Heal Trauma from the Inside Out: Shift Your Nervous System in 30?60 Seconds with Dr. Aimie Apigian Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to trauma and nervous system healing

What if I told you that it could take 30 to 60 seconds for you to shift something that you are feeling in your body? Well, in this next episode with Dr.

Amy Gapigian, that anxiety, the burnout or fatigue most of us are felling, it isn't in our head, but it's part of our biology. She shares very practical tips and insights on how you can make changes and start feeling safer, not only in you body but in the world around you.

Whether you've been in survival mode for years or just feel stuck, this episode is a powerful reminder that healing doesn't have to be a mystery. It just has to start with the nervous system.

I'm your host, James Berry, and welcome to Everyday Ancestral. Please enjoy this next episode. You know, let's just start the real stuff. What was going on in your life when you realized traditional approaches to trauma weren't cutting it?

This first happened when I adopted. I don't know how many people know this about my story, but it was during medical school that I foster parented and then adopted it.

It was not my intention to adopt from the beginning. That I thought I was just signing up to be a foster parents. wanted to use my time in a meaningful way.

had a few months between finishing my master's and jumping back into the third year of medical And I decided to become a foster parent during this time.

I had no idea, James, that it would lead me to adopt. And I remember the phone call. There was a four-year-old boy. He needs a home. And it was an immediate yes for me.

My heart was so wide open. I'm in my mid-20s. So I have a lot of just hope. You know, I think I know everything. But I also think that you remember thinking that way in your 20s too.

Yeah, cocky. Cocky and self-righteous. much so that was me as well and I I I just knew that young kids who are coming from hard places, they needed love.

They needed understanding, They need compassion and with stability they would heal and I wanted so much to be able to help them have a better life and a real future rising above their childhood.

So this was all in my motivation for becoming a foster parent. But when Miguel came, he had already been through 20 different moves, not different placements, but had been moved around 20 times and he was only four.

Oh my goodness. And he was at the place where he had been so traumatized, not just from what placed him in the foster care system, but then during his time in foster system that he so violent and aggressive and just dysregulated that they were not able to place him any home that had children or pets.

They saw that I was a medical student, headed to be a doctor. And they're like, she's the perfect one. No, you aren't necessarily studying trauma at this time though.

What kind of medicine were you studying? I wasn't medical school. Just medical. Yes, I in Southern California, Loma Linda University to specific. I doing an MD, so my medical training, but then also getting a master's in

biochemistry.

And this was the environment in which I then became a foster parent. And to know that- You clearly weren't dating. You weren' t married. Because like what kind of person decides to like take on a foster kid, let alone adopting a kid when they're in medical school?

Amyu2019s foster care and adoption story

I mean, that's just crazy. But you clearly like, you saw yourself as having time or it was just that your heart was so big at that moment. My heart was so big at the moment.

I had time in the sense that I have a few months before jumping back into medical school. And so I literally was going into this just to be helpful and foster parent.

For those couple of months. That's what I thought. Okay. And by the time they called me and had a child that they wanted to place with me, I was already back in medical school.

I WAS already in internal medicine rotation no less, and in the third year of medical. And I still said yes, James. So now you're getting into a window like of my own trauma patterns that would make me say yes, but I was completely unaware of that being an unhealthy thing or that even being a manifestation of own inner people pleasing, my inner need for accomplishment to feel worthy And I was completely unaware of that.

That would all come out when I took Miguel in and then would go through the hardest thing that I've ever been through as a result. But that's how I discovered all of this about myself.

It was so well hidden from even myself." Well, you know, I'm sorry that you had to go to that because that sounds really intense. And I think about this a lot, that we really do need contrast to understand not only our placement in the world, but our placements within ourselves.

Like without contrast, there is no change. And I find everyone in health field, or really, I mean, well let's just talk about the health fields, anyone in a health You all, everyone had to come from somewhere to get to where they currently are.

So I, I do think that this is very powerful that. This is the trim, you know, the traumatic or the contrast that happened for you to help you see that you had trauma, that had these things going on inside you that were dictating your choices.

And I've often thought, James, that if he were any easier, I wouldn't have had the insights that I have or had my life changed, my career path gone down a very meaningful path that i wouldn' have even been aware of if He hadn't have prompted this and been so tough that I had to go on a very different journey than what I was expecting in order to try to find answers for him.

What a gift he was for you in that sense. And really for all of us, because now where you are and what you specialize in is helping so many people. Can you just share a little bit more though about, so You ended up helping him find another adopted family, correct?

What was that process? Because really, it sounds to me like you accepted him to adopt him. You did that for, you said what, six years? How long? Six years.

That's an incredible amount of time, first of all, to do that while you're still in school. But now you are being faced with your own shadow side. I imagine you probably didn't actually have time to really deal with that shadow side.

And so then you had to make this decision, which I imagined was probably rock bottom. How did you, like, what was that process? And then how did, you treat yourself after where you just beating yourself up?

I mean, I'm sorry, talking a lot here, but it really triggers me because it's like. I know that when people have, for example, miscarriages, they beat themselves up.

They just are like what did I do wrong? and I can just imagine that you were so hard on yourself and it makes me feel really sad for you. So I would love to better understand that.

The short version of the story is that I poured myself into Miguel. and talk about losing myself in the process, needing to put myself on the sidelines because I have a child who, James, he was so deep in his trauma that he talking about killing me would attempt to kill me.

My daily life was at threat. I would sit down at the table for dinner after being in hospital all day long, seeing patients, and we'd be having dinner and he would pick up his plate, he's two feet away from me and throw it right at my face.

So this was my environment where I didn't have the space to do any of my own personal work that was surfacing as a result of this. It was pure survival, which is why It became so necessary for me to find answers.

It wasn't, well, it would be nice. Well, I'm trying to help him. No. I am trying survive. He is going to have a very awful future if he's even alive. Because he is doing things that are putting his own life at risk.

And he has five. just for literally like physical survival. So as I'm throwing myself into this, I am realizing that the therapies that are the evidence-based therapies are not working for him.

They're actually making things worse. So talk about rock bottom, here I am, I'm a poor medical student, don't have any money, Don't Have Any Time. My heart had been so open for this experience thinking that it was going to be this version of parenting and motherhood.

And I was getting this vision and I couldn't even talk it with my friends because They're dating. They are getting married. Like, they're doing normal 20-year-old things.

I'm trying to keep a kid from killing me that day." I can't talk with my colleagues because they are telling me, Amy, like, what were you thinking? We all know that these kinds of kids end up in juvenile hall.

And then they go on to have addictions. Then they have a life of broken relationships. We know this. Why are you setting yourself up for this? And so it was this constant message of, hopelessness and discouragement even if they understood the situation and most of my friends had no clue what I was going through and part of the issue and I know a lot of parents who adopt can relate to this Miguel was one way in public with other people and a very different way with me at home.

He would put on his very charming self, which he had refined over his years of being in foster care system. but he couldn't hold it together. It was only a matter of time.

And then it would be the explosion and the unraveling and falling apart because he had had to do that. So my life just became increasingly smaller and smaller until I couldn' even leave my home because leaving my house meant that he was going to have a rage later on and it was gonna be four hours on the floor holding him just because I had taken him out to the store.

And these were the kinds of things that would trigger him. So this was the context. Now, there was something very significant that happened at that time that I'll share with you, which is that there had been an adoptive mother who had adopted a boy from Russia.

It was a big thing in the news at the time because she put him on a plane and sent him back to Russia, There was no family to accept him there. There there was nothing there for him.

She was just so done, exhausted, ran out of resources that that seemed to her the only thing for her to do to

survive. Everyone else was horrified. Oh my goodness, how could she do this?

Inside I was like, I get it. I get it. And what an awful place to be where you're a parent and you don't see how you can be okay, how they can't be. It's that bad that you are putting your son who you adopted on a plane back to Russia.

Wow. And so that was the context by which then I'm experiencing this and I am realizing for some people this doesn't get better. What is my future going to be like?

What does his future gonna be? Am I even going be able to have a career because how do I work? I took off a whole year after graduating medical school just to at home with him.

I had no money, which means that I have to move to Oregon. This is when I moved to to live in someone's basement for free so that could work for her and take care of her children so I could be at with Miguel.

I cored everything into him and trying to find answers for him. It was an experience that few other people will ever have to go through and thus can't really fully understand the extent of the intensity of it.

and the rock bottomness that I experienced all the time of down on the floor, on my knees, in a fetal position, crying because I am doing my best and my BEST is not good enough.

I'm so sorry. Was there a further catalyst that finally made you say, like, what happened to help you finally have the strength to just say I have to, this is not the right situation for me, I am not right person for him, he's not a right for person.

Survival mode, burnout, and the limits of talk therapy

What kind of came together to assess that? So James, here's the hardest part of the story, is that I actually found all the answers that he needed. I am one of those people, again, talking about my trauma patterns, I understand, that when I set out to do something, there is no way that I would have stopped, and I kept going.

And I did everything, this included putting them into boarding schools, anything and everything. I was still all in. and it eventually worked. I found the last piece that he needed.

It actually happened when he was nine and we did a week long therapy session of a specific therapy that then it worked so well that I went and got trained in it because I needed to understand it.

But it built on the foundation that had created, but it was the least piece then that that needed and I remember James, Being out, it was in West Virginia where we were at this place doing this therapy, and every single day I was seeing such dramatic changes inside of him that it wasn't my dream come true.

It was more than what I had ever thought would be possible given my experience with him up until that point. I remember day one, day, one I pick him up from the therapy and that evening he's like, Hey mom, can I do the dishes for you?

And I about fell down on the floor. I think any parent would fall down. Any parent. Would fall. Down on. The floor and especially me, given that what I usually would hear would be, you know, mom whatever, I want to kill you tomorrow.

What was the therapy? The therapy is what led me to start to study the biology of trauma. The Therapy actually was an art narrative process that broke it down into very specific segments of one's inner experience during a trauma not what was happening on the outside, the inner experience of that trauma.

And you map each step out of the experience on a different sheet of paper so that there's a total of eight pieces of papers and you walk through the whole thing and then you create a new ending where now you are safe.

Sometimes that means like, well then right here right now because I've never felt safe in my life. Or sometimes if it was a car accident, you're like, well, no, I was able to go to the hospital.

They checked me out and everything was fine. And whew, the story is over. But so much of what I learning at that time was that the body holds on to trauma and it holds onto it because it never got the sense that danger was over, So for Miguel, he's still living in his past.

He's, still, living, in the middle of my mom might give me up, my, mom, might send me away. My birth mom is neglecting me. my birth, Mom is gone. I don't even know where she is.

And when she, is here, she's not emotionally present. She's on substances. he was still. Living in that sense of danger. I didn't know this. I thought that by bringing him into my home and giving it time that he would adjust and he will be able to realize, oh, I'm not in danger anymore.

But one of the first things I had to learn about trauma was that it's actually not what our mind thinks. It's what are body believes. And our body needs a reset to safety.

And most people, including Miguel, and myself, had never had a complete reset. So our BODY was still living as if it were in the past, even though our mind could consciously look around and say, Well, no, we're fine now.

We're in a different home now, We have a difference mom now she loves us. Our mom before didn't, but this one does. That is all cognitive reasoning and that has no place in the actual determination of our body of whether we remain in danger mode or not.

But so how does the physics, so what I hear you saying is that Trauma is stored on a cellular cellular level. It's, it's in our body and that talking through it is not necessarily the remedy.

So what I guess I'm not clear on though is then what is the physical. The remedy is something physical, but how does that look? Maybe walk us through what a session you would advise someone.

If someone came to you and it had stored trauma, how would you work with them physically? There are three levels that need repair. And so we have our nervous system and specifically our autonomic nervous where the trauma is actually stored in our autonomic nervous and it runs this constant background calculation of am I safe or am under threat?

It's a subconscious calculation. It is happening every moment throughout our life because it's the job of our nervous system to keep us alive. So it has to be keep track of, am I in danger or am i safe right now?

Do I need to start running or can I relax and rest right? And it would be amazing for people to understand, like, what are those cues of danger that our body receives?

What are the cues for safety? Because they're not necessarily what we would normally think of. And that's the whole point, is that then as we experience the impact of trauma on our our own body is creating a feedback loop and giving signals of danger to our nervous system that say, we're still in danger.

Some of those levels, an obvious level is the mind. So we can have self-talk and we tell ourselves, you're stupid, Amy. And that self talk will be heard by my nervous systems and my system will say it sounds like we are under threat because we were stupid.

So the self-talk actually is important, but the other two levels are even more powerful. There is a body tissue level, which is involving the movement of our muscles.

And when we have been in danger and powerless to protect ourselves, our body retains that memory. And it forms this belief of programming through our neuroplasticity that I'm incapable of hard things.

So then when stressors come, even if we could actually respond to the challenge, our body says, oh, no, we're not capable of hard things. We should just shut down.

we should not even try. So there's this element of stored body memory in terms of our movement and our ability to move through hard thing versus just getting overwhelmed and getting stuck.

The third level though is the biology, and that's what you were referring to, which is actual cellular level. And what happens is that as trauma impacts our cells and systems of our body, it disrupts our gut, It disrupt our mitochondria, disrupting our hormones, our cardiovascular system, lymphatic system or detoxification system.

Because as we all know, if we are needing to run from a tiger to survive right now, now is not the best time to be eating a meal, and cleaning out our toxins and lymphatic system.

And so all of those systems shut down, including our metabolism. When we go into a trauma response, one of the steps of The Inner Experience that we want to map out on this art narrative therapy that I took Miguel to is this Shutting down in order to survive our metabolism shuts down In order To survive this is where a lot of the fatigue and exhaustion comes from where it's our body actually saying I don't think you can do that much, but you're not listening to me So I'm gonna shut down and force you to do less I am going to shut Down and Force you To feel tired so that you won't go out and do all these things or follow your dreams or whatever it is that you're experiencing this fatigue and exhaustion from.

And so that then becomes a source of ongoing danger. When our cells and our systems don't get that reset to safety, our metabolism stays in this energy conservation mode.

our hormones remain imbalanced. Our digestive system becomes imbalanced and we develop all forms of dysbiosis or inflammation, changes in our digestive systems that create more problems like nutrient deficiencies.

And all of this together is now becoming a cue of danger to our nervous system. Because our nerves system looks at our inner biology and says, ooh, look at all those toxins.

Oh, look at that inflammation in the gut. Oh did you see the inflammation of the brain? Did you that imbalance of hormones? Do you the mitochondrial compromise?

The oxidative stress? And our nervous system is looking at all of that and saying because of damage that's still present in our biology, we don't have as big of a capacity.

So we need to stay small in order to try to say safe and this is literally how then we get stuck in our trauma patterns. So wait are you so you're suggesting then that one of the forms of healing trauma is through functional medicine is to actually healing your body.

This is what I'm saying, like it's a requirement. And that is why talk therapy, James, will never be enough because you're only addressing one level with talk-therapy.

You're not addressing how trauma impacted your biology and the repair that's needed. So what started to see as a physician is that all of these people were coming in, they're telling me that they've done all these years of therapy and yet their body is still impacted by their past.

For me, that is not true healing. True healing is where you are living free of the effects of your past. Not that you've erased the past, but you're free from the effect of it.

It's no longer holding you back. But as a physician, I'm seeing, still seeing so many people with some physical health condition that is a result of stored trauma in their body and they're still living with that impact.

That is not a full and complete healing that I would like them to be able to have. Wow. So when someone first comes to work with you, are you first focusing on identifying the trauma or are your focusing identifying health

issues?

What a great question. So here's the crazy thing. As I'm starting to learn all this, I am now faced with the question, well, what do I do with my patients?

At this point, And then I moved to addiction medicine so that I can really work with trauma because I felt that addiction is just one of the most clear examples of how trauma reinforces and becomes different patterns.

So I'm working with my patients and I am realizing like where do I even start because the mountain is so big. There is much repair to do especially with someone who's become dependent and addicted on substances, there's so much to do.

Where do I even start? And if I try to throw it all at them, they are not successful at all and they get stuck. So I had to really practice and figure out where am I starting with them.

The craziest thing, James, I, as a physician, am thinking I need to start them with diet and supplements and lifestyle. And no, Actually, the most important place to start them that gave them the fastest results was teaching them how to shift their inner nervous system state.

How trauma lives in the body and biology

They're coming in, they're anxious, their stressed, there overwhelmed and they don't know how shift there own state And I realized that if I could get them to learn 21 different exercises, somatic self-practices is what I call them, where at home they don't even need me to do this.

They can learn how to shift their own inner state. they were experiencing more changes in their physical health than any other thing that I was prescribing.

Wow. Now, that doesn't stick. That doesn' last because they still have their biology to repair. They still their mindset and their self-talk to repare.

And so I would have them learn how to shift their state and then they would notice that throughout the day, it would fall back into stress and overwhelm.

and that is normal. that's what is going to happen until you put the other pieces into place. And that's where I still see a lot of people like going to therapy, they experience relief when they're on the yoga mat, the experience, relief, when you're doing their meditation, but not long after they've left their mat.

Guess where their nervous system is back in survival mode, whether stress and anxiety. or just the overwhelm and the collapse and shame and depression.

It's not sticking because their nervous system is still getting all of these cues of danger from their body, from biology, their own mind. And so now would come the second piece But the first piece, if I wanted them to have the fastest results in their sleep, in there energy, and their depression, anxiety, GI issues, it was these somatic self-practices where they, on their own, had learned how to shift their state in the moment whenever they noticed that they were in a spiral of stress or overwhelm.

Okay, so what is, obviously there's 21 you shared, that you share, is this your first book that shared them in? I don't go into the details of these somatic self-practices in my book, The Biology of Trauma.

I'm painting the picture of, you've got to address the biology of trauma. Here's what the Biology trauma is. Actually walk through these different steps of the art narrative process of one's inner experience that even creates this damage.

And then where do we start? Where do start we have to start with creating that felt sense of safety. And this is how

we do that. We do through a very specific, very deliberate and intentional process of learning to shift our inner state to a felt of sense safety Is there one you can share?

Like, is there something if our audience were to take away, you know, one or two things that they can directly start applying to their lives the minute this is done?

What would those be? Okay. So James, now you get to be my guinea pig. Let's do a quick body scan. Give me any place in your body where there's any kind of tension.

It's just uncomfortable in any way, doesn't need to matter. Oh yeah, my traps, you know, right under the neck, yes. Okay, all right, so here's what I want you to do.

give me a number for that level of discomfort. Uh, in this moment, it's about, uh, if, what are we doing? 10, five. What's the high? Whatever you want.

This is your number. So whatever you. Okay. Let's say that five, let's save five is the highest and one is no tension. Um, so this is about a two and a half.

Two and half? Okay, all right. Now we're going to forget that. And now I want you to bring your arms up and bring you hands as close to your shoulders as you can.

and we're gonna push away this big rock that's in front of you, James. Can you see it? It's huge, it's massive. Okay, so start pushing it away, put your muscle into it, have to push slow because it so big.

And you're going to go all the way until your arms are fully extended, going as slow as you can, pushing this rock away. Oh, I can see your muscles engaged.

I've got my fingers feeling like they're digging into this rock. Push that thing away. When you get to full arm extension, just pause there. We're not there yet, but when you're there, pause at full extension and now let them drop.

Yeah, it's a one right now. So one right now, that's how simple these- Like literally when we started, I could feel the tension and I don't feel tension anymore.

This is how easy it can be to shift your inner state. Wow, and that was like 30 seconds. I don't know, whatever it was. 30, 60 seconds? Yes. The problem is, is I teach someone an exercise like this and they're like, that's too simple.

That's to easy. It should be harder. And I'm like it's not. If you think that things need to be hard, well then that probably a trauma pattern that we should talk about at some point.

But this idea that it actually doesn't take much time to shift our inner state. And when we shift state, our pain levels change. So a lot of people are like, I'm in pain, and they're focused on the pain.

Actually, what we need to do is take our focus away from the pain, do a somatic self-practice that engages our body in a specific way. And there's a very specific reason why I have you push a rock away.

There's science behind that. But when we do that, when engage with our bodies with this movement sommatic practice, that's what shifts our inner state and that what changes, for your case, the paint level.

It's not actually by focusing on the painting, it's by shifting the state. Yeah. Oh, that's really great. It's interesting because I have heard before that one of the, and this is really ties into everything you're saying is that when a bird hits a glass, a pane of glass.

What usually happens is, if you've ever seen it, they hit it and then they kind of shake off the, like they kinda just

shake their entire body and they fly away.

And they talk about how that shake is nature's way of releasing the trauma of hitting that glass, the physical trauma that. It seems to me like the somatic practices are the human form of that release of physical trauma.

What are some other somatic practices that you would advise people to look into? Yeah, I've got a whole five day nervous system reset. And so what I have done is I pulled five exercises from my 21 day journey program, pulled 5 of them and I offer them to people who are purchasing my book.

So this can be a gift for anyone, orders the book, they get my five-day nervous systematic reset that has five of these very simple and yet very effective tools.

So another one would be, as we look at the anatomy, our stomach is one of the most vulnerable areas of our body. Our lungs are important, Our heart is important for keeping us alive, and our brain is also important but they are all encased in bones.

Our stomach is not. And if someone were to hurt our stomach, there are vital arteries there that we would die. So knowing this, we can actually use this to create a felt sense of safety in the moment.

Another very simple technique is to bring in some kind of pillow or blanket, or if you have a purse or a book, just anything will work to be able to just put it over your belly tug it in a little bit and even just talking about it now, like my body is like, oh, I remember that feeling and it melts into a sense of safety.

So knowing the science, knowing, the anatomy, our nervous system and what it needs. One of the reasons why I do the push way is because space gives us a felt sense Space to breathe.

We are so rushed in our society that we don't feel like we have space. And creating a sense of space is creating the felt sense safety for our nervous system.

It sounds to me though like not only is that pillow or that, you know, that protection creating space, but it's also a form of touch. And we had Mary Ruddock on our podcast and she talked about how she believes that our societal kind of separation from intimacy and touch is actually one of the leading causes of trauma.

And it's, and I notice even when I go to sleep at night, I like to, usually I have like, um, have a multiple pillows. So I've won a one pillow for my head, but then I another one that I'm almost like I liked to just almost rest over my heads so I can feel the weight or I put sometimes on my body, But I just want the wait of something.

I sleep with a weighted blanket for that reason. And when I am wanting to really settle it deep into my body, I've got a weighted neck shawl.

Somatic practices for shifting state

I got to weighted lap pad. That touch and that sense of gravity is very helpful for my to get that since of even knowing where my is in space. So touch is one of those things that we do need as part of our development for even being able to connect with our own body.

And with different contraptions and devices and social changes that have happened over the years, it is true that children are not getting as much of those essentials for their neurodevelopment as they used to.

They don't get as time on their belly, which is an essential component for neuro development. They may not get as much touch and so they're missing part of that element that they use to connect with their own body and then they don't feel their body as James.

And they even feel things like, I'm hungry until they are starving and they have to eat right now. But actually, if you were more in touch with your body, you would have felt the hunger pains starting earlier.

You would've known, okay, I need to start preparing myself some food to eat. But we're not feeling our body. We're connected with our bodies. The same can go with thirst or temperature changes or going to the bathroom.

we don't notice these things until it's now an emergency. It's because we're actually living disconnected from our body. It is one of the elements in how trauma shows up in our life today.

Do you think we are co-creating this disconnection with the newer methods of media where they're short fast cuts you know you don't have longer moments where you have the choice to uh you prior when we were younger you you rented a movie from uh like a blockbuster and you only had that one movie and it's like you either watched the whole thing or you didn't watch anything.

And now kids can flip around to 20 different movies at the, you know, immediately there's, there we have access to so much now at a drop of a dime. Do you think that's contributing to that disconnection?

I love this conversation because it really is, I see it, more of a need to meet the demand for where our nervous systems have gone. Our nervous system, given the disconnection, have to have faster moments of activity and adrenaline and dopamine because we're not wired to feel more connected and to be getting dopamine from meaningful connections.

And so given that this is how nervous systems have developed in our generations now, that's what is needed to grab their attention. It didn't used to that way.

We had nervous system that wanted more time to focus and think and be creative. That is not the nervous that are coming out of generations today. And being an addiction medicine physician is very much related to this because you're working with a different type of nervous system.

And when I'm working a nervous systems who's coming off of a substance, for example, I can't expect them to be able to focus for a long period of time.

It has to fast, it has be rapid because they are so dopamine deficient because were getting their dopamine from their substance that I know that if I don't provide that dopamine rush for them, I've lost them and they're going to go back to their substance because that's what they feel that they need in order to survive.

We need dopamine. So I see it more as like we're just, we are just meeting people where they are at. And that is the problem is that this is where the nervous systems are.

That they actually need that in. To feel alive. Now, but how does it change then? I mean, so are you, you know, using the addict and let's just say it's a screen addict, someone who's always on their phone.

It doesn't have to be, alcohol, it could be that. And if all, most are all of the media is so fast cut, particularly if the kids are on TikTok or YouTube or something like that, that's so faster cut and triggering that or supporting that what you're talking about.

How would a parent or someone who, how would someone change? Change. This is the big topic. And really, change is dependent on how much trauma a nervous system is already holding.

The more trauma burden that a system has, the harder change will be, which means the slower that we need to go. So I would treat it the same way that I was treating a Nervous System that's become dependent upon alcohol to feel okay.

I'm not going to immediately cut you off of everything because you are going die. You're gonna quit, you're going to leave. You'll be like, I'm never trying that again.

So instead, we manage the withdrawals and there is a withdrawal from screen time. There is withdrawal, from this type of dopamine activity. there Is a withdraw and we need to honor that so that as we're making this change,

We're bringing in other things that bring in dopamine.

so what other thing bring dopamine? Movement, exercise, joy, laughter, play. Well, then bring those in because you can't expect a child or any nervous system to leave something and not have a replacement.

You've got to bring in the replacement first and then there's less need for this to fill the need, but it is filling a need. And that's what people, parents need to recognize.

It's feeling a need and we've got to figure out how else can I have that need met so that the dependency on this isn't as strong. And then I can make change more effective because I've created some other way for them to have need.

Met. Cause this is to me, this just still going back to the contrast, right? Is like someone that is where their current state is one thing. they need to experience that similar, what would you say?

Kind of that, similar outcome, but in a different form, which is the contrast. This is really powerful. I want to ask you though about, let's jump into just addiction really briefly.

Something I'm always kind of fascinated about with addiction is, and I am curious about your perspective, is do you think that part of the addict's addiction, Is that they keep calling themselves and labeling themselves, And reinforcing that, they are an addict with their language?

What a great question. And when you asked me that, I think of my patients who have auto-immunity. I Think of My Patients Who Have Depression Anxiety. And they would come in and they Would say, My Depression, my anxiety.

and I was like, Whoa, are you sure you want to call that yours? Because if it's yours, it will be much harder to leave behind. Whereas if its the depression, the anxiety, its already putting some space between, this is me, and this just something that I'm challenged with at the moment, but it is not me.

It's not mine. So I think that this type of word and the labeling and how we refer to our conditions is very important. So it takes me back to the three levels that need repair.

The mind is one of them and we talk about ourselves, how, we talked about what we're being challenged by is really important, the words that we use are really Yeah, this is, it's so amazing because I'm hearing you talk about things specifically around, you know, around Addiction, I'm hearing you talk about things around trauma, around your field of expertise, and yet there's so much crossover with what I do and how I focus on getting micronutrients frequently, microdosing, small amounts.

Food, recovery, and Amyu2019s healing journey

I am always talking about meeting people where they currently are, but just making small changes. to their diet so that they can start to feel better in their body.

So like it's different intentions maybe, or maybe it is just different language, but it has such similar intention in terms of what we're trying to do.

It's there, can you talk about, you know, I know that you have a deep, wiring around or kind of passion for ancestral and living yourself and eating specific diets.

Can you share a little bit about what kind lifestyle you've taken on to support your trauma healing? This has been a big one. And when I look at the similarities that you're mentioning, to me this comes back to like, this is just, how we know this as truth.

Is when it's obviously that it is a principle of nature. It's a principal of the body that we do microdosing of things that need, that meet the bodies where it at and then we guide it gently to the changes that will best help it.

So it's true. It's crossover because these are fundamental principles that we're learning about what the body needs to truly be in its best health. So my journey with food started very interesting, James.

I actually grew up vegetarian and then vegan. so I grew vegetarian around the time that I was age 10, 11. My family went vegan, I didn't even have any meat until I So like 20-ish years.

No meat at all. 31 was the first time that I'd ever had meat. And I had a fish for the very first at age 31. And I thought that this was the healthiest way for me to feed and nourish my body.

I struggled with so much anxiety, I struggle with depression, with exhaustion, but I was young, used to learning how to push through things, and as a result, was on a lot of bread, sugar carbs, never felt really well, but then I, I'd never fell well.

So I didn't, know that feeling well was a thing and that other people didn' feel this way. Cause this is how I just always felt. It wasn't until that first fish talking about contrast, right?

This is our theme for this episode, James, the contrast. I go from that to being on vacation in Cartagena, Colombia with my Mexican mom. And I'm realizing that no one is going to know if I eat a fish.

No one is going to know, I'm not going offend anybody, it'll be a secret, no one will need to now. And so with my Mexican mom, like the one person I felt safe with in my life at that time, she and I are like, okay, we're gonna do this.

I am going have my first fish. I had this amazing fresh caught fish with coconut rice. It was one of the most amazing meals of my live. But I remember within 30 minutes, James, The anxiety depression lifted, my energy lifted and I was like, whoa, what is this?

It lasted only about 24 hours and then it faded. But it created enough contrast for me that I want to lean into this. So several weeks later, I'm back home.

I am out to dinner with my cousin. He's having a fish and Okay, I'll have a fish too. It was still so much of an obstacle for me to be able to have meat because I'd always been taught it was bad.

So I have the fish. Same thing happened, James. I feel so much better within minutes of eating that fish and then it faded. But by then I knew that this was the association.

So I started. Isn't that wild though? Because you know, you're talking about how, oh, talk therapy with trauma. The talk therapies, your brain thinking that some, this is healthy and that's basically how your diet was initially.

Then once you on a cellular level ate something that shifted your biology, You had truth, you know, for what your body, what you're body needed. Exactly.

Like this was so much of my journey to learning there is a biology of trauma and my biology was keeping me stuck in these trauma manifestations of fatigue, anxiety, depression, auto-immunity.

So it has been quite the journey for me to go from vegan to now, right? At this moment, I'm on a carnivore diet. Right. Wow. Huge. And I've witnessed huge shifts in your physicality as well from it.

Your body has completely shifted during the time I have known you. Completely shifted. So I don't know if this is forever. I don't know. And one of the areas that has changed the most for me is my ability to not need to know, I dont need control things anymore.

I can let my body say right now I need be on a carnivore diet and this is how I feel best and I'm like okay I do not understand it. But I want to support you.

And if this is how you feel best, then I'm happy to. It's no longer the no, I shouldn't, or I should like that word has gone out of my vocabulary. it's all about how can I support.

Book launch and where to find Dr. Amy

Because when I. My body and my biology, my body can support me. This lifetime is about loving oneself. And through the art of loving oneself, we then can love others.

That's the only way. I said the ART, but the ACT. The ACT of Loving oneself. Right? We can't actually connect with others more than what we are connected with ourselves.

We cant love other more then we actually truly love ourselves I love it. So tell us, you have a new book that is coming and or has launched by the time this episode airs.

Yes, the biology of trauma. The biology trauma, ooh, look at that. How the body holds fear, pain and overwhelm and how to heal it? Wait now, so is this your first book?

Cause I'm talking as though this is your second. This is my first buck. Well, look at that. See, I came into this thinking you had already published a book.

No. But this is your baby. This is it. My big debut. this. is my big idea. my project, my life work. Wow. Well we're going to have in the show notes ways for people to get it, you're gonna be including those five somatic practices that people can utilize in their life with every purchase of the book, Dr.

Amy, it's always a pleasure getting time with you. So thank you so much for joining us today. We're gonna put in the show notes how people can find you, but why don't you just verbally tell people how they can continue having conversations in connection with.

I would love to connect with them and biologyoftrauma.com is one of the best ways to do that. That's where they can find my five day nervous system somatic reset for when they purchase the book and I have other resources and guides for them on what is the biology of trauma, what does that mean for the them, and what they could do about it.

And social media, where can people find your fast cutting videos? I'm kidding. my fast cutting videos, my dopamine creating videos. YouTube, I've got a large YouTube channel I post twice a week on there.

I do have my biology trauma podcast. i'm on LinkedIn and Instagram, and those are places that they can connect with me. And what's the handle? Just Dr.

Amy? Dr Amy. Dr, Amy, biology of trauma, either one of those will get you to me Awesome. Well, thank you. Thank you for sharing that story, that very challenging time in your life.

And thank you all for joining us on this journey. Stay curious and keep asking questions. Be well. Thank you so much for joing me on Everyday Ancestral.

If you enjoyed this episode, hit subscribe so you don't miss the next one. You can find the show notes, links and resources mentioned at eatpluck.com.

That's E-A-T-P-L-U-C-K dot com. And hey, if you know someone who gets something out of this, share it with them too. Stay curious, live well, and keep it ancestral.