Introduction to Trauma-Informed Care

Welcome to this interview on the Biology of Trauma Summit 3.0. I'm your host, Dr. Aimie, and I'm so excited for this interview to bring this to you because it's going to be a different angle on what is trauma and what even is trauma informed care.

If you are a professional, what would that even mean for you to be trauma informed? This is going to be the most important interview to understanding that for getting a picture of even why it's so important and not only important, necessary, essential for you to do your own work in order for you to develop your nervous system, to have the capacity to hold the space for your patients or your clients.

And so we break it down in this interview of what exactly does it mean to be trauma informed and not just looking at the individual, but the collective?

So I'm getting ahead of myself. But here's what's important to know. When people come to me and they they tell me, I don't I don't know if I've had trauma.

I've had all these different events. I've had all these different life situations. How do I know if it was stress? How do I know if it was trauma? How do I know if I have trauma work that I need to do?

And here's my answer. We don't need to know. We don't need to actually put our focus on the past. And what we talk about in this interview as well is that's what contributes to the stagnation and to the contraction that leads to illness.

Rather, we get to practice being present in the moment with ourselves. So what does that mean? Well, when people come and they come through my programs and usually they take the 21 day journey first so they can start doing the work themselves.

And then they see one of my biology of trauma health coaches, usually in relationship to them, taking a biology of trauma module. And this is what I have them do.

I have them fill out what's called a nervous system tracker because I want to see your nervous system in the present day. I'm not looking at the past.

I don't need to look to the past to know if you've had trauma. I can look at your present day experiences. And so, for example, this person, she says that she was up in the stress even while she was asleep.

So 6:30 to 9:30, in and out of sleep with some anxiety. But at 9:30, she really woke up and guess what? Didn't want to get out of bed for 30 minutes to much effort that describes this shutdown and overwhelmed plates that we're going to talk about in this interview.

And so we have that down here in the overwhelm category and then walked walk the dogs evening feeling anxious about getting chores done. And so we're back up here.

Let's look at day two of a lot of up here and anxiety, but even some more in this overwhelm place, in and out of sleep with anxiety and gas and abdominal did somatic drop in and was actually able to land in parasympathetic when she joined the somatic drop in with my intention on community for support that she joined after the 21 day journey.

Let's look at day three are a lot of a lot of sympathetic a lot of that stress anxiety perhaps the wired and tired and then even phone call with contract with the contractor.

Yep. That would be activated. And then she, she knows that she had some time alone and that even felt anxious for her but did come down. So this is interesting to see that this is her present day with her nervous system.

Let's look at another nervous system.

Reading the Nervous System in the Present

So this is another lady who came in to see one of the biology of trauma health coaches after taking the 21 day journey card to wake up and get out of bed, still feel exhausted.

Now I feel like I'm in sympathetic while at work all day, meaning I'm stressed all day. I'm pushing my body and then I crash when I get home. And we're back in that contraction, back in that shut down, which again, as we'll learn about in this interview, is an intelligent mechanism of the body.

There is absolutely no judgment. Can't get out of bed. Rush to work. Yep. There's the stress. Stressful. They can't rain down and crash after dinner. So my point is, is that when people come and ask me, how do I know if I've had trauma?

Do I need to look at my past? Let's get out the checklist. And I'm like, No. Yes. Those are helpful to know experiences. But at the same time, the most helpful way for us to know if you have trauma and need to do some trauma work is to look at your present day experiences with your nervous system.

And where is it? Is it up in the stress? Is it down in the overwhelm? Is it getting stuck there? Is it going back and forth? Those are the patterns of the nervous system that we look at to know now what's going on, that we need to do some work.

So speaking of which, doing the work this interview is all about the importance and necessity of doing your own work as a professional because of what is possible, not in a judgmental saying you should do this way, but in a be curious about the possibilities of how we could be even more powerful in our CO regulation with others to join me for this conversation is Thomas Hübl, a renowned teacher, author and international facilitator whose lifelong work integrates the core insights of the great wisdom, traditions and mysticism with the discoveries of science.

Since the early 2000s, he has been facilitating large scale events and courses that focus on the healing and integration of trauma with a special focus on the shared history of Israelis and Germans over the last decade, he has facilitated dialog with thousands of people around healing the collective traumas of racism, oppression, colonialism, genocides and more.

I'm excited for this interview, and let's jump in as I love the lens that you have of the nervous system where you're looking at not only individual but ancestral collective and through the lens that you have of the nervous system.

How would you describe the the reason why someone might get sick as a result of trauma? Because it we're talking about the biology of trauma. And yet for your lens and your lens is is unique.

And I love how expansive your lens is of the nervous system and it's very inclusive. And so, yeah, how does that influence your thinking when it comes to someone then experiencing a physical health illness as a result of trauma?

Right. Yeah, there are many reasons. So first of all, when I sit with somebody that carries trauma or it happens usually in my groups, for many people, like they're large groups and then we do individual work within a collective presenting container and it's usually now most of my time.

And so when I describe it is always when I sit with somebody, the I feel that we trauma creates like a pre-formed sculpture in the person. And what I mean by that is that the, the frozen information of the trauma that gets split off or is hyper activated and a lot of exaggerated stress is stored somewhere in a certain I often described this like is it time space fail.

So let's say in a simplified version, if somebody gets traumatized at age two, something happened and their child got hospitalized and came out of the hospital and the trauma has not been restored.

So there is a ten two year old level of development. There is information in a preformed state like it's kind of a frozen, frozen information within the ice of trauma.

And when that person comes to me and said, say, at age 40 and has, I don't know, anxiety disorder or like has a lot of fear, and then we we see that the fear is actually stored at a certain place in the nervous system of the person.

And so I'm speaking to a 40 year old client, but actually we are going my nervous system searches like it's a tuning in with the beginning of that fear.

So the fear actually has a certain age and when I tune to the fear, I get to the physical compensation mechanisms, I get to the emotional situation, I get to the stress that is stored in the body.

And so I call precise attunement love. Like I often say, precision is love because trauma is either it was even if it was repetitive and there were many traumatic incidents, or then it has multiple layers obviously.

But my nervous system, I believe, needs to become be about the environment. The nervous system of my client never hid and maybe it never had protection and it didn't have the right relational and whatever, whatever was missing.

How Trauma Can Drive Physical Illness

And so I believe we and that's also what we trained with many therapists and their coaches, consultants, people that hold spaces for others is how can how can my nervous system be so fluid that I can move in my own agency of development fluidly, which means I need to do my own work first, because otherwise I can provide that space.

And secondly, then the illness culture. And we see it as when the person comes into the room and begins to talk about the trauma, the physical body starts to show a certain architecture, the emotional experience, the stress levels, the mental framing, or the mental top down control of the physical experience show up.

And I think if we are dialed in enough and it showed enough, then I believe the the trauma work is much more precise and also much more powerful than if we are not so perceptive on that level.

So we need much more the storyline and then often we talk much more about the trauma than really going to this somatic aspect of it. And that's a little bit how it looks like to me.

That's like a it's kind of maybe a visual framing or kind of description how that shows up. But another part is also that that the trauma is usually stored at a certain space time level, at a certain part of the body.

And that part of the body has a lower data transfer data flow. And that's why I believe different tissues, different functions are less energized, less informed.

They are not staying as much in a form because they are not so informed and and they lose part of their coherence. That's why I would say it leads to health issues, because there is a kind of a disintegration of the coherence of certain organs or certain parts of the body.

And the last thing maybe to say is that often I observe that when when clients speak about difficulties or the trauma areas, the inner seeing, which I believe is an important part of this, seeing inside and seeing outside is impaired, is hurt.

So there is a filter in seeing the world and there is a filter in having self clarity. So that trauma naturally comes with a zone in the Z in the scene that is kind of reduced or shut down.

And that's why it's hard to see ourselves clearly in the areas where we have difficulties. But it it's also, I think that also functions often through the eyes.

We can see a lot of the dysregulation in the system and how the person is still absorbed in the past in the trauma and cannot be present to the current experience.

But if we see that not there's a deficiency because often these symptoms show up as if I am not able to do certain things versus we are able to shut down a certain part.

We are able to reduce the emotional or stress intensity in our system. So the trauma response is actually very intelligent in itself. And I think reframing it makes it much more easy to reopen it for decline.

And yeah, so this is a short I'm making it very kind of concentrated in short, even our time here. I can sense it like there's so much depth right there because again, this is all of your work now for someone who has some type of physical illness, whether that's maybe abdominal pain or a skin disorder, chronic pain, why would they even get to the point where they could have those deeper insights and see the trauma component to their physical illness?

Mm hmm. Yeah, but what we often do is we go step by step. We take the symptoms that appear, and then we go deeper and we say, okay, let's through attunement.

So we guide our clients to tune in with the parts that seem like causing symptoms or pain or whatever other symptoms and then and then we look at what is the information that the body shows step by step by step.

When my client goes deeper and I hold this space and I'm precisely following the inner movements, so it's less about intellectual reflecting, it's more about attunement and letting information arise that the mind can process.

So it's more like a deep inner listening. And when I see the person starts to drift off. So then there's a gentle invitation to look, we aware of that and how we come back, but we let the body tell us its story.

Because I believe that our bodies are millions of years old. I think there is a myth about of course it's true that we are as all this is written in our passport, but I think we should look at the body much more is the bio computer that has been developed over millions of years.

And I think there we we we see how much information is stored and how complex that bio computer is and how beautiful that bio computer is. That all these functions work together every day and and for a pretty long time.

And so I trust that the intelligence of the body surfaces the right information, but it needs to be pretty related because otherwise we drift off in all kinds of stories and and our defense mechanisms take us all kinds of labyrinth.

But when we stay on track, basically, then we can allow every movement and let that movement open up the next movement and then open up the next movement.

And like that, we we go deeper and we see, okay, these are the symptoms. But here the roots, and here we come closer to what happened either in our childhood or in our logical development or in our ancestral lineages or in the cultural field that we grew up in and how they are all interrelated.

And I think also when we look at attachment trauma, for example, of course, attachment trauma is very important and it has a huge impact on our physical and emotional and mental development.

And at the same time, days, most of the time, not the standalone attachment trauma. The attachment trauma happened because our parents are traumatized too.

And their parents, most of the time we are traumatized too. So there is a whole system. And in my new book, I'm describing this as the AC fluidity, the individual ancestral and collective, either frozen this or electrification of life information that through the precise attunement to all these levels.

And sometimes we go deeper into the individual work, but then we need to open something in the ancestral field for the physical healing to go deeper, because it's not just information that is stored in the like.

It's not a person, it's not a separate particle in life, but always interdependent. And and I think that that interdependence is is a very important and beautiful principle.

Ancestral and Collective Trauma in Healing

We have a lot of professionals here attending the summit, and a lot of these professionals are already in my Biology of trauma professional training program, and they are partly on the health side.

So health practitioners of some sort and half of them are on the mental health side. And yet this is where we need to come together. And how would one of them how would one of these professionals be able to know and sense that the patient or client that they're working with, we're we're having some ancestral trauma showing up in their life, in their physical health right now.

And to know that that's where we need to invite the body to go there. Yeah. Anyway, it's it's interesting, like how you how you describe this to the mental health and the physical health when in my experience they are always interconnected.

So I think even mental health is very somatic and that the symptoms show up in the mental sphere, maybe, but their origin is often or most of the time deeply anchored in the body.

So when in both, I would say I think anyway that we need to. I think in the West, I mean, modern medicine is, I think, brought so many new innovations and inventions that are amazing.

And at the same time, our lens became very individual focused and I think opening at least in some disciplines in medicine or in psychotherapy this space more into a human being is interrelated and there are data flow systems.

I simply believe that our nervous system and I don't have a physical prove, a scientific proof or what I'm going to say now. But in my understanding, when I sit with clients, I can literally see and feel different departments of their nervous system.

When we relate to what's happening now, when we relate to what happens in the childhood. So it's a different attunement capacity when we relate to ancestors, I believe we going into our ancestral nervous system and just we didn't train using that capacity a lot.

So I think it's not very mainstream, but I think it's a it's a part of our nervous system where we sense ancestors and there's a part of our nervous system that is plugged into the collective system.

How we sense collective feels and also collective traumatization. And, and so when I think the first step to your question is that we open up our own minds as professionals how to make more space, that the individual is embedded in a larger data flow.

And that data either flows where the data is stagnant in the past. So it's also stagnant in the body of the person that sits in front of me. And so when I begin to relate to the stagnation, to the trauma, holding, the tension, the hyper stress that is in the system.

So then by peeling the first layers and if I pay attention, then I can see, oh, that actually exceeds the biography of the person. And we, we need to look at, for example, the grandmother's war experience because there a lot of trauma happened that influences the person, the woman that sits in front of me strongly where the man that sits in front of me.

And so that's like an attunement so that my nervous system gives me a lot of reference experience. But for that I need to open my own data channels because if they are closed, so no way that it looks like a person is a black box.

Like you need to ask for the data. But then when we train it more, we say, okay, I ask you for data, but I also have a perception that is on. And if I'm present and I'm in an open prison state, so my nervous system mirrors a lot of information.

And, and I think that capacity is more and more also by with more and more somatic trauma therapies that that many of us become much more sensitive to that information.

So it takes it from a kind of airy, uh, cloudy, something into much more concrete perceptions that can be verified with the clients. You can ask clients and we can verify our own experience, but it becomes like a guiding process in the process.

Work and so and so often just by making space that there is ancestral information. And that might influence my clients a lot. And I have seen many, many times as when we do, when we include the ancestral information and a lot of change in the person just because we included the ancestral information.

And that sparked a much deeper process in the personal dimension of the person. And that interwoven this, I think is very important that the past is not just gone.

And I think the recent epigenetic studies that are coming up at least show in like make point in that direction. So even if it's there's still debates about it. But in my experience sitting with thousands of people, for me that seems very obvious.

The connection now this is really I mean, if we apply this to our current existing medical model, this would really change things because as it as we are trained at the moment, it's by taking a history of just that individual.

We start if we're really good, specially for a functional medicine professional and we're going to start even with the the in utero exposures and that I mean that that's that's us being really, really good.

But then we're taking a history and we're taking, we're asking basically a checklist of, well, have you had this type of event in your life? Have you had this type of event?

If if we are considered trauma informed, then we're even doing a history on specifically the adverse childhood experiences and calculating a score. And yet what you're saying with the nervous system and I love how you describe the nervous system of being a book of life, right?

Like a book book of life. And there's so much data, there's so much information, there's so many influences that come in that aren't ever going to show up on a checklist of events.

And so it seems like we really need to shift our understanding and view definition of what it means to be a trauma informed professional, especially in the medical field.

And what would you see as like your ideal for this is what it would mean to be a trauma informed, professional. Beautiful. Yeah. So my ideal would be that we find a combination of inner and outer capacities because we are very I think there's a strong emphasis on all the scientifically proven facts that we can that we also were able to form into checkboxes and lists and everything that that is standardized.

But at the same time, when I ask about, I think we need all of that, but I need my inner experience as a mirror to confirm. And I, for example, ask about an event and the person says yes.

Then my nervous system becomes like an echo chamber to kind of feel how much data, information contraction, stagnation is still in the body or in the experience of that person.

When I ask that question. And so if you ask me what's my ideal? My ideal would be like many trained professionals that have the the whole checklist and trauma informed aspects that we ask at the same time are also very in tune or attuned to receive the quality of information that is in the system.

Been asked the question because as I said before, often when when I see my client speak about something that was difficult, immediately we can feel the contraction in the body.

The system centralizes the the throat gets tired or the heart gets tired. The solar plexus is very tense. There is emotion or it is an absence of emotion.

My nervous system tells me this moment to moment. It's like a moment to moment sensor. And and I think we need to the scientific data and we need to sensing data and we need to combine them.

And of course, in order to get to this ideal is we need a lot of training or so in the sensing capacity.

What It Means to Be Truly Trauma-Informed

But I believe that that for example, when I speak a lot about collective trauma and I, I believe that as one symptom of collective trauma is that we need to ask people what they feel.

I think that in itself, for me, is already part of a collectively traumatized world, because when my emotional system cannot pick up on your emotional system, then there is kind of a gap between us.

Otherwise, we naturally feel when somebody said, we feel that is sad. And when somebody is afraid, you feel they're scared, or when somebody is numb, I feel immediately or it's a can tell.

So it's it's the emotional system is a bit shutdown and but to follow that I think is important. And then emotions are not this kind of privatized properties, but they're actually mutual landscapes that connect us and they connect the fabric of the world.

And so fear in a in a in a child that has healthy attachment is a is an emotion that connects to the child, to the parents, and creates like a downregulation and a mutual space to then creates curiosity to encourage that in a child that doesn't have good core regulation, the fear becomes a kind of a privatized emotion in the system.

And later on, as grownups, we don't reach out because we never really had that experience of being well co regulated. So fear is actually something I tried to handle myself versus I bring naturally to you.

And it's and it saves much more time than to run around with it myself. But so that that emotions become again, shared spaces and shared landscapes. I think that's how healthy communities, but also a healthy health care system looks like.

And I think because our health care systems are so overwhelmed, often with trauma, physical and emotional and whatever, like in health care crises and so on, I think there's a lot of stress on health care professionals, and I think we need much more training for how to work it in ourselves.

But then that clinical distance I think is already a bit outdated and we actually need emotional maturity to be regulated in overwhelming situations or for for our clients or patients.

Overwhelming situations need emotional maturity, not separation. And and I think that's a big change because, you know, we are much more part of things when we are connected and and that needs more, you know, work.

I think what you said there is so important for professionals to hear. So I'm going to ask you to say that again, we need maturity to be and stay regulated in overwhelming, especially overwhelming emotional situations.

Say say a little more on that maturity and that that essence of the nervous system that would make their nervous system be mature to even be able to be regulated even during overwhelm.

Yeah. What I meant is in when, when for example, patients or clients are in states in a state of overwhelm. So it's very easy to that that stress or that numbness, that absence, the shutdown or the the fight and flight mechanism

triggers medical professionals.

Either people become very angry and short or people kind of withdraw and get them. But in those moments when I am resting in in a grounded state, I can stay related to that exaggerated state and become a core regularly tive, uh, power in the room to let that slowly de-escalate.

But if that triggers me and any way ahead a full day I so so many people I have tons of work to do and then somebody is stressed. It's much easier to go a bit back and to distance myself from the stress that looks at first is is good for me.

But I think the contraction that needs to happen in me to pull out is actually not good for me. But that's that's a big step because that means that I need to look when I get triggered by stress in my environment, I need to look actually what is the stress in me that gets turned on?

And so if I integrate that more and more, I become actually a very grounding force in the hospital, whatever environment I'm working in, and otherwise I need to regulate myself through through distancing.

And I don't think that it's healthy because there's also this stress phenomena in my own system and we call this often taking care of myself, but I think the only taking care of myself is if I involve my own in experience, which means that everybody has some sort of trauma inside and sooner or later that's going to get triggered.

So I need to do my inner work. And that actually is this support the health care system needs in order to turn it into a sustainable environment where we have people that can work for decades with joy and with, you know, kind of longevity in the system and not get drained and burned out and have all kinds of other side effects because that system is so bombarded with trauma.

I think we invest way too little in in in training on that side is a great professional training and and that's very important. But I think we need more in training to midst it and that's what I mean.

So I would I would say emotional maturity means that I can stay related also to emotionally difficult circumstances and and find a relationship to it.

And that also means that I am resilient in those moments. So then I can digest the stress versus distance myself from stress, and then I take it home somehow in a different way.

That's what I meant. I don't know if it's in the short time you're. Talking about and this this is this is beautiful. Like Thomas. This is absolute beautiful.

And to be honest, this is why I at that time decided that I needed to leave the conventional medical system because I was not able to create the environment that I needed to be able to do my inner work, stay regulated, and be bombarded with all of all of what comes at you in that medical system in the timeframe that it does, where there you're expected to see so many patients and so many minutes.

And how can I hold the space for all of them? Like, I just don't have the time. And so I made that decision because of this. Like, you're you're right on.

And what I'd love for you to just mention is as we come to a close here is this idea of distancing ourself. And we have called that self care. One of the big words that I've heard come up in professionals and even those professionals coming into my biology of trauma training, they're using this word a lot.

And I and I've worked intentionally to redirect this word and that word is boundaries. And they come in and they say, Oh, I need to have boundaries in order to myself from getting burnt out.

And yet when I hear that word boundaries, I hear that contraction that you're talking about. I hear the distance in myself and would love for you to just speak on how again, you've said it, but just say it again, how it's actually the

taking care of myself, doing the inner work myself, so that I can remain integrated, I can remain receptive, I can remain regulated in midst of that and not need to distance myself in order to regain some semblance of regulation.

Right. So we need to say that every one of us has certain defense mechanisms in place that how we we deal with kind of intense situation ends or with potential overwhelm, because we have been overwhelmed in the past, most of us somehow.

And so there are already some functions in place and and some of them are like the distancing.

Emotional Maturity, Boundaries, and Regulation

So let's first confirm that there is intelligence in the mechanism and same as there is intelligence in the trauma response that happens when people go through very adverse situations and in the trauma response in itself is an intelligence to protect.

And then if it's not being taken care of, it has sometimes even severe after effects or so that's I just want to say this upfront because otherwise we say, okay, we shouldn't do it that way.

And that's that's not what we mean when we are talking here. So it's not a self judgmental or I'm not able to do it differently until now. In my development, I came to a place that dead is the highest function that I found out for myself to deal with it.

But I want to be curious, what are other options that may be more suitable for me today than what I am applying, maybe sometimes unconsciously, over decades already.

And so if we look at it like that, we say, okay, we want to transform one level of intelligence into another level of intelligence that is more up to date with where I am today in my life.

And then, yes, I would say because the distancing factor or the distancing process is a process that is a defense mechanism against the certain experience that I'm having.

And once I become curious what that is and I explore it in myself, but sometimes it's very good to and I've seen this because I'm working with some professional teams in hospitals and and when we do it together, I think to do it as a group together is very important because then first of all, we can open up.

We, we know similar circumstances and then we can see what the new options and then yes. So when I see, okay, when I the child having that issue, when I am getting attacked by a parent that is very stressed about their child, so I get triggered and then I do this, then I find more interests together as a group.

What, what can be done differently. And then and one step is to explore my own discomfort when I say I think for everybody that is interested in a deeper in a work, having some kind of reflection process, whatever my difficult situations in the day.

So what today was difficult for me and then I sit down for a few minutes and they kind of review that situation and say, okay, what actually happened in my body or became tied to what was it?

My stress levels, it went up, what was my emotional experience? I get scared or I get angry or I feel ashamed and that I, I break down difficult. I take of the word difficult and I look what's actually my experience.

And then from the experience, we can grow more what I will call maturity in my emotional response, because that's usually where the difficulty lies to the situation.

And so of course we develop boundaries. But for some people when they hear boundaries, they think it's like it's like a wall and boundaries. You see this in martial art.

The real boundaries are fluids ways to stay related to the situation in the in the good martial arts. You look at how to be in relation to and to take and not to block because once you block, you get overrun.

But when you stay in relation, you actually find ways to redirect that energy that comes at you and in and I think a similar way of boundaries is, okay, I'm resting in myself enough that I can be in a present relation to the challenges and then find a way to negotiate that moment to moment to moment.

I think that's a healthy way of looking at boundaries, which includes what's happening in my body, because many of us learned, because I often say children are the prisoners of their parents.

And I think that doesn't sound so romantic, but that's what it actually is. Because if children grow up, their parents two years old or four years old, you cannot say, listen, I'm out of here.

It's a bed party and and so you need to stay. So what do you do? You cannot regulate you out. The experience is we can maybe do as grownups, but you have to overregulate your internal experience.

And then as grown ups, even if we had the chance to do it differently, we don't do it differently. We still hyper regulate our internal experience and not the outer experience.

Will And I think to bring that back into into the relational space is actually the work we all need to do in order to stay more healthy and and live a sustainable life.

And I think that's that's what you're also pointing to when you when you speak about boundaries and be curious about the process. I think that's very important.

I mean, it's that curiosity that will allow you to open up even to your own inner work rather than contract and want to distance yourself from even what you see inside of yourself is essential for that.

If we if we go into it with the judgmental or with a judgmental emotion around that, there's there's a lot of contraction. A lot of contraction. That's right.

And also and also like with with curiosity, we we begin to explore it in our self. With that, we don't need to know. We can be in a state of finding out because especially with the professionals, it seems like in many professions any place of knowing a lot of their time because that's their job in their profession.

But to come into a state that I don't know so much about, even myself in certain areas and I'm I'm willing to be curious and in a learning space, I think if if I can allow myself to be in the not knowing of learning, then it allows me to really see more.

And then it allows me also to to train my nervous system and we circle back to the beginning to be more attuned. And how often do we see like interactions or patients or client interactions that are very literally tuned?

And so the patients are basically in a stressed situation but kind of on their own. And when we say that, I feel you and I feel you feeling me is the basic building block of relating.

And this is also the most core regulative space we can create with one another. I think more of that, even if it's sometimes challenging, is really good.

I think also for health outcomes. Absolutely. And this reminds me that so many of the professionals that come to work with me, obviously they're very much like where I used to be so much in our heads.

All we do is think and that's how we were taught. So again, there's no there's no judgment there's no shame. And it's that process of almost introducing them to their own body again.

And they go through this process of wanting to follow all of those thoughts to to know, to understand, well, why did

my body just do that? Why did my body just feel?

And we we start with that. And then the 21 day journey that I start them with, it's that process of can we not need to know that right now? But just stay with it and just be with it.

And this process of learning rather than I need to know and that you've so beautifully described. Mm.

Embodiment, Flow, and Closing Reflections

Yeah, yeah. That's beautiful. And I think our entire culture supports this more disembodied space, and I think that's another collective trauma symptom that like the wherever we are hurt of our grandparents or parents or whatever the culture that we were in, that we grew up in the December body mend is a natural function of trauma.

So when we see that way, then we say, whoa, all our it's not, it's not that, it's that. It's a bad thing. It's just what we have been born into. And now it's our job to re embody ourselves.

And everybody starts at a different place and and, and sometimes embryo's, you know, if somebody is good at doing a certain sports discipline, then the person has to be embodied.

But that's not true. Like embodiment means that we are really able to be in a regulated state in our bodies and be able to bring a lot of awareness to our internal landscape shape.

And, and, and when we start that process, we actually see it's like at the beginning a bit clumsy maybe, but then more and more my body is actually a space that I inhabit again and I have a lot of data that I can draw from my body that is very important for indirection.

So I think that the embodiment work is really important and sometimes sounds too simple in very intellectual circles. It sounds, it's so simple. The body but actually there's so much information in the body.

And and I think there's a lot of I often call it sense making or understanding when the mind emotions and the body are aligned again. So it becomes one data flow through the central nervous system.

Then there is alignment, then there is this data flow. And I think that's and cognition and sensing a sense making and then more what we say and what is in us like the state that we are in becomes congruent.

That's again, authentic authenticity creates more understanding in systems. So it's I think it's very good for our social systems to be in a state of sense making or.

If there is one word that I could use to summarize what I have heard you say in this interview is flow because it's the flow of the relationship, right?

Like I feel you and I feel you feeling me. And there's this flow between us and then the flow that I have with with my own system, rather than it being the stagnation or the tension.

And even with that, like, there's so many different images that come to mind in my experience with the body. And there is stagnation of fluids, there is stagnation that happens in our physical body as it relates to this.

And so this this flow of data and information and flexibility, the boundaries and the flow of that paints a very beautiful picture of what is possible, what is possible for us to step into.

And I and that's what I what I would also hear you saying is that there's no judgment on how our body has done. Up until now, it has just operated off of the best mechanism that it had with its own intelligence.

And we just going to be open to the possibilities of more flow and what that could look like for us. Exactly. Beautifully summarized. Right. Right. What a powerful interview.

And I hope you get a vision of what is possible what is possible for you with understanding a greater idea of of trauma and bringing in ancestral trauma.

But even just how trauma becomes a stagnation of flow and information, and as a professional, open to the possibilities of what more presence that you can have, what more flow can you have, and what that might mean for your life personally and for your work.

I get excited when I look at the possibilities that we have and in fact I am open by Keren Drucker is one of my favorite songs and it's the song that I use to invite people to that 21 day journey.

Because when we do our own work and we start with just this, are connecting with my body in a safe way, in a way that keeps us out of overwhelm. Oh my goodness.

It just opens up to the possibilities and letting the body kind of guide that process and say what it's ready for and knowing how to even develop that sense of the inner movements that we talked about in this interview.

I know this is a lot. Even just this interview has a lot. All of the interviews are a lot. And so we remember that you can purchase homes, that you can resource yourself.

You can feel like you have everything that you need for as long as you want. When you purchase the recordings and be able to empower yourself with the knowledge and the tools that you need.

Until next interview. I'm your host, Dr. Aimie, and thank you for joining me on this Biology of Trauma 3.0 Summit.