

# Becoming the Knower: A Brain-Based Path from Avoidance to Agency

# A handout for women with Primary Ovarian Insufficiency to bring to their clinician

### **Purpose**

To open a calm, practical conversation about how to move from short-term avoidance to long-term agency using simple, brain-based skills that build meaning, safety, and shared decision-making.

# What "Becoming the Knower" Means (plain language)

It's the practice of noticing what you feel and think—without being swallowed by it—and then choosing one helpful next step. In the brain, this means engaging the 'observing' and 'decision' networks (prefrontal regions) to gently settle the alarm system (amygdala and stress circuits). With repetition, the brain rewires (neuroplasticity) toward calmer emotion and clearer choices.

#### Why This Matters in POI

After a POI diagnosis, many women naturally use avoidance to cope. Avoidance protects in the short term, but if overused, it can keep the stress system on high alert and block meaning-making—leading to more anxiety, low mood, and disconnection. Training attention and taking small, incremental steps restores a sense of control and supports healthier outcomes.

#### Five Micro-Steps I'm Practicing (patient uses)

- 1) Pause & Name: "There is fear/sadness/anger." (Naming reduces alarm.)
- 2) Breathe Out Slowly x5: Longer exhale signals safety to the body.
- 3) Body Check: Notice where I feel it (chest, throat, stomach) without judgment.
- 4) One Meaning Question: "What might this be telling me I need right now?"
- 5) One Next Step: Write a question, send a message, or take a short walk.



# What I'm Asking From My Clinician (to support agency)

- Please acknowledge that avoidance is a protective response; no shame.
- Help me pace the conversation—one topic at a time and summarize key points.
- Co-create one small goal for next time (e.g., a lab to understand, a symptom to track).
- Invite meaning-making: ask, "What sense are you making of this right now?"
- Include my Care Partner (if present) in key education and after-visit instructions.

# Safety, Not Forcing

The goal isn't to 'push through' distress—it's to create enough safety to stay present. If I appear overloaded, I welcome a brief pause, a simple summary, or a reset of the plan.

### Mini Visit-Prep Checklist (bring this section)

One priority for today:
One question I need answered:
One decision we can make safely now:
One small step before the next visit:

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We share this to educate and advocate — not to give medical advice. Always talk with your clinician about your individual situation.