

Therapy Chat Episode 289

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[00:00:00] **Announcer:** [00:00:00] This is the Therapy Chat podcast with Laura Regan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW.

[00:00:29] **Laura Reagan:** [00:00:29] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And with me today, I'm very appreciative to have a returning guest who I admire and follow everything she's doing. My guest today is Dr. Kat Kaeni. Kat, thank you so much for being my guest on Therapy Chat today.

[00:00:51] **Kat Kaeni:** [00:00:51] Yeah, I'm super happy to be here. I love chatting with you. And, um, I'm grateful for the work that you're doing and getting all this [00:01:00] out to people and therapists, and it's just so necessary and needed. So yeah, I'm happy to be back and chat a bit.

[00:01:07] **Laura Reagan:** [00:01:07] Thank you. I'm so, I feel the same way about you because you are very, very knowledgeable on perinatal mental health. And I have learned a ton just from following you on social media and from interviewing you before.

[00:01:21] But now you have a new book, The Pregnancy Workbook, which is subtitled, Manage Anxiety and Worry with CBT and Mindfulness Techniques that I'm really excited for, because I know it's going to help so many pregnant people during and after .

[00:01:37] **Kat Kaeni:** [00:01:37] Yeah, thank you. Um, I I'm, I'm really excited about this book. It's, um, you know, it's geared towards pregnant folks, um, and even for people who are just becoming pregnant, um, who are pregnant, who are just experiencing anxiety for the first time, or who've had anxiety previously and are concerned about going into a [00:02:00] pregnancy with anxiety.

[00:02:01] Um, the, the book is it's really geared to, um, help anybody who's having an anxiety experience, which could also include, um, panic, or OCD, or PTSD, um, related symptoms. Um, so, and there's a chapter on postpartum and also a chapter on, um, partners. So if you have a partner who doesn't really, maybe really know how to support you.

[00:02:28] There's a really good chapter in there to give them ideas it's written for them, um, on how to support you and themselves through, through the process of pregnancy and postpartum. So yeah, along with that, I mean, I'm, I'm thrilled to have it out into the world and I hope it's helpful to everybody. Um, because meeting with the population I meet with, um, perinatal folks who are trying to get pregnant, pregnant, um, approaching birth, or postpartum. There's so many things that, um, that [00:03:00] people are just not informed about that that can happen, uh, related to mental health. And, um, so I, I just, there are some gaps out there in terms of what's actually usable for people. So that's part of the goal

of the book is to just make things very usable, um, skills and tools that can support feelings of worry and anxiety.

[00:03:20] So happy that it's it's out in the world now!

[00:03:24] **Laura Reagan:** [00:03:24] Yeah, I am so happy for you about that. And you know, you have your podcast, Mom and Mind, which is such an amazing resource about perinatal mental health. And then this book is like, tangible like strategies and techniques.

[00:03:43] **Kat Kaeni:** [00:03:43] Yeah. I think that's what people need. I mean, you know, the, the podcast is great as, you know, podcasts are great for helping people feel seen and heard and understood and normalizing and de-stigmatizing.

[00:03:55] And, um, that's really the goal of, of the podcast [00:04:00] from my podcast for me, um, is I, I don't as professionals, we learn about all of this stuff and, and that's great. Um, but I don't feel like we should be the holders of this information. I think it should just be out there for the people who actually need it to, to learn from and to understand.

[00:04:18] So, uh, you know, hearing personal stories of going through issues like pregnancy related, mental health conditions, like anxiety or, or trauma, um, it helps people know that they're not alone because it's, it can be incredibly isolating to, to be feeling or re-experiencing things like trauma when you're in pregnancy or in the birthing process or postpartum.

[00:04:45] So the more we talk about it, the less horrible people feel, I think.

[00:04:50] **Laura Reagan:** [00:04:50] Yeah. And you really have done so much to reduce stigma around perinatal mental health concerns. And [00:05:00] I mean, again, I've learned a ton just from, I don't even listen to every episode of your podcast, but just seeing what you're going to see on social media...

[00:05:11] **Kat Kaeni:** [00:05:11] I don't either.

[00:05:12] **Laura Reagan:** [00:05:12] Who would have time?

[00:05:13] **Kat Kaeni:** [00:05:13] I don't have time. I do the interview.

[00:05:16] **Laura Reagan:** [00:05:16] Me too. I make it. I don't listen to it. If I took time to listen to it, I wouldn't have time to make it.

[00:05:22] Right. Exactly.

[00:05:25] I think one of the things we were talking about before we started recording is that many people who are wanting or preparing to become parents, um, would not necessarily identify themselves as "I have a trauma history, and so I need to know about, you know, perinatal mental health, because my trauma might get activated." They aren't necessarily knowing that their experiences could have been traumatizing. So, [00:06:00] um, what would you say for someone? Um, what are some ways that could let people know that they

may be having trauma symptoms show up, like during pregnancy, during the birth process or in, after the baby's born.

[00:06:21] **Kat Kaeni:** [00:06:21] Sure. Um, yeah, I, I think in some ways it's straightforward and then in other ways it's very complex because our, our own histories are very complex. So, for like you were saying, I mean, I'm thinking of a couple of clients in particular, um, that you know, did not register that their own history was traumatizing because it was just their day to day. It was their every day. Um, and so it just registered for them as like normal, because that was their normal. Um, but if, if you're coming into your pregnancy or I'll just start with pregnancy [00:07:00] first, um, if you are noticing things like feeling, um, fearful or afraid.

[00:07:09] Um, but not knowing why, um, if you're having feelings like, oh, I don't know if I'm going to be able to get through this or even sometimes live through this or fearing that something's going to happen to you. Um, and even if you can't really explain what that is, but it's just kind of like a present kind of fear, but seems like strange to you.

[00:07:37] **Laura Reagan:** [00:07:37] Like some kind of dread that you maybe don't even have the words for.

[00:07:41] **Kat Kaeni:** [00:07:41] Yes. Yeah, yeah, yeah. Dread is the best word for it. If you are having distressing dreams that are coming back or you're having any, like memories of your own history that are coming back that are you, like, why am I thinking about that kind of stuff? Um, that might cue you into [00:08:00] that something's going on.

[00:08:02] I think pregnancy is, especially first-time pregnancy, is a little bit harder to recognize the responses of any kind, because one you're dealing with pregnancy and that's new. So it's a little bit hard to differentiate between. Is this like a symptom of pregnancy? Am I like worried and fearful and exhausted because of pregnancy or is there some other thing happening that that is, um, contributing to why I feel the way that I feel?

[00:08:34] And it's hard to know, frankly, but certainly if, um, in terms of how trauma can show up. Sometimes it can feel like, um, a sense of fear. It can feel overwhelming. And again, that can be hard to differentiate between some, because pregnancy is new in and of itself. Um, sometimes the people have a fear coming up during pregnancy of having [00:09:00] children in general because of the experience that they had as a child.

[00:09:04] So it can maybe be a clue into the, like a previous trauma, if you're like, oh, I never wanted to have kids because of how my childhood was. Um, that's not specifically saying I was traumatized, so therefore X, Y, or Z.

[00:09:18] **Laura Reagan:** [00:09:18] Yeah. Sometimes we think, we know we had a tough childhood, but we don't think of it as traumatic because it was normal to us, even though we didn't. We know it was painful, but we don't, that's what trauma does is make us, you know, detach from experience to an extent where it's almost like it's not real in some ways.

[00:09:38] **Kat Kaeni:** [00:09:38] Yeah, absolutely. And to that point too, um, there will be times where people don't want to really connect to being pregnant, um, and to um, to the baby in utero specifically, there's actually a really interesting phenomenon that happens.

[00:09:56] And I'm just going to give you a blip of information about this, um, [00:10:00] because I'm, I'm not an expert in it, but, um, for people who had severe trauma, that's resulted in like dissociation and whatnot, there can be what's called pregnancy denial. And that is like a not, not even registering that they are pregnant.

[00:10:16] Um, and sometimes not even know that they are pregnant until they're giving birth. That would be a fairly, you know, extreme case of, of trauma to bring that on up. And it's relatively rare. Um, but just to show you how deep trauma can impact us in not wanting to like, to be able to cut yourself off from your body, um, in that way, and not even recognize that you're pregnant.

[00:10:45] Um, again, that's just for, for perspective of how intense it can be for some people. Sometimes there, there are other things like, some people never wanted to be pregnant, and they knew that very clearly. And then they became pregnant and then, you know, did not [00:11:00] want to terminate or have an abortion, for whatever reason. And then they are now pregnant and that is a form of trauma for them, that they are in a pregnancy that they didn't want to be in. And now they feel like they have to raise a child that they never planned on. Um, but there is something going on for them also that they're not, you know, necessarily going to put the child up for adoption or, um, have a termination, or anything like that.

[00:11:28] So, um, again like there, uh, if you're in a position where you're like hoping a certain thing for your life and then boom pregnancy or, or something like that happens, then it's, it's, um, potentially traumatizing. Um, there were other things that happen during pregnancy that are traumatizing such as like, uh, uh, I don't know. I'm going to give you just some examples and not go too in-depth about it, but certainly like a fetal [00:12:00] diagnosis of any kind. If there's something going on with your developing baby, that's either uh, life limiting or, um, would result in them having to have like immediate NICU care upon birth, that kind of thing.

[00:12:15] Certainly that I think makes it's more tangible as recognizing that as a traumatic experience. Um, and certainly a pregnancy loss. Um, we can, I mean, in, in the field that's considered a traumatic loss, for sure. So yeah, there's, there's, I mean, there are many, many other examples in many other ways that, um, feeling and being traumatized can, can come up.

[00:12:40] And I sort of cringe a little bit to say that out loud, because at the same time, I think because I know of a lot of the ways that like trauma can happen. That doesn't mean that all of these things are gonna happen to you. Like, I'm very aware of the listener at this moment feeling like, oh my gosh, this lady's talking about all [00:13:00] these horrible things and why would anybody ever become pregnant?

[00:13:03] Well, I mean, you know, these are things that can happen. They're not guaranteed, but since we are talking about potential trauma, um, and kind of wanting to have a general awareness out there, that's, that's in part why I'm bringing in these other examples.

[00:13:19] **Laura Reagan:** [00:13:19] Yeah. And thank you. And, um, I will be sure that there's a warning at the beginning of the episode, just to let people know who are listening, who are pregnant or thinking about being pregnant, that, you know, if anything feels sensitive for them, that they hear that it's okay to take care of themselves.

[00:13:36] **Kat Kaeni:** [00:13:36] Yeah, that'd be, that'd be great. Um, yeah, so, I mean, I know you, you also, would it be okay to move on to like birth?

[00:13:47] **Laura Reagan:** [00:13:47] Sure, please.

[00:13:50] **Kat Kaeni:** [00:13:50] Um, so birth is, is interesting in the sense that like you are, and in our culture, American culture specifically, we are [00:14:00] in a period of time where people are, um, it's suggested that people have birth plans and, um, so they you know, birth plans without actually knowing all of their birthing options. Um, so some people go into or approach birth, knowing that they want an unmedicated birth, or they want a C-section, or they for sure want an epidural and, and, and whatnot. Um, Um, but when we set people up to make a birth plan, it also sort of feels like that's going to be the way it's going to go.

[00:14:36] Um, so you know, the clients I'm working with professionally, I really try to get away from having a solid, like, this is what's going to happen type of a plan and just have a range of things and then, uh, like wishes for, for, um, birth. Um, because it is sort of an, you can't control everything in [00:15:00] there. So trying to add in some flexibility is, is, can be, can help prevent trauma, um, and giving people information about what their rights are, and you know, what they can ask for, and that kind of stuff is helpful I think in preventing um, traumatic birthing situations. Um, but it, so if somebody has a previous history of, of birth trauma, certainly going into a second birth can, um, I'm thinking of several people I'm working with right now, who've had that experience and who we're trying to just resolve as much as possible, their previous birth related trauma, so that they can go into the next one without feeling like it's going to be the same.

[00:15:43] Um, but for people who've had, uh, outside of that, people who have had any sexual trauma history, um, any kind of sometimes sensations in and around the vagina or breasts or something like that can feel retraumatizing. Um, [00:16:00] so you know, it that's one way that trauma can show up. Um, certainly then going back to the birth process itself, if something is happening that you, um, didn't want or didn't expect, or, and, or people aren't walking you through the process, um, like in the, in the room, even though, um, from the outside, everything can look okay and fine.

[00:16:26] Um, the person on the inside may have heard something from a nurse or a doctor that might just hit them a certain way and feel very triggering. Um, so it can be a really internal experience to, to feel the trauma related to birth, um, outside of having situations where there are medical emergencies happening.

[00:16:49] Um, sometimes people who are in a medical emergency don't feel traumatized. Um, so we can't also assume that they are traumatized because it was an emergency.

[00:17:00] So, um, anyways it, again, going back to, it becomes very individual and, um,

[00:17:08] **Laura Reagan:** [00:17:08] But I'm hearing you say that for the person to have a sense of empowerment is very important.

[00:17:13] **Kat Kaeni:** [00:17:13] Oh yeah. Yeah. One of the, one of the main things I try to help people with is when they're approaching birth is ideally, they can have a doula or somebody that they trust there with them who can, you know, help support and give any comfort measures as, as needed or as possible. But also on their birth plan, um, and between them and their partner to indicate that like no medical decisions can be made until they are consulted.

[00:17:40] And that, you know, if there's time that they have to be given time to, to get all the information that they need so they can make a decision. In particular for people who have a trauma history is related to any kind of touch, um, that in their birth plan or to the doctors or nurses that, um, they [00:18:00] have to be asked about, um, a vaginal exam or any kind of touching before they are touched.

[00:18:06] So that can be part of you don't, you don't have to go into a birthing environment and just assume that like, okay, well they're going to do whatever they need to do. And they're going to take care of me, which is true. They're going to do their job. But you can ask for what you need. You can say, like before you do any procedures or exams, please ask my permission.

[00:18:26] Um, and it's relatively a simple thing that you can do, but when we're in environments where there's a power differential and the people around us, like quote unquote know more than we do, we tend to just kind of say like, okay, well they're doing what they need to do. Um, so I, I really appreciate like reminding people that you, you can say like, Hey, like just a minute, like, let's talk about this.

[00:18:51] **Laura Reagan:** [00:18:51] Yeah. And I think really it doesn't have to really take that long, you know, for the nurse or provider too, um, is it [00:19:00] okay if I blank? You know? And then the person's like, yeah. You know, like it's not that you're trying to prevent them from caring for you. You just need to be able to give consent.

[00:19:11] **Kat Kaeni:** [00:19:11] Yep. Yes. Um, yep. Absolutely. I mean, it's, it's, again, it feels very simple, but, um, for some people it's, it's really hard to ask for that. Especially if they have a trauma history, that's a medical trauma history or something like that, to just tell the provider, you know, what's up, other people are very about it. Um, and they have no problem, um, stating their boundaries.

[00:19:36] So that's some of what we work on in therapy. If that's part of the, um, if that's part of the issue. Uh, other ways that birth can feel or be traumatizing for people is if there's like unexpected C-sections or, um, uh, trips to of the baby coming early, um, or they're having a medical condition that causes pre-term labor baby needs [00:20:00] to go to the NICU for care.

[00:20:02] Um, and I think those are things that are more readily associated with, um, trauma, but, um, some people, even with those big, bigger, you know, medical emergency experiences, don't register it as trauma because they're just trying to get through the day. Um, and so when sometimes when you start off, with your child's life, being that kind of an emergency or emergency situation, you're put in a state of hypervigilance, your watching out for everything.

[00:20:37] And you're not really registering what your own needs are at that point. You're just like, I gotta make sure my kid's okay. And doing everything for them. Uh, so sometimes, uh, they just that holding on to trying to make sure everything's okay can last a long time. And parents can get burnt out for sure, along the [00:21:00] way.

[00:21:00] Uh, but sometimes the stress doesn't show up until the trauma, the traumatic events are over, or things are settled enough. Um, and then you start to feel all of the feelings that, you know, it's almost like a hangover, um, but a really bad one, emotionally.

[00:21:18] **Laura Reagan:** [00:21:18] Lasts a lot longer than an alcohol hangover.

[00:21:21] **Kat Kaeni:** [00:21:21] Yeah, absolutely. Absolutely. Um, so sometimes it doesn't always show up then, uh, right when something is happening, um, it can, it can show up later, uh, and that, that would be into the postpartum period, you know, after. Um, baby has come and everything's, um, settled in then, uh, people can experience, um, many different things.

[00:21:46] Sometimes it can feel like not feeling connected to the baby, um, or like afraid to hold the baby, or that the baby is going to get hurt somehow. Um, and there is a little [00:22:00] bit of overlap here with kind of anxiety intrusive thought and trauma, because, because essentially fear is at the root of both. People can be like fearful that something bad is going to happen to the child or bad is going to happen to them. And for trauma, it tends to be more of like an ongoing, like, um, just kind of in the back of the mind concern. But then can come up more intense at times as opposed to like intrusive thoughts that just kind of come in really fast and create a, uh, like a flood of overwhelm. Um, certainly intrusive thoughts can happen with trauma too, but I'm trying to differentiate intrusive thoughts from trauma, but they're they come together. Anyhow. I, yeah, I don't want to overwhelm everybody with all of these details.

[00:22:52] **Laura Reagan:** [00:22:52] Hey everybody. I wanted to take a quick minute to tell you about my experience with Sunset Lake CBD. I first tried CBD when my [00:23:00] integrative doctor recommended it for chronic neck pain and tension that tends to wake me up at night. I really like Sunset Lake CBDs products. The full spectrum CBD tincture is mild tasting compared to others I've tried and I find it works quickly. It doesn't feel sedating, but it does have a pleasant calming effect. And I also like the CBD gummies. They taste good and they work well. So if you're looking for a craft CBD product that comes directly from a farm outside Burlington Vermont, that's a producer for Ben and Jerry's ice cream.

[00:23:29] You're going to want to check out Sunset Lake CBD. And remember, Therapy Chat listeners get 20% off using the promo code: chat. So go to sunsetlakecbd.com and use the promo code: chat.

[00:23:45] Can I ask you to talk about a thing that I know will surprise a lot of people, um, that you've kind of mentioned is what we don't even think of as trauma, but more of attachment [00:24:00] wounds, um, relational traumas that are like not having your needs met or people not noticing you, or really not caring for you the way you needed to be cared for, those kinds of traumas can suddenly show up through the process of pregnancy birth and or postpartum, right?

[00:24:22] **Kat Kaeni:** [00:24:22] Absolutely. It, it happens fairly often. Well, I mean, I should say it, it happens with the people that I meet with fairly, fairly often. I mean, I, you know, I'm a psychologist meeting with 90% of my clientele is perinatal. So the people that I meet with out of that, like a large percentage of people are dealing with relationship wounds that have come up because they are pregnant or have a new baby.

[00:24:52] For some people is like holding this brand-new baby, um, brings up their realization of their own [00:25:00] innocence when they were a child and, uh, connecting it to their innocence of their, their new child and how fragile and beautiful they are. Some people will describe having feelings of, you know, like I can not believe that my parents treated me the way that they did.

[00:25:15] I would never do this to my child. And having this realization. Now you have the juxtaposition of having, um, you know, these deep feelings. It might not be love, but it could be deep feelings for this new baby. And also, now grappling with some like reality that you didn't get what you needed. And also, oh my gosh, you're still not getting what you needed or from your parents.

[00:25:39] It can really show up, especially if the grandparents are close by. I have heard a lot of people describe how as the postpartum parent, seeing their parent with the new baby brings up a lot of stuff, like being able to see, oh gosh, my mom can't be in tune with my [00:26:00] child and, oh my gosh, she was not in tune with me either.

[00:26:03] And she's still not. She's like clueless or whatever, you know, or the baby starts crying and they just like hand the baby off. Cause they can't take the, the baby crying or anything like that. And then the newly postpartum person is relating to that. Like, oh my gosh. I remember feeling like put off, you know, in childhood.

[00:26:23] Um, Uh, and then, uh, just having to grapple with like, how is it that, you know, how, how did that happen? Why did that happen? Why did my parents treat me that way? And I'm not specifically parent bashing right now, or grandparent bashing, because oftentimes they've also had their own trauma and that's unhealed.

[00:26:44] **Laura Reagan:** [00:26:44] It's cyclical.

[00:26:45] **Kat Kaeni:** [00:26:45] Yes, absolutely. It gets passed down. Um, so the people that end up coming into therapy are the people that are trying to break that cycle, whether

they're, um, uh, you know, conscientious of that or not, they don't want to perpetuate [00:27:00] what happened to them. Um, and so they're coming in for healing so that they don't pass it along to their child.

[00:27:06] Which already is, you've already done a lot by doing that, you know, that's like a massive step. Um, so yeah, people get really blindsided by how their own relational trauma with their own parents' impact impacted them and, and sometimes get really angry that they're like the grandparent can't give that to the grandchild either.

[00:27:35] Grandparents will get really protective of their kids and not want like the new parents won't necessarily want their kids around their grandparents. Not necessarily because they're going to harm them, but because they can't attend to them, they can't attune to them. Um, uh, yeah. I just see this so frequently.

[00:27:53] Um, and it's tough. It's tough because sometimes you need the, like the support of the [00:28:00] parent and if all their capable of offering is to just watch your new baby for a couple of hours. So you can go to the doctor, or go take a shower, or whatever. Um, you know, you're, you're sort of leaving your child in the care of somebody who's not attuned.

[00:28:16] Um, and that can be really hard for parents. It's one of the, when I see, when I see that in people, that's what makes me tune into like, oh, maybe there's some trauma here when they're not like wanting or able to let somebody else take care of their child, even for just a little bit.

[00:28:35] **Laura Reagan:** [00:28:35] That's pretty common too.

[00:28:38] **Kat Kaeni:** [00:28:38] It is. It's very common. It's very common. And that can happen with anxiety, it doesn't necessarily need to be, um, trauma. Uh, but it makes me ask more uh, questions, to find out, you know, what, what is that? Whether it's trauma or not, there's something going on that's [00:29:00] either relationally or something else that's, that's preventing you from getting the help you need right now as a new parent, to just like, you need a nap, you need to sleep. And eat, and if all those relational things are getting in the way, then your self care gets sacrificed also. That happens early on in life, stuff like that.

[00:29:26] **Laura Reagan:** [00:29:26] Yeah. So is it like your history of trauma gets activated because of pregnancy or birth or becoming a parent?

[00:29:38] **Kat Kaeni:** [00:29:38] Uh, yeah, so like specifically, um, sometimes sexual trauma or relational trauma, um, especially if it was with a primary care provider, um, people who are having their first child and then like having this being there and kind of um, thinking about their life in [00:30:00] juxtaposition to having this brand-new life. Ah, this happens so often. And because of that, I, I really am, am often recommending, um, Will I Ever Be Enough? So it's a book about narcissistic, being the child of narcissistic mothers. Yeah. And, and in my, I see like 99, 95% of my clientele is perinatal.

[00:30:24] And the amount of people in there who have difficult relationships with their mothers is, is all large. It's at least 50% of the people I meet with. So right, it brings up relational trauma. Um, it can bring up like past sexual trauma and that can be really gender

specific too. Um, for instance, like if, if a woman herself had, um, sexual trauma, I heard trauma might be more, um, my come more up with a female child, um, than the male child. And now she's like, um, you know, [00:31:00] associating.

[00:31:05] **Laura Reagan:** [00:31:05] No. I mean, I'm always telling people like birth can trigger your sexual trauma and like the birth itself can, you know, feel like the loss of control and you know, that moment when the baby's crowning can, people can people can dissociate.

[00:31:25] **Kat Kaeni:** [00:31:25] Yeah, absolutely. Um, all of that...

[00:31:28] **Laura Reagan:** [00:31:28] An epidural could be triggering to your nervous system too, you know, and a like a sexual trauma that happened when you were unconscious or incapacitated.

[00:31:40] **Kat Kaeni:** [00:31:40] Um, not being able to move, like for some people who, even people who are like, do not at all, want to give birth and have their own traumatic experience in the past specifically, um, around feeling trapped, um, around feeling stuck.

[00:31:58] Uh, and like the idea of [00:32:00] an epidural where they can't get up and walk around is terrifying to them. They would rather face the pain of an unmedicated childbirth rather to be able to feel like they can't move. That happens pretty frequently. Yeah. There are so many different ways that it can show up. And not in a lot of times, people don't know that they've experienced a trauma.

[00:32:24] In part, because everyone around them is so like, oh, you have a baby. And like, everybody's good. Seemingly everyone thinks that things look good from the outside or the baby's healthy and all of these intertwined messages around, well, this is, you wanted this baby and you have them now, so you should be happy and, and whatnot.

[00:32:43] And in again, juxtaposition to maybe internally having a very terrifying experience. You know, possibly the loss of your own life, or the loss of the child's life, and everyone around you just wanting you to be okay. Um, it's kind of [00:33:00] adding insult to injury.

[00:33:02] **Laura Reagan:** [00:33:02] But that's like an, uh, an example of someone who goes through birth trauma.

[00:33:07] **Kat Kaeni:** [00:33:07] Yep. Yeah, absolutely. It can be very internal, and it might not even meet criteria for like a clinical diagnosis of PTSD. You know, we all know in the therapy world, like trauma's in the eye of the beholder and the, the kind of little T trauma that doesn't meet diagnostic criteria, so to speak, happens all the time.

[00:33:30] Um, and it can be for loads of things. Um, there are things like you wouldn't necessarily consider, um, even around like, um, gender disappointment. For many reasons, there could be a lot of stuff that comes up. It could be related to, you know, your past sexual trauma. Like you don't want to have a girl because you don't want them to have to deal with what you had to deal with, that kind of stuff.

[00:33:58] Um, so [00:34:00] being disappointed in whatever the assigned gender is, um, upon birth anyways, that that could, um, bring up a whole lot of stuff, um, for people. Um, and it's really interesting. I'm sure you see this all the time. There's, um, people will be just kind of going throughout their daily life and not be agitated or bothered by things that happened to them in the past.

[00:34:25] But as soon as they, um, are pregnant or have a child, it brings up a lot of stuff, a lot, a lot of stuff. Um, and. They may not even have realized that the things they went through in the past were traumatizing, you know, people get are very adaptive and try to cope and just survive. And they do

[00:34:49] It's a survival strategy

[00:34:50] **Laura Reagan:** [00:34:50] that we're not even consciously doing.

[00:34:52] **Kat Kaeni:** [00:34:52] Yeah. Yeah, absolutely. Uh, so it's kind of jarring. You have this new baby and now you're dealing with, with all of [00:35:00] this, um, stuff from your pas and it's, it's overwhelming to say the least for sure.

[00:35:08] **Laura Reagan:** [00:35:08] Um, wow. You are so freaking knowledgeable. I love it. I love talking to you. You got my mind going and, and also like, you're naming like my experience, but also so many of my client's experiences and I never, um, thought about it really being a post partum, post postpartum- type process that I went through.

[00:35:40] I thought of it as you know, I mean, I guess it's just different ways of saying the same thing, but I thought of it as I think of it now, as I know it was a trauma reaction, but I didn't and attachment wounds being opened.

[00:35:56] **Kat Kaeni:** [00:35:56] Right.

[00:35:58] But I didn't definitely didn't [00:36:00] know that at the time. And I was very, I probably told you this the first time we interviewed you, but I was so worried about getting postpartum depression.

[00:36:08] My husband and I were both really focused on me not getting postpartum depression.

[00:36:12] **Laura Reagan:** [00:36:12] Right. But I didn't really know anything about it. I wasn't a therapist. So I was just 24 years old. Didn't want to get postpartum depression, Watch out for postpartum depression. You might catch it, you don't want it.

[00:36:26] **Kat Kaeni:** [00:36:26] Pretty much. That's all anyone talks about, um, if they talked about it at all. Um, but no, there's, that's not just it. Um, unfortunately there's a lot, a lot, a lot more, but I think that's part of why people don't expect, uh, trauma or PTSD and with related to pregnancy or birth or postpartum in part, because we only generally talk about depression, let alone anxiety or panic or OCD or [00:37:00] PTSD or other things. Um, so people are looking for essentially the wrong thing, um, that you might have your attention on something, but there, this could be this whole host of other stuff that you then

feel is, well, this is just how motherhood is supposed to feel. Or of course I'm worried that something bad is going to happen to my child.

[00:37:21] I have a child. So, um, you know, norm we've normalized the hypervigilance to such an extent that it's now ignored when it's problematic. Um, and it's, it's, it can be hard to know where that line is. Um, cause there is a very normal amount of, of vigilance that comes with anxiety and just with new parenthood in general, but specifically with trauma, the birthing people are not really taught what to look out for.

[00:37:50] I think there's a lot of protecting of pregnant and postpartum folks. So, you know, we don't want to overwhelm them with it's possibility and true. Um, it can be [00:38:00] overwhelming to know about a lot of this, but, I think it's more overwhelming to be like knocked out by it and surprised by it.

[00:38:08] **Laura Reagan:** [00:38:08] Yeah. And to not have, um, to not be able to label what you're going through and not know what to call it, so you don't have the words to explain it, so you can't ask for help... because as far as you know, this isn't a thing. So you just might, whatever you're dealing with. I mean, I had thoughts, my thought was I'm like really happy to be having a baby. I can't wait to see my baby. I just hope that my baby's not like a freak and I mean that in not like even too, um, like it's like, not even that, that what a freak meant it's like this, it's more of like an intangible, secretly fearing I'm [00:39:00] so broken in some way, but not with words. So it was like a feeling like if I make this baby, it's going to be as like, as bad as me, you know? And like, I didn't see that I thought about myself that way, but why was I worried worrying that that was going to happen?

[00:39:17] Then I would try not to think about it, but when he came out, I remember just being like, oh, thank God. You know? And it's not even like birth defects or something. It was just like, almost like it's going to be like, um, Danarius' baby from Game of Thrones, like I'm not normal, so my baby won't be right. How it should be, you know?

[00:39:43] **Kat Kaeni:** [00:39:43] Yep. That's that's deep stuff.

[00:39:45] **Laura Reagan:** [00:39:45] Um, and I was so scared about it. I didn't want to tell anybody.

[00:39:48] **Kat Kaeni:** [00:39:48] Of course. Yeah, no, that's so silencing. Um, and I think that in and of itself is, uh, carries its own trauma, that we are all walking around, carrying these deep dark secrets and [00:40:00] nobody can know about them and we carry all this shame about it.

[00:40:04] Um, I mean, it's, you know, I have had these conversations with clients where, you know, they're, they have had their, their own sexual trauma, um, And, you know, obviously they blame, this is very normal for them to blame themselves for it, um, and feel unworthy and so on and so forth. Um, and then that gets translated into, well that's really, for people who have deep and complex trauma, uh, um, this really interesting, like I'm only.

[00:40:39] I'm kind of going off on a tangent, but like I'm I'm as the client, I'm only here for these children. Like I don't have any worth outside of them now.

[00:40:48] **Laura Reagan:** [00:40:48] I've had a client who has literally said that very thing. She goes, I'm a vessel, I was, I only was here to make these children and now my youngest is four and he doesn't [00:41:00] really need me. So why am I even alive? I'm like, whoa, whoa.

[00:41:05] **Kat Kaeni:** [00:41:05] Yeah. I had a very similar conversation just yesterday with a client. Um, and these are relational traumas that are just getting, uh, you know, repeated and reiterated and...

[00:41:17] **Laura Reagan:** [00:41:17] It's kinda like crossing the wires in your mind, current situation is related to that. Yeah. Yeah. Um, and it's, it's hard to find your, your worth as a parent.

[00:41:30] **Kat Kaeni:** [00:41:30] Yeah. Um, if you only see yourself as the vessel, um, it's incredibly difficult. Um, yeah, so, I mean, I kind of went on a, uh, quick and deep, uh, tangent there, but it, it, it just, it gets really nuanced and complex depending on the person themselves, like their own history. Uh, of trauma and it like it doesn't, um, this can be like, uh, uh, sexual trauma.

[00:42:00] [00:41:59] It can be, um, it can be medical trauma, um, like things that have had happened to them before, like for, for some reason or another, I have several clients who had illness when they were, when they were younger, that resulted in a lot of vomiting. And so they have a relationship with vomiting that they're very scared of it, and they have their own trauma around that.

[00:42:21] And then vomiting and throwing up gets associated with pregnancy, and then they don't want to be pregnant. Um, because they're so triggered by the idea of being sick or feeling sick in any way. And, or, you know, feeling out of control, um, in pregnancy or in birth. Um, so people get locked up in a lot of different ways and even approaching pregnancy and approaching.

[00:42:48] Um, what if they are, um, already pregnant approaching birth, um, because of the anticipation of being essentially retraumatized, um, [00:43:00] I mean, they're not seeing it that way.

[00:43:02] **Laura Reagan:** [00:43:02] Right. And it's like, they don't know that's what's happening, but that's what they are reacting to.

[00:43:07] **Kat Kaeni:** [00:43:07] Right, right. Um, yeah. And once we get in into it and we can understand a little bit of the, the stuff, and then they're like, oh my gosh, it's, it's a lot to process.

[00:43:18] Um, thank goodness for, you know, EMDR and other types of trauma based therapies to help resolve some of that. Um, cause it really, the, the freeze happens a lot, like not wanting to, not being able to even make a decision about, um, thinking about a couple of people in particular about whether or not to even become pregnant or have children.

[00:43:43] Like they would just rather like have a baby appear, um, and not have to deal with any of the potential feelings of feeling out of control, uh, or, or fear of illness that might come from pregnancy. [00:44:00] That's another way.

[00:44:01] **Laura Reagan:** [00:44:01] I'm so glad you're out there. I'm so glad you're doing what you're doing. I swear.

[00:44:05] **Kat Kaeni:** [00:44:05] Oh, well thanks. I'm glad to be doing it too. Um, there, it just shows up in so many different ways, right? So that's medical, um, a dip into medical trauma. There can be other stuff like if people are dealing with chronic illness of any other kind, um, or if they've had a previous traumatizing experience with, with birth or medical, um, professionals, um, that can absolutely show up, uh, racial trauma for certainly for people who've experienced, um, racism in relation to their health care specifically not being heard, being overlooked, not being, giving, being, given the treatment that they need.

[00:44:53] **Laura Reagan:** [00:44:53] Not being believed...

[00:44:55] **Kat Kaeni:** [00:44:55] Not being believed, which yeah. [00:45:00] Yeah. Which if you're a woman, um, you know, what that feels like. Um, and if you're a person of color, you know, what that feels like, um, and a woman of color doubly, um, in many cases it's, um, right. So again, this, these might not all necessarily reach the degree of PTSD clinically, uh, like DSM PTSD, but there is, um, there is an absolute connection between for instance, like, um, oh gosh, if I could, if I could refer, I would, if I could remember the reference, um, the way that racism in particular, um, is it affects the physiological system is as of a trauma, but as ongoing trauma over-time, uh, um, so I hope that it came out right, but, um, it has an absolute, it's like very high traumatic stress has an [00:46:00] absolute impact on, on the body.

[00:46:02] If it's ongoing it racial trauma, medical trauma, or, or, um, other types of trauma. And if it's ongoing and you're so used to it, you don't even know that you're in it.

[00:46:15] **Laura Reagan:** [00:46:15] Right.

[00:46:16] As they say, it's like, when you're a fish swimming in the ocean, you don't know that the water is there. You just are immersed in it.

[00:46:24] **Kat Kaeni:** [00:46:24] Absolutely. Yeah. So there, there are quite a few people who come to therapy after they've given birth and feel all of a sudden this, this rush of other stuff coming up for them, that they either can't place or they're having specific memories or thoughts of, um, uh, previous experiences in their life, uh, that are, that are now impacting their capacity to connect with their own child, um, connect with their partner, function day to day, um, because it can be incapacitating to one, be exhausted.

[00:46:59] I mean, [00:47:00] let's not forget that. It's like running a marathon and then, um, you know, having to figure out all this other stuff, um,

[00:47:10] **Laura Reagan:** [00:47:10] Yeah, but another thing I was thinking about seeing the grandparent, holding the baby, the other thing I often hear is, um, look how she's being so loving with my child, why wasn't she like that with me?

[00:47:27] **Kat Kaeni:** [00:47:27] Yeah, yeah, absolutely. Yeah. Yeah. Thanks for bringing that in. I, I hear that a lot too. It's it feels like unfair and, um, It can be devastating, emotionally devastating. It's amazing to me just as people, how much we need our parents to be good parents, even when, after years of knowing that they're not, and that they can not meet those needs, the yearning for it is normal.

[00:47:56] And it makes sense that we all [00:48:00] want that from our parents. And it's such a tough lesson to have to learn over and over when you're like, oh, why did I, why did I want that from them? I know they can't give that to me. So some of the work of therapy is just normalizing the need. Um, you know, if we, we are wired for connection, and it's um, you know, it's really tough when our parents can't be that nurture that we needed, and so learning that for yourself, how to nurture yourself, um, and how to nurture the relationship with you and your new, your own child is part of that healing too.

[00:48:42] **Laura Reagan:** [00:48:42] Well, it seems like your book would be an amazing resource for people to use for that very purpose, because you know, and it's called The Calm Pregnancy Workbook, but do you think that people can use it, you know, in the perinatal period as well?

[00:48:59] Yeah, [00:49:00] absolutely. The skills and tools are really built for, for coping and their down to earth and use-able right away. I really wanted to kind of, sort of operationalize the things that are talked about in therapy so that people can use it now. A lot of the examples and some of the stuff that I write about there is geared towards pregnancy and new pregnancy, but really the skills are universal.

[00:49:29] Okay. So there they're universal skills for calming anxiety, even if you weren't pregnant.

[00:49:35] **Kat Kaeni:** [00:49:35] Yep. And there's some stuff specifically in there for grounding exercises related to trauma, um, and yes, CBT techniques for managing distressing thoughts, and mindfulness, and meditation exercises for just general stress management.

[00:49:54] **Laura Reagan:** [00:49:54] Sounds so great.

[00:49:57] **Kat Kaeni:** [00:49:57] Well I hope everybody loves it. [00:50:00] My, this is my book, baby.

[00:50:03] **Laura Reagan:** [00:50:03] Yeah.

[00:50:04] **Kat Kaeni:** [00:50:04] Yeah.

[00:50:05] It was, it was, um, a process to write it for sure. I learned a lot about myself, and writing, and all of that stuff in getting this out there. So. But I really, really had at the forefront of my mind was always the person who needs it the most.

[00:50:23] Um, and trying to, in some of the writing, just trying to bypass what I know are to the, some of the blocks that people with anxiety have about doing these kinds of skills or techniques. Um, you know, it takes one to know one. So

[00:50:44] **Laura Reagan:** [00:50:44] You wrote the book you needed.

[00:50:47] **Kat Kaeni:** [00:50:47] , Oh, for sure. Yeah. Yeah, for sure. Absolutely.

[00:50:51] **Laura Reagan:** [00:50:51] I needed it too.

[00:50:54] I think we could all benefit from it.

[00:50:57] Well, Dr. Kat, can you tell [00:51:00] us where people can find your book, your podcast, your therapy practice, everything you do.

[00:51:08] **Kat Kaeni:** [00:51:08] I do quite a bit. Yeah. So the book is now available online everywhere books are sold: Amazon, Target, Walmart even you can go, go find it there. The, the publishers have taken the word calm out of the book, out of the title rather the book is still the same, but, um, it's now just The Pregnancy Book for, but, um, so you have a limited edition, that's sort of, that's what I'm calling it.

[00:51:32] **Laura Reagan:** [00:51:32] Oooo, thank you.

[00:51:35] **Kat Kaeni:** [00:51:35] Um, so yeah, The Pregnancy Workbook, you can find it anywhere. Uh, the podcast is called Mom and Mind, and you can find that wherever podcasts are played, like Spotify, Pandora, iTunes, all of that, even on YouTube.

[00:51:49] And my website is momandmind.com or Dr. Kaeni, K A E N I .com . Um, and I'm also on the board of [00:52:00] Postpartum Support International and, um, that is a fantastic resource for anybody out there who is looking for a perinatal mental health trained therapist, um, free online support groups, or information to um, to learn more about perinatal mental health issues or to give to your family, your spouse. So, yeah, there's, there's quite a few resources on that website as well. So I, I just, I really want everybody out there to know we talked about some really heavy stuff. Um, and it's, it's hard to know that all of this is possible.

[00:52:34] Um, but I just want to emphasize that everybody's path is, is unique and it's, there's not all of these things are going to happen to you, but if some of them do there, it is absolutely treatable. There is no reason for you to suffer with this by yourself because we, we who are trained in this, um, and trained in trauma are here to help process this so that you can get back to life and [00:53:00] live, you know, the life that you want to be living in your pregnancy and with your new family, um, there, there's just no reason to suffer. We, we can help you feel better.

[00:53:11] **Laura Reagan:** [00:53:11] Thank you for that reminder and for making free resources available that people can find to help themselves when they go through things like this.

[00:53:22] **Kat Kaeni:** [00:53:22] I'm happy to do so. Thank you so much for having me and, um, I love your podcast.

[00:53:27] **Laura Reagan:** [00:53:27] Aw, thanks. I love your podcast. Thank you for being my guest. Thank you.

[00:53:35] **Announcer:** [00:53:35] Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.