



137: How to Find Strength and Compassion in Struggle: An Interview with Aundi Kolber

Amy J. Brown: Hello, this is Amy Brown, and welcome to episode 137 of Take Heart. I am so excited to introduce you to our guest today. Her books have been very influential in my life. We have on the show today, Aundi Kolber. Aundi is a licensed professional counselor. She is the author of the critically acclaimed book *Try Softer*, and she has a new book: *Strong Like Water: Finding the Freedom, Safety and Compassion to Move through Hard Things and Experience True Flourishing*. She has received additional training in her specialization of trauma and body-centered therapies and is passionate about the integration of faith in psychology. Aundi speaks regularly at local and national events, and she has appeared on podcasts such as the Lazy Genius with Kendra Adachi, Typology, Go and Tell Gals, and The Next Right Thing with Emily P. Freeman. As a survivor of trauma, Aundi brings hard-won knowledge about the work of change, the power of redemption, and the beauty of experiencing God with us in our pain.

Aundi, thank you so much for being here today on Take Heart. I am thrilled to be talking to you. For our listeners who don't know you, could you just tell us a little bit about yourself?

Aundi Kolber: Yes, well, thank you so much for having me. I am Aundi Kolber, and I am a licensed therapist. I've been doing this work for about 16 years. I specialize in trauma and sort of trauma-informed perspectives. I'm also married, and I have two kiddos. You and I were talking before we hit record, and we've recently (it's been about a year) moved from Colorado to Michigan, and so that's been a huge transition in our life as well.

Amy: I'm a fan of Michigan, as I just told you. So I hope that you are enjoying the state. It's not great in the winter.

Aundi: It definitely has some strong winter vibes. I do. It is beautiful, and I'm enjoying the seasons, enjoying the water., so really grateful to be here.

Amy: Well, I first met you through your book, *Try Softer*. I remember when I picked it up, I had the realization that no one ever told me it was okay to try softer. I thought: what? What is try softer? Because I think we have this idea, we try really hard, or we're doing nothing? As special needs moms, we're always advocating 10 steps ahead. I think we have a lot of worst-case-scenario mindset. I shared with you earlier I have kids with reactive attachment disorder. There's always some catastrophe around the corner. We'll have moments of calm, and then we will have outbursts. You just never know when the next hard thing is going to happen. I think that leads us into a worst-case scenario scarcity mindset. For our listeners of medically complex kids, that's the case too, because you never know when you're gonna have to rush to the hospital. Our tendency, I think, all of us, but particularly, especially as moms, as you know, buckle up, white knuckle it. I would love for you to talk briefly about what you mean by trying softer. also, what do you think gets in the way of trying softer?

Aundi: Yeah. Well, the first thing I want to actually just say is to really honor what you're naming here. That is the validity of why we push so hard and why we white knuckle it, and the validity of there is a reality that needs to be met. Our body is doing its best to meet the reality. We're not thinking, oooh, how can I make our my life hard? I think sometimes when you're trying to respond to an emergency with your kids or an urgent need, right? I say that because I think sometimes, especially in the self-help world, there can be this way of seeing things; change your mindset, flip a switch and just think your way into a new way of being. That's not to say that how we think doesn't matter, but I think actually, sometimes what we first need to do is really honor reality. For listeners who have kiddos who've got very complex medical issues, and emotional issues, I want to first say that that is valid and it's real. When our bodies respond from a place of feeling this is dangerous, I think that we want to say okay, that makes sense. It makes sense that we might be responding that way. Because the reality is, it probably is urgent; it may be a crisis, and it may be hard. Then what's difficult about that is that that pattern, the pattern of having to respond that way, begins to live in our bodies. That makes it like, rather than being a one-off time, where your body does exactly what it's supposed to do, which is there's a threat, we respond from a place of wanting to alleviate the threat. What can begin to happen is that we begin to live that way. It begins to be our default position in every part of our life. What I would say is that, when I talk about this idea of try softer, it's not to minimize the reality of our experience. Instead, I think what we can begin to do is learn to come to reality and turn towards reality with compassion, turn towards our own experience and how we are experiencing our lives with what I talk about in the book, as compassionate attention. This requires us to hold some nuance. Sometimes we do need to go into some fight or flight energy or into some responsive energy. But we can also learn to pay compassionate attention.

What happens is, is that our body is able to metabolize better or digest when that threat has passed, so rather than living in a place of constant crisis, we begin to say, "Okay, what do I need? What are my kids' needs. We're able to more accurately assess what's happening versus having to live even once the threat has passed from this white-knuckled crisis position. I'm kind of I'm answering your question backward because I think that's why we white knuckle. It's because life happens, because trauma can happen, and because our bodies are designed to navigate threats. I think that's actually a gift that our bodies can do that. Thank goodness, because what would happen if they didn't? We wouldn't have the ability to get ourselves or our kids what they really need. The work that so many of us need to do is...We live in a culture that sort of socializes us into never resting, socializes us into acting like we're fine when we're not fine, and socializes us into not feeling our feelings. I think the work of learning to try softer is not to act as though there's never going to be threat or harm that we need to navigate, but instead honoring it. And then, as we're able, really bringing that compassionate attention to our experience.

Amy: I love that phrase, compassionate attention. If you're at the hospital bedside of your child that's medically complex, or you have children with extreme violent outbursts, you want to have compassionate attention for your child. But I don't think we always turn that back on ourselves. I think we just keep going. We're at the bedside for hours, and it's medically complex, and it's scary, and we just go to the next thing. In my situation, having a child come at me, even though I'm bigger and I'm the parent, my body is still scared of it. I don't think I realized that for a really long time. I just thought, oh, she's just a kid. Having somebody charge at you in anger, your body should pay attention to that. I love that idea of compassionate attention, but I don't think we put that lens on ourselves very often. I think it's the kids, and how do we get help the kids? What are some of the ways you think we can start paying attention? Let's give the example of another hospital stay at that moment, and even after that moment, how do we start paying attention?

Aundi: One thing I want to acknowledge is that oftentimes, I mean, we can't do this alone. There are parts of this that I recognize that different people are going to have access to different levels of support and resources. I want to name that and acknowledge that because a lot of what I talked about in the book is very much an internal process. When you don't have a team or support, or those things, your body is more likely to stay in a place of the window of tolerance. The window is that range of arousal where we are able to be our full selves. We have access to our resources; we have access to our full brain. We are able to better regulate. Our body is able to regenerate when something difficult has happened. But when we are, for example, beyond our limits for long periods of time, and we don't have support, even when we have the knowledge of what to do, we may not always be able to return to that window.

I name that as truth or hope that there's compassion that can come from knowing that we are both resilient and fragile. All of that is part of who we are. With that said, I do think that there are things that we can do. Going back to this example that you name, it's another medical emergency that's happened. You're in the hospital. You're getting home. One of the things I like to talk to folks about who are dealing with a lot of crises is thinking of it as when we try to automatically go to our higher-order thinking. For instance, planning ahead and what we need to do three years from now, and you are barely surviving this moment. First of all, whatever emotional state you're in (if you're in a fight or flight state), what we know is that that emotional state will impact your ability to plan, for example. Your feelings of fear, dread, and anxiety will be very much imprinted on whatever you try to decide. What I actually really recommend for folks is to actually reframe that from the place of if I don't have my basic sanity, then I almost can't do anything else. I can't plan ahead. All these other more complex things have to be secondary. It's become so cliché, but literally, until we have put that mask on ourselves, on an airplane, unless you put the oxygen on yourself, you will pass out in the process of trying to put it on your child. There's a truth to that. From a neurobiological standpoint, it's very much true. This is where practices, such as (I always start with things like grounding), are really basic safe, helping to create safety at the moment. Grounding is the utilization of our five senses to come into the immediacy of the moment because God willing, in this immediate moment, not five minutes from now, and not five minutes in the past, but right now, we can maybe find a moment that there is a sense of enough safety. It doesn't have to be perfect. You can do this in a lot of different ways. You can name everything in your immediate presence. I'm aware of this pen, and I can tell you about the weight of the pen. I can tell you about the colors of the pen. I can tell you that the pen makes a very thin line. I'm using all my senses to literally zoom in and to become very aware. A lot of times, I say if you can get outside, put your feet in the grass, and notice what you can smell and what you can see. For a lot of folks, if you've never heard of something like this, it might sound a little silly. I get it, but I come from a body-centered somatic sort of lens, and what I can tell you is I've done this probably 1000s of times with people. This is one of the most accessible practices that we can begin to do. Because what we're doing is we're trying to pick up cues of safety. If we can really zoom into the moment, we can find safety that can bring us back into that window. When we come back into that window, more of our full brain is available. This is the place from which it's such a better place to make decisions. To begin to plan, to begin to say, okay, well, what does my family need, or what needs to happen next here? Another thing that I might just say, in addition to something like grounding, is connecting with people that, on a body level, bring you a sense of that ability. I talk about it as a person that you feel like you can exhale when you are with them. That is a sign from your body that we are down-regulating, or potentially we may be up-regulating, if we've gone down into more of a dissociative place that we're able to access more of those natural systems of our body.

Part of what happens when we're in the presence (that can even be through a phone call), hearing the sound of that person's voice or seeing them on FaceTime. For example, those bring cues to our body, and that expands our window of tolerance. I think a lot of people have that sense, where they go from a place of like, oh, my gosh, I cannot handle another thing to going into that place of I wish I didn't have to deal with this, but then take a breath. I'm going to get my feet under me, and I'm gonna make that next right decision. Those are just two really basic examples of beginning to sort of get our feet underneath us again.

Amy: I love those. I will attest that, if you're not familiar with this (and you have great practices in both your books, and every time I would read one, I would go, is this really going to work?), it does work. It should be a bigger thing. It shouldn't be that simple. I think one of the keys, and you talk about this, is you use the word compassionate attention. I did not realize that I had been in fight or flight. I've been in that for so long. Because I wasn't running around like a chicken with my head cut off, I go into super-focused, over-educating, over-solving. That is what I look like out of my window of tolerance. I don't think I would have understood that if I hadn't had this language to understand it and then took it to my own therapist and said, "Help me get through this." I just assumed fight or flight means you're running like a chicken with your head cut off. I didn't understand that my particular brand of out-of-my-window of tolerance is the gas pedal is on acceleration, and I am doing everything, and I'm learning. I don't take a breath. This past January, a really dear family friend of ours, he's like a son to me, was in a very bad car accident. I'm a nurse, so I'm his medical power of attorney. I was at his bedside. I had done the work that you talked about. I got so far outside my window of tolerance, and I just kept going because I'm actually good at a bedside. I'm a good advocate. I was good at it. I ended up getting so far gone that I had to step away and call a friend. I said, "I'm so far gone, I can't even put up a boundary at this point" She put me right back. Just that conversation caused me to stop. I didn't have to leave the hospital and rearrange everything that I had been doing. I just needed to stop for a minute and then say, "Okay, I can't spend the night at the bedside. That's just not the best thing for me." I even was able to go into my friend and go, I can stay at the bedside, but if you want to utilize me to the best of my ability, I need to sleep. I don't think I would have said that even two years ago. I think I just would have kept going, not realizing that that's where I was. Paying attention to that even in not-so-stressful moments. Some of us have things that trigger us. For example, for our parents of kids with behavioral issues, the phone call from the school is very triggering because it's always bad news. Even noticing little things has given me a language to understand and to pay attention to what's going on in my head and how it feels in my body. I'm getting a little bit better at recognizing that. Thank you for saying that. I think it comes back to paying attention.

Aundi: We have vastly misunderstood and miscategorized what we describe as things like trauma in our culture. It's because we haven't made it broad enough. From a practical lens, what we're talking about is those experiences that our body doesn't have the capacity to process. Because we don't have the capacity, they become fragmented in our bodies. When we say they become triggered, what we mean is because it wasn't fully processed, the fragments get re-experienced as though they're happening in the present. Whether you're talking about an experience of full-on PTSD or you're talking about something that is disturbing but doesn't meet the criteria of PTSD, both are being reexperienced, and both are worthy of care.

Amy: I love that. Let's let's talk about your next book because it continues on was, and I think that's what you said, "It's like the next installment." Is there another installment, or do you not want to talk about that right now?

Aundi: I'm still kind of working on it.

Amy: In *Strong Like Water*, you talk about situational strength. I read that and was like, oh, my gosh, that is what I do all the time because special needs moms have the Mother Teresa complex. You're so strong, I don't know how you do it. We could never do what you do. That makes us feel more isolated because we feel like we can't go no. This is hard. I don't like this. I don't want this. Can you explain situational strength and also what that cost us when we stay in situational strength?

Aundi: Well, I'm so glad you asked this question because as you were describing what you're like when you go out of your window of tolerance, that's what it reminds me of is that you have learned. What I'm hearing you say is that you have adapted by developing a way to advocate. But, you're out of your window, but it has stirred the pot. There's a way in which you've needed it. In *Strong Like Water*, the case I try to make is to say, what can happen when we live outside of our window of tolerance for too long, and it doesn't get resolved is that our situational strength, we develop strategies. It's not just fight or flight. It gets to be like hyper-vigilance or even things like being checked out and seeming numb like you don't care. All of that is a signal that you're out of your window of tolerance but has likely developed because you need it. I talk about situational strength as a type of survival strength that we go to when we are out of our window of tolerance but that we have needed to help us navigate either real or perceived experiences that have felt to be or have actually been life or death. That could be life or death to us. It could also be life or death to others. It could be the experience of, as a child, it felt like life or death. Maybe to an adult, it wouldn't have been life or death, but to you as a child, feeling disconnected from your family because you didn't get the care you needed as a child, that is experienced in your body or could be experienced as life or death. I really unpack, and I try to give a lot of different types of examples of situational strength.

But ultimately, what I really hope is that readers sort of figure out their own patterns of how they have developed situational strength. And one, we can honor it, sort of why have I needed situational strength? What purpose has this served in my life? That's the first hope. But the second hope is to say, understanding that maybe we've needed it, but also understanding that it's not sustainable. An understanding that it's not necessarily that it's bad to have situational strength. In fact, we all need it. We need to be able to tap into that at times. But if we live from it, I mean, the experiences of adrenaline, cortisol, living outside of your window of tolerance, the allostatic load of what that costs us is profoundly high. We know, for example, there's been a lot of research around the adverse childhood experiences, sort of assessments. When folks have lots of toxic stress experiences, and those don't get resolved, that correlates in adulthood with numerous health issues, mental health issues, and addiction. I share that to say all of this is related. It's not that stress in and of itself is necessarily bad. Sometimes we need our bodies to respond to what's in front of us. But when we don't have the support we need, when we don't have the safety, we need to return to that window of tolerance. Our body needs to be able to experience that situation as though it has ended. It keeps us stuck in situational strength. In *Strong Like Water*, I really expand this idea to say, listen, situational strength is necessary. As we begin to have those resources and some safety, we move into a more expansive type of strength. We move along what I call the flow of strength into experiences, like transitional strength. This is where we begin to have more choices. It's sort of like a lot of *Try Softer* happens in transitional strength, we begin to become aware of our pain, and we begin to say, yes, this is hard. What else is available to me? How can I care for myself? Who is in my corner? Who is on my team? Then as that happens, we also ultimately begin to tap into our body's natural ability to process pain. And we move towards experiences of integrated strength, which is that holistic sense of that feeling when something fully feels like we've been able to process through it. We can now learn from it or gain more insight from it.

Amy: I think one of the things I was thinking about when I was reading this is, I go to therapists, I've read your books, but what would you say to those people that are like, but this is going to take a long time? It seems like it's a lot. I mean, I feel personally that just reading it, I was like, oh, I hadn't thought of that. It just started my curiosity. I'm older too. I'm not with little kids right now. I have older teen kids and adult kids. I think that part of my life, I've started to have more space to think about it. I don't want younger moms to say, "Oh, I'll wait till they're all adults until I deal with this." So it does take a long time. I think that thing that encouraged me about your books, there are small little steps along the way that get us there. What would you say to a listener who says this seems hard? I don't want to do it, because it's gonna take a long time.

Aundi: Well, I totally get that. In *Try Softer*, the very first story that I tell is about a client asking, "So how long is this going to take?" I mean, I can't tell you how common it is. We're human, and it's totally normal that we think, oh, I don't want to look at my pain. We naturally find ways to want to not touch on our pain. I think that's valid. What I would just say is I always tell people, and I try to really have this come through in my books, is you get to do this in your own way and at your own pace. If you read these books, I try to come from this place of, if you read a chapter and that's all that you read, I think that you'll walk away with something that you could actually use. If that's all that you ever read. Okay, that's fair. I really come from a place of this is your journey. I am not here to tell you about your life. What I do like to do is to create resources that are accessible, that are written in language, if you've never been to therapy, if you've never heard about body-centered work or any of this. I tried to write this book in this work in ways that basically there are lots of on-ramps. Be free. Be free to try it. If it works for you, if it feels good, if you're curious about that, that's awesome. What I want is for people to have more resources so that they don't have to keep living in survival mode. I'm a trauma survivor, and I have lived significant portions of my life in survival mode. What I know is that it's pretty hellish. What I know is that sometimes we get to a point where we say, this is so painful and so hard that even if it's hard to heal, it's worth it to me to try. I would say that for the person who's maybe a little bit curious, I think that there are resources. Then also for the person who's man, this is not working, there are resources there too. I try to come from that smaller angle. But I also tried to paint that bigger picture of, there's a different way to be in the world; it is possible. I'm not saying it'll be easy. But I do think that there are ways to experience goodness along the way. We don't have to wait until we're healed to experience goodness. In fact, actually offering ourselves goodness as we go is the work.

Amy: If you read one chapter, then all of a sudden, you're aware, and then you start noticing it. Just like when you're looking for a car, and you want a certain kind of car, and you see them everywhere. You start noticing, or you hear things that kind of reinforce what was read. It's kind of like little breadcrumbs along the way. You think, oh, that makes sense because I just read this. I don't think you have to be in a rush to get there. One of the things I think we don't talk about, and actually this is in *Try Softer*, you say, (I love this because I think we have this problem solving, I have a problem, I'm going to solve it), but you say, "When we deny the reality of our experiences, we don't become more of who God designed us to be, but less. There's no way to have cohesive stories unless we truly embrace all of it: the good, the hard, the bittersweet, the sad, the joyful, the lonely, and the painful. It all counts." I love that quote because it makes me think this is not just about me. Here's a problem. I'm going to solve it and go on. I want to be more of who God created me to be with my childhood trauma and how that is made me move into the world as a mom of special needs kids. I don't want to be stuck there forever.

That whole idea of God created me, all of us, to be a certain way, and we must address these things to live fully to who we are to be. That is more than just, here's the problem, let's solve it, let's move on. It's a more cohesive and rich way to look at this work, which I really love. Thank you for writing.

I want to ask you specifically about we have a listener that wanted me to ask you about the siblings of special needs children. In my own life, I shared with you earlier that we have attachment disorder kids. We've had some pretty intense seasons. All three of my biological kids, my oldest three, even though they were older than the younger adopted kids, they're all in therapy. There are times when I feel kind of guilty that they are, but I also encourage them. These moms that have kids at home right now? Specifically, the one person I'm thinking of has a special needs child who was in the hospital lot, and it's all hands on deck, and the kids have to go stay with somebody else. These siblings have trauma from this. I know as mothers, as parents of special needs kids, we always worry about siblings. Are we doing enough for them? How do we protect them from trauma? How do we help them work through the traumas? What practical advice would you give in that regard?

Aundi: Well, I certainly don't think I have a perfect answer. I'll just say that from the beginning because I think this is complex, and there are nuances to every single story. I do think, and this is I think one of the most hopeful pieces of the work that I do is that experiences that have the potential to become trauma don't necessarily always become traumatic. The reason is, is that when we have the support and care around us, when we have the resources when on a body level, we perceive that we have what we need, it increases our capacity to move through difficult experiences rather than them becoming trauma. I think what that means for a question like this is to look at your kiddo, look at the siblings, obviously the child who is experiencing the main event of the medical issues or you know whether that's emotional issues, whatever that is, they obviously are going to need care and resources around them. Almost to bring a similar perspective around their siblings, around the idea that when something difficult happens, that's sort of like a rupture. The question becomes, what is needed to repair the rupture? If it's a sense of safety that is breached, what does that kiddo need to feel? They can feel the feelings associated with that experience in a way that's tolerable to their body and have the support around them to be able to move through that. That might look like, I think of things like making sure those other kiddos as much as possible, where do they have stability in their life that they can depend on? Where are the other adults, whether that be therapy, whether that be other family members, whether that be other close family friends, whether that be folks at school? Where other potential safe attachments, secure attachments that they can be connecting with when main caregivers are not available? What are resources around those kiddos that help them to feel soothed?

Whether that's an activity, whether that's art, whether that is experiences in therapy, whether that's being outside, all of these things, what we're doing is giving venues and experiences to first increase capacity for processing the experience, and then actually having avenues to process the experience. I think when we have both sides of those, that sets kiddos up to be able to move through it, rather than have it be something that is traumatic and that they have to ultimately reprocess again and again. I think even sometimes, it's also harm reduction. Maybe you cannot completely shield them from everything. In *Strong Like Water*, I talk about resourcing, almost like bubble wrap, and I mean that in a really positive sense. If you've got fine China, and you are gonna go across the country, you want lots of layers of Bubble Wrap to protect, protect that fine, fragile China. I think in many ways, like kiddos with their not fully developed nervous systems, not fully adults; really all of us need resources. It's almost like the resources act as padding so that when those big jolts come, it's not that you don't experience the jolt, but there's more cushion to absorb what they're experiencing. That's a secure relationship. That's healthy activities for them to be doing. That's things like stability, that's connection with the main caregiver. That's having permission to feel their feelings, move their body, and begin to learn to listen to their body as they need.

Amy: I love that. There are two thoughts that came when you were talking about that. I think, we think as moms, when we're in the hospital or dealing with a child with issues is that this special needs child is getting all the attention. That's the first thing. There's no way you can give equal attention when you have that. There's not. So I think we need to take ourselves a little bit off the hook on that. You gave other ideas of how to resource. It's not just attention because attention is important. When you're at the bedside for five days, there's just no way you're going to give the other kids equal attention. You just can't. It's unrealistic. That's number one. Number two, I think one of the things I learned very early on is that my children had to say what they felt. I think initially, I would kind of say things like, "Okay, guys, just try to be patient. He grew up in an orphanage, and he doesn't understand." I would kind of do that kind of speak. Then it occurred to me, of course, they already know that. They're already wonderfully sensitive children. I need to let them say, and I wasn't like squashing what they thought. But I stopped doing that. I stopped telling them that because it was obvious. Allowing them to say what they wanted to say was a real turning point in our family because not only was that a safe place for them to do it in our home because they can't go out in the world. They're always this kid's sibling. They're not themselves in public.

Aundi: Having some spaces...We want to be mindful of maybe who we're saying it to. We're not necessarily saying it to the sibling who's medically fragile. Having the ability for the caregiver or the parent themselves to say to the sibling, when we are together in this space, you can say whatever you need, or however you feel.

What you're doing is you're creating safety. You're creating a container for them to have their own experience. Obviously, as the caregiver, it's going to be important for you (this is the work of *Try Softer* and *Strong like Water*); this is where we do the work of our own regulation first. If you come into that conversation dysregulated, you are not going to be able to help them hold their pain. It is going to feel way too big. You might say something or do something that might be hurtful to your kiddo, and then they're not going to want to necessarily share that in the future. If you've done that, there are ways to repair. It's not the end of the world. This is the work of why we do our own work. It's not the only reason because you, in and of yourself, matter. As you do your own work, what literally happens is that your nervous system, on a subconscious level, actually relays cues of safety to those around you. That's literally what happens when you are regulated. I think the final thought to that question is once the crisis has passed, and really even if you're in the crisis, to do all that you can to connect to your own safety. Afterward, going to your kiddos and having those other kiddos and sort of re-establishing that connection, having time is for them. Maybe you couldn't do that five days ago, but once that has begun to pass, what you are also relaying to them, even from a body level, is also that it's over. It's also that you're here. It's also that though there are going to be some times when you know this other safe adult is going to be more available to you, now that time has passed, here I am. There was never a time that I didn't care about you, but for a brief time, I needed to be less available. What happens with secure attachment when we practice that secure attachment is that it literally begins to be carried around in our bodies. Our kiddos begin to carry, as we practice the safe attachment with each other, they carry the imprints of that in their nervous system. There's so much beauty and hope to that because it's not a one-time thing. Even if you've messed up, this is a practice. This is a way of being with ourselves, a way of being with our kids, a way of looking to repair it. Not even when you've intentionally sometimes messed up, sometimes life is just hard, and you have not been on the same page with your kids. When that is happening, when we go to them, and we make that effort to be with them, to see them, to hear them, we are practicing that coregulation, and they are experiencing us as a safe attachment. And that is the core of the work.

Amy: That is so great. I love that. Thank you for sharing that. I could talk to you forever. I appreciate you so much for sharing that. I think that's going to be really helpful to a lot of our listeners. If you haven't read Aundi's books, they are so approachable and have so many good practices. I think it's really going to touch our listeners. I know some of our listeners have read your book because they were like you're going to talk to her, yay. Where can people find you?

Aundi: You can find me on my website www.aundikolber.com, and I do have some free videos if that's something that would be helpful, so feel free to check that out. You can find me on Twitter @aundikolber and also on Instagram @aundikolber