



# EPISODE 111: MARRIAGE, MENTAL HEALTH & TRAUMA WITH DR. JOANNE SOTELO

THE MARRIAGE LIFE COACH PODCAST | SEE SHOWNOTES AT: [MAGGIEREYES.COM/PODCAST/111](https://maggiereyes.com/podcast/111)

Maggie Reyes:

Hello, everyone. Welcome. We have a deep and important topic today, and I am so excited to bring it to you because these are the conversations I think we should be having. So I'm having them with all of you listening.

And I have brought in an amazing colleague and friend, Dr. Joanne Sotelo. She is a psychiatrist and a high performance Life Coach. She works specifically with women physicians who are dealing with overwhelm, but she is going to help all of us today.

And she is originally from Puerto Rico and she is the mom of two amazing teenage boys. And when I thought about this topic, I knew I wanted to bring her on to talk about it. And before we dive in, I want to share a little bit about how I'm thinking about marriage and mental health and trauma and how we talk about these things.

So in my own personal journey of self development and exploration, I have been exploring how trauma has impacted my life. And my definition of trauma that we will use on this podcast is whenever something is overwhelming to your nervous system.

So whenever something feels like too much, too fast or too soon. And in that way, trauma or having a trauma response is just part of the human experience. And I want to normalize that. That's why we're having this conversation today.

Now, some of us have deeper traumas that go beyond just something that the nervous system can't handle that are sort of the day to day trauma responses that we might have. I grew up without a dad and I have a wound around abandonment, about being left, about not being





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chosen. And that wound is an ankle that has healed.

And I don't know if anyone has ever had any body part that has been broken and then healed where you can still feel when it's going to rain, even though you have complete use of your ankle. So I tore my ankle years ago and I could for years always feel it was going to rain, even though I had complete use of my ankle.

So that's how I like to think about some of the traumas that we have in our past. We may have worked through many pieces of that wound, and we may have a lot of emotional dexterity where we can move around and do things and still accomplish things and be in relationship with other people. But that wound is still a part of me, even though I have the use of my emotional ankle, so to speak.

So I have other wounds as well, and I like to be really open about some of the things that I experienced in my life on the podcast. And as you might notice, something that I never talk about on the show is my relationship with my mother.

And I'm not even ready to do that now. The reason I'm mentioning it today is I want to normalize that too. We can be ready for different things at different times in our lives, and that is okay. I give myself permission to share anything that I feel will be useful and helpful to help you grow and to help you have a better marriage.

And today I want you to know that if there's something you're not ready to talk about, that is also okay. You can still do a lot of amazing things in your life and your relationship, and you can go at your own pace.





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Okay, so here we are, humans walking around the planet, having trauma wounds, and then we get married and then we have to learn to navigate our own wounds and our partners wounds and make a life.

And today very specifically, I want to talk about what happens when the partner, like me in this case as a partner to my husband, has something very specific to us and how we navigate that with our partners. So I want to dig into how traumas affect our marriage, and I think it's so important to acknowledge.

And so today's episode, our focus is going to be what happens when I am the person that has the trauma and how I manage that with my spouse. There are other times we talk about other things, we'll link to other episodes.

I have one specifically on trauma and resourcing and one about when your partner has a mental health issue. We will link to those in the show notes. And of course, one podcast episode is not everything about all the things, right?

So today we're just going to laser in on this one thing and really talk about what can I request from my spouse? How do we navigate when my trauma is triggered? All of those kinds of things. So that's what we're going to dig into. And I want to welcome Joanne. I am so happy you're here. Welcome to the show.

Dr. Joanne Sotelo:

Thank you. I loved your introduction and it made me even a little bit of emotional because like





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I say, when we make ourselves vulnerable, we give permission to someone else to connect and be vulnerable as well. And then also permission to be okay with things that you're yet not okay to even dig in for yourself or to share. So thank you for that.

Maggie Reyes:

Thank you so much. I think that as someone who's passionate about my own personal development and who helps people in their own self development journey, I feel like some of us want to do everything all the time. We want to just tackle all the ghosts in the closet, right? And it's like, sometimes it's hey, what if we did one at a time?

And that's okay. And how about if we were gentle while we were doing it? And I think that's so important, especially because I am that type A, my checklist has checklist type person. And I know the amazing people who listen to the podcast are also that way. So it's like, we can go at our own pace. So important.

Dr. Joanne Sotelo:

Yeah, and as a psychiatrist even though like I say, we joke that we get all excited when we hear the word mother or dreams, tell me more. But at the same time, I always say digging just to dig is not always the answer, right? And you have to do it in a very careful way. And sometimes it's about meeting ourselves where we are and what do I need to do to move forward?

Maggie Reyes:

Yes, I think that's so important. And I think about it from the Life Coaching side on the purpose of self-awareness is to create authority over your experience. So self-awareness for its own sake isn't actually going to move you forward towards the thing you want. So it's good to have the





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skill of self-awareness, but then we have to decide how we're going to use it.

So it's kind of like if you imagine running, are you running in circles? You have the ability to run and you can run in circles. Or are you running towards something you want to create, towards whatever's at that finish line for each person? I think that's so important.

So I introduced you a little bit, but can you tell us just a little bit about who you are in the world, what you do. I would love for everyone to just know you.

Dr. Joanne Sotelo:

Oh, thank you. And first I love that Maggie, it was love at first sight when I met you. It's like my Caribbean friend, such mirroring. I have to put that out there. And it was magical meeting you in person. I'm very grateful for that. But to tell you a little bit, so I am from Puerto Rico like you said and Spanish is my first language. And I have an accent and I talk fast. So putting that out there for-

Maggie Reyes:

Okay wait, same. Hold on. So let's pause right there. So I was born in Puerto Rico, although my family is Cuban and my Cuban sort of culture just trumps everything else. That's the strongest gene. But I was born in Puerto Rico too.

And my grandmother was from Asturias in Spain and Spanish was my first language when I was, I don't know, under five years old being cared for by my grandmother who didn't speak English. Then I went to school obviously here in the US, and then I learned English and I have the Miami accent. So Puerto Rico, Spanish accent, check, check, check, kindred spirits.





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Dr. Joanne Sotelo:

Love it, yah. Love it. We have to represent. So I am a psychiatrist. I've been a physician for more than 20 years. Always very passionate about mental health awareness and prevention ever since high school, I can remember.

And in I've also trained... Did a fellowship in psychodynamic psychotherapy at a Psychoanalytic Institute, which most psychiatrists don't do. So I've always practiced from a different perspective and in the world-

Maggie Reyes:

Okay, pause there. So you know what that means because you're a fancy doctor, but tell someone who doesn't know what a psychodynamic training is. Tell us if we were like eight years old.

Dr. Joanne Sotelo:

So thank you. So the psychiatry part, right, I went to medical school and did a residency, right? So I am a physician. Some people get that a little bit confused, including my brother and then... Yeah, love me.

Maggie Reyes:

The brother episode will be the next one. Moving on.

Dr. Joanne Sotelo:

Of the family. But then the psychotherapy is kind of a more broad concept, right? You can be a nurse, a social worker, a psychologist, a psychiatrist and do psychotherapy. But the training





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I did, so I did the training on a lot of the psychotherapies during residency and I've practiced them, but this fellowship was old fashioned.

We learned the old fashioned psychoanalytic, the typical you've seen movies in the couch for four, five times a week, read all the old things like Freud and all of that. So super deep training, but it helped really understand human behavior from that whole perspective, right? Not just the science part as a physician, but the whole spectrum and the different approaches.

And I felt very fortunate that I've had all that training because then I can pick and choose when I'm with someone in therapy or Coaching and I can use all the tools, right? Not just the checklist of symptoms so I can give you a script. So I've always had that approach, which I love and I think my patients appreciate.

And then in the last years I discovered Coaching for myself. And I mean, for your followers, we all know how amazing Coaching is. And then I became a Coach because I said, this is the missing piece. This is how I can help my patients more.

But it also gave me that part of my heart of wanting to do more of that mental health awareness and prevention with Coaching, right? I'm not saying that Coaching is to treat mental health at all. We can talk a little bit about that, but there's so much that we can do to prevent if we are doing better and using Coaching tools, right?

We don't have to wait until there's a problem. So that's kind of a super fast. And then the last couple of years since COVID, then listening to how us healthcare workers were struggling, it was awful. It was, I mean, so much trauma.





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Talking about trauma is so difficult when a lot of people were stuck at their homes not being able to do much. We were in... Like I said, I've never worked as hard maybe compared to residency, but that first months of COVID were very, very difficult and seeing that and feeling it, it felt heavy. I could feel everyone's pain.

And then I joined forces with another physician Coach. Her name is Trina Dora. I think you've probably met her. And we created a program for Coaching. We call it Burnout to Wellness, but it's not just if you're burned out. It's more to prevent that too. And so we created a longitudinal group Coaching for the healthcare workers, mainly physicians and nurses at work.

So it just filled my heart so much, and then I said this is what I need to do. And for the first time in the last couple of years, I've imagined myself doing something different than just being a doctor, because it's such a big part of my sense of self. It's been lovely, right? And then getting to meet amazing Coaches like yourself. I'm like, oh my God, so much...

Maggie Reyes:

So fun, right?

Dr. Joanne Sotelo:

So, anyway.

Maggie Reyes:

So I have to say something. It's like your sense of self evolves over time. And for everyone listening, I know we go through different identities in our lives. We go through the identity of







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being single, then being married then maybe having children, if you have children then being your profession.

When I worked in human resources, I really self-identified so strongly with it. I did training and then I was a recruiter and it just becomes this deep part of who you are. And you just said something that just struck something in me because it's like, being something else besides just being a doctor and being a doctor is amazing.

So it's like one of the things I always tell my clients is when we discover something new that we want to do or something new about ourselves, it doesn't mean we discount what came before. We deeply honor everything that came before and it's okay to want something new. So I just wanted to point that out to everybody.

It's like, oh, I'm just certified in 50 different things and spent 12 years in school. And we honor that deeply and we recognize, and we give praise and Thanksgiving to your past self, right? Who made all the choices that brought you to today.

And I'm saying this to you right now, personally, but I'm saying this to everyone listening who's like oh, I maybe spent 15 years studying something and then I decided I want to do something else. Let's just honor all the things that make you you including all of those choices.

Dr. Joanne Sotelo:

Yes, and thank you because I always say let's mind our words.

Maggie Reyes:





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Yes, let's mind our words. I say same. So one of the things I know you're super passionate about and you mentioned it in your introduction is mental health awareness. And I would love to know what is the most important thing you think we should talk about in our marriages when it comes to mental health?

If you had to just pick one thing that you just wished everybody knew when it came to mental health and marriage and I'm sure there's a lot of other things, but what is the one thing that you wish everybody was aware of?

Dr. Joanne Sotelo:

Yes, and it's a hard question to answer with one thing, but I think, and it goes back to some of the same things that you say all the time of having enough awareness and acceptance within yourself so that you can share it openly and honestly. And just that long sentence, it's a difficult task, right? It has so many layers to it.

But starting there because there's so much stigma and shame and guilt that comes with struggling with some mental illness. And it could be anything that we have to be very careful because we bring all of that into the marriage, right? Or into the relationship.

Having the awareness of the struggle and what you've been through or go through every now and then, and being able to share it the same way that we shared, oh, I'm from Puerto Rico and I have an accent. Not to minimize it, but to say is this part of my makeup? And it will probably at some point interfere with our relationship.

Again, we can make it a thing, right? Like Spanish is my first language. I might start talking in





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Spanish to you or my big loud family will get in the way. Sort of seeing it that way as this is part of your makeup and it will... Don't minimize it. No, this will be part of what will be in the marriage as well and being able to say it out loud.

Maggie Reyes:

I love that you said that and I got chills all over and I have this rule that whenever I get chills all over, it's truth with a capital T has been spoken. So I think it's so important. And as I was thinking about this episode and talking to you about this, I really thought about sharing a little bit of that, of how I handle that in my relationship when it comes to that abandonment wound, which is just a wound that I have.

It's kind of like I have the scar tissue from it. It's not gaping open, bleeding right in this second. But when we're in family situations, it's just like you said, is something that my husband knows that I'm a little bit sensitive about things when it comes to when we have to choose things or plan things.

And for example, we check in with each other when we're going to say yes to a family event or something, where it's like that wound gets touched sometimes. And it's just exactly what you said. We just work through it as part of the life that we lead together.

I also have, I think I call it situational anxiety. I've never really been diagnosed, but there's some things that make me really anxious, heightened state and then I'm fine, the rest of the time. But for example, I travel a lot as a part of my work and I've always had in the different jobs that I've had and even now in my business and I get really nervous before a trip.





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So instead of pretending I'm okay, which is what we tend to do because we have such stigma in saying something's wrong. I don't feel well. We I'm just like oh, I actually get anxious before we travel. And it's just like oh, do we need to factor in extra time?

Do we need to... How do we plan for the fact that this could be an issue? How do we just a lot for it, right? And I think that that is something that... I'm giving you just examples from my life that may not be as extreme as someone who's listening to us who has a different situation happening for them.

And the reason I'm giving you these examples is just to say, we can plan for what it is, we can anticipate this is going to come up. That's the point of us talking about it is saying, hey, if you have something going on, one of my best friends has anxiety and it's like okay, how do we minimize that? Oh, should we go to a quieter restaurant?

Do we want to go to dinner at five instead of at eight? I live in Miami. Cubans are very loud as a people. And if you get us all together in a big restaurant, it is the decibel level. I mean, if we measured it, it's probably not good for your ears to be really honest.

And so, oh, should we go at off hours? The simplest things that will make your life just a little bit easier. I think no matter what situation you're in is how do we make that situation manageable? So that's kind of how I'm thinking about it. Joanne, what would you add to that?

Dr. Joanne Sotelo:

Yes, and I love that example because two things. First, talking about trauma, trauma is defined based on how it affects you. It does not need to be something horrible. And just because it





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sounds like someone had something worse, doesn't minimize what you've struggled with, right?

So you don't need to have been physically hurt to experience that. So thank you for sharing how that sense of abandonment is a huge scar. And it can be a big thing. So thank you for sharing that. And the other thing kind of in different tone, to be able to do what you just said, you have to talk about it when you're fine.

Maggie Reyes:

Yes, preach. Keep talking.

Dr. Joanne Sotelo:

And that's one of the things that I talk about the most, right? Sometimes the conversation starts when you're struggling, but you have to go back to a time when you're feeling just a little bit better and then explain where you're coming from, and have plans that go with it. And then if you're struggling a little bit more, I like to invite the spouse.

I like to invite the person who's struggling to give permission to the spouse to tell them something that's tricky. Because when we're not feeling well, we don't want someone kind of saying what's wrong? What's wrong? What can I do? All coming from your heart.

But it's to define for yourself, how would you want the other person to approach if they... Because sometimes the people around us will see things about ourselves before we see them. So it's good to have that conversation of like you're saying, these are the things that I know will make me anxious. I don't know if it'll make me anxious, but it might, just so that you know.





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But if we're talking about something maybe a little bit more severe like a worse depression or a more debilitating anxiety and you can... If you recognize your triggers to give your spouse permission to say hey, I noticed that you don't seem like you're usual.

Is there something that you want to talk about? Is there something I can do for you? And you guys have... You develop your words with your spouse. Please if you're the spouse and say, hey, have you taken your medications today? Because probably not the best approach.

Maggie Reyes:

Don't do that. Joanne is very subtle and kind. She said that's probably not the best approach. I'm just going to say, do not do that.

Dr. Joanne Sotelo:

Or some of my patients say that their spouse said, do we need to call Dr. Sotelo? Don't do that unless it's coming from your heart. We have to be again, like we're joking mindful with our words, but it's you need to figure out what would help you. If I'm struggling, it might be very obvious for the people around me.

If you ask me, how are you? I'm going to say, I'm fine because I'm always fine. You know how that goes. Like the F word, the bad F word. No, I'm not fine, but I'm fine. You know how that goes? And then if you say, do you need help? I'm going to say no, because I'm in a whirlwind. So probably, for me, it helps more to say hey, you don't seem yourself.

I'll probably still say, I'm fine, but I'm going to hear you more. Or be let me do this for you that I know you don't like to put gas in your car or wash your car, let me do it. It'll be wonders for me,





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right? So that's a conversation that you need to have with your spouse of those little things to... And you to let them know like, hey, I'm not feeling as well.

Don't take it personal, I'm struggling or I'm a little bit more overwhelmed than usual. Just having that conversation ahead of time. So you have sort of, we call it even your safe words, that you can without having to make it a big deal.

Maggie Reyes:

I love thinking about it through this line. So first of all, we will link in the show notes to a podcast episode I have called Soul Centered Communication where I talk specifically about how communication when you really want to focus on solutions for something, it doesn't happen inside a stress cycle.

And I kind of go into depth in that episode and then more in depth even in my Coaching programs. So what I want to say is I like to compare this to safety drills because I used to work in a cruise line. And so when Joanne said, you can't ask for these things or troubleshoot these things when you're freaking the freak out.

When you're freaking the freak out, your only job is to find your way to calm, however you help yourself do that, right? But when you are calm, if we think about how to achieve a goal, and we know that research tells us that when we anticipate the obstacles to the goal, we're exponentially more likely to achieve the goal.

So what do we want to do? We want to know... In my sort of simple example, I get anxious when I'm going to travel. So I need to schedule extra time to pack. I need to schedule, I need to do.





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There's certain things that need to happen to help me work through that anxiety.

I'm not going to do that the day that I'm freaking out. I'm going to know, and then the safety joke comes in where in the cruise line every week they do person overboard, bomb on the ship, a medical emergency, heart attack.

They do that every week when the ship is in dock and nothing has gone wrong. And the reason they do the safety drill every week is when an actual emergency happens, it's your natural instinctual first response to go and do the thing that needs to be done. So I like to think about it emotional safety drills.

So it's like hey, if I know that I'm going to be out of sorts and whatever the thing is that's going on, when we're calm, how do we handle that? What are the things that we do? One of my favorite things is, I'll link to this in the show notes too if you want to go deeper into that, is my husband and I have something we call the daily check-in, we just talk.

Now we talk every day, and the reason we do this, we enjoy each other's company. And we want to know about each other's day, is the first reason, but also it's never going to be a time when I'm going to say we need to talk, right? Because we're always talking, we're always ready for whatever the safety drill presents us.

And then when it's an actual drill, we're so used to talking that it's like I recently went through Master Coach Training while running my business, producing this podcast, doing a million things. And my husband sat down with me and said, "Hey, you're doing a lot. I'm a little bit worried. You're working a lot of hours."







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And it wasn't like this big, huge moment because we talk all the time. That's the kind of the way we want to help everyone think about things like that is that it's not offensive because we're always checking in about our day. We're always just present to whatever's going on for our partners.

Dr. Joanne Sotelo:

Yes, I love that. Something that came to mind listening to you is a lot of times my patients... I mean, this is what I do. I'm very empathic. I like to explain things, using their words and putting it back to them. And a lot of times they say, "Oh, I wish my spouse would be here so they could hear it from you because you're explaining it so well."

And something, first of all, I kind of invite them, say well, you can bring them. But I always normalize too that in most relationships, your spouse is going to come from love and concern. It might not always be what in the moment you wish, but I always say they're coming... They might be at the max of what they can understand.

If they've never gone through a horrible depression, it's probably difficult for them to understand how two weeks ago you were doing all the things and today you cannot get out of bed and you haven't showered in three days. It will alarm them, but they might not understand it in that level.

But them saying what's wrong? What can I do? And asking why. And a lot of times there's not a why it's, that's how our brain works. There does not need to be a reason but to... So if you're the person coming in with the trauma or the depression or anxiety to know that even if you've given them all the pamphlets and all the information and all the websites to read, there's still so much





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that they'll be able to understand and... Plus they hurt when you hurt.

So they're also trying to minimize their pain. And a lot of times, we tend to think that it's an action. So it's like, what can I do? And it's all coming from love. Most of the time it's coming from love. And to be also, even though we're the one struggling, to be empathic about that as well and give them that space.

Maggie Reyes:

I love that so much. The way that I like to say it, and I've thought about this a lot in a lot of different relationships, not just in marriage relationships, with friendships and family, is people that love you the best they can. It's not always the way you want them to.

So they could be at maximum output of what they're capable of, and yet we would like a different thing. That's all right. What we would like is fine, but we want to honor that they could be actually at their maximum ability and give some latitude and some grace for that whenever we can, if we can.

Dr. Joanne Sotelo:

Yes, which it goes back to the communication using what you're saying, let's talk about the obstacle side of time and let's ask for what we need not expect like I always say. Even if they've been with you for a long time, they probably cannot yet read your mind and will probably never will. So you have to-

Maggie Reyes:

My husband and I laugh about this all the time, because we literally, in kindergarten they say





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use your words and we say that to each other. We'll say, okay, but use your words. What is it that you want? You're like, right now.

And we just make it playful and fun, but being explicit, very, very, very specific about what you want requires us to then figure out what that might be, which can be hard and challenging, especially if we're going through an emotional activation, if something feels intense.

But the more explicit we can be, the more likely we are to actually have some piece of it or get as close as possible to having that. Just so important. So this I think is a great segue to the other thing I wanted to ask you about, which is I would love to know your thoughts and just have a discussion around how we balance, especially in an intimate relationship, the idea of independence. We can do things on our own.

There's so much that we can do, with interdependence with our partners. So I think about it like a dance, right? It has an ebb and it has a flow and there's a bunch of things that I can do on my own, which is what this whole podcast is about. And then we bring our partners into our dance and we see where they're willing to dance with us, which dance moves they're willing to do.

Some they are, some they aren't. But it's kind of this dance between having self sufficiency and nourishment for ourselves and not relying on our partners for our wellbeing while being deeply connected with our partners and allowing them to contribute to our wellbeing. What are your thoughts on that?

Dr. Joanne Sotelo:

Yes, and I love the topic because, and I love how you word it because especially when we're





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talking about it from that mental health aspect and reading and learning from that mental health aspect, the we're codependent. Now I don't like it. Now it means this big thing.

And it kind of, I think now it's seen as something negative and it's better to understand it the way you said it. We are independent beings in our relationships, so we will share a lot of things, but there's not that necessarily I cannot function without you. I mean, hopefully we see that.

And if we think about it also from that aspect that every now and then we struggle with our mental health, there's going to be... The dance will shift. We might want the other person to be more of the actual leader in the dance and us just follow or the opposite. It might be a time to be like...

My kid just went to his junior prom. He's 13. And I was asking him, it's like everyone is in their space, don't touch me kind of dance, right? And it also makes me think, even though this is not what you asked, but it just came to my mind that a lot of times when there's someone who struggled, then they can have the one with the label.

I think of like it's a stamp in their forehead of... Especially when things are not well, and then be a lot of blaming of oh, you are the one with the problem, or we're struggling because you have these conditions, but that's part of what... Right?

If we talk about that interdependence and the enabling, that all contributes to that, of that imbalance of, oh, I'm the sick one and you sometimes help me and then you sometimes blame me. So I mean, that just came to mind because we have to be extra careful if we're coming in already with times when we struggle, because we probably will need help, right?





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And we have to define, like you said, we have to define what that help means while also keeping our own balance within ourselves of feeling I am an independent person who needs help every now and then, and I would want that help to come from my spouse.

And the spouse having that as well of saying, we are most of the time, a really good balance, and every now and then I might need to step in so that kind of our dynamics continue to flow. But it goes back to that a lot of the communication and understanding that needing another person every now and then doesn't make you needy, right? That negative connotation or that kind of negative connotation of what co-dependence means.

Maggie Reyes:

How would you define co-dependence? You mentioned it and we haven't explicitly said, being explicit. What would your definition be?

Dr. Joanne Sotelo:

So thinking about it from more of that mental health, and again, I don't use that phrase, but it's more when you are in a relationship that there's a lot of enabling, that push and pull all the time, right?

Maggie Reyes:

How would you define enabling?

Dr. Joanne Sotelo:

So for example, if you are an alcoholic and I hate that you are, but hey, the rum was on sale. So I





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bought some. That's a very black and white enabling kind of thing.

Maggie Reyes:

It's a black and white, but black and white just for the purpose of the definition I think is good idea. It's like, we're supporting the behavior, but then resenting the behavior at the same time.

Dr. Joanne Sotelo:

Yes, but then also there's a lot of externalization of blame. We're struggling because there's the alcohol problem or we're struggling because you have depression or you have PTSD from trauma or post-traumatic stress disorder. So that's a different way also, because then it becomes a thing like a third person in the relationship.

And then there's a lot of externalization and then the codependency would be, oh, you're struggling, I'm going to baby you. Again, I'm exaggerating, but I am going to baby you because you're such a fragile little thing and I'm going to love you when you are struggling and then I'm going to push you away and blame you and shame you more because of your mental illness.

That's how I would see more of that co-dependency. Which again, it's very extreme... I don't think the audience is not there.

Maggie Reyes:

Yeah, it's an extreme example. So everyone listening, we know that nuance is real and sometimes when we just want to give you a broad strokes idea, a point of reference, think about the difference between a point of reference versus the whole city, right?





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It's like we went to that fountain just to show you this is the fountain in the city that doesn't represent the whole city. So let's just be clear that sometimes when we give those examples, it's to show you the fountain, but there's a whole city around it with a lot more to it than that.

One thing I want to mention that I think goes sort of hand in hand with mental health awareness is destigmatizing having any mental health issues. And the way that I think about it in my brain, and when I'm Coaching someone when their partner has a mental health issue is, I liken it to having emotional cancer.

Because I think in our society, we have so much compassion. If someone gets cancer, we're like oh my gosh. And we just go into compassion and love and caring in a very deep way. And we don't blame the person for getting cancer, and we don't judge them for having cancer.

And we don't make them the villain because they got some... Well, I mean, most of the time, right? Broad strokes. But when someone has something like anxiety or they can't get out of bed like you mentioned, or they have a whole variety of other issues we blame and judge and say, and all of these things when it's like, if we could zoom out and just think, oh, this person has emotional cancer.

What would my reaction be if they couldn't get out of bed because they had cancer versus they couldn't get out of bed because they were depressed? Is there a difference? I mean, this is just for us to think about what our reactions can be and how we can access compassion.

Dr. Joanne Sotelo:

Yes, and I love it. And like you said, preach because that's been my thing forever. And also





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because a lot of the work I do is one on one. For the individual who is struggling, I have to use the same analogies because they have their own guilt of I should feel better. Or the frustration of there's nothing going on, why is this going on?

Or I've been getting treatment for this long and I'm not feeling 100% yet. And use a similar analogy, but I love that, the emotional cancer, I might steal that. But for my patients, I usually say imagine that you were in a car accident and you had cast in all your four extremities and you are just now recovering.

Would you expect to go on a one mile run or be like, oh, maybe I'll take a few steps just to make it to the bathroom, or maybe I need a walker, or maybe I need someone assisting me? And it's that same analogy of... And for the other person that's obvious, right? That's a clear, oh, of course you cannot do all the things because you just had a car accident, have cast in all your four extremities.

So I love normalizing it like that because it is. I mean, and we know it, and there's all kinds. We have neat brain imaging and all kinds of research that shows this, right? You're not making it up, you're not exaggerating. And it's-

Maggie Reyes:

It's a real thing.

Dr. Joanne Sotelo:

Your own acceptance, yeah.







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Maggie Reyes:

And I think it's so important. So on this podcast, I talk a lot about questioning our thoughts and questioning our perspective and looking at things from different ways. And one of the things that I do is let's always question our thoughts in the direction of compassion, in the direction of connection, in the direction of connecting with ourselves, right?

And having compassion for ourselves. So if we looked at mental health the same way look at physical health, those stigmas would often, not always, but often just soften and not necessarily disappear, but definitely soften.

So one thing that we've been talking about sort of alluding to, but I want to now talk about it directly is I've talked on this show before about the difference between therapy and Coaching. And we'll link to an episode I did with Lacey Sites, where we talked about it in depth.

She's a former therapist who became a Coach. And we talked a little bit about how in Coaching you are able to engage with the world and do the things that you want to do, and then your future focus on what you want to create.

And in a lot of therapeutic situations, there's a lot of therapy now that also overlaps with Coaching. So it's kind of evolved overtime as well. But when you need to get to baseline is often a place where you would then go to therapy and then from baseline, you go to Coaching. And I'd love to have you tell us what are the things we should look for when we should reach out to specifically a psychiatrist?

And I'm thinking specifically of a client that I was Coaching who we talked about a few things





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and something arose during the Coaching where it became very clear to me as the Coach to say, "Hey, maybe you just want to test your physiology here. Maybe there's something else going on." And we just sort of discussed it, and then she decided to go ahead and do that.

And she got tested, and what ended up happening was that some medicine that was helping her with whatever it was that they found. And then it helped her implement the Coaching so much more. She was more clear headed. She was more balanced. She was more able to engage with the day. And that went of course, way beyond the scope of what a Coach can do.

Because Coaching is just with you in your present state, however you are right now. So I saw how important and valuable that was to just have that curiosity and that exploration and how that helped that specific person. I'd love for you to share what are the things we should take into consideration if this is happening in your life, maybe it's a good idea to talk to a psychiatrist?

Dr. Joanne Sotelo:

Yes, good question. And it's good to clarify what you're saying that it's not necessarily an either or. It's sometimes an and, right? You can have Coaching and therapy or Coaching and see a psychiatrist. And I stand on both sides. I don't wear both hats at the same time, but I see patients in my psychiatry role who I have recommended to go into Coaching and I have Coaching clients that see a separate psychiatrist.

Maggie Reyes:

I'm glad that you mentioned that. I think that's so important because I know years ago I don't know, whenever I did my original Coach training, it was like, oh, someone'll come to you. And then if you notice trauma, you refer them to something else. And now so many years into it, it's





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like, no, most of my clients have some kind of trauma.

I'm just really clear as a Coach, what I can help you with are these things. And then there are other things that you can explore with other modalities and other support people. And many of my clients will have different things that they engage with that are helping them for different reasons or different levels.

And if we think about really just stigmatizing mental health and physical health and making that comparison, you don't go to the knee doctor for help with your heart, right? Or you don't go to the physical therapist when what you need is to check with the dermatologist about... The same idea, they're different specialties that just do different things and one is not better than another.

And one is not like the dermatologist does what they do, the knee doctor does what they do. So that's really normalize that part of it and then specifically, when would it be a good idea to really check in with the psychiatrist?

Dr. Joanne Sotelo:

Yeah. So I'll answer it in two parts. I'll talk about in general mental health, and then I'll give you a few pointers specifically for trauma. So for mental health, because we all have ups and downs, and of course, if you've had depression or bad anxiety before you would know hopefully your triggers.

But a good point to be, to know it when it starts interfering with your functioning for days and days in a row. So it's not just a bad day. For example, in depression and anxiety, so a little bit of depression will keep you from wanting to do things, right? Like I said, you have to crank yourself





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up just to get through the day.

But then if you have something that you have to do and you go do it and then you can enjoy it and it's okay. You feel good, then you're probably okay. But then it's days in a row where even doing the things that you enjoy then there's no enjoyment. Motivation is really low. Of course, if you start having feelings of hopelessness or helplessness, right?

There's no meaning in life, everything feels very negative, very dark, of course, suicidal thoughts. Definitely, any of those I would check in with your primary care doctor or check in specifically with a psychiatrist, because you will probably benefit from antidepressants. It doesn't mean that it's necessarily that, but it would make sense to have an evaluation.

If you're having anxiety and then different than what you're saying, that you can say like, well, these situations, I know that when it's super crowded very loud, it's going to make me a little bit more uncomfortable. Versus when it's, I'm avoiding everything. I'm canceling engagements. I'm not showing up to work. It's interfering with my relationship then.

That's when you say... It's the same thing, but to the point where it's all the time or it's inter... You cannot really push yourself because it's on a regular basis. It's too much, right? Or horrible panic attacks. Of course, and I'm not talking about more severe mental illness, right?

If you're having full manic episodes, which is the times when for days in a row, it's like euphoria and no need to sleep. And you're thinking very fast, very impulsive, or you're something like psychosis where you feel like you're hearing voices, right? We're not talking about that severity.





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For trauma, it's a little bit more gentle, I would say, because how deep your trauma is, it depends on what it means to you. And again, it still goes back to the same things of when if you are having difficulties with your functioning on a regular basis, but I would be very careful also of what your expectations are for Coaching in regards to your trauma.

Because you might not be in that place where your day to day is affected by the trauma but Coaching is not, like you said, very nicely and we've had this conversation before, Coaching is not the place to dig. It will come up and you can acknowledge it and be like, of course you're having this now because... Like you openly shared about your abandonment, right?

You can say, I'm probably going to take a few things more personal with my husband, because I have this experience growing up and it's into the core of who you are. But it's not in Coaching it's not like, tell me about your mother. Tell me about your abandonment. So this is more of a tip to all the Coaches that are in your audience.

Maggie Reyes:

All the Coaches that are listening, yeah.

Dr. Joanne Sotelo:

... To be very careful because some Coaches are so good. And I hear you, and I know that you're probably very capable and so many other Coaches are very capable. Your clients will trust you and will open up, things will come up.

It's not going to be like, no, don't talk about your mother, not here. It'll come up, and then you being gentle enough to then say, wow, thank you for sharing. That's deep. Let's bring it back to





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how that's affecting you now.

Maggie Reyes:  
In the present.

Dr. Joanne Sotelo:

And bring it back to the present. Just that is a really good tool for the Coaches. You're like, how do I deal with it? Because they keep on bringing it up. And then you, as a Coach, you can say hey, this thing keeps on coming up, like you said, with your client, is this something that you might want to see someone else, maybe a therapist or a psychiatrist?

So anyway, just mine. Because trauma is one thing that if you're not careful, you can actually re-traumatize someone, if you are not... If you don't know how to ask the questions and if they go back to a memory that's very intense and they go way too deep into there and you don't have the tools to bring them back, it's kind of tricky.

Maggie Reyes:

So what I want to say about that is to all the Coaches listening, pay close attention, and to you who's listening who isn't a Coach and gets either Coaching or gets therapy or works with a psychiatrist or has a whole team. These are also things for you to know that you can tell the person you're working with, I don't want to talk about that anymore.

I'm complete about that. We can move on. I'd rather talk about something else. So if the person in all the good faith is trying to help you and you remember listening to us and you're like, oh, I don't think I want to go there because I know what happens when I go there. Then we are





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empowering you right now to know that you can just say, I think I'd rather go in a different direction.

And I know that I and a lot of my Coaching colleagues have similar philosophies. We always are reminding our clients or our students in our programs. We're sort of checking in like, is there something you want to keep talking about? How is this landing? We're checking in with the person in the moment being focused in my case, a lot on the present and the future and what they want to create.

And reminding our students and our clients, you are the expert of your own experience. I'm just here to help you, right? My purpose is to help you. So if something isn't helpful, we switch gears. You can always tell me to switch gears. It's not going to be a problem.

But if you're with someone who hasn't told you 15 different ways that that's okay, we're telling you to be empowered as the client or the patient in that scenario. And the way I talk about it, I just launched a cohort in The Marriage MBA. And what I told them was your emotional self care is welcome here.

And I'll just tell everybody, because I think it's so important to talk about where sometimes when Coaching somebody on something that's happening in their life that maybe somebody else had that happen in their life in a different scenario.

And then the only reason they're hearing that conversation is because they're in a group program with me. So what I advise everyone is if you need to turn off your computer or you need to step away or you need to turn off your video or whatever you need to do for your emotional





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self care, practice doing it here, because you're still building the skill of stepping away, taking a breath, knowing what bothers you, managing that thing.

Maggie Reyes:

And so that's the way that I address that part of being in a group, but I repeat it like I'm repeating it now too. But some people don't, so we want you all to know that you can do that.

Dr. Joanne Sotelo:

Yeah, no. And how beautiful because it goes back to kind of a good recommendation in this topic of keeping your own boundaries, right? Like I say, take care of your... Be responsible for your own self care and be responsible for your own boundaries and control what you can control. And it's all related right there, yeah.

Maggie Reyes:

And one thing I want to go-

Dr. Joanne Sotelo:

It's okay-

Maggie Reyes:

Go ahead.

Dr. Joanne Sotelo:

Oh, I was going to say, for those of you listening, and even this conversation might be a little triggering, right? To recognize, to go back to having that love and self-compassion for yourself







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of acknowledging the things that maybe you struggle with and the things that maybe have happened to you that, like you said, still have a scar, and sometimes it bleeds every now and then.

And one of my favorite phrases is it's okay to not be okay. And that's part of why we're here too. It's the acknowledging without judging ourselves, right? Or anyway, just wanting to say that because there's zero judgment here. It's the complete opposite.

It's let's come with openness and honesty and vulnerability, and definitely get rid of the shame and the guilt and come here to acknowledge your emotions and that it's the ups and downs that we go through and that it's part of our life experience and that it's all okay.

Maggie Reyes:

It's all okay. I love that so much. I have one last question, and then I'll ask... I have two questions. One is one from The Questions for Couple's Journal. We'll do that last, but I have one question that has come up with one of my clients and I'd love to hear your take on it.

Maggie Reyes:

So I talk a lot about managing your stress cycles, about knowing when you're in fight or flight or freeze or appease, and knowing about how to self soothe and help yourself through that. We have all gone through with the pandemic the last couple of years, a traumatic experience, and has been traumatic in a variety of different ways and hasn't gone away.

It hasn't ended. And the way I think about it is stress cycles are in the present moment. We self soothe in the present as best as we can, but trauma is what's left after the initial stress has passed. And it's really like, we have two different things we're navigating.





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So I would love to hear your take on when we have a stressor or a traumatic event that doesn't go away, like having depression or anxiety or any, we have a thing that isn't going to end, but yet we can manage our stress cycles from day to day on the specific thing of that day. That is also a dance. And I'd love to hear your take on that dance.

Dr. Joanne Sotelo:

Yes, and I love the question. So an analogy I use with my patients and my clients is we have in my Caribbean self, my dramatic... You're seeing all my arms and my facial expressions, which you cannot see right now, but I'll try to describe it, right? I'll show them as if I'm holding a plate. And that's a phrase that we use of what's on your plate.

And that trauma, the depression, whatever you've experienced that's yours is in the plate and we can assume that we're not going to be able to take it out. So the plate already stands a little bit heavier. So then I point out two things. You can hold the plate sort of like as if you're holding an actual plate of food, kind of at that chest level and look eyes down to the plate and see the whole picture.

But sometimes when we're suffering or we've suffered, it's as if the plate is our eye level And if what that thing is, that trauma, depression, anxiety is the thing that's right in front of you, it will seem like that's the only thing that's on your plate. So it's being able to have that awareness of, it makes sense that because that's heavy and it's dark and it's what's always there.

I cannot make it go away. Whatever my brain will make it, it's like we say, our brain is trained to alert us. And having talking to ourselves and be like, it's okay, we can lower the plate because





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that's not the only thing. What do I need to do to remind myself of the perspective? And we're not asking for anything big, right?

It's not like you have to get rid of it or change or do something big. There's all these other things. So we acknowledge it. We don't minimize it because that's one of my big things. Let's not minimize this, right? It's a struggle. Like you're saying, it's like that emotional cancer sometimes.

It's there. And then sometimes, the other thing that I say is that sometimes if we're in the middle of it or we get triggered or something happens, the plate gets heavier. right? So it might be at our eye level or in our chest level and it feels heavy and that's where a little bit more work comes in and I like to work out. So I'll say, we need to lift weight so that we can carry the plate that's heavier.

What do we need to do to get stronger to carry the plate that's heavier? And it can go back to basic means, right? Our own self care, practicing gratitude, mindfulness, getting a Coach. And listening to this podcast, right? All those things, it's like lifting weights to carry that heavy plate. So that's-

Maggie Reyes:

Okay, I love this because we have not talked about this, but if you've listened to this podcast before you will know that I talk about the Rock all the time because I love talking about the Rock. And he has all his muscles very well built, but he still has to go to the gym every day to keep them.

And I love thinking about that with our emotional muscles. We practice pausing and breathing, looking at things from compassion, questioning our thoughts, all the different things I talk about





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on the podcast all the time to be able to do the heavy lifting when something comes that it's the same idea.

When the plate gets heavier, that muscle's built, we can handle it. We can take it. So we build the muscle every day, even when no big things are happening so that like the safety drills, it becomes our automatic response. It becomes the first place we go. It's like, oh yes, I pause and breathe. That's what I do here.

Okay, last question for you today is from The Questions for Couple's Journal. And it's a complete this sentence. The secret to a thriving relationship is... Now dot, dot, dot. So while Joanne's thinking about that, I'm going to say, I literally have over 100 podcast episodes talking about the different things in a thriving relationship. So this is obviously going to be a very oversimplified answer. We could write a whole book on the answer to that question, but just one simple thing. What would you say?

Dr. Joanne Sotelo:

A little side note, so sometimes my friends will ask me things and I'll be like, do you want the friend answering, the psychiatrist answering or the Coach answering? I'll answer from my heart because relationships has been something that I've been working through a lot in the last couple of years and gone through some big transitions recently.

So the recommendation I'm going to give is that the work I've done is connecting with myself and loving myself first so that I can meet my needs. And then from a place where I'm feeling more fulfilled and filled with love, then I can be in a relationship to be more of contributing or complimenting than completing. So that's my oversimplified answer.





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Maggie Reyes:

I love the oversimplified answer. And I'm going to add the little piece of nuance to it, which is sometimes especially type A sort of hyper successful people who get things done and all of that, we have this thought and I'm going to just talk about me. I had this thought like I have to have it all together before somebody could love me.

And I also want to say that, yes, it's this paradox. It's truly a paradox. I want to be in good relationship with, a healthy relationship with myself and that helps me come to a relationship with someone from a place of sufficiency. And I can also have a messy heart, a messy mind, abandonment issues, whatever else I have going on and allow myself to be loved by another person.

So it's really holding to opposites, which is kind of deeper a podcast, right? But that's what we do here. It's just these two opposites of like, oh, I do want to be in the best relationship I can have with myself. And I have all these things I haven't figured out. I'm going to let someone love me including myself even with that.

Dr. Joanne Sotelo:

Yes, and thank you for that correction or compliment because I love what we learn in Coaching of, I am in the process of all those transitional thoughts that are so loving. And maybe putting from that standpoint of, if we... I think also my definition, it's kind of trying to find the opposite of don't try to be in a relationship just to find someone to complete you.

To know that you're a whole and you can love yourself wherever you're at. And if you are there loving yourself, you're going to know exactly what you want from someone else as to kind of





# EPISODE 111: MARRIAGE, MENTAL HEALTH & TRAUMA WITH DR. JOANNE SOTELO

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augment your greatness. Not that there's a hole that needs to be filled with, because that's I think also where then the fairytale comes in and it messes us all up.

Yes, let's augment our greatness this week. That is the Coaching homework for everyone is whatever state you're in, whatever things you have in your life, you can still augment your greatness. And that's what I invite everyone to focus on. So Joanne, first of all, thank you for being here. How can people find you? What is the best way for people to learn more about you?

Yes, I have a website which is like that, like my name, is Joanne, J-O-A-N-N-E, Sotelo, S-O-T-E-L-O md.com. And then that's also my Instagram, Joanne Sotelo MD. And my Facebook is the same as Joanne Sotelo. So it's not that common of a name.

So you can definitely find me and I am going to be doing more, and I love this overlap of using Coaching tools and personal development tools to help with mental health awareness and prevention, because going to be doing a little bit more of that. And in Spanish, I have to say. Love that.

Maggie Reyes:

Yes, if anyone is listening and you have someone in your life who speaks Spanish and you want to be inspired and really have those positive messages in their brain that helps them have a stronger relationship with themselves and augment their greatness, tell them about Joanne. She's obviously, as you heard this whole hour, she's amazing. Thank you, Joanne. Bye everyone.

Dr. Joanne Sotelo:

Thank you.

