



Medicine Stories Podcast

Episode 61 with Rachelle Garcia Seliga

Revillaging: Maternal, Cultural, and Planetary Wellness are One.

January 3, 2020

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(Excerpt from today's show by Rachelle)

And there's actually nothing wrong with us. You know, to me, postpartum depression, postpartum anxiety, what gets clumped into and labeled as a "perinatal mood disorders" is a normal and healthy response to a dysfunctional way of life. So, it's normal and healthy and functioning that we would feel depressed to be home alone with our children eight hours a day, five days a week, or more. You know? It's normal to feel anxiety when we don't have any support outside of our nuclear family.

(Intro Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Intro]

[0:00:35]

Amber: Hello friends! And welcome to the Medicine Stories podcast, where we are remembering what it is to be human upon the earth.

I am your host, Amber Magnolia Hill, and this is Episode 61.

Today I am sharing my interview with Rachelle Garcia Seliga.

I am having a hard time finding the words to express how profound I find this conversation; not just between the two of us, but this larger cultural conversation about mothers, children, babies, post-partum, birth, the wellness of all these things in relationship to the wellness of the entire culture, the entire human family, human village — if we can even call it that — and the wellness of the earth. So, I'm really honored to have spoken to Rachelle and to share this with you today.

I would personally request that you listen until the end. I just think it gets really powerful at the end, and yeah. As I was re-listening to it, I was just like, "Gosh, I hope people make it all the way" because this is really where it all comes together and where, like, the most profound statements

are made, and just what comes up is what I think about every day and, really, the whole purpose of this podcast. So, if you feel in alignment with this podcast, which, you clearly do if you're here, I think that you will feel glad that you listened until the end.

[0:02:21]

Amber: And I want to define postpartum here, the postpartum period:

I do ask Rachelle this at the very end, but just to make clear from the very beginning: there's no endpoint to postpartum. If you are raising a child, and even if you're not, as Rachelle defines it even larger than raising a child which you'll hear in the beginning here, you're never the same. You're never the same after you've carried a pregnancy for any length of time, and the shocking life change that comes the day your child is born. You don't go back to the way it was before. It's not reversible.

So postpartum is for life, and I just want to lay that out at the very beginning here because we (and modern medicine) define it so narrowly in a way that really leads to further pathologizing that we talk about.

Yeah, I just want to say that Episode 11 of this podcast, that I recorded about two years ago now, it was called "Without a Village", and it was just me speaking about how hard mothering in our culture is, and that has been the second most-downloaded episode of this podcast of all time. And the only reason it's not number one is because the guest in my most downloaded episode has a very large email list and sent out a newsletter about being interviewed on this podcast, so it got thousands of extra downloads that week. So if it weren't for that, though, that would be the most downloaded podcast out of all the big names I've had, and the fact that the audience has, of course, grown in the two years since then.

You know, most of the early episodes don't have nearly as many downloads as the later ones, even though I had some amazing guests, such as Stephen Harrod Buhner and others in the beginning. That episode was so wildly popular because every mother can relate to it. And I'm sure it was just shared like crazy from woman to woman, mother to mother, parent to parent, however people who are raising children are identifying. We're all going through the same thing. So you might find some comfort and camaraderie and commiseration in that episode 11.

[0:05:04]

Amber: And then, also, just a few days before Rachelle and I spoke, I did one of those kind of last-minute heart share big emotional spilling over Instagram posts (my Instagram is [MythicMedicine](#)) about this very thing that we ended up talking about: about, again, the lack of a village and wanting to be in community and just how sad it is, how hard it is, and how none of us fit into this culture we've created, as Charles Eisenstein mentioned in the most recent episode. So just, again, if you want some more validation about how hard what we're doing is as mothers in this culture, that podcast episode or that Instagram post, huge, huge response. So many comments just like, "Yes, yes, yes. Me too." "Thank you. It's good to know it's not just me," "How could we do it differently?" This is just a conversation we need to be having.

So the photo is of me standing in between two of my very good friends and we're laughing, and it's a professional photograph taken at a farm at our friend's wedding in September. So, you can find that if you want to go check that out.

God, there's just, I could just talk forever about all the things we talked about today and will certainly continue to talk about this: all this myriad of subjects on this podcast and within the Medicine Stories Facebook group, too. So, I don't really mention that so much anymore because I just don't want it to grow into too big of a group, but a lot of the things that we talk about in this conversation are posted about in the Medicine Stories Facebook group that you can find just by searching in there. So, if you feel like you want to continue this conversation with other like-minded folks who also listen to this podcast then please join us there.

And please answer the questions and say that you will abide by the rules because I don't even see requests if you don't do that. So, please do that if you'd like to be there. We'd love to have you there.

[0:07:14]

Amber: So, okay. Rachelle, aside from, on top of, along with all of the amazing, amazing things that she talks about on her Instagram page, which you should check out, on her blog posts, her downloadable e-book that you can find, [Innate Traditions](#), she also does trainings in innate postpartum care, both in-person and online, and the online training is coming up. Registration closes on January 20th, and I know that many of you who are moved by this conversation today will want to be a part of it. So check that out. Hopefully you're listening to this before January 20th.

What she has written about this training is that:

Ancient postpartum traditions throughout the world, while specific to the cultural context in which they come, all share common roots. These postpartum traditions all point to the importance of an extended resting period, warm, specific foods, and bodywork after birth. Many of these traditions also teach that how a mother is cared for during the postpartum time will profoundly be reflected in her health through menopause and beyond. These commonalities of postpartum traditions throughout the world are not a coincidence. They are rooted in our physiologic design as humans.

So you can go to [innatetraditions.com](#), but, and if you would like to receive \$100 off the online course tuition, you can go to the Medicine Stories Patreon page to find out how, [Patreon.com/MedicineStories](#), and I am not putting this behind a paywall even though it's only a \$2 a month paywall for my lovely patrons. Thank you so much! I just, this work is so dear to my heart, so deeply necessary for the healing of humanity and the planet, and I just want it as accessible as possible. So the only limit is you need to do it before January 20th. So go there, [Patreon.com/MedicineStories](#) and I will have a link to that post to Rachelle's website where you can learn more as well.

[0:09:40]

Amber: Oh gosh. (*Amber laughs*). Again, I find myself - I want to talk. I want to expand upon so much on what we talked about, but it's all here. It's all here in this conversation, so I'm just going to let you get into it.

Thank you so much, Rachelle, for this deeply moving — I mean, we both cry, and you will probably cry, too. Maybe not you, specifically, but many of you listening will be moved to tears by the depth of this work and this calling and this reality; both the sadness and the hardness and the overwhelm

and the disconnect of the way that we're living and how that specifically, especially, affects families, and their children, and their parents raising them, but also, the profound opportunity for healing and growth, and stepping into our power and our calling and our work as people who are embodied on this planet at this time. Again, listen to the end.

Thank you for being here, and let's dive right into this powerful conversation.

(Transitional Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Interview Begins]

[0:10:53]

Amber: Alright. Hi Rachelle, welcome to Medicine Stories!

Rachelle: Hi Amber, thank you for having me here.

Amber: Thank you so much for all the work you do. I'm so moved by it. I was so just immediately, just a huge yes when I heard about your work, like, yelling out loud, like "YES! YES!" And I was thinking even before we got on the call if you had been doing all of this when I was in my early twenties, in college and hating it, and I came upon your website, I would've, like, quit my life and moved to New Mexico (*both laugh*). Just what can I do? How can I be a part of what you're doing? Because it so speaks to this primal need that we all have for connection and community, and really honoring women and mothers and babies and birth and the whole continuum.

So thank you so much, and I suppose I'll just begin by inviting you to talk about your journey: how you came to be doing what you're doing.

Rachelle: Well, thank you, just for your appreciation and feeling what it is that I'm doing.

And how I came into this work is primarily through midwifery. In my early twenties, I did go to university and pretty much right at the end, when I was finishing university, is when I both came into midwifery, and I was also adopted into a ceremonial way of life.

My adopted, who became my adopted dad, his name was Kanukus Durant Littlefish, and he was a roadman of the Native American Church, and through him, I ended up meeting my elder. Her name was Donna Maria Camps, and she's originally from Trinidad in South America. So my midwifery path really combined with my ceremonial work and ceremonial mentorship throughout my twenties.

I did a lot of my midwifery studies in Mexico, in birth centers, and also in-home births, and I worked with midwives in the United States as well. But throughout my twenties, it was birth and ceremony and mentorship, and then I became a mother.

My daughter was born when I was 31, and at that juncture, I tried — well, not that I tried. — I did go to birth. We went to about five births when my daughter was born, and I say "we" because my

husband would go, too, because every midwife who has babies has to decide how to do it for themselves, but I knew I didn't want to leave my baby to go be with other mothers and babies. So, we all went together.

So, like, sometimes they would pitch a tent in someone's yard and sleep there, and my husband would run her out to me when it was time to nurse her, or I would run out to the tent if she was asleep, or they would sleep in the car, and we did that for a little bit, and it was just so dysfunctional for our family.

It was so hard on our family. It was so exhausting to me. As a new mother, my nervous system was already fried from being on call as a new mom, and layered with that was being on call as a midwife.

[0:14:17]

Amber: My husband's from Mexico, and so we moved to the United States as a family in my third trimester of pregnancy.

So when I first started doing midwifery on my own, it was in the context of this very small village where we lived in Mexico, and you didn't need to have cellphones. We didn't even have a phone in the house, you know? And if someone needed me, they kind of knew my range of where to find me. We didn't have a car. So it was like, I'm either gonna be at our home or in our garden or over here, and they would find me. So it was like a totally different relationship to midwifery that was.

I feel like if we had stayed living in Mexico, perhaps I would have continued on going to births, but midwifery in the context of living in the United States with cellphones, and having to get into cars, and having a newborn baby, it was, for my system, it was too much.

So for the first three and a half years of our daughter's life, I really stayed home, and that's what I wanted to do, and that was what was fulfilling to me and good. When she was about three-three and a half, I was like, okay, I'm ready to go back into the world, but how? I didn't want to go back to births.

So I had a whole sequence of events in my life that I received training in uterine massage, and then intravaginal care. So from that, I ended up creating a whole (what I called) holistic well-woman care practice; what well-woman care should be. It's very preventative in nature and then curative when need be.

[0:15:54]

Rachelle: So I had a practice, and then from out of that practice really came this piece of how big postpartum care was lacking in the United States, and what a void that was.

It came about because I lived in a really heavy midwifery community. We were living in Southern Oregon at the time. We lived in Ashland, and there were so many midwives and so much awareness around homebirth, and so, zero awareness about the postpartum time.

So I felt really pissed off about that. Like, I run a lot of fire, you know, and from that fire I was like, well, I need to do something about it because I feel like when we have a big charge about something, it's actually the things that we have responsibility to. So I took up that responsibility,

and from that, I created this training program that now I'm going into five years teaching, and it's just about remembering and aligning with our physiologic design which is kind of foundational to our map to thriving health as humans.

Amber: And just to ground this in the really big picture, too, you've written:

The dysfunction and disharmony within our human environments is manifesting through the vulnerable bodies of postpartum women...

You've written about that. I've kind of cut that off. That's why that sentence sounded weird.

In fact, it is through the bodies of mothers that humanity is being alerted to the urgency of our collective need for change.

So this is — of course, you're working with individual women, helping individual women with what's going on after bringing forth life — but also, this is just so much bigger than any individual woman.

[0:17:36]

Rachelle: Oh yeah. This is how the collective has pathologized motherhood.

So now, I mean, there's still so much association with the word "postpartum" that people think it's synonymous with a symptom or depression, and postpartum is a period of time **after** we carry life. So whether or not our pregnancy ends in a live birth or a stillbirth, or we have a miscarriage, or we have an abortion, we are in a time of the postpartum period.

What is happening collectively, what has happened for a long time, is there has been a pathologizing of, really, what are normal experiences of being mothers, and then you know, what we've done as women, as mothers, is we've really assumed that pathology. Like, something **is** wrong with us, and there's actually nothing wrong with us.

To me, postpartum depression, postpartum anxiety, what gets clumped into and labeled as perinatal mood disorders, is a normal and healthy response to a dysfunctional way of life. So, it's normal and healthy, and functioning that we would feel depressed to be home alone with our children eight hours a day, five days a week, or more. It's normal to feel anxiety when we don't have **any** support outside our nuclear family. It's normal to feel psychotic, you could say, in terms of reality as it is and being mothers within the reality as it is. It's completely not normal.

So to normalize that is actually insanity. To normalize what's not normal is insanity. So it's like flipping our whole world view of how we're relating to mothers, how we're relating to life, and also getting to the core of it, that if we want to create a thriving life in our human community and on earth, then we have to begin focusing on the mothers. You know, if we're going to talk about the health of the future generations, we're going to talk about children's health. There's no way we're going to talk about children's health, or the health of future generations, without focusing on maternal health. Maternal health is foundational to all of humanity's health.

So that is how I approach it all.

Amber: Yeah, it's that Krishnamurti quote: "It is no measure of health to be well-adjusted to a profoundly sick society."

Rachelle: Exactly.

Amber: Of course we're going to feel all those feelings and have all those physical symptoms during that period. I mean, this is so personal for me, as I'm sure it is for every mother who's listening, and you write about in your free e-book (that people should go download right away from InnateTraditions.com) that — just to bring in another piece of everything — you just talk about sleep.

[0:20:39]

Amber: I could not believe reading in that that studies suggest that mothers lose up to 700 hours in the first year of postpartum.

Rachelle: Right.

Amber: And so, I had a moment when my now-three-year-old was seven months old, where, yeah, I literally felt psychotic. I never had felt like that before. And Like, I went to the knife drawer in the kitchen and got a knife out and was, like, I wasn't going to kill myself, but I wanted to hurt myself. I just needed to manifest the pain somehow; of how hard doing this thing was.

And that's just one tiny example of the millions of moments that mothers have.

Rachelle: Totally. And the bizarre thing is that there is this lapse in our collective awareness, right? There are a lot of studies — I mean, I think in that booklet I talk about — there are studies that have been done just on medical residents, right? So, MDs who are doing their rounds, and the effect of lack of sleep on medical residents. What are the effects of lack of sleep? Depression, anxiety, you know, the whole gamut of what gets classified as "mental disorders."

And governments around the world use sleep-deprivation as a form of torture. So it's like somehow we can't take this information that's really kind of out there and known and apply that to mothers. It is part of baby's physiologic design to need care 24 hours a day, seven days a week. That's normal. There's nothing wrong in their evolutionary design.

Amber: And you don't have a high-needs baby if they need that.

Rachelle: Right. It's not a high-needs baby. That's their baseline of normal. But what's not normal is that we're living in these nuclear family bubbles now. We're living in fractured communities and fractured ways of life that doesn't support our evolutionary needs, right?

And so, sleep deprivation is a normal part, we could say, of becoming a mother, and/but, when we're living in intact communities, we have other adults around to buffer that, and that we can take naps, and that our nervous system can down-regulate to be able to take naps because there's the presence of other adults that we trust around us.

And so, yeah. You know, it's just that there is a lot of information out there that we can easily apply to the postpartum time for really simple understandings like that. Like sleep.

Amber: Mhmm. That phrase “nervous system down-regulation” - ‘cause what I have found is even when my little one, and she’s still not sleeping great through the night right now at over three years old, even when she is sleeping, my nervous system is like “Is she going to wake up at any minute?!” and then I’m not sleeping when she’s sleeping.

And yeah, that... ‘cause I have my husband and my 13 year old helps somewhat, but it’s not living in the village.

Rachelle: No. Totally.

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Amber: So I love this phrase, “revillaging”, that I’ve seen you share a lot about, and I mean, we can go so deep into the pathology, and that’s useful, but you also offer so many solutions and resolutions.

So what is revillaging?

Rachelle: Yeah, so revillaging is a term that I had read in a couple of different articles in the past month, really. I don’t know who came up with that term, but I’ve seen it out there a few times, and I really... the women who have gone through my training, we meet sometimes and we just had a couple Zoom meetings sometime in the past week. And I was like what do you all think about this term?

Because part of what happens when people go through my training, then they go out, and they teach a community education series in their local community that is about what’s happening in the postpartum time. So they’re teaching it to mothers and families during pregnancy as preparation for the postpartum time. So that’s a big part of it. There’s an education. There’s a postpartum care plan being formed, but there’s also community being formed because the thing with postpartum care is that none of it can actually happen without community. Okay? If someone is like, “What’s the most important part of postpartum care?” I’m like, “Community because nothing else can actually happen without community.”

So that’s where we’re in the conundrum of what do most people not have? Community. So these classes that innate postpartum care providers are teaching are to do education, but also to help people either fortify or create community support. So that if they did not have community prior to arriving in this community education series, they leave this education series with community support for their postpartum time.

So anyways, we do these calls, and I ask everyone, “What do you think about this word ‘revillaging’? What do you think if we use this word to talk about what I’ve been calling ‘revitalized community support’?” It’s kind of like another way to say the same thing, but I feel like languaging is important. The words we use are important, and there’s something about revillaging that’s kind of like catching people’s awareness in a different way than saying “revitalized community support.”

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Rachelle: So revillaging is this understanding that the most important medicine of our times, in terms of everything that I learn, everything that I know now and keep learning, there's nothing more important than our social connections; than having social connections that make us feel good that see us for who we really are; reflect back to us who we really are. It affects our physiology actually. It affects our length of life. It affects the health of our DNA, actually. So revillaging is based upon this concept. It's about if we want to talk about health and wellness: as important to our health and wellness as the food we eat, as the water we drink, as the exercise we're getting, is social connections, which is revillaging.

So the way that most of us are living, especially in the United States, is really in isolated, nuclear family bubbles, and I know that so many of us feel that. So many of us are like, "UGH," and I think that for — you know, I just turned 40 — and I feel like especially for people who are in my generation, I feel like a lot of us felt like we would raise our children within village settings. Like, I kind of feel like that was my design, and my daughter is now 9. We might have another baby, might not. I don't know, but this idea of "I might not be raising my child within a village setting" it's like I have to go through a grief about that because what I thought that would be, it's not.

But still, moving forward, in terms of how I reconcile that is, like, revillaging is still so important for every step of our life as humans. Revillaging is so important for elders.

You know, one time my elder and I were having this conversation, and I told her, I feel like people talk about life insurance. I feel like the best life insurance an elder could have is the kind of relationship that we have, that I want to support her. And elders, not just people who have grown older, but people who have grown older and harvested the wisdom of their life, have so much that younger generations need.

[0:28:17]

Rachelle: The younger generations have the physical capacities that a lot of elders don't have. So there's inherent reciprocity in these relationships that would, in revillaging, would be intact.

So I'm still, like, I'm still on this, and I feel really determined to manifest village living in my lifetime. I feel like it's very much so my dharma to do this; to recreate what all of us at one point in time had, and I feel that there is — you know, then the question becomes: why is it so challenging to manifest these realities on earth? Why is it if so many of us feel this and want this, what is standing in the way of this manifestation?

The deepest place I've gone to with that is I feel that all of the movements, from colonization to the inquisitions to what I called "death programming" or "death culture", these destructive ways that have really attempted to annihilate our traditional ways of life, one of the most damaging purposeful impacts that these movements have had is to create distrust and separation.

Separation is a tool of colonizers, and I'm not just talking about the past 500 years, but all the ways that we have been separated from each other, indoctrinated by beliefs of separation, has created all these fractures that now we need to repair in order to be able to actually revillage. So it's relative to doing our work around racism and white supremacy, no matter what body we're in and those belief systems that we've all been fed.

And then doing the work amongst women. So what's true and common for a lot of women is this distrust in terms of solid, sisterly relationships, but we have to understand that within a historical context that that was intentionally bred amongst us through the inquisitions, through the burning of the medicine women, through the annihilation of women on this planet for the past 10-20,000 years.

We're in this really big time of repair and so we are having to recultivate trust in each other and unification. Unification is the key to our healing, but unification comes through this massive internal healing work that we have to do.

Amber: Oh god. (*Amber laughs*)

Rachelle: I'm watching your facial expressions, and like, "Uh-huh." (*both laugh*)

Amber: There's just... I mean, there's just so much to say and so much to talk about in these exact things that you're talking about. It just, you know, just everything, everything that I've been reading and thinking and talking about lately is this. The same thing. I mean, even my last podcast guest, Charles Eisenstein, all of his many books and brilliant works, it all comes down to the difference between separation that we've been handing down and that we're living in and the story of intervening.

Rachelle: And I haven't even read any of his books or any of that, but totally. It's what's up in the collective right now.

Amber: And I've just personally been doing, like, all of this sexual healing, and like, pussy healing, and ancestral healing through my motherline, and it's all... it all comes back to what you're speaking about (I mean, amongst other things), but relationships between women and reweaving that trust.

I feel like, okay, you know, how do we move forward, because it is so hard like you were just saying. Why is it so hard for us to live differently? It's so hard.

[0:32:20]

Amber: In my early twenties and when I had my oldest at 25, I was just obsessed with the idea of village-living, and I was researching where could we move, and how are people doing this, and how is it going to work? And then I just felt so crushed, like, it's not possible. It's not possible for us. I'm not seeing anyone around me do it. Sure, there's pockets out there, but they don't seem to fit for us, or we can't afford to move, or whatever it was.

It's so hard to do, but to me, it seems like one way to move forward is for women to join, to rise up, to join. You've been seeing the Instagram stories and things I've been posting lately. You know I've been talking about this. I don't think I've been articulating very well, but such a key aspect of that is through healing the pelvis and the mothers.

Rachelle: Mhmm. Yep.

[0:33:14]

Amber: So tell me about this thing you write about with the connection between pelvic health and mental health.

Rachelle: So, let me just see what thread I need to pull in here to...

Amber: Just say whatever you want about anything (*Amber laughs*)

Rachelle: Alright, let me just say this one piece because it's kind of lingering, which I feel, for people listening — for you, you may already be in this matrix of information and ideas and understandings — but for people who are listening who this maybe new to, I feel like the part of understanding our collective history is so important in our healing because we have to orient.

There's this thing of how do we get to where we are. And so, in order to understand how we got to where we are, we have to understand the history because if we don't understand how we got to where we are, then we can't understand where we're going.

Just to name that part in regards to women, you know, it's, in terms of the healing amongst women and what has happened for women throughout the past (from my understanding of things), 10,000 -20,000 years, it's that whatever the movement has been, depending on where our ancestors come on this planet, come from — Let's say it's during the Inquisitions and indigenous Europe. Okay, Rachelle, you're a healer, and so you must be working with the devil. You must be working with evil forces to manifest this kind of healing...

Amber: — Wait, and not just working with it, having **sex** with, is what the entire European witch hunts were about: having sexual relations with the devil.

Rachelle: Yeah, and so they'll say, "Oh, but Amber, if you let us know who else Rachelle has been working with, we'll spare your life, and the life of your family, and we'll actually help you move from this area so that you will not be hurt."

So it's branding through distrust. This was really intentionally cultivated, and it still is. And it's not just in this one area of indigenous Europe. I mean, this is how it has functioned. So it's been seeds planted of distrust for a really long time that we're repairing. In terms of orienting of "how did we get to where we are" this is how we've gotten to where we are, and so then, in knowing that then we can move forward.

[0:35:42]

Rachelle: So then your question was pelvic health in relation to mental health:

So this, for me, is just such a simple, foundational question or understanding that however we feel in our pelvis as women, we're going to feel in the rest of our lives.

So if we feel great and healthy and connected and vibrant in our pelvis, then that's really how we're going to feel in the rest of our life. If we feel afraid or blocked or constricted in our pelvis, it's also how we're going to feel in the rest of our life, and there's also no way to separate pelvic health in that sense of what gets labeled as mental health.

I am able to offer 38 continuing education units in my training to mental health providers throughout the united states, which is, like, something that I — that's my target audience because mental health is so square in terms of how it's understood. So I really like working with mental health practitioners who are working with postpartum mothers and families to really broaden their understanding of what mental health even is.

But if a woman, let's say — 'cause this conversation could be so big — but if a mother in the postpartum time is peeing or pooping in her pants involuntarily, of course, she's going to feel anxious or depressed or both. You can't separate what's happening in our pelvis from how we're going to feel in our mind and how we're going to feel in our body.

So we can't compartmentalize our mental health. Someone can spend 20 years in talk therapy and think that it's postpartum depression, and that's what it gets labeled as. Maybe they just need to receive some intravaginal work and a uterine massage, and then they're going to feel better because they're no longer going to be urinating or pooping their pants. It's kind of a crude example, but it's just to get people to understand we can't compartmentalize any part of our bodies. It's all absolutely connected.

[0:37:59]

Rachelle: In my experience, working with women, doing hands-on, hands-in care, we hold trauma and big life experiences in our pelvis, and it gets locked into our tissues, actually. When we're able to release that stored trauma from our tissues, it frees up our creative life potential to manifest our dreams, to do the work that we were put on earth to do, to have healthy functioning relationships, and to fit in our power and feel comfortable sitting in our own power.

Amber: I am currently reading [Vagina: A New Biography](#) by Naomi Wolf and she breaks down the actual physiology of this with the pelvic nerve and how it's a direct line to the brain, and there's just — of course, it intuitively makes sense — but she really flushes it out with all the science and all the history of when we have trauma in that area — which almost all women in our culture do and, for sure, mothers, yeah — it dims our light. It really does, and when that is healed and is intact like you said, this creativity, and joy and abundance flows through us.

I've recently been doing, getting pelvic work done, and it is so profound. I'm like, oh my God, the last 20 years I've spent chasing all these healing modalities, and all I needed was someone to give loving and healing attention to my pelvis.

Rachelle: I know. It's really amazing. It's really amazing. It's so simple, and it's so effective. I mean, that's why I love vaginal work because, to me, when we're working in the root of the female body, we're in the roots. We can't... it's not really possible to bullshit around. You could bullshit your way through talk therapy. You can for 20 years.

Amber: You can even bullshit your way through massages, like, neck adjustments. You can't bullshit the root.

Rachelle: Yeah, you can't bullshit the root. So, to me, we get into the roots of our bodies, we get into the roots of the matter that's upfront and real for us, and then we can clear things out.

I mean, I've just witnessed what could be considered miracles a lot in offering that work. And it's not because I feel like my real gift is... I don't feel like I'm a bodyworker. You know how some people are like real bodyworkers? I feel like my gift is more in holding space. So it's not really always about the technique as much as it is holding safe, sacred space and it's amazing what clears out of the body. There's like this healing resolution that comes, and I've never witnessed anything like it outside of that work.

Amber: Yeah, during my second session with her, I went into the deepest trance state where I was being flooded with memories and images: both of my daughters' births, sexual experiences, all of the sexual trauma that I know of through my motherline: my mom, my grandma, and my great-grandma. Oh my God. So much more.

I journaled as soon as I got home 'cause it was so profound, and she wasn't giving me prompts, verbal prompts, or anything. It was all just what was flowing through me, and I realized so clearly, *so clearly*, that so much of the trauma that's embedded in me — because I have pretty little sexual trauma myself compared to most women in this culture. There's some, but it's not that huge or that bad, really, and yet it lives in my pelvis as if it is — and I know it's not mine. I know it's not mine. I know that it's the collective, and I know that it's ancestral.

Rachelle: Mhmm.

Amber: (*Amber lets out heavy sigh*) Oh God. I'm just shaking in a good way, talking about this.

[0:41:53]

Amber: And I know that this is, of course, something that you are talking about and looking at, is intergenerational trauma and this blog post title you have: "Clearing the Millennia of Bad Medicine through Women's Bodies."

Tell me about that.

Rachelle: Well, you know, in my early twenties — no, all of my twenties — I was with my adopted dad, and my adopted dad, so he was (he passed away in 2012), but he was born on Leech Lake Reservation, and he's Ojibwe, but him and his family were forced out of their homelands to the Chicago projects ghetto when he was, like, four or five, but his family was from the Midewiwin lineage.

The Midewiwin, the Mide people are all the Northeastern tribes of North America. It's the medicine people of all the Northeastern tribes, and they've always come together, and they've come together for the past 10,000 years in these lodges to exchange teachings. So that's the lineage he came from.

So in my twenties, I was around him a lot; in ceremony and in life. And, you know, you hear things like "Bad Medicine" and "This person throws bad medicine" and just narratives like that, and I was always like, well, what does that mean and how does that work? And how does someone throw bad medicine, and is that real, and just questioning the things I heard and the things that I was around?

And, you know, where I've gotten to in my understanding of what that even means, "bad medicine", is bad medicine is thoughts. Bad medicine is the thoughts that we think about other people because the thoughts generate energy and those create actual forms, and if someone has an opening, you can throw bad thoughts at people. You can throw bad medicine. If you don't have an opening to receive that, then it can't actually affect you, but if you do have an opening — if you were vulnerable as a child; if it's your place of weakness as an adult — then those things can affect you.

In my work doing hands-on-hands work with women, the imagery that would come through to women, you know, like, you talk about the imagery you saw while you were receiving this work, would be things like daggers in their ovaries, okay? I do prompt. I do ask questions. I don't ever give answers, but it would be like, "How does that feel?" It's really somatic-based.

"Where do you feel that in your body?"

"I feel that right here"

"What does the feeling feel like? Is there a temperature to it? Is it hot? Is it cold?"

"Oh, it feels prickly."

"What are... is there anything more about the prickly?"

So I'm holding space in that way, but just navigating into the sensation of the body for people to harvest out of that bodily sensation. And in those experiences, women are like, "There's daggers in my ovary" or "There's little creepy men hanging out around my ovaries." I mean, a lot. This wasn't just one or two times. This was, like, a lot of the time, this is what women are sourcing from their bodies, you know?

And then you get into well, where does that come from? Well, that comes from, when I say "thoughts" it's like belief systems. What are the belief systems that we have taken on because of our families, because of our respective lines, because of the collective? When we take on a belief system, even if it's not something that we actually believe in, but it becomes part of us as children, or it's like an unconscious thing that we've adopted, and it's not a belief system that's in service of life or health or wellness, that's what I feel were those daggers. That's what I feel were those little creepy men, hanging out over women's ovaries inside their pelvises. So, I just guide women. Right?

"How does that feel?"

"It's daggers."

"Where does that come from?"

And they get answers: "It comes from this."

And how do we clear that from the body? We clear that from the body through the root. And then it's anchoring in, "This that was put on me is not actually mine. This comes from this place," and sometimes I don't even think it matters where it comes from. We just know that we're not aligned with it and we want it out. And so, get it out and then anchor in what do **you** actually believe.

And so that's like a foundational question: What do **we** actually believe? Not what we've been told to believe; not what our parents told us to believe; not what our grandparents told us to believe; not what the collective told us to believe, but what do **we** actually believe about life? What do we believe about our bodies? What do we believe?

And so then we have to, like, define and differentiate ourselves, ourselves, and that's where we get the real power. Then it's like we're filled up with power and that vibrating, pulsating life energy because we're connecting with what's real and aligned with life for us. You know?

So that all happens through the pelvis. That can happen in a lot of ways. I feel like that's kind of like the root of my work. People can call themselves different things, and yes, my background is midwifery; I'm a midwife. Some people might say that they're an herbalist. I feel like I work with belief system medicine. That's like the foundation of what I do because what we believe is foundational to what is and what we're capable of birthing on this planet.

[0:47:43]

Amber: Yeah. I've... okay, I'm going to tell a little story:

In college, one time, there was some, a group of people put together this display, and they put it up on the quad there, at UC Davis, in the grass in the middle of all the buildings, where everyone congregates at lunch and everything, and it was about rape and rape stories. This was in, like, 2002-2003, so, before "Me Too", before we were all really talking about this.

And I walked around, just reading, like, "Oh what's this?" and within, like, a few minutes, I started to basically have a panic attack, and this is not something that had ever happened to me personally. I had to leave early and drive home.

And after reading that blog post that I just read the title of yesterday, I was really, just like, like now, I just have all this energy in my body, and I was shaking it out and shaking my hips, and I was like, yeah. This embedded thing in my pelvis, in my womb, everywhere down there, it's like— it's patriarchy. It's a feeling of not being safe. I don't know if that fits perfectly as a belief system, but really, that one thing that I think almost all girls in our culture are growing up with. Like, "It's not safe here. I am not safe. This culture wants to hurt me at my root."

And you know, I know that you saw the stories I did last night about Instagram, sexual predators coming after 11, 12, 13-year-old girls. This is happening hard-core; so much worse than I realized. I'll put a link to the article that just came out about this. But that's embedding into those girls pelvises when they're receiving those messages. You know? Just these sweet, young girls who just want to connect with their friends on this Instagram app. So, oh my gosh. Yeah, I'm just gonna read a little thing that you wrote about in this in that blog post as well. So you write that:

We have been controlled through our bodies as women for thousands and thousands of years. When we clear out all that is not ours from our bodies...

So like, me, dancing around last night, shaking my hands, like, "Get out. You're not me. I want to fill that up with me."

And we anchor in the truth of our beings, we step into our power. And when we claim our power, we are healing the generations behind us who carry these burdens and traumas for so long. When we claim our power, we heal the generations ahead of us whose paths will be cleared through our work.

[0:50:05]

Amber: And you have a daughter, and you know the weight that we are carrying in trying to heal this right now, and it's just as real for the parents of sons; the healing work that they need to do.

Rachelle: Yeah, it's no joke being a parent in the modern world. I mean, no. I think about it every day. I'm like, "Holy hot damn. It's a lot."

It's a lot to be a parent in the modern-day world because of what parenthood represents in general, layered with everything that we have to think about in the modern world, and I mean, what I can say is my husband and I, you know, you never know how you're going to be as a mom or dad before you're actually a mom or dad. You have your hypothetical way of how you think you might be before you have a child, and then you have a child, and you're like, "Oh."

And we're both very protective over our daughter. And I'm actually very grateful that we're both like that because I could imagine in some other relationship dynamic, in another reality, I could be thought of as neurotic because of how I am. That I'm like, "Hell no." I'm like, warrior-like with my daughter. Like, "Get the fuck away. This is the space around her, and around us," and like that. And she's still little, right? She's nine, and so obviously, I'm going to have to navigate different fields as she's growing older and individuates more and goes into the world, but I'm very much like that because I'm very much aware of what the hell is going on around us all the time in all the different settings.

So yeah. It's that balance of... no, I'm not going to say it's a balance. My conversations with her up into this time in terms of age-appropriateness, and I've always talked with her about this since she was born, "How do you feel in your body? Listen to how you feel in your body. Your body is never going to lie to you. How does your body feel?"

And so she'll straight up tell me now, like, "I'm not going there because that person does not feel good in my body." And even if it's someone that I'm registering as okay, I'm going to listen to her and respect her, because she has — I want her to develop that way to navigate the world. Listen to your body. What does your body say with that person? My body doesn't feel good. Don't be near to that person.

[0:52:32]

Rachelle: And we homeschool, and it's even that, and we live pretty remotely, and so there's a couple different homeschool things she can do. She has dance, and we have a main lesson teacher who comes over and helps us out with that, and she has groups she meets up with, but there's a couple other things that have been available for her to participate in, like, for homeschool community where we live. She's like, and I think it would be great right? And she was like, "NO WAY. I do not feel good with that person in my body. No way." And I'm like, "Okay." and I'm like, "Why don't you go, because I could use more free time, and you could use some more child time and stuff," And she's like, "no way," and she's really clear. I feel like that's a really easy way to support our young people is by telling them to listen to how they feel in their body so it's an embodied response to the world because that's neuroception, right?

Neuroception is our nervous system reading our environment to know when we're safe and when we're not. To think about, if we could actually cultivate that in our children from an early age-on, listen to what your body is reading in your environment, in this animal part of us; not what our

mind thinks; not trying to justify or make logic. I don't know why I don't really feel good with that person. No, you just don't. You don't really need to know why. You just don't. And trust that inner-wisdom.

And that's an easy thing that we can do with our children from the time they're born. We don't have to tell them about all the horrific things going on. Listen to your body and how do you feel? And then when they tell us how they feel, that we respect that. That we don't then push them into doing something with our logical mind to justify it for X, Y, and Z reason.

So that's what we do at this stage in the game. Clearly, that's going to change, but we're really protective, and it's using our body as our high-technology as it is, the best navigational tool for being alive.

Amber: That's so wise because, yeah, it's one of the hardest things to figure out age-appropriateness in the conversations you want to be having around all this. You don't want to terrify your young child, but at some point, especially as they get older, it's time that they understand the culture they are living in and what's possible.

I love that yesterday my three-year-old, Nixie, she's on my lap, and I kissed her, and she yelled, "NO!" My immediate reaction, I was like, "Okay, you can just say, 'Mommy, please don't.'" and then I was like, "No, actually, that's fine. You can yell no if I do something to your body that you don't like." (Amber laughs)

I want to make sure to not — to just let her be free in that.

[0:55:29]

Rachelle: Mhmm. Totally. And I know there's a lot going around about this now but to me, it was something that was intuitive from the time my daughter was born, but, like, I don't force my daughter to hug anyone. I don't force her to do anything like that. Sometimes that can be ... sometimes we have to deal with the effects of that as parents, right? Like, my husband's from Mexico, and we went to Mexico when was it? Last year? I think my daughter was like 5, and everyone was so excited and wants to hug her, but she doesn't remember anybody, you know?

And what most people do within our family system at least, is they make the kids hug everyone. And I'm not going to do that because why would she want to hug these people? Yeah, it's her family, but she doesn't remember them, and after a while, if she feels good with them, then sure, hug them if you want, but I'm not.

My husband's dad made this comment to me of like, when we were saying goodbye to them after our visit, he was like, "Maybe next time you'll be teaching her better behavior" or something. And I'm like, "It's not bad behavior. It's just that I'm teaching her to respect herself."

I think centering self-respect goes against the grain of our respective cultural lines, and then the collective culture of respecting other people, respecting authority, respecting all of these external things first when everything that I'm working to cultivate is respecting our internal authority.

It's like the inner authority, if we could all come back to the inner authority as the navigating tool on this planet, we would really shift things.

Amber: Yeah, and then this idea of “manners”, too.

I just read this piece that a mother, she has three or four kids, and she was on the subway, and this guy was trying to talk to her daughter, and her daughter was, like, not having it. And so the guy gets more and more aggressive, like, “Teach your daughter some manners,” and she’s like, “No. If she doesn’t want to talk, she doesn’t have to talk to you.”

Women our age, we’ve all been raised to accommodate and to please and to not respect and listen to ourselves, and that also is part of that embedded, pelvic trauma.

Rachelle: Yep, absolutely.

[0:57:45]

Amber: Yeah, you write that, “When women are correctly and optimally resourced, whole communities thrive, and a movement of reproductive justice and environmental justice are one in the same.”

So bringing this, again, out into this bigger picture of how do we move forward, and how do we heal, and optimally resource women? I mean. Really, like, how does a woman, who is feeling isolated, like, for me, having my second child ten years after the first at 35, all my friends that are moms, they’re middle-aged moms with, like, grown kids, taking care of their parents, running their businesses, or going to work and trying to make money, and it was like... I even had less community then, even though I had more friends ‘cause people weren’t available for me because of the way our culture is set up.

Yeah, the internet is something, but it’s not what we need.

Rachelle: You know, I think about this, literally, all day, every day. It’s kind of what I do. *(both laugh)* Like, my internal landscape.

And so, like, anything from the real practical, because I feel like it’s always important to be at the center, like, what can we do now, and then the long-term. What can we do for the long-term? And the real practical is, like, my daughter, she’s really into dance, and she had a dance recital last week. One of her dance teachers had a baby who’s now five months old. So she’s there. She started teaching dance classes again, and she had her five-month-old baby strapped onto her, and I see her, and I’m like, “How are you?” and she’s like “I’m tired. I have a sinus infection,” and I’m seeing her do her thing, and she’s like, “Oh God, I’m so hungry. I haven’t eaten yet today.” It’s twelve noon, okay? And I’m like, “What?!”

And for me, I’m like the mother hen. So I’m like, what do I have? I always have food in my bag. So I have, like, a bag of almonds, and I had a thermos of tea. So I pour her a cup of tea, and I give her a bag of almonds that I had. And she was like, “Oh my God. Thank you!” It was so lifesaving.

And then the next day I made her — because they had a whole bunch of dance stuff last week — I made her just this huge jar of this herbal chai tea that I made and brought it to her, and she was so grateful. It makes me cry.

Amber: Yeah, I'm actually doing that, too.

Rachelle: Because she's, like, so grateful, and I'm so grateful that she's grateful, and it's so sad that she's so grateful for a jar of hot chai because it's, like, everybody should be doing that. And it's like we're acting so deficient, so what can we do in a practical level? I think I'm actually going to make a post about this: every mom should just carry extra food in your bag if you don't already. Like, it's just something that I've just kind of always done. Part of my lineage is gypsy, and I really can feel that in my blood, so I'm just always prepared. I'm like, "What if I have to spend the night out somewhere?" So I always have a change of clothes. I've got food. I'm good for a couple days, for me and my whole family.

And so, always carry extra food, even if you're not a mom. If you're a human listening to this, always carry extra food in your bag because you might need a snack, you know? And when you see a mom who has a little baby, offer her food. Like, we have to go out of our comfortability zones and do things that maybe we don't normally do because moms are raising the freaking next generation, and we really have to be able to get into that understanding that if we are concerned about the health of the earth, if we are concerned about the children, then we have to take care of the moms.

That's just something that's really practical: carry food, and give food to people that you see. Like, really. Because most mothers in this modern world are running around, doing 18 million things, and no one's thought to give them food. Just bring food. Bring tea with you wherever you go, and give it to post-partum moms, or moms with little kids.

[1:01:57]

Rachelle: And then in the more long-term, or, I don't know that it's long-term. I don't know the trajectory, the collective trajectory, but I feel like it's really, really, freakin' important that everyone gets focused at this time; focused in the sense of "what are we here to do?"

If we're adults listening to this podcast — like, my adopted dad always used humor to tell people that they needed to do something. (*Rachelle laughs*) So one time we were in a ceremony, and people were kind of being some woo-woo way about things, and he was like, "Good morning, relatives," and then he said something like, "Thank you for being here," and you know, blah, blah, blah, "and I just want to let everybody know that in being here, you're now part of the God squad." And it was his way of saying, you're not just here to feel good and bliss out. You're here to do your work. So focus and do your work.

And so I feel like I have a really big charge right now for those of us who are adults on this planet at this time to do our flippin' work. We need to mature. We need to mature in our adulthood, understanding that our primary responsibilities as adults on this planet are to caretake life. So whatever our expression of that is, because you know there's a million different way that can be manifested, is that we all get real about that and put our fire energy behind that which we feel moved by and do it. Like, now is the time for us to do that.

And this part with revillaging and coming back into community-way of life, and this reckoning of what we don't have right now, that many of us, perhaps, would like to have, is understanding that the people behind us, we are really living out their dreams and prayers in a lot of ways now. So we're dreaming something new into the future.

So any work that we can put forward and towards the creation of a way of life that is life-supporting and life-nurturing, even if we don't eat those fruits from those trees, we're doing it so that the ones in front of us can, and that none of it is in vain. None of it is. And there's for sure that grief that I might not actually live this. I might not actually even see this in my lifetime. We don't know, but it's to know that nothing we can do that's going to be in support of life is going to be in vain.

So for everyone to just own that; own that power and that responsibility in the creation of this new way of life that we're working to create.

[1:05:13]

Amber: Yeah, I was thinking that same thing before you said it. Like, it's too late for me to have that supported post-partum experience. It's probably not even going to happen for the women who are giving birth right now, or maybe ten years from now, but we have to think on these larger timescales.

Bringing it back to Charles Eisenstein again, I heard him say in another podcast that he's thinking in, like, 500-year timescales, like, multi-multi-multi-generational. We probably — who knows, I'm about the same age as you — but we're probably not going to, yeah, benefit from the fruits of the work that we are trying to bring forth, but maybe our children, our grandchildren, great-great-grandchildren. It, like, it's all the same. It's us. It's all us: our ancestors, our descendants, it's all one continuum.

And another practical way, for me, that I can work and be in all this is to be in relationship with my well-ancestors. Like, I feel them. The main thing I feel from them is, like, "We are working through you to heal the descendants of all these lineages. That is why you are embodied on the planet right now, and we are here resourcing you from the other side so that you can do this work."

Rachelle: Absolutely. Yeah. And I feel like that is so important that we are all resourcing ourselves in that way because, well, because we're living in this time, right? It's clear. We're talking about all those things that are missing and that many of us acknowledge that are not how we want them to be, but it's like, where can we tap in and at this time in reality as it is? So it's being resourced by who? By what? If we're not being resourced by the people, we think about it horizontally. If we're not having that horizontal support showing up in the way that we would like it to be, what are the other ways we can tap into to be resourced? So it's being resourced from our well-ancestors, being resourced by the place that we live.

Part of the reason that we live where we live is because I can be resourced by the land here, and in whatever way I'm not feeling filled up, or I'm feeling grief, or I'm feeling whatever in terms of how reality is at this time, I can be resourced by the land here. I can be resourced by the place that I live.

So finding those ways to be resourced at this time, yeah, is so important.

[1:07:50]

Amber: Yeah, I just want to close with one final thought. This was taken from another one of your brilliant blog posts that you write:

As mothers, the sacrifices we make each and every day for our children are our holy offerings to life itself.

That's what we're doing this work for, it's an offering to life. It's an offering to the ancestors. It's an offering to the descendants, and it's hard. (*Amber laughs*) It's so hard to be embodied at this time, especially as a woman, especially as a mother, especially as people of color. I mean, it's hard for everyone. It's hard for the white men, too, you know? 'Cause no one's stoked on what's happening.

But also, like, what a gift to be able to call on what resources us as an offering for collective healing.

Rachelle: Yep.

[1:08:45]

Amber: So, thank you SO much for your work, Rachelle. I'm just so, so grateful. I hope every woman, mother, parent, can find your work, and please, like, take whatever time you need to spell out for us exactly everything that you offer, and how people can go deeper with you.

Rachelle: So my website is innatetraditions.com, and I teach what's called Innate Postpartum Care Certification training. It's a training that I developed originally for birth and healthcare providers to take kind of as a secondary training. So, nurses or chiropractors, or midwives, or doulas, or massage therapists, or mental health professionals, or social workers, to be able to receive an education that's rooted in the needs of postpartum women. Understanding postpartum physiology and psychology because I know what I received in terms of my education as a midwife: almost nothing, really, in regards to the postpartum period. I know what's offered in medical school. It's almost nothing. There is no holistic education being offered through institutional lines of education for any healthcare providers at this time. So from that understanding, I created this training, so that people who are doing care providing work can have the wisdom, the knowledge, the understanding, the tools to optimally resource postpartum mothers and families.

So I teach in person, and when I teach in person it's a seven-day training. And I only really teach in person right now in New Mexico, out of Taos, New Mexico. I'm going to be teaching down in Mexico with some of our family there, perhaps, in late 2020, if not the next year. But in-person trainings really only happen in New Mexico.

Then I teach online. I brought my class online for the first time about a year and a half ago, now. It's been really amazing. I teach live, so it's not like pre-recorded videos. I'm on each call live. Each class is, like, two-three hours long, and I do record them in case people can't make it live, and it's really amazing because it's birth and healthcare providers around the planet doing really awesome work. I've found -- because I didn't know. I didn't really do that work yet -- but we really do cultivate that community even in this online form. I've figured out how to do that. So it's a really beautiful gathering. I love it, and I feel a heart connection with everyone who participates there.

And then sometimes I get the random email message from someone and it's like, "I'm not a healthcare provider yet, but I really want to do this training, and is that okay, or are you open to that, or what do you have to say about that?" And what I have to say is really, what I teach, is not just a postpartum care training. It's a training in understanding how maternal health is foundational to humanity's health, and really, the training, the experience of it is for anyone who's

committed to thriving life on earth. So anybody who feels big fire of protecting and caretaking life through the avenue of maternal health, like, you can absolutely take the class.

Amber: That's beautifully said.

And you, also, every now and then, I'm looking at the events page on your website, do free online classes? Like, you recently taught "Cultivating Health and Resiliency in our Young Children", "Ancestral Grief and Ancestral Healing", so yeah, I just... you know, encourage people. They can follow you on Instagram @InnateTraditions and also sign up for your newsletter through the website. Because I'm like, "I wish I knew about that!" (*Amber laughs*)

Rachelle: Totally. And there's a free booklet you can sign up for on my website, and you download it, the free booklet, and then it also opts you in to the newsletter, and then you'll know when I'm teaching the free classes. I usually do, I'd say, two to three free classes a year, and they're really awesome and dynamic. Like that last class Cultivating Health and Resiliency in our Young Children, had, like, 1500 people sign up.

Amber: Wow, yeah. And the download booklet is so good. I thought I knew things about postpartum, and I learned so much from that. So yeah, anyone who's pregnant, or you know someone who is postpartum.

[1:13:25]

Amber: Also, really quick, let's define postpartum.

Rachelle: Totally, so postpartum, again, is a period of time, and it's a time after we carry a pregnancy. So it doesn't matter if the pregnancy as a live birth, or if the pregnancy ends as a stillbirth, that means the baby is not alive at birth. It doesn't matter if the pregnancy ends as a miscarriage, and it doesn't matter if the pregnancy itself ends as an abortion. Anytime after any one of those experiences, a woman is in her postpartum time. It's a period of time.

And there's no, you know, we could say that it's six weeks. Okay, sure. WE could say it takes the uterus about six weeks to involute, to go back into a pre-pregnant size after carrying a pregnancy. But then, in Ayurvedic tradition it would say, it takes about three years for a woman's body to go back to a pre-pregnant way of functioning after the child's born, and we're also postpartum for life. It's not like once we have a child, it's not like we're ever going to be who we were before. So there's not, like, some way that we can define that. It's however we want to define it for ourselves, really. It's just a period of time after carrying a pregnancy.

Amber: Yeah. Okay. Thanks so much, Rachelle

Rachelle: Oh, I thought of one more thing to share with everybody.

Amber: Yeah.

Rachelle: The last thing is so that everybody, like, I think I mentioned this, everybody who does certification with me, they go on to teach this community education series in their prospective geographical place. So now this community education series is being taught all around the planet, and it's — there's four classes that are taught prenatally. So in the same way that people go to

childbirth education series, you go to be informed about the postpartum time to understand basic precepts about the postpartum period and what kind of care to set up for yourself, and then together you make a postpartum care plan to meet the needs of your family.

So four classes happen prenatally and then the fifth class of that class series that happens in people's respective communities, it happens when everybody's through their early postpartum time. So once everybody who's in that class is past the first six weeks postpartum and everyone's brought back together, and the reason we do it like that is because to complete a rite of passage, we need community witnessing and community acknowledgment. When we don't have witnessing and acknowledgment, we have a passage but not a rite of passage, and it's very disorienting for us as humans.

So everybody comes back together after the early postpartum time for community witnessing and celebration and honoring. And everybody who teaches that class does it in their own way, to meet the needs of their respective community.

Amber: I want to add one small thing, too, because I feel like it would be random if I put this in the intro, which is around bringing food. Of course, I always bring around food, too, as a mom, in my bag. But something that I read years ago was like just have a small basket that you keep in your trunk in your car with food because you don't always want to add more things to your heavy mom bag or whatever. And then pretty much anywhere you go, unless you're, like, hiking, you're gonna be near your car. If someone needs food, or you need food, then you'll have more variety, and I think that's a really good idea.

Rachelle: Totally. I love it.

Amber: Okay! Thank you, Rachelle.

Rachelle: Yeah, thank you so much, Amber.

(Exit Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Closing]

[1:17:03]

Amber: Thank you for taking these Medicine Stories in. I hope they inspire you to keep walking the mythic path of your own unfolding self. I love sharing information and will always put any relevant links in the show notes. You can find past episodes, my blog, handmade herbal medicines, and a lot more at [MythicMedicine.love](https://www.mythicmedicine.com). We've got reishi, lion's mane, elderberry, mugwort, yarrow, redwood, body oils, an amazing sleep medicine, heart medicine, earth essences, so much more. More than I can list there. [MythicMedicine.love](https://www.mythicmedicine.com).

While you're there, check out my quiz "[Which Healing Herb is your Spirit Medicine?](#)" It's a fun and lighthearted quiz, but the results are really in-depth and designed to bring you into closer

alignment with both the medicine you are in need of and the medicine that you already carry and can bring to others.

If you love this show, please consider supporting my work at Patreon.com/MedicineStories. It is so worth your while. There are dozens and dozens of killer rewards there, and I've been told by many folks that it's the best Patreon out there. We've got e-books, downloadable PDFs, bonus interviews, guided meditations, giveaways, resource guides, links to online learning, and behind-the-scenes stuff and just so much more. The best of it is available at the two-dollar a month level. Thank you.

And please subscribe in whatever app you use, just click that little subscribe button and review on iTunes. It's so helpful, and if you do that you just may be featured in a listener spotlight in the future.

The music that opens and closes the show is Mariee Sioux. It's from her beautiful song "Wild Eyes." Thank you, Mariee.

And thanks to you all. I look forward to next time!