Introduction to Stress, Trauma, and Anxiety

Welcome to this interview on the Biology of Trauma Summit 3.0. I'm your host, Dr. Aimie. We're talking about the trauma disease connection here at the summit.

And this interview is the only interview where we are digging deep into the stress response. We talk a lot about the trauma response here, but where does the stress response plan to all of this?

And what I teach is that the stress response is a gift, a gift? Yes, the stress response anxiety is actually a gift. And when that stress response gets overwhelmed, that's when the body goes into a trauma response.

But the stress response actually helps us live out our purpose and align ourselves with that purpose and have the energy to do all of that. So I'm so excited to have this interview specifically to dove deep into the stress response so you can understand what anxiety and stress is supposed to be doing for you.

And we're going to learn something very interesting in this interview on the faults, anxieties, things that we need to know what are the avoidable stressors in our life that are draining our energy, taking our energy from that which we want to have energy for this kind of stress because we actually do want stress in our life just the right kind of stress.

So for this conversation, it's important for you to understand the difference between the stress and the trauma response. And so let me show you the different.

Now, there are three states of our autonomic nervous system. And here they are. We have the parasympathetic social engagement. This is where your energy level, because this is a map of the different states based on energy level, that energy level is in the middle.

That's why I call it calm aliveness. That's why the 21 day journey is called a journey to Calm Aliveness, because this is our journey back to parasympathetic, where we are at our best.

We are our best selves and we are in our best health. Now the stress response is up here. Notice that this is the highest energy level. Just like what I was talking about right now, the stress response is our highest energy level, allowing us to have the energy to support our life, our purpose and our meaning.

And when that stress response gets overwhelmed either by too much, too fast or too little for too long, the body goes. And by the body I do mean the autonomic nervous system goes from this high energy state.

Stress response to the trauma response, or what we call the freeze response, also called overwhelm the dorsal vagal response. So these are the three states of your autonomic nervous system.

And we're going to focus on the stress response today. Now, of course, it's interesting to note that if we're working with the trauma response, the trauma response needs something different than the stress response, because there are two very different states of our autonomic nervous system.

Now, the trauma response needs safety. It also needs energy and it needs time. And then the body will come out of a trauma response. And for many of you, you will notice, you will learn when you take the 21 day journey that you actually have been living in a chronic freeze or trauma response.

Autonomic Nervous System States and the Stress Response

And those are the tools that we need to give it in order for the body, the autonomic nervous system, to start coming out of that freeze response when it comes out of the freeze response.

Guess where it goes? It goes right back from where it came, which is the stress response. And the stress response doesn't need safety. It needs something else.

And then we can give it what it needs and bring it back down into parasympathetic. And then for safe expansion and building our window of tolerance, being able to hold more, hold more of life, hold more of everything, hold more joy, hold more stress, hold more grief, hold more without falling apart.

That's building our window of tolerance, and we need different tools for that. So this is where I want to point you to before we just get into our interview, which is to understand what each needs.

You would come here to my website. There's a guide that I want to show you. And if you scroll down to the resource section, you will see the essential sequence guide.

The essential sequence is going to walk you through those three steps for what the trauma response needs and then the stress response needs, and then what that parasympathetic comm aliveness needs.

Now, what's interesting is that as we talk about anxiety for those going through the 21 day journey and I've started to study them, they experience changes, changes in their physiology, which we will talk a lot about today.

But this is what happens. 15% increase in joy. Okay. 19% increase in the sense of community. Okay. But get this, 26% decrease in daily physical pain and it's actually 28% decrease in G. I.

Symptoms, 28% decrease in sleep issues. And get this, 30% decrease in anxiety, 30% decrease in depression symptoms. And this is the power of being able to work with our body and this bottom up approach rather than the top down approach that we are so familiar and used to.

And so with that, let's jump into this interview. Now, I have invited my friend, Dr. Ellen Vora for this interview. And she is someone who has just become she has become a functional medicine psychiatrist.

And so holistic, integrative approach. She is also trained in acupuncture and yoga. Author of the bestselling book The Anatomy of Anxiety. And so she takes this functional medicine approach to mental health and specifically anxiety and looks at the difference between true anxiety and false anxiety and what are the physiological basis for this anxiety that the approach that we've learned around medication and psychotherapy is not our only tool.

There are so much, so much more that we can do. And so with that, I'm excited to introduce her to you and for you to enjoy this interview on The Anatomy of Anxiety.

And let's jump in. Dr. Vora, you have this amazing insight into anxiety where it's maybe not just all in our heads. It actually is coming up from the body.

And so you talk about there being true anxiety and false anxiety. Tell me more about that and what's the difference? Yeah. So, Aimie, there's so many ways that we're thinking about anxiety incorrectly these days.

And I love sharing misinformation because we're struggling with anxiety. It's a big problem. It affects so many of us and has such an impact on our quality of life.

And here's the thing we've all come of age with the chemical imbalance, understanding of mental health. It teaches us that our mental health issues, our anxiety is the result of a genetic chemical imbalance.

And it basically says our mental health exists from the neck up and that if we're feeling depressed, if we're feeling anxious, it's our serotonin. And it would be corrected with a pill, which is all well and good when that works for somebody.

But then I'm also aware of the millions of people for whom that doesn't bring them adequate relief. And then they can feel pretty demoralized and feel like, well, am I just hopeless?

False Anxiety vs True Anxiety

Am I stuck? And so if we explore and our understanding, even if we're just looking at the evidence based determinants of our mental health, it goes so much beyond a genetic predisposition for chemical imbalance.

It includes how we're sleeping, how we're feeding ourselves, the degree to which we are in a state of inflammation, how our hormones are functioning, whether we have a history of trauma, what are our childhood age scores, ongoing stressors, psychological weathering all the way to these psycho spiritual needs that we have for community to be connected to nature, to be a service, to have ritual in our lives, for pleasure, for play, for a sense of meaning and purpose.

All of this matters for our mental health, and when we focus exclusively on the genetic basis, it's myopic, it's inaccurate, it's our least hopeful narrative about mental health.

So when we expand and look at the parts that we can control, that ultimately gives us access to a feeling of empowerment and hope around our mental health.

So that said, it's not all in our heads. It's actually based in our physical body and in our psycho spiritual needs and that's kind of how I think about false anxiety and true anxiety, that false anxiety are all the ways that we're experiencing what I call avoidable anxiety.

Basically, something tips our body into a stress response. We subjectively experience that stress response as a state of anxiety or even panic. But if we could look under the hood, what we would see in that moment is that even though our mind is telling us a story, it's like I'm anxious right now because this thing happening at work or this interpersonal dynamic from the seventh grade, that still irks me to this day.

So our mind will tell us the story always. That's what it is. It's a meaning maker. But what's happening under the hood of the body is that there's some state of physiologic imbalance, and it's usually caused by something seemingly innocuous, like a bad night of sleep, a blood sugar crash, an extra cold through coffee, a hangover.

And we would do well to identify our false anxiety at that level of the physical body, address it at that level. And then we can eliminate unnecessary suffering, truancy.

On the other hand, the long answer, the true anxiety is our purposeful anxiety. That is not something that we get to decaf coffee. Our way out of. It's not what's wrong with us.

And in many ways true anxiety is what's right with us when we are able to viscerally connect to what's wrong in the world. So this is our inner compass.

It's nudging us, asking us to slow down and get still and pay attention to what's out of alignment. And that can be in our personal lives, in our communities and the world at large.

But our true anxiety is not something to pathologize. This is something to honor and to heed. And when I teach on the biology of trauma and bring this idea of stress, this is what I teach as well.

Like the stress response is actually a gift. This is what moves us into our purpose. And what am I here to do and align myself with that and then give me the energy to do that.

Whereas a lot of this unnecessary anxiety that you're talking about will actually drain our energy to then be able to put that into our true anxiety. And so I would imagine that people who have a lot of these unnecessary anxieties find themselves even more stuck in their life, does not feel purposeful life, does not feel meaningful.

And I may feel like I'm going in circles, like I'm the hamster on the wheel, I'm spinning, but I'm not really getting anywhere. Is that what it will feel like to be with these false anxieties that are so prominent?

And yes, I love the way that you frame that because in many ways an idea I've been playing around with a lot lately is that wellness was never the goal.

And I'm like a card carrying member of the wellness industrial complex where people can get pretty fixated on the idea of like optimizing health and wellness.

And that was never the goal. The goal is some version of, you know, how do you define a fulfilling life? Do you want to make a meaningful contribution?

Do you just want to slow down and savor, you know, what's your version of a fulfilling life and wellness? It only matters in that it can serve as the foundation for that, or it can start to get in the way of that.

And and when we're doing things right, we've just gotten ourselves back to a place where our physiology is sufficiently imbalanced enough that our health is not in the way of us carrying out our version of a fulfilling life.

And what I see with so many of my patients I like the way you put it, as energy leaks. So many of my patients, because we live in this modern environment, our health is in the way of our fulfilling lives.

And so we need to roll up our sleeves and do a little bit of work, identify sources of imbalance, start to support ourselves, replete what's missing. It's really about nourishing and supporting.

And it's not like negation, it's not about deprivation. It's really just like, how can we nourish ourselves and give ourselves enough so that we can feel well?

But also what I see is that we take it too far sometimes, and in trying to keep ourselves well, we drive ourselves crazy and we start to become obsessive, or we fear food or we feel like our bodies are fragile.

And all of that is another version of getting in the way of our fulfilling lives. So we do have to strike a balance. But I have the utmost sympathy and I really just want to validate the fact that in our modern environment, this is a difficult balance to strike.

And it's it's you know, nobody's fault that we often get it slightly wrong because this is a tricky situation in food is challenging. There are a lot of impacts on our gut health.

There's a lot putting our bodies out of balance. And as I look at a lot of the people who are attending this summit, we've got people who are here to help themselves.

We got professionals, those who are in the biology of trauma professional training program, and they're looking at people coming to them with anxiety and looking for a way to sort it out.

And I love how you talk about there being kind of like an excess of things, but then also a deprivation of things.

Medication, Root Causes, and Withdrawal

And I talk about there being a line of too much, too fast. That leads us actually from a stress response to the trauma response. But then there's also this too little for too long.

And I see these as being kind of a lot of what happens in our modern Western culture, that both are happening, that there is too much too fast because we don't have the time or we don't take the time to slow down and listen to that.

True anxiety. And then we've got all this all this stuff that leads to the false anxieties that become too little for too long, too little of proper nourishment, too little of good sleep, too little, too little, too little, too little of energy, too little of antioxidants.

And and we can actually put ourselves put our physiology into a place where it seems like it would just be a vicious cycle then, where now it's just feeding itself and it would be hard to break out of this constant feeling of anxiety.

Yeah, I mean, I love that framing. I think that's exactly right. And I love the way a colleague and friend of mine, Brit Frank, puts trauma as brain in digestion.

It's the same idea, you know? It's like too much, too fast. It's like you had an experience that your body couldn't metabolize. You didn't have the adequate supports in place in that moment.

And it's overwhelmed the system. And I think that we also have really normalized that too little too long, where we're not very embodied as a culture where emotion phobic or disembodied and in many ways like we would prevent so many big problems if we could hear the whisper of our little problems, because our body is communicating to us and it's saying like, I'm reaching an edge, I'm nearing an edge.

Like it's telling us that I need to go to bed or it's telling us I need to eat or it's telling us like I need to sit with this and process this experience, and we steamroll over all of those whispers from the body because we think, I need to hustle, I need to grind, or I'm looking at a screen and it's addictive and emitting blue light.

So it overrules our bodies, signals to get sleepy and go to bed. And so we miss all these whispers and then we get to a point where our body starts shouting and we're actually quite out of balance, or we're having panic attacks.

And then we go to our doctor and we're like, I must have something really wrong with me. And I always want people to feel hopeful. You can be very symptomatic and I am endlessly optimistic that we can get this system back into balance.

We just need to investigate where are there states of physiologic imbalance? Where are there psychosocial unmet needs? Can we start to slowly chip away at those and support what's out of balance too much or too little?

And then we can feel better. And it really is always possible. And and I think that we have a medical system right now that's set up to say get sick. Then we react to that. We suppress symptoms.

We don't look at root cause resolution. And if the one thing that we wrote a prescription for you to suppress your symptoms didn't work for you, we kind of say like, well, you know, we gaslight you, we bully you, we kind of send you on your way and we say, well, your lab tests look normal.

Not my problem anymore. And people are feeling so invalidated and dismissed and hopeless because they're thinking, Well, I did the steps, I picked up the phone, I made the appointment, I saw the doctor, I took the pill, and I'm still not feeling better.

So is there any hope for me. And that when I hear you talk about the physiology and this is all, of course, what we teach in the biology of trauma, like it's all our physiology.

And when we look at the physiology, we can see that there's so much like it's it's never just one thing. By the time a person reaches to this level of anxiety, there's always going to be multiple things, whether it's inflammation, the hormones, the oxidative stress that I mean, it's just multiple layers of physiology imbalance that we're no longer able to push through.

And how could one medication ever address all of those physiological imbalances? Not only is it an inadequate take on a complex web of interconnections, but in certain ways it introduces its own source of imbalance.

And so and this is what's tricky and I really don't mean to stigmatize this medication I have I'm a psychiatrist. I occasionally prescribed medication.

To me, it's once in a while the correct bridge for somebody out. It's just not our only tool and it's rarely the first line. And it sort of assumes that someone's depression or anxiety is a lexapro deficiency disorder, and it almost never is.

The only times I think something is a lexapro deficiency disorder is when what we're treating is Lexapro withdrawal and then we just need to handle it differently to mitigate that withdrawal process.

But I think many ways it's just overlooking, well, this person's depression is a source of inflammation or it's a vitamin B12 deficiency or it's something else.

And it just means we, like many functional doctors, say we put the sticker over the check engine light and then we miss the memo to check the engine that that depression.

It's not a genetic chemical destiny. It's a communication. It is the body saying check engine. There is some state of imbalance or unmet need. And so I do think that when we can look at the biological system really honoring and having reverence for the fact that it's a pretty good design, like the knee joint menopause maybe could use a redesign.

But I think that for the most part, this system works well and it has a strong tendency to for for for healing and also for getting back to homeostasis.

And when we introduce something, we have to be aware that that will then create its own ripples of imbalance. So in general, how I like to support healing is saying the body knows what it's doing, but we do need to give it the raw materials for it to work with.

And we also very much need to get out of its way. I went on a trip this past weekend on a business conference retreat with some other entrepreneurs in the San Diego area.

And I sat next to this gentleman who's in this organization as well, and we got to talking. And of course, he asked me, Well, what do you do? So I'm explaining the biology of trauma.

And he starts to talk to me about his wife, who has been on a low dose Lexapro for 2025 years now. And she got the Lexapro prescription because she started hearing her friends say that they were on Lexapro and you should get on it, too.

And she was able to get a prescription without there being any evaluation and assessment because she just went in, said, hey, this is what I'm experiencing.

I have some anxiety. Everyone else I know seems to be on Lexapro. They're doing well. I want Lexapro. And that was the first tour that they reached for then.

Is this something that as a psychiatrist you're seeing happens a lot? Yes, but here's a hot take, which is that when we would say like, well, you know, these days there are apps, there are different ways to get your prescription medications even without seeing a doctor or seeing a psychiatrist.

Very little evaluation. And we're saying like, you know, is that risky? Is that dangerous? Yes, absolutely. But make no mistake, if that friend if that woman had gone to see a primary care doctor or psychiatrist, she would also have walked out with Alexa Lexapro prescription.

Right. And and there's just it is the standard of care. It is the default setting. And it doesn't carry acute risks for the most part. So you know, people get away with having this be prescribed on an app.

But to me, it's always about not only the long term impact and what we might be setting somebody up for, but just the lack of an understanding of, well, this is missing, what is the body actually communicating?

So it's not like she'd be better off if she actually had an appointment, a primary care doc. She'd be better off if she has an appointment with a functional medicine doctor or a naturopath who is like Lexapro is our third line.

Let's figure out first. Is something off with your thyroid? Are you inflamed? Is there a psycho spiritual state of

imbalance? So like, is there ways that you're not understanding your worthiness of getting your needs met or communicating your need for boundaries and relationships? And there could be all of these things.

The Lexapro story, you know, when friends are saying you should really get this, that the spirit of that is beautiful, right? It's saying you deserve to feel better.

You deserve to help. And I'm so in support of that conversation happening. I just wish we had a public conversation around all the different tools we can use to support that.

And it doesn't even have to be in the Ivory Tower of Medicine. It's really like this is what I attempt to do in my book is 250 pages of Here's how you can support your own mental health.

And it's safe and it's free and it's accessible. It's often pretty simple. I think there's one other just nuance around the Lexapro conversation, which is that a story I often see in my practice is that somebody was feeling depressed, they were feeling anxious.

They go to their primary care doc or a psychiatrist or their gynecologist and they say, you know, I'm feeling this way. And they say, well, let's let's just try Lexapro straight baby dose of Lexapro.

And then somebody goes on Lexapro and then they feel maybe a little better. Sidebar is that the data would tell us that in mild to moderate depression, antidepressants don't actually separate from placebo, which doesn't mean they do nothing because placebo does quite a lot.

Functional Medicine Causes of Anxiety

So it's a complicated conversation, but they feel marginally better, and then that effect often wanes over time, and often somebody will experiment with going off the medication.

They might go cold turkey, they might go every other day, take a pill, and they get off of the medication and then they feel precipitously worse and they start to think to themselves, Well, Lexapro must have really been working.

I must have been a bit sicker than I realized. Let me go right back on that medication. And they attribute those symptoms that sleeplessness and irritability and crying spells.

And sometimes even dark thoughts or hopelessness. They attribute that to relapse of the original illness, when in fact, what that actually is, is withdrawal.

And, of course, if you're in withdrawal and you go back on the medication that you're withdrawing from, you do typically feel quite a bit better, pretty immediately.

And so then you think, okay, Lexapro saved my life. You must really be a good medication for me. And a lot of people are in that kind of dynamic with their medication, and I have no problem with that other than the fact that I'm just allergic to dishonesty.

I want people to realize what happened there is that that wasn't relapse, that was withdrawal. Lexapro was a very good antidote to its own withdrawal.

And it doesn't really speak to whether or not this is a good medication for your original problem. It doesn't really tell us whether or not we ever got to the root cause of your original depression or anxiety.

Coming out of my lowest point with my own health, I had been placed on two antidepressants, and while they were intended to be not only for depression, but also for anxiety, having been diagnosed at the time with chronic stress and burnout.

And it took me quite a bit of time to navigate the withdrawals using functional medicine in order to successfully get

off of those after having been on them for a couple of years.

And so now that I've worked with people who are getting off of them, with being on them for a decade or more, it's true that withdrawals are are no laughing matter. And we wouldn't want people to think, oh, this means that it was it was working and that I need this.

It's just the withdrawal is from that medication because as you've said, you introduce something new into the system and the body adapts to that. So it creates its own imbalance.

That then is a whole adjustment period when we decrease the dose or get off of that medication. That's exactly right. I'm sorry that you've had that experience.

It's truly I call it a silent epidemic. It's so much worse than people appreciate. And I'm in a state of outrage about the fact that even like my colleagues, doctors, psychiatrists deny the fact that psychiatric medications have a withdrawal state.

And, you know, there's a lot of interesting medical gaslighting. It's really not in the incentives are skewed in that for a psychiatrist they're not going to want to support someone getting off of a medication.

It's bad business. It's bad. It's there's liability that comes with it. It's just it's against their incentives in every in every sense. And so we're also taught that, you know, that's a patient being noncompliant or going against medical advice.

And we're also taught that, you know, if somebody goes off of a medication and gets sick again, that's relapse. And then more often that happens. The more that we're even taught like that means that person should be on that medication for life, that it's now giving us the evidence that that's someone who has a degree of depression that requires medication for life.

So the system's rigged to really give patients no support with the withdrawal process. And even the psychiatrists don't have the real life clinical experience supporting withdrawal because they're not they're not going to say, okay, let me help you taper off this medication.

So then that patient feels dismissed. They go and do it on their own or using support groups online. So that psychiatrist never even gets the follow up on like, Hey, this was hard.

And so, you know, there's like the patient is now doing this on their own, often going too quickly, going cold turkey, going every other day, going, you know, tapering gradually.

But over the course of a few weeks rather than months or years. And it's just a really tough situation. And the symptoms can be so bad and sometimes people do okay with it.

I don't ever want to be you know, we're all suggestible. I don't want anyone to think that they're doomed. There's so much we can do to mitigate withdrawal and support it.

But I also want to validate if anyone's out there in this state and has felt despair or hopelessness or suicidal thoughts or has been so uncomfortable.

They think they just cannot get through this. I just want them to know they're not alone, that that's actually quite common and that there's a lot that we can do to support it, but to not believe those ego, just tonic thoughts, to not believe the despair, that despair is a chemical phenomenon related to the withdrawal.

And for me, this is where the hope comes with the functional medicine. And when I look back at my experience, this is how I found functional medicine.

So in essence, I'm grateful for that experience because it took me to functional medicine and then even on to the

trauma therapies that I've gotten trained in and really bringing it back to the physiology.

So in your clinical experience, Doctor, where have you ever seen anyone come in with anxiety and depression and not have found something in functional medicine that we can apply to help them feel better?

You know, it's a different journey with every single patient and there's always an interesting balance. And sometimes, like, one patient might have an exclusively physical or functional medicine approach to their anxiety.

I've had patients who just had very severe dysbiosis or an imbalance of their gut flora, leaky gut. They were systemically inflamed as a result, and that was creating their anxiety.

And we addressed that, and that's the end of that. I've had other patients have an undiagnosed thyroid condition or someone else might have a B12 deficiency, someone else might have, you know, all these far mutations and they're really not methylated fully, properly, and they just need a little bit of methylated.

B vitamin and and better food sources. I've had a lot of patients just thinking that they're eating a healthy diet, but actually malnourished and lacking in zinc or just like if you like macronutrients, like protein and fat.

And so I see that really commonly and you can easily support that. I had a lot of patients suffering in adequately restful sleep, and that's its own fun journey.

I love supporting people, getting them back to restorative sleep on a consistent basis. That can sometimes be the end of mental health conditions. Things that we took on as an identity and thought were a destiny is just chronic sleep deprivation due to sleep apnea or light sensitivity, and in that modern environment means they're never getting to bed early.

That said, most of the time there's a psycho spiritual component and it's always it depends on the patient. Where do we start? And usually I start with the functional medicine false anxiety approach.

It's the low hanging fruit, it's the quick wins. And I think it's usually a necessary but not sufficient step to getting somebody feeling well. They need to clear the air wherever they are physiologically out of balance.

So we support that. And then it creates the conditions for us to tap into the true anxiety to say, okay, now for the fact that you don't have community, that you don't feel safe in your relationships, that you don't feel fully like you can be yourself with anybody, like you're not connected to nature.

Hope, Healing, and Next Steps

You have no pleasure or joy or levity that you put so much pressure on yourself that you're burned out. You know all these other ways that we need to psycho spiritually.

Listen to the ways the body is saying, I'm not getting my needs met. And the interesting thing about physical symptoms is that sometimes they're very cut and dry and material.

Someone could have an undiagnosed thyroid condition and sometimes that current condition itself has a psycho spiritual basis. You know, we think about this is the throat chakra, this is speaking our truth.

This is receptive communication and listening, and that can get out of balance more energetically and contribute to the thyroid condition. So it all works together in a web and you know, it's fulfilling work, it's investigative, it's fun and interesting.

And the nice thing is people can get better. They can feel much better in their lives. So I don't know. Your original question was, has anybody ever not needed a functional medicine support?

I guess I wouldn't know because I'm almost always I'm kind of no fun in that way. I can always find some kind of

physical imbalance. So it's part of the healing process in the way I approach the health well.

And I, as I see the modern world and all of the assaults on our physiology, how can there not be things that we can bring more into balance with our physiology?

Yeah, like everyone experiences life and so based on, on their life experiences, based on their physiology, their biology, there's always there's always something that we can bring into more balance for that person's greater health.

That's right. I joke sometimes that, like, if I were practicing in the shadow of an active volcano on the island of Sicily and people were eating nutrient dense foods and had contentment and had balance in their work life, then I'd be like, okay, we don't have any functional medicine work to do here.

Let's just talk about your relationships. But I'm practicing in New York City in 2023 and we're all a bit out of balance because our modern environment makes it very difficult to not be.

So someone listening to this, Dr. Bora, and they're like, okay, yeah, this is me. Maybe they're are on an antidepressant or maybe they've been on one.

Maybe they want to get off of theirs. But wherever they find themselves in this interview, what would be your words of hope for them? And that first place to start for them?

Yeah. So, you know, regardless of where you are in that phase, you're on a marriage or not on meds or thinking about going on meds, it's it's all okay.

This whole approach is complementary to that. It can work alongside it. And the idea is to use things like an affordable anxiety inventory. There's a of different things that you can just take a glance at and think what resonates here, what might be out of balance?

And it doesn't mean you have to boil the whole ocean at once. You don't need to do every change all at once. That would give you anxiety. It's really that you think about what feels accessible, what feels approachable, what resonates most.

If you as you're looking at the buffet of things that might be out of balance, you choose one to start with and then make that change feel a bit better.

Keep making incremental progress and the next change comes within reach as you start to feel more stable. And all the while we're clearing the air and making it possible to tune into your anxiety and listen that inner compass that's saying there's an inconvenient truth.

But, you know, on some level, we fill in the blank need to leave this relationship to the job. Need to call your grandma more often like me to show up and be an activist for this cause it's forever.

You secretly have always known for a while things are out of alignment and you need to course correct. And I just want people to have hope because we have been taught that our mental health is a genetic chemical destiny and that we're stuck and it's our least hopeful narrative about mental health and it's not true.

So there's so much we can do to support our mental health. We can feel better. And I just always want people to come back to that. I think of healing as this mountain.

And we've been offered one trail up the mountain, medication and psychotherapy. If that's your path, great. This world works for you. And if that's not your path, guess what?

There's 100 other paths up this mountain. And so I just want everyone to know that there are options to get up and to feel well. But it's a delicate balance because we want to strike that right balance where we're making changes to

let our health fade into the background.

Just so I can serve as a foundation for a fulfilling life. But once it's become the foreground and it's all we're focused on and we become obsessive at the expense of connecting with the people that we love, then we've gone too far and it becomes counter therapeutic.

So there's a balance to it. There is so much hope, there is knowledge, there's tools. And with those knowledge and tools comes hope. And as I have been going on my own journey, being able to piece together what are those essential things?

Where do I start? For me, that's why I created the 21 day journey. Even though as a medical physician, the biology piece is important. I mean, it's the biology of trauma, right?

But we incorporate these these different elements for an integrated approach in this 21 day journey is actually changing. Our physiology is actually changing our biology and is the starting place for understanding.

And for me, what would what I would want most of all for you is for you to become the expert in your own nervous system, in your own body. It's like giving you the manual, here's how your human body operates, and you get to learn how to operate it so that you're not completely reliant on other people to tell you their viewpoint and what they think you should do.

You are actually able to sense and track how is your body responding to this? Also, don't forget that we have the course, the trauma sleep connection course, your guide to Restorative Sleep that is a game changer for people and being able to help you sleep better.

And don't forget that you can purchase all of these recordings so that you can be watching them without stress. This would be an avoidable stress and avoidable stress that you can watch the recordings at your own pace, in your own time, and be able to enjoy the information without the stress of needing to write everything down because you only have so much time with that.

I'm hoping that you're enjoying the summit. Feel free to invite friends, colleagues, family members, whoever you think would benefit from this. And I am your host, Dr. Aimie, for this Biology of Trauma Summit 3.0.

And I will see you on the next interview.