

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

00:00:09

Heather: Welcome to That's a hard no the podcast about saying no and setting boundaries

00:00:15

Sarah: so you can become the authentic and empowered you that this world needs.

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Heather: I'm Heather Drago

00:00:23

Sarah: and I'm Sarah Saunders.

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Heather: Before we start, a quick reminder.

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Sarah: While I am a licensed professional clinical counselor, this podcast is in no way a replacement for one on one therapy with a mental health professional. If you notice, the content in this podcast triggers some big feelings. Visit our website hardnopodcast.com for mental health resources and other helpful links.

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Heather: Thanks Sarah!

00:01:09

Sarah: Hello and welcome. I am so honored to share Joanna Pavlak with all of our listeners today. Joanna has been instrumental in my fourth postpartum healing journey. She is actually my Pelvic floor physical therapist and I sought out Joanna after being diagnosed with pelvic organ prolapse, which I've mentioned on previous episodes.

00:01:37

Heather: It's so nice to meet you, Joanna. We've recently discussed a lot about what happens after motherhood, mentally and also physically. We've touched on that a little bit. I'm excited to talk with you more about physical changes. Tell us a little bit about yourself and how you've found yourself in this line of work.

00:01:56

Joanna: Absolutely well, I'm so excited to be here. I am a pelvic floor physical therapist. I started my journey thinking that I wanted to be in the field of pediatrics and while I absolutely loved working with kids somewhere along the way, I was kind of asked to fill a role to fill the need for pelvic floor physical therapy in the clinic that I was working at at the time and I took the continuing education courses and kind of just fell in love with this profession and helping serve this kind of group of people that has kind of been overlooked for a while and has been kind of taboo to talk about for a long time. When you come to think about pelvic floor dysfunction and issues, a lot of people don't want to talk about it and you can really make a huge change because it impacts every part of everyone's daily lives.

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Sarah: Well, and what you have just said I want to highlight is that it has been a taboo topic and I think the term pelvic floor has, I've been noticing it more, I don't know if it's because

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

obviously I'm in this space with motherhood, but I feel like it is being talked about more and I know that this might sound silly and our listeners can't physically see us. But because pelvic floor isn't talked about enough, can you kind of explain where exactly is your pelvic floor and what exactly does it do?

00:03:31

Joanna: Absolutely so. The pelvic floor muscles are the group of muscles that sits within your pelvis, at the base of your abdomen, and they actually do a lot of jobs throughout the day. So when people hear the term pelvic floor they do all those things that you think of which would be peeing pooping and sex. But they also hold a lot of other roles throughout the day. The muscles assist with postural support, they help with fluid return, so they help bring lymph nodes back from your legs up to your lymph nodes, and they are also accessory muscles for breathing. So when you take a nice deep breath in, your diaphragm expands and your pelvic floor stretches as well. So if you think about it, the center of your pelvis has a great big hole in the middle. So really the only thing between your organs and the floor are your pelvic floor muscles. So they carry a lot of jobs throughout the day and do a lot of things.

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Heather: Wow, and so what exactly is pelvic floor physical therapy? What does a pelvic floor evaluation or treatment plan look like?

00:04:42

Joanna: So a pelvic floor physical therapist is an orthopedic physical therapist. So just like if you were to injure your knee or your shoulder and you'd go seek out physical therapy where there's directed exercises and hands-on approach with treating that muscle dysfunction pelvic floor. I can have this function as well. So we are treating the dysfunction just as it comes in very holistically and individually. Every person is a little bit different. I can really only speak to how an evaluation or treatment session looks like at my specific clinic. Every single clinic and provider is a little bit differently with how they approach an evaluation or treatment. But we are very holistic and hands-on with our approach. We like to look at our individual from head to toe. So while we are directly treating pelvic floor there's lots of connections between all of the surrounding structures. So we will do like a general movement screen. We'll kind of look at how everything is interacting again, especially in those surrounding structures. So if there is dysfunction in the pelvis, oftentimes we've got dysfunctional breathing patterns or we've got pain in our back or our hips or there's tight fascia. So that's all of that connective tissue that's between your skin and fattened muscle layers. And so we'll look at the fascia and the surrounding structures. So we work a lot on the abdomen and the hips and the legs as well, kind of working on the structures that will have an on the pelvic floor itself.

00:06:28

Sarah: Going to share some personal stuff just so that maybe listeners can understand a little bit more. You know, when I was diagnosed with the pelvic organ prolapse I was terrified, like I just remember after having no. So he was my fourth baby and again I've had four kids. I've heard about pelvic floor and would do. You know eagles and you know certain

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

things, but I didn't really understand enough about it. And so after I had him, him being my fourth baby in five years, a very short amount of time you know you have, this swelling actually did in all natural vaginal delivery. Everything was wonderful about two weeks after having him and as the swelling was going down, I remember, you know, reaching down there while I was taking a shower and I was just like something feels like it's falling like this does not seem normal and I was. I was very scared in that moment, but then also just kind of like. I was. I was dumbfounded. I was like what is happening to my body, what is going on? And so I actually was able to call my immediately. Of course, he was unable to see me at the time and they then referred me with someone at main campus Cleveland Clinic, which was really interesting. When I went into that appointment they had, yeah, it was a visual on his. It was like a little device that he showed me an image of what a healthy pelvic floor looked like, and then he did measurements for me, and it was again. Dumbfounded is the only word that I can say at this point. But he then inserted the measurements into this technology that he was showing me. And he was like this is the healthy pelvic floor, and here I'm going to enter your numbers and here's what your yours looks like. And literally I saw the drop, visually saw the prolapse had sunken down and I call it the shitty committee that meets in my head. These intrusive thoughts were flooding me and I was like my gosh, like I'm never going to be able to have enjoyable sex again. I'm never going to be able to run and exercise and do all of these things that I wanted to do, and I just remember feeling almost paralyzed in this fear, while also, you know, my mom was with me and I have my little newborn with me. So I'm going through all of these emotions, he had said, but listen, it's okay, there's different degrees of pelvic organ prolapse. Mine was not super severe, but it is something that he was like. I would encourage you to seek out pelvic floor physical therapy, and so that is how then I reached out to Joanna, and I'm so thankful I did. There's another part of me, though, that I almost wish I would have done it sooner, had I known then what I know. Now I just feel like it's something that possibly, and Joanna, please share your thoughts. Could it be preventable?

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Joanna: Absolutely, it's something that we encourage from before pregnancy, during pregnancy, after, you know, once postpartum, always postpartum. But there's lots of things that we can do and help train individuals on how to properly activate the muscles, so that you know muscle memory is already there. Once our bodies go through the traumatic event of childbirth, that kind of gives us that leg up so that we're kind of already ahead of the game. Especially you know you go end up seeing your begin after delivery and they show you those pictures and that software, and it's a very scary thing to see. We have seen all of it in all of our training. So you know we see like worse scenarios and those pictures are just terrifying to look at. But it's not that scary because it is treatable, but there's definitely lots that we can do to help prevent that from becoming an issue in the first place.

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Heather: On the opposite end of that spectrum there are women like me who have gone to the OBGYN. My youngest child just turned 21 and I have a little bit of prolapse and I've had an issue with that and it was always downplayed. It was like: yeah, you got a little bit of an issue. Yeah, you might want to talk to someone about it. It was never an urgent thing. So

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

being the recovering people pleaser order, doer doer taking care of everyone else all the time. I've just never have addressed it, and so this conversation is interesting to me because it's you know I'm realizing and hindsight. Like all the kegels, I did think I did him wrong and you know I've never really addressed this, and so I'm interested. You know from the older generation perspective of like you know, what can I do at this point? So there's like a wide spectrum of people, I think, who are affected and some people may not realize it's something that's fixable at all.

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Joanna: Absolutely, and one of the things that we kind of like to say is just because something is common doesn't mean that it's normal. If it's not functioning the way your body is supposed to be functioning, that's considered abnormal and that's something that we want to be able to address. And it's not just the post pregnancy that we see these issues with pregnancy. It can kind of speed up the process and there's that direct trauma. You know exactly what it is that cause the problem. As our bodies age. We have lower estrogen, which leads to, you know, differences in our ligament laxity and there's ligaments helping hold up structures as well. So by giving it muscular support we help to kind of bring in the extra strings on the team. If you don't have the first string players in the game, you got to bring in all the backups.

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Sarah: Well, and as I was doing some research because of course google, as soon as this happened I was like looking up all of these things and to both of your points, not only as a just postpartum or what your body is going through. But people can develop this by not lifting properly, like when they're working out and when they're exercising, maybe doing squats or things you know you can develop this same with during your menstrual cycle. Sometimes there's things that are happening that if you're not supporting your body the way that it needs prolapse can worsen during those times and even individuals that are going through menopause. It could be another time where, yes, we're we're functioning it, it it's our normal. That doesn't mean that it's what it should be, but we're able to function with it. But then when certain times of the month or things like that or excessive exercise, it can be exasterbated.

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Heather: I have a question: can men have public floor prolapse?

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Joanna: I guess the answer is yes and no, so not in the same exact sense. Obviously, when we think of men's public floors they don't have the same openings that women's public floors. It is possible to have, you know, organs sitting lower down. There's some things called like erectocele. So there are different types of organ disfunctions, but typically it's more associated with women. But there are still chances that you know men's pelvic floor muscles are not working the way that they're supposed to well, which leads to just kind of different types of disfunctions but can be treated very similarly.

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Sarah: I also wanted to circle back for a second about, just like the initial treatment and what

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

that looks like, because again, what we're talking about is a very intimate thing and it can be very intimidating. And again I'm speaking just from my own experience, but I was kind of like, oh my gosh, like, is this individual going to kind of like my OBGYN? You know I spread my legs, she's going to, you know, help me with things like what is going to happen, and one of the things that I appreciated so much about you, Joanna, is that you know you really wanted to get to know me and what I was feeling in my body. You did a beautiful job of explaining before you did anything. You were like. Here's what I'm going to do. Here's the reasoning why I'm doing this. I was so nervous that I wasn't going to be able to run again and also have pleasurable intercourse with my husband, and so it was, you know, because certain topics are taboo. That was a little intimidating to talk to someone I've never met about. But so can you kind of walk us through some of the questions you asked and how you set the stage for that initial appointment?

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Joanna: Obviously, one of the first things that I want to know when you were coming in for physical therapy is: you know exactly what you're feeling, is there something that is painful? Is there something that doesn't feel quite right? And then how that impacts your life, the things that you feel like? It's preventing you from being able to do the things that you feel like your body is preventing you from finding pleasure or finding just normal. See. So I like to know specifically to the individual. You know what is that is impacting them, because again, if something is our normal versus what's considered the overall norm, they don't always necessarily line up. But we want to make sure that everyone is individually treated. So we're very to the person for that.

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Sarah: You said, even though it's common doesn't mean that it's normal and one of the things, and especially during pregnancy, and, Heather, I don't know if you can relate to this, but it's like I just always thought, doing like a jumping jack and having, like a little bit of leakage or laughing very hard or sneezing or coughing that to leak like, oh, I've had all these babies like that's no big deal and you were like, yeah, you shouldn't you shouldn't be doing that like that means that there needs to be something. So anyone out there that if you're noticing, you know I am not able to run a long-distance or my bladder control is not what it should be right. That would be kind of a red flag.

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Heather: I love the common does not equal normal.

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Sarah: Yeah, absolutely well, we're going to take a short break with Joanna Pavalak. and we will be right back.

00:18:05

Heather: and we're back with Joanna Pavak, Joanna. I want to kind of circle back to the. Just because something's common doesn't mean it's normal about you guys. But I've really noticed a lot of women's undergarment commercials. You know, lot of depends and a lot of AZO ads and women jumping on trampolines and dancing wearing adult diapers. Basically, and I feel like women are constantly told, well, you just have to live with it. This is just the

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

way it is now, so I'm really kind of interested to know. You know, is core physical therapy still something like? First of all, we know it's for postpartum women, but is it for women further down the line? And why would people who are not postpartum need your services? Or what other conditions could be treated with pelvic floor therapy?

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Joanna: Back on the topic of that commercial that you are referencing, we see that all the time and it's like you see someone dancing wearing a protective garment like that should be the goal, and that's definitely not what the goal should be. The goal should be to not have to rely on something else other than our own bodies. So everyone has a pelvic floor, not just postpartum women, women, men. Really any gender has a pelvic floor, for that's something that everyone has in common. So anyone who has abdominal weakness, back pain, hip pain, neck pain, constipation, frequent or urgency with urination, if you've got menstrual cramps, if you're experiencing painful intercourse, leakage of urine or feces again, the pelvic organ, prolapse, sciatica, general pelvic pain and then also specifically work with men who are pre-imposed prostate removal surgery, because there's a lot of things that are associated with that: lots of common side-effects again, common, not normal but common side-effects that can be associated with that or diastasis recti, which is the split of abdominal muscles that's often associated with postpartum. So all of those things are able to be treated through Pelvic floor physical therapy. So it's not just isolated to postpartum women.

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Heather: So many ailments you list there. I mean I'm dealing with back and hip issues and I'm thinking, oh my gosh, I wonder if it's all related like that is a long list. It really surprises me.

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Joanna: Definitely long list, but if you think about it, everything is so interconnected that when you know one string is not playing the way it's supposed to, all the other ones are going to kind of come in and compensate, which can lead to further muscle dysfunction down the road.

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Heather: Do you think other medical professionals, doctors, understand this? The relationship to the pelvic floor? I mean are they referring people to pelvic floor therapy often enough for some of these things?

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Joanna: I think that the ones that are very clearly pelvic floor issues. We definitely get all of the referrals for those. But sometimes it can be missed in things like back pain or or hip pain or abdominal weakness. Things like that aren't always necessarily prescribed or referred to public for physical therapy because it's not necessarily looked at in conjunction. We have what's called our deep core muscles, so it kind of works like a like a piston or or canister. So the top of our core is our diaphragm, the bottom is the pelvic floor muscles. Across the front we have our transversus, abdominus or our abdominal muscles, and then across our back we've got all of our back muscles and they all work extremely close together. So sometimes

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

that really relationship is missed when someone's coming for something that's not, you know, screaming at you right away. Pelvic floor disfunction: interesting!

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Sarah: So part of this podcast is we really want to educate and empower people to ensure that they're advocating for themselves in the way that they need to, and whether that was a great question that you had asked about. If these medical professionals, if they know enough about the pelvic floor to do the referral, so are there any things that you know women or men can be having conversations like anything specific that you would encourage them to talk to their primary care physician or doctor about?

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Joanna: So we have kind of like a checklist that we go through, that's kind of when to start to seek help. So some of those things are: if you are urinating more than eight times within a 24 hour period, if you are going to the bathroom at night, even if you're up for other reasons already, I believe it's under the age of 60. If you're up at all, like even once through the night, that's considered to be an abnormal amount of time to have to void through the night. If you leak even a few drops of an when you're coughing, sneezing, exercising, laughing really hard, all of those things there that you mentioned earlier, if you've got strong urgency to use the restroom, like that sudden uncontrollable need, if you feel like you can't empty your bladder all the way; if you have, like a feeling of bladder pressure or kind of that falling-out that you've described, feeling like there's any pain with sitting, inability to do a kegel contraction, if you've got menstrual cramping, hip pain, pelvic pain, all of those things are kind of on a checklist for when to start to seek help. A lot of those are specific to women, but a lot of those are applicable to anyone with a pelvic floor.

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Sarah: We'll have to put that list on our show notes page to help people. Another thing that I wanted to touch on is that we also talk a lot about mindfulness and breathing, and so I'm curious if you could shed some light into how mindfulness and breathing and you know the diaphragm, how that's interconnected with the pelvic floor.

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Joanna: Of course, when we have stress, oftentimes you know you think of holding stress on your shoulders or clenching your jaw or your fists. People think of those things when they're holding tension, but oftentimes we also simultaneously hold tension in our pelvic floor. I was describing the deep core muscles like that canister, with the diaphragm on the top and the pelvic floor making up the base. They work together directly. So when we take a nice deep breath in, our diaphragm expands down and out, which then puts pressure down through our abdominal cavity and has then an effect on the pelvic floor at the base of that canister, also stretching down and out. And then, as we exhale, the diaphragm lifts up and the pelvic kind of follows suit. When we lift, I feel like a lot of people have a tendency to bear down and kind of breath hold when they're lifting things, and that's another thing that can lead to further disfunction down the road. But when we're able to correctly train muscles to relax when they need to, we're able to then utilize them to their full capacity. So just like, if you think about if you're lifting weights, you're using your bicep muscle to lift a weight. If you're

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

stuck in that top, one third of the motion, like your arm, is always bent, you're just trying to get that end range over and over and over again. The muscles are never going to be able to work to their full capacity. You're going to kind of be stuck in that tight, shortened range, whereas if you're able to fully lengthen that muscle, you're able to utilize it correctly, so that breathing, that deep belly breathing, which is one of the first things that teach pretty much any of my patients that come in, regardless of what it is that they're coming to see me. For once, you kind of get the the belly breathing down. You're able to work on lengthening pelvic floor muscles, stretching out abdominal muscles, getting everything to have its full capacity, and then it also puts us into parasympathetic mode, takes us out of fight or flight and helps us to kind of come back down and actually focus on what is impacting our bodies in the moment.

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Sarah: I really appreciate you sharing all of that because again i'm trained in breathwork, but it's so much easier to do when you're not also doing a million things right? So like when you're sitting in a therapy session or if you're if you're sitting and you're doing it. It's one thing, but to actually be able to utilize those skills while you're carrying a car seat or groceries or picking something you know heavy off the ground or caring for kids or you know whatever. It is. So bringing your awareness to what that looks like and part of going back to the beginning. When we talked about, you know, treatment and and what some of these sessions look like. Those are things that you do your daily activities, you practice. How can you do that with your breathing and, like we like to say, you have to do the to strengthen that muscle, and that's very much what you're doing throughout the workin PT.

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Heather: And, Sarah, you were saying earlier you wish you'd gone to pelvic floor when you were pregnant or before. What can someone who's thinking about getting pregnant or who is pregnant? What can they do to help strengthen their core and kind of prepare or prevent issues later?

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Joanna: One of the things that we notice is that we like our patients to come in even before they're pregnant, because once you're pregnant, your body can magnify all the issues that are already going on. If you have tight hips or you have some type of facial restriction, the tight hips only get tighter, the facial restrictions only become more restricted. So we like to make sure that we are starting early, even if it's just, you know, a consultation to see kind of where you're starting at learning the correct movement patterns, learning how to activate the correct core muscles or how to properly strengthen your glutteal muscles. All those things are things that we can do before you get pregnant, so as to help lessen the magnification of issues during pregnancy and then, during pregnancy again, continuing learning how to continue activating the same abdominal and glutteal muscles as your body goes through structural changes, as your center of gravity changes, as you know, your ligaments become more relaxed because you have changes in your hormone levels. All those things have an impact and then we can also help to prep pelvic floor for labor and delivery, proper way to push or the proper way to stretch their tissue before labor and delivery to

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

help prevent tearing. All of these things that we can kind of do preventatively to help lessen the recovery time.

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Heather: Wow, that's incredible that you can really help prepare someone that way, what about postpartum. What kind of recommendations would you have for people who are freshly postpartum and think they have an issue?

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Joanna: So my first recommendation would be to find a local pelvic floor PT. That's going to be my first recommendation.

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Heather: Right, of course.

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Joanna: There's plenty that you can find online, but again, everyone's bodies are different. Getting someone who is able to look at you as an individual, I think, is the most important. We already went through the list of kind of what to look for us, when to seek help, but your body is still going through changes with ligament laxity as your hormones fluctuate. Even if you aren't breastfeeding, your body still has lots of hormonal changes. You think of postpartum depression. Those hormones are fluctuating like crazy and your body has just been through a whole bunch of changes and it has to learn it's new normal where how to get back to the correct center of gravity. We don't like to use the terminology like having your body bounced back from pregnancy, because that just puts unrealistic expectations and it's not a healthy way to look at it. But we do want to help you find a new normal. And even if you know you had an unmedicated labor, just because your body was able to feel everything that happened doesn't mean that there's you know, not a chance that some disfunction can come out of it. So we always just recommend that you get evaluated by a pelvic for physical therapist to see how they can help you get back to feeling like yourself.

00:31:52

Heather: And to your point about reasonable expectations, like, I think we talk about this all the time, Sarah, like you, have to give yourself some grace. You know, take the time to put the oxygen mask on yourself first, so that you can be your best self and be the best parent you can be, so it's you know that's the boundary relation. I think here is, you know, setting some time aside, setting a boundary so you can take care of yourself. Cause it's important.

00:32:16

Sarah: And I wish that I would have known that in addition, after having a baby, yes, you wait until that. For some reason we feel it's this magical six weeks. We go to that appointment with our OB, but I'm hearing you say, in which I wish I could have told you know past self, set up an appointment with pelvic floor PT in addition, as part of your your healing and postpartum journey, because just that consultation will allow you to know where you're at so maybe you don't need additional services, but maybe you do need a little bit of help to get you back to what you are saying is your baseline.

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

00:33:04

Joanna: And also we have to be able to train our bodies, because being a mother is a very physical job. You think about how many times you are squatting down to pick things up off the floor, how many times you are lifting your child, the stress that's put on your back if you are breastfeeding or even if you're not, if you're holding your child for extended periods of time. Lots of stress goes through our back and our neck and all of these things have an impact on our body as a whole, so strengthening for the job that we have to do very functional training.

00:33:45

Sarah: No, and I love that because it's also weaving back in that, being intuitive, really listening to your body, because I think we can ignore some of these things because, yes, they're normalized or this is just something that we've dealt with for so long. But when we're compensating in the wrong ways, it can really lead to impairments and so just noticing. Really, you know, checking in with your body and figuring out what what feels good and what doesn't.

00:34:17

Heather: This has been such a great conversation. I feel like we could go on for hours, but before we go, are there any final thoughts you want to share with our listeners, any words of encouragement or advice you'd like to share and then tell our listeners how they can find you?

00:34:34

Joanna: So, in terms of kind of some final words from me is that if you feel like anything is off in your body that doesn't feel like it's supposed to, that. There are support available, for you don't know the exact statistics off the top of my head, but I want to say that it's one in three people has some type of public for this function. If you're experiencing something, you're definitely not alone in that their resources available and people who understand what it is that you're going through at least enough to be able to provide you with some assistance and support. So I am part of a specialized physical therapy clinic called Healthy Core Wellness and Rehab, and we are located in Hudson, Ohio. There are three practitioners in my office and we all have our own office base. It's a very calm environment. We don't like to have florescent lighting and we have, you know, some calming sense and music throughout, and everything is very one on one. We try to look at the body as a whole and individualized each treatment.

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Heather: Sounds exactly like Sarah's kind of place the whole, and I can see why she likes so much.

00:35:56

Sarah: One thing I do just want to add that if you are looking for a pelvic floor physical therapist when you are searching, make sure that they do have the certification in the pelvic floor because there is a difference between regular PT physical therapy versus, yes, the pelvic floor. I also wanted to say that the healthy CORE wellness, your instagram, you've been posting a lot of really good information on there. I also expectingandempowered, is

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

another instagram handle that they have wonderful videos and they even have, yeah, they're offering a lot of different, a lot of different things that you can find videos and things like that on ways to support your pelvic floor.

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Heather: We'll definitely put all that on our show notes page. Well, thanks again, Joanna. It's been so nice meeting you and talking with you. I'm now convinced I'm going to go

00:36:57

Sarah: This was my plan all along because mother and I have been talking about and I'm like well, once you get to meet Joanna.

00:37:07

Heather: Well, this has just been great and I know it'll help a lot of people. I know there are so many people who quietly suffer and think it's just the way it is and i'm busy taking care of everyone else and it's time to take care of ourselves.

00:37:19

Joanna: Well, thank you so much for having me. It's it's been a pleasure and I'm so glad that I was able to come on and and talk about a little bit of what I do and the whole population that hopefully I can, I can help out.

00:37:36

Heather: Okay, so that's it for today. Thank you so much for listening. Visit our website hardnopodcast.com for this episode. Show notes, past episodes, downloadable and links to resources. Also, you'll find links to each of our websites: clevergirlmarketing.com and purposefulgrowthandwellness.com

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Sarah: Be sure to follow us. We're @HardNopodcast on facebook, instagram and twitter,

00:38:04

Heather: and please do us a huge favor. If you like what you heard here, please subscribe rate and review our broadcast wherever you listen, so others can find us too.

00:38:14

Sarah: Thanks to our friends and families, our villagers were listening and your continued support.

00:38:20

Heather: That's a hard No Is a joint production of clever girl marketing and purposeful growth and wellness

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Sarah: marketing and production coordinator, Maura, Del Rosario.

00:38:32

Heather: Production support, Evergreen podcasts, Noah Foutz, producer

00:38:37

Sarah: music by GG Riggs

S2 E12: Common Does Not Mean Normal Transcript

That's A Hard No Podcast

00:38:39

Heather: Until next time thanks for listening

00:38:42

Sarah: and remember saying no isn't just ok

00:38:47

Heather: saying no is the key to living an authentic, fulfilling life.

00:38:51

Sarah: So do it find your no, then say it unapologetically. That's a hard no!