You've really had exposure to multiple different disciplines, multiple different environments. Is that what you draw on for how you deal with each individual client that you see?

Dr. Joan Rosenberg: You know, early on I recognized that I didn't want to just have a narrow band of training. And when I was in graduate school, most of my focus was in the counseling center in grad school. And it was like, I need a real yardstick for understanding health. So I went places which took me into impoverished areas, and actually being the only Caucasian in all-black and Hispanic facility so that I could really deeply understand sides of health, from impoverishment to wealth, and from poor mental health to kind of the worried well.

So my desire was really to have a yardstick for understanding health and wellbeing from a mental health perspective.

Dr. Mark Menolascino: That's fantastic that you've had exposure to all different socioeconomic groups of people. Do you see these common threads

that you have run through people, regardless of whether you have money or not? Whether you're impoverished or not?

Dr. Joan Rosenberg: Yeah. Absolutely. It's just that the problems get more complicated, the less resources you have. But yes, certainly there is often more trauma in impoverished communities. There is certainly trauma in wealthy communities, as well. But those who are impoverished just don't have the resources to address the problems in the way that the wealth or the worried-well do.

But the common threads really are, people have trouble with how they think. They have trouble with what they think. And in my experience, most people can't stand experiencing unpleasant feelings. So they have trouble with that, as well. So those three common threads run through everybody.

Dr. Mark Menolascino: You know, we've had a lot of speakers speaking about women's health, and the common theme that really runs through a lot is obviously toxicity for women. We'll talk about that uniquely with your experience. But this epidemic of trauma happening to all of us, men and women. But especially to kids. And the adverse childhood events.

How do you see childhood trauma manifesting as these health issues as women get older?

Dr. Joan Rosenberg: You know, there are many people that say that what doesn't get emotionalized gets physicalized. So that when emotional insults are occurring, and those aren't addressed at an emotional level. And because of the experience, nobody wants to keep on reliving it. So we try to shut it out. And again, if we think about early trauma, and as you said, the adverse childhood experiences. If we try to shut it out, then it has to go someplace. The concept is kind of, in my mind, kind of metabolizing.

It's like, if we work through something emotionally, it's almost as if we've metabolized it, and taken what we've needed from it. In terms of a learning experience. Not that we've invited it, but we are able to incorporate and make sense of it. When we don't do that, we try to shut it out. It's got to land some place, and it almost always lands in the body.

So then we see more physical symptoms. We see stomachaches. We see heartaches. We see pain. It manifests in different ways.

Dr. Mark Menolascino: You mentioned heartaches. We were talking the other day to someone about a broken heart. These heartaches that we talk about, we talk about emotions, feeling them in the pit of our stomach, about things being gut wrenching, and things being so heart felt. It's interesting how we have these physical descriptions of these emotional symptoms.

Dr. Joan Rosenberg: I actually like to think of the body as metaphor.

Dr. Mark Menolascino: Please. Tell me more.

Dr. Joan Rosenberg: If you think about something that's gut-wrenching, but it's gut wrenching because it's so emotionally devastating, or so emotionally hard to handle. Or if somebody had a shoulder pain, then we could think metaphorically, and go, what are they shouldering? What are they carrying that might be too great that's too much of a load or a burden for them?

So I often, like I said, I use it in a metaphoric, way and try to understand what part of the body is trying to communicate what message.

Dr. Mark Menolascino: Very interesting. I love how you think, Joan. You always put things in your words that are thoughts, I just love the way you put these analogies together.

You talked earlier about how the body has to metabolize these feelings. What are some of the blocks to prevent that metabolism, or to make that metabolism more inefficient, so people can't process?

Dr. Joan Rosenberg: Well again, if I go back to what I started with, with the notion of what we think, how we think, and how we manage our feelings, I would see those three things as really getting in the way of making sense of what we've experienced in life.

People get into a lot of negative thinking, probably a common topic. And then, as I said earlier, most of us really kind of shy away with dealing with unpleasant feelings. We don't want to deal with it. And that prevents us from being able to lean into the experience. To move towards it, even though it was so unpleasant or so painful. It prevents us from doing that, and as a result, we're not able to make sense of what we went through.

Dr. Mark Menolascino: You're one of the few practitioners I've heard use that term about leaning into these feelings. Can you tell me more about that? How do people do that with being self-protective at the same time?

Dr. Joan Rosenberg: I think of our unpleasant, again, allow me to generalize for a moment. Most of us try to move away from unpleasantness, which makes sense. Who wants to experience pain? But my point of view on this is that unpleasant feelings are actually crucial to our wellbeing. And crucial in ways that people don't even understand.

So for me, leaning into unpleasant feelings is leaning into something that's actually there for three reasons. To protect us, our feelings are there to protect us. Unpleasant ones, in particular. Ones like anger, or disappointment. Keep us from, would be feelings that go, don't go there. You've been hurt once, don't go back again. Or the anger is protective, if we're being threatened.

So if we can think of unpleasant feelings as actually being there for reasons of protection, then it changes our view on allowing ourselves to experience them.

And that's when we're feeling in danger. But when we're feeling safe, then our feelings are there for connection and for creativity. So I want people to move towards what's unpleasant, because it brings great benefit.

Dr. Mark Menolascino: That must be scary for many people to do that. How do you help them to do that?

Dr. Joan Rosenberg: I have a whole approach, Mark.

Dr. Mark Menolascino: Good. I knew you did because it scares me to do it with people, because it's a tough thing to do. You've got to have a program, like you do. And I know you've worked hard in building it.

Dr. Joan Rosenberg: This is true. This probably took me 20 or 25 years to put this together, so yes. And what I realized through all these years of seeing clients, and all my teaching, was that… Actually, let me take one step back.

It wasn't until the neuroscience findings started to come out. So all the brain research findings. That I was able to kind of start piecing together all these different elements.

And what I realized from the neuroscience is that how we experience our feelings is through bodily sensation, generally speaking. So you mentioned something was gut wrenching. It's a perfect example. Something can be gut wrenching if it feels sad, or disappointing. Or it can be gut wrenching because you're angry. Any one of those kinds of things. Or feeling helpless.

So if you just use that one idea, then what we have to do is tolerate the bodily sensation at the gut, if you will, and once we've tolerated it, it will help us know what we're feeling. So let me walk you through the sequence.

Dr. Mark Menolascino: Please.

Dr. Joan Rosenberg: So something happens. I have a reaction to it. And the reaction is at the bodily level first. If I stay present to that, and I stay aware and allow myself to be in touch with as much of my experience as I can bear, then a word will come to me about what I'm feeling.

Again, this is all happening in nanoseconds. And then I have the emotional feeling to the bodily sensation. I'm not trying to complicate things, but what I realized here is that it's not that we want to avoid unpleasant feelings. It's that we want to avoid the bodily sensation that helps us know what we're feeling. That helps us know that unpleasant feeling.

So the whole notion for me is helping someone tolerate a bodily sensation. To help them know what they're feeling emotionally. And then that allows them to lean into it.

Dr. Mark Menolascino: I love that. I think it's so hard for all of us to get at that, to really touch it. We're afraid of it. We're not taught how to do that. And it takes someone with your expertise to really be the expert guide in this.

You've worked with veterans as well during your time in the Air Force.

Dr. Joan Rosenberg: Yes.

Dr. Mark Menolascino: And some of the trauma that they've seen is not unlike some of the trauma maybe some of our viewers have seen. Does the type of trauma make a difference, as well? As far as how the body processes it? Or is unique to each individual experience?

Dr. Joan Rosenberg: There is a difference. When there's man-made trauma. When there's physical abuse, when there's sexual abuse, war. When people have suffered at the hands of people who have taken care of them. That kind of trauma is very, very difficult.

And if you think of war situations. The fact that we're pitting human life against human life is inordinately painful. So it makes it difficult for people to make sense of senseless situations. It's like, wait a minute. This person is

supposed to be taking care of me. They're not. Or, what it takes for someone to go into war and actually hurt another human being with intention.

There is something that research literature calls moral injury. People who have been in war situations suffer from moral injury. That they have had to go against their own morals, as human beings. They've had to go against their own morals as human beings. And as a result, they're left with a tremendous amount of shame, and guilt, and lots of other feelings like that.

So, yeah. It's much more complicated when it's human to human hurt.

Dr. Mark Menolascino: These are very heavy subjects to talk about, and I appreciate you allowing me to go there with you.

Dr. Joan Rosenberg: Sure.

Dr. Mark Menolascino: I think if they're not talked about, then people think they don't exist.

Dr. Joan Rosenberg: And they do exist.

Dr. Mark Menolascino: And they do exist. Even more so. When you are trying to help somebody move through this processing. I know you've developed a program. Are there certain skills that they can work on prior to engaging with you, or things people can do on their own to help get started to build more resilience to help with the buffer to process these types of events and anxieties.

Dr. Joan Rosenberg: There's a lot that people can do on their own. My notion, Mark, is the idea of giving psychology away. It's so people have what they need to do it all by themselves. I do it in kind of a simple formula. And I referenced it just a moment ago, but the formula is one choice, eight feelings, 90 seconds.

So what I mean by that. The one choice is to choose into staying aware of your moment to moment experience. And choosing into being aware of and in touch with as much of that experience as you can bear. So again, as leaning into the feeling, as opposed to avoiding the feeling. And right now, we're talking specifically about unpleasant feelings.

The second is, the eight feelings. I think there are eight feelings predominantly to get in our way. They are sadness, shame, helplessness, anger, vulnerability, embarrassment, disappointment, and frustration. So it's like, why those 8?

And it's those 8 because those are the most common feeling reactions to things not turning out the way we want.

So I didn't put fear in there. I didn't put anxiety in there. I didn't put guilt in there. All of those for different reasons. So those are the 8 because, if you look at our daily lives, those are the most common ones that we feel.

And then 90 seconds part is the whole notion of, again, when a feeling fires off in our body, the hormones and the neurochemicals or biochemicals flushing through our blood stream, they activate those bodily sensations. But they also flush out of the blood stream in roughly 90 seconds. So the whole notion here is if someone can ride that wave of the intensity of the physical reaction for up to roughly 90 seconds, then they can lean into and stay present to the feeling. And they get all the benefits that are on the other side of that.

Dr. Mark Menolascino: How do they ride that 90 seconds, Joan?

Dr. Joan Rosenberg: Mark, the most important thing that people can remember is that an emotional feeling has a bodily sensation that's attached to it. And if all they do is allow themselves to go, I can do 90 seconds to tolerate this bodily sensation. Then they can stay present to the feeling. It's all it takes.

And I've watched, it's amazing what I've watched people do once they have that knowledge. I've seen people turn stuff around in terms of how they relate to people, within a couple of days or a week. So once you realize that all I have to do is handle that bodily sensation, and basically I'm handling my feeling, it's like a game changer.

Dr. Mark Menolascino: And lean into it, and allow it to be present.

Dr. Joan Rosenberg: Yeah. Absolutely.

Dr. Mark Menolascino: You know, Joan, we met four or five years ago from a mutual friend at a conference, and I had two minutes with you. And you said what you just said, I'm going to encourage all of our viewers to stop right now, rewind the last couple of minutes, and listen to it again. This is priceless information for people. I love the 8 feelings that you're talking about that don't include anxiety and fear. This is really powerful.

I think people can do years and years of psychotherapy, but it's these types of

strategies, and the programs you've developed, that actually move the needle for people.

Dr. Joan Rosenberg: Yes. I believe that. Thank you. It's very kind.

Dr. Mark Menolascino: Joan, we're talking about things like yoga, and meditation, and how they affect certain areas of the brain and the biochemistry. Can you share how you think about that? How you share it with your clients, please?

Dr. Joan Rosenberg: Absolutely, Mark. If you start out by thinking about experiences like martial arts, yoga, meditation. Those are all, all three of those are called attentional practices. It's actually building the parts of our brain that allow us to pay attention in a different way.

So the whole notion is when we learn focused attention, then we actually begin to change the literal structure of our brain, which is phenomenal, because that means it's great news for all of us. It means that literal structural changes in our brains are possible. And for me, that's such a hopeful message for people.

The idea here, particularly with meditation. If people allow themselves, they can start out at 5 minutes. Again, it's not trying to clear your mind in terms of, I don't want to have any thoughts. It's just being aware of your thoughts as if you were sitting in a movie theater and watching them go across a screen.

So when you do that, and 5, 10, 20 minutes a day, 40 minutes a day. Whatever it might be. You start to build out parts of the brain that allow for more crossover.

The corpus callosum, in the center of the brain, allows the right and left hemispheres to integrate better. And what Dan Segal would say is that an integrated brain is a healthier brain, which is kind of fun.

It also builds out an area actually behind our eyes. It's known as the prefrontal cortex. Certain parts of it. And I don't want to get lost in the science here. But it's the thinking or reasoning part of our brain. When we start to meditate, then what ends up happening is we build out the parts of our brain that allow us to be more responsive rather than reactive in life.

So we can step back and be a little bit calmer, and notice what we're experiencing, and then choose how to respond rather than being explosive and

reactive right off the bat, or impulsive. So it has tremendous benefit above and beyond psychotherapy or anything else. So I always recommend meditation.

Dr. Mark Menolascino: Joan, it's interesting how when we were in our early training, the brain was such a black box. You didn't have access to it, it was this mysterious black box that nothing we really did affected it. The more we learn, the more the science supports some of the things we intuitively felt about how the brain is plastic, and malleable, and it can change and we can grow.

Dr. Joan Rosenberg: Yes.

Dr. Mark Menolascino: And exciting time it must be for the work you're doing.

Dr. Joan Rosenberg: Totally. And certainly when the MRIs and FMRIs came on board, when people could literally see into the structure of the brain, then they could really begin to understand even how psychotherapy was working.

Dr. Mark Menolascino: Interesting. So we're able to see the metabolic patterns of the brain based on these therapies we're doing.

Dr. Joan Rosenberg: Yep.

Dr. Mark Menolascino: That's fascinating. What are some of the other things that you never thought would be possible that are now in your reach, as far as how the science is catching up to what some of the therapies have shown?

Dr. Joan Rosenberg: That's a great…

Dr. Mark Menolascino: That's a tough question, I know.

Dr. Joan Rosenberg: No, I need to think about that for a moment. You know, I think for me, and I really want to, if you will do a shout out to Dan Segal on this one because I was mentored by him for a number of years. Having an understanding of, again, how the brain functions across the board. To me that was probably the biggest game changer for me. And it really explains how and why psychotherapy works. From a brain standpoint.

So that really was, it just opened my world so much. And it takes, what I've found for people, is it takes the guilt away and it allows someone, when people have an understanding of how their brain works, then they begin to

understand that they can't will certain things away. But if they work on them in a certain other kind of way, then they're reactivity and old grudges and resentments and all that kind of stuff can go away and they can actually make sense of their life.

The neuroscience was really the game changing piece for me, around that. So the last 1990s, into the early 2000s was a big turning point for me.

Dr. Mark Menolascino: That is so exciting, how it seems like it's exponential now. Their knowledge base is growing so fast. How do you keep up with this expanding knowledge base? What do you turn to, besides good mentors and good resources?

Dr. Joan Rosenberg: I do. I turn to good mentors. I read constantly. So it's just trying to stay on top of the stuff coming out in journals. It's also reading popular books. And it's attending lectures. It's just keeping up with the continuing education. Constant learner.

Dr. Mark Menolascino: Well, there's so much information out there available. Like the series we're doing together, you're bringing this great thought process to people viewing. You must have a lot of people come to you with misinformation, as well. Things they find on the internet, or read, or hear from their cousin whose sister is married to a doctor. You have all these things, because I do.

How do you help people to really get good sources? To cut the wheat from the chaff?

Dr. Joan Rosenberg: What I like to say is there is a difference between opinion and good counsel. And you have to learn to discern which is opinion and which is good counsel. If people are looking on the internet, my encouragement is to go deeper. Don't get lost in the second, and third, and fourth-hand reporting of something. Go to the source.

Dr. Mark Menolascino: That's good advice.

Dr. Joan Rosenberg: So if they can find the source, they should do that. And then the other one, really, in terms of the kinds of things that are in our ear about our friends or loved ones wanting to help us out, that is not always great help because it's more opinion than it is actually wisdom or good counsel.

Dr. Mark Menolascino: That makes so much sense. I've always thought that intuition is a powerful leader, and a woman's intuition when it's sharp and can be trusted really can be a good guide. How can women, especially, what can they do to help fine tune their own intuition and to learn to trust a little bit more?

Dr. Joan Rosenberg: Again, if you go to the understanding of what intuition is, it's the wisdom of the body. And that we have reactions quickly to things that are built in and innate to us that aren't really coming from a thinking/reasoning place. And so one of the things, in particular that women can do, is to stop doubting their reactions.

If they are sensing something, again, sense is the bodily senses. If we sense something, then we should trust what we're sensing and stop questioning it. I think the single most important thing a woman can do is to trust what she's experiencing, and stop questioning and stop doubting it.

Dr. Mark Menolascino: There are strategies. And if you don't mind, Joan, I'd love to go back to your three-part program. Could you describe that one more time for us? Then I want to ask you a few questions about it.

Dr. Joan Rosenberg: Absolutely. The notion that's kind of a formula. The formula is one choice, 8 feelings, 90 seconds. The premise behind it is if you can make the one choice to stay aware of and be in touch with as much of your moment to moment experience as you can bear. And you can ride one or more 90-second waves of one or more of 8 unpleasant feelings, you can go after anything you want in life. You can pursue anything you want in life.

So the one choice is to lean into, to be aware of and in touch with. The whole range of our feelings, pleasant and unpleasant. So you lean into those. And it's dealing with 8 feelings. The 8 feelings are sadness, shame, helplessness, anger, vulnerability, embarrassment, disappointment, and frustration. And then the 90 seconds is, again, the ability to ride the bodily sensations and understand any given wave of feeling, if you will, would likely not last much more than 90 seconds. So up to roughly 90 seconds.

Dr. Mark Menolascino: And there are some feelings you didn't include in your list. Can you tell us those, and why?

Dr. Joan Rosenberg: Sure. I did not include anxiety and fear, which is what most people will guess at right away. I actually want people to have fear. But it's understanding why I want them to have it. First of all, in my mind, both

the words fear and anxiety are terribly misused. We say we're fearful in situations, if you pay attention to the definition, there's no fear.

So, fear comes about when we're in danger or face life threat. So it's danger in the moment, right now. And so, if somebody is in a dangerous situation, or somebody is actually at threat, then I want them to have fear so they can do whatever they need to do. So I don't want to take fear away. I just want people to use the word appropriately in situations where they're actually in danger or at life threat.

Dr. Mark Menolascino: Fear is such a primal instinct, and such a misunderstood emotion.

Dr. Joan Rosenberg: Yes.

Dr. Mark Menolascino: How do you help people to lean into, when you are talking about fear with them. How do you help them to discern that from the other feelings?

Dr. Joan Rosenberg: Again, I actually educate quite a bit Mark when I'm in my practice. So for me, it's actually doing what we're doing right now. It's like, let's differentiate fear from anxiety. So if you understand that fear is the danger right now, then when you're in a situation, stop using the word fear.

And actually, when we change our language, we change our experience of it. And so if we use a different word, we actually feel better. And the same is true of anxiety. Anxiety, if I may take one more step. Anxiety is diffuse apprehension of the future. But for me, that's like some big, vague word. It doesn't really mean anything.

So I will typically take the word anxiety away from people because, for me, anxiety is really a cover for the unpleasant feeling.

Dr. Mark Menolascino: Oh, I love that Joan. I think that's really good wisdom. So many men and women deal with anxiety. And are taking medications, like SSRI, Xanax, those types of things. If someone comes to see you, kind of stuck on a medicine like that, how are you able to bridge them to that next level? You're teaching them, they're understanding.

Dr. Joan Rosenberg: Again, for me, it's the same thing. And I will tell you, here's the secret sauce, Mark.

Dr. Mark Menolascino: Please. I'm all ears. And I hope everybody else is, too.

Dr. Joan Rosenberg: The secret sauce is that for me anxiety is unexperienced and unexpressed feeling. So before, anxiety is a cover for the 8 unpleasant feelings. So let me give you two examples here.

Dr. Mark Menolascino: Please. This is great.

Dr. Joan Rosenberg: So anxiety, somebody comes in, says they're anxious. Maybe they're on medication, maybe they're not. And I looked at them. For me, again, anxiety is this big vague packaged word. So if I took all words for anxiety away from you, what would you really be feeling? And usually I give them my 8 to work with. And almost invariable it is vulnerability.

Somebody needs to go do some kind of public speaking, right? So they're feeling vulnerable. Not anxious. They're aware that they could get hurt. Somebody might laugh at them, somebody might throw tomatoes at them, right? It's a feeling of vulnerability. It's a feeling of exposure.

But once they use the word, "I feel vulnerable." As opposed to, "I feel anxious." It actually makes the experience more manageable.

Dr. Mark Menolascino: To have them lean into that feeling of vulnerability, because they can identify it, and work around that.

Dr. Joan Rosenberg: Exactly. That's the first example. The other example is, when people use the word anxious, they're almost always, if it's not vulnerability, then it's almost always the other feelings I mentioned. One or more of those.

And in those situations, people are feeling something they don't want to feel, so they try to shut down on it, so it has to go some place so it becomes anxiety. Or they are not expressing it to somebody that they ought to be expressing it to. Again, it has to go someplace. You start to experience it as anxiety.

So let's say I'm angry at my spouse. But I'm not telling my spouse that I'm angry, and instead I just feel anxious. So for me, it's like the whole thing with anxiety is for people to take a deeper leaker. For fear and anxiety. Take a much deeper look, stop using the word fear when you're not in danger and life threat. Use the word anxiety instead. But if you're there, take it one step

further and allow yourself to wonder whether it's one or more of those 8 unpleasant feelings. And use those words instead.

Dr. Mark Menolascino: That is one of the most powerful things I've heard in this whole series that people can do. When they're feeling that anxious, just look at one of those 8 words that it really is, and once you identify that, then you can actually start making progress towards it.

Dr. Joan Rosenberg: Totally. And I'm telling you, when you change the words, it changes the meaning, and it changes the feeling. So, you will experience changes, and it feels way more manageable.

Dr. Mark Menolascino: Change the word, you change the meaning, you change the feeling. These are these simple truths I come out of your voice, and I think, I've heard this many, many times but now it finally makes sense. You just have a way of putting these together, and that's the wisdom of your experience. It's very powerful.

So what do you most enjoy about what you do?

Dr. Joan Rosenberg: Watching people develop the skill to transform themselves. And watching the light come back into their eyes. The whole presence changing. Knowing that they can actually move from a place of reaction in their life to a place of creating life. That they realized they can have an impact on life is huge. So it lights me up.

Dr. Mark Menolascino: And you see it on a regular basis. I know a lot of doctors don't see change in their clients. They keep using more and more medications. They keep doing more and more tests. And people don't change at that core level. And that's the beauty of the programs that you're providing. You really are helping people change at that core level.

Dr. Joan Rosenberg: Yes. And I really think emotion drives so much of what happens in our life. And again, there's a lot that has to do with how we think through things, as well. Kind of as I said earlier, what we're thinking and how we're thinking. But it makes a huge difference to be able to work with emotion and then work with your thinking.

Dr. Mark Menolascino: I just think of a woman that shows up at the emergency room with chest pain that's disguised as anxiety that's driven by a fear of being vulnerable, and how this whole story could be unwound. But

instead, they get heartburn medicine and sent home. Or they get an antidepressant and sent home.

Dr. Joan Rosenberg: And to that example, in particular, I had a client many years ago who lost her, her father was sick. And actually it was within 6 weeks of his passing. And she would get heart pain. So he was sick, she had heart pain. He passed, she had heart pain. And a couple of times she had ended up going to the emergency room thinking she was having a heart attack.

Her heart checked out fine. It was the upset. She had a very close relationship with her father. It was the upset. It was her heartache, literally. So it wasn't anxiety, it was the pain and the sadness. The profound sadness that was being distorted, converted, transmuted if you will. The sadness was being transmuted into anxiety instead. So, now showing up as a heart thing. But if you thought about it, it would make sense that she had heartache. She just lost her dad.

So again, that's the metaphor of the body again.

Dr. Mark Menolascino: And Joan, I'm sure you see a lot of people come to you looking for better solutions that are on a whole boatload of medications, or a bunch of vitamins or supplements. Trying the latest and greatest internet fad. How do you wade through that with people, and find the way to use what they're already on to try to taper them off to bring in further skills? Is there strategy that you use for that for people?

Dr. Joan Rosenberg: That's a hard one.

Dr. Mark Menolascino: I know it's personal, case by case.

Dr. Joan Rosenberg: Yeah, it is. The first thing for me is always seeing whether talk therapy will make a difference. If they're on medication, then I'm not going to fiddle with that at the outset. But my goal is really to see, as we continue to talk, whether they are developing the resilience, if you will, to face what they were not facing before.

As they get stronger emotionally, then it would be working in concert with whoever has been prescribing to see if we can play with tapering off the medication. So that would be the approach. But it is case by case.

Again, my thing is not to do anything with it right away. It's to see how the person responds over time.

Dr. Mark Menolascino: I think that's, to all of our viewers, my message is you just heard from a very wise practitioner. If you go see someone that immediately says those medications are bad, you have to go off all of them. Be very scared of that person. If you go to see someone who says, well, let's look at these other avenues of therapy and other ways to help you. But let's not go and get rid of what you're on. That's a sign to me of someone who is a very wise practitioner. So that's a message to all of our viewers. You look for that in who you seek out. Someone who has that balance. That has the respect for both sides.

Dr. Joan Rosenberg: Absolutely. Yes.

Dr. Mark Menolascino: And hopefully get to the point where you can talk to your other practitioner about reducing medications. But you don't want to just stop them. But at the same time, all these other things you're talking about, to me, long-term having run clinical trial center, there's more power in that type of self insight than in any pill.

Dr. Joan Rosenberg: Right. I agree with you there, absolutely. It takes time to develop.

Dr. Mark Menolascino: Yeah. And maybe that's part of our system flaw. I was just going to ask, how come more people don't know about the work you're doing, and have access to this? Or are using it in conjunction with medicines or instead of medicines.

Dr. Joan Rosenberg: Well, you know what Mark, I probably spent 25 years putting it together. And the ones who were getting it consistently over the period of that 20 years were my graduate students. And I would take it out farther and farther. It certainly is now getting, and will be getting, it's exposure quite gratefully.

And for me, it's a system, it's a whole system and it does really work. It makes a huge difference in people developing confidence. I would say the three things that are in the title of the book. Confidence, resilience, and authenticity. We become more real and more genuine, because we understand we can handle vulnerability. So it makes a big difference.

So once I was able to do the TED Talk, it certainly hit mass numbers. And then I did a second TED Talk. So the work is getting out there. It's just, good things take time.

Dr. Mark Menolascino: So Joan, if people wanted to find out more about you, they could view your TED Talks. But how do people connect with you? How do they find out more about the work you're doing?

Dr. Joan Rosenberg: Well, if they go to my website, DrJoanRosenberg.com. There's quite a bit of information there. I have a podcast that's out called the Mindstream podcast. The two TED Talks on YouTube. And if they go to 90 seconds book, they can find out about the book. I'm on LinkedIn, Facebook, Twitter. All those kinds of places. So I can be found on social, as well.

Dr. Mark Menolascino: I've seen both of your TED Talks. I've seen several of your podcasts. I encourage everybody viewing to go to all of them. They are excellent. Really, Joan, the work that you're doing is so powerful. And as I said, I've always respected listening to you speak, talking to you one to one, being a colleague and a friend. And I so very much appreciate you being here today. Dr. Joan Rosenberg.

Dr. Joan Rosenberg: Thank you, Mark. I'm honored. Thank you.