Learn When & Why The Body Says No Transcript

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Introduction to the Trauma Disease Connection

Welcome to this interview on the Biology of Trauma Summit. I'm your host, Dr. Aimie. Apigian this is the Trauma Disease Connection Summit and the path to freedom.

What is a biology of trauma that is actually at the heart of understanding the trauma disease connection? The idea that diseases are genetic is not the full truth.

Life experiences, stressful life experiences, traumatic life experiences actually changes our physiology. Our physiology of fear is what drives disease.

All inflammation based chronic diseases and 90% of chronic diseases are inflammation based. All of them are driven by a biology of trauma. How do we get to have a biology of trauma at one point in time, experiences that resulted in a complete loss of safety?

Our path to freedom starts with bringing in moments of safety. Safety. They even feel our body safety, even be comfortable being in our body. Many people, most of us, most of those who come through my programs identify with being a person who's always in their head, always thinking, always analyzing.

And it hasn't been comfortable. It hasn't been safe to even connect and feel the body sensations, which is how emotions express themselves. Creating these moments of safety is what will change our physiology, though it will change it from a physiology of a biology of trauma to a biology of health and wholeness.

How do I know this?

Evidence Linking Trauma to Chronic Disease

As I will mention in this interview, the data that we have from those who take my 21 day journey and the decrease in their daily physical pain and their GI symptoms and their sleep issues, those are things that are driven by our physiology, and yet they're seeing changes in those just within 21 days for this topic.

On the trauma disease connection, there is no one better that I could have interviewed. Then Dr. Gabor Mate a retired physician who, after 20 years of family practice and palliative care experience and over a decade in Vancouver's downtown downtown east side, with patients challenged by drug addiction and mental illness, he is now a bestselling author of multiple books, but I will mention the ones that have impacted me the most in the realm of hungry ghosts.

Close Encounters with addiction. When the body says no, which is referenced in this interview along with his other books Scattered, and his latest book, The The Myth of Normal.

So to talk about the trauma disease connection and the importance of safety is Dr. Gabor Mate and let's get started. Welcome and with the conversation today, Dr.

Gabor and I will jump right in. You all are very familiar with Dr. Gabor Mate and his book When the Body Says No, was one of the was one of the books that most changed my life.

And most recently, his book, The Myth of Normal, is a fantastic read. So if you have not grabbed that, please grab that. And we're going to jump into the conversation today.

And the topic today is the trauma disease connection. And Gabor, you have spent years working as a family physician, palliative medicine physician, addiction physician.

And so you have been on the front lines for being able to see truly this trauma disease connection and how it shows up in one's physiology. What were some big takeaways for you?

What were those highlights for you as a physician? Well, over some years, keeping your eyes open as a physician, you can't help but notice that people's by the way, it's nice to be with you again. And it's if your eyes are open, you can't.

And if you're not brainwashed in the mind, body separation, there's the ideological stance of medical training. You can't help but notice that people's lives have some impact on their health, you know, to make some basic point and their emotional lives have an impact on their health, and particularly when people are traumatized, their health seems to suffer more likely to suffer in adulthood.

And whether I was dealing with addictions or mental health issues or physiological so-called physical diseases like rheumatoid arthritis, multiple sclerosis, malignancy, autoimmune diseases in general, chronic asthma, psoriasis, eczema, colitis, Crohn's disease, chronic fatigue, fibromyalgia, migraines.

There was a significant emotional component, and that emotional component was rooted in childhood trauma. So you mentioned you kind of have to mention the most recent book, The Myth of Normal.

I want to coach you with a fellow Hungarian physician born in Hungary, moved to the United States just as I was born in Hungary. He taught at Harvard and he was so revered.

His name was Soma Weiss, and he was so revered that to this day, they research day in his honor at Harvard University and and he said the following, and his name is Soma Weiss.

And this is a lecture that he gave to medical students in 1939. The lecture was published in the Journal of the American Medical Association in 1940, and he said, social and psychic factors play a role in every disease, but in many conditions they represent dominant influences.

And, he added, mental factors represent as active a force in the treatment of patients as chemical and physical agents. Now, you said this in 1939. The article was published in JAMA in 1943 years ago.

Four years ago, I was talking to a leading physician at Harvard who told me that the talk about Mind-Body Medicine is Harvard you still to jeopardize your career, despite the fact that there's still honor this guy with the name the name is on another it's all split between a reverence for him as a researcher and teacher and what he taught.

And in 1977, an American psychiatrist, physician George Engle, called for what he termed a biased psychosocial view of medicine and a view of health that doesn't separate a person's emotions and social relationships from their physiology, that the biology is actually shaped and influenced by or emotional interactions with others and our emotions internally.

So some salient facts along those lines. A Harvard study four years ago, women with severe PTSD have double the risk of ovarian cancer and the milder their symptoms, the less the risk.

Number one. Number two, multiple studies showing that diseases like rheumatoid arthritis and multiple sclerosis are related to childhood trauma, to stress in adulthood and the greater the risk, the greater this trauma, the greater the stress, the greater the risk of disease in Canada or indigenous population.

Why Medicine Still Misses Trauma

The First Nations population of Canada used to have no autoimmune disease whatsoever. Right to colonization. Today an Indigenous woman has six times the rate of rheumatoid arthritis, six times than the average black woman in United States.

I'm giving birth in black infants being born have an increased risk of death regardless of socioeconomic status.

Black women in the aftermath or the more episodes of racism they've endured, the greater the risk for asthma children, the more stressed their parents are, the higher the risk for asthma, the more mental health issues the parents suffer, the more medication the child has to take for their asthma.

I could go on, but statistically, the link between childhood adversity, the lifelong stress and physical illness is just not even controversial. Most doctors are not aware of it, but scientifically it's not even controversial.

That's the first one. The second point is not only is the statistical link, the demonstrable and demonstrated and published and documented over and over again, the physiological pathways by which these links the one leads to the other have also been established.

For example, loneliness increases inflammation in the body, racism increases inflammation in the body, stress damages the protective mechanism of chromosomes.

So chromosomes age faster based on stress. We age faster based on stress. The chronic caregivers of Alzheimer patients have reduced immunity. Their wounds take longer to heal.

The function of genes is affected by stress and from the immune system is affected by stress and trauma. Specifically, for example, the repression of healthy anger undermines the immune system.

And I can talk about why later, but I'm just outlining it for you now. When I look at who got sick in my practice and this I meant whether people were in palliative care, dying of malignancy, or in my own practice with autoimmune disease and migraines and so on and so forth.

It's people that had certain emotional characteristics. They tended to and I talk about this in the myth of normal, they tended to automatically, compulsively take care of the emotional needs of others while ignoring their own.

They were identified with the duty and role than the responsibility in the world, rather than the needs of the and the connection with the real self. They tended to repress healthy anger.

All these very nice people. They're so nice, you know. You know, you heard the expression the good die young. They do. Everybody goes to their funerals and see how wonderful people they were because they were so nice.

Why were they so nice? Because they repressed their healthy aggression. And finally, the belief that you're responsible for other people feel and that you must never disappoint anybody is and these are the characteristics of people get autoimmune disease and very often malignancy and by the way of the genders, which is the one that's culturally programed to be that way.

It's women, which is why women that 80% of autoimmune disease, it's not a biological gender issue. It's a cultural gender issue. So what I'm saying is that stress trauma changes, the physiology of the body, increases the levels of inflammation, and suppresses the immune system or turns the immune system against the body, alters the functioning of genes and chromosomes and through multiple other pathways as well, promotes illness, physical illness.

Therefore, when anybody comes in with a physical illness, it's not enough.

Healing Through Physiology and Safety

Here's your pill and here's your treatment and here's your steroid or your anti-inflammatory or your immune suppressant or here's your chemotherapy. Disease is not an accident.

It's not some misfortune that strikes somebody for no reason, number one. And number two, for the most part, diseases are not genetically determined. So there are diseases that are genetically determined.

One of them is muscular dystrophy. I mentioned that because it runs in my family. It's passed down from

generation to the next. And if one if somebody gets a gene, you get the disease.

But those are very, very rare. There's no mental health conditions, nor is it the case the most physical health conditions that is determined genetically.

And even if there's a genetics susceptibility, it doesn't in most cases define that there's going to be disease. It still depends on the life and on the circumstances, you know. So.

Yeah, and as you were speaking, I was exactly going there because in in the medical model, what we're taught in medical school is that you have genes and they're programed to give you certain diseases.

And you talked about this in your book scattered about ADHD, where you're like, no, that's ridiculous. It's not so much genetics. It's more a parent is literally passing on their physiology.

And this is what's happening with the trauma disease connection, where it's literally the physiology that's adapting to our experiences. And then that's what's even changing our DNA and promoting a health or a disease state in our body.

Exactly. So people say, you mean it's not biological? Of course it's biological. It's just that you shouldn't equate biology with genes. You can have the same set of genes into different people and not have the same medical conditions depending on what happened to them in life.

So some genes know breast cancer is a good example. There is a breast cancer genes, as you and I both know. But out of 100 women with breast cancer, only seven have the genes.

93 do not. And out of 100 women with the genes, not all of them will get the cancer. The risk is much higher in your question. So in most cases, even the genes are present.

They don't determine. In some cases they do. But that's extraordinarily rare. And for most of the health conditions that for which people attend your office or would attend my office, they don't come in with diseases that were genetically programed.

So we have the research. And you even told the story in your book when the body says no about writing this editorial for the newspaper about this patient, and a rheumatologist replied with a scathing reply, saying that there was absolutely no connection between life experiences and a rheumatologic disease.

And so with all of the science that we do have with I mean, going back to this paper published back in 1940, with all of the science, the research, the articles that we do have, the adverse childhood experiences we have so much, why is this still not widely accepted in the medical field, in your opinion?

Well, first of all, let me just tell you that rheumatologists came to my house two years later to apologize and said, I get it. I see it all the time.

Not once your eyes are open, you can't help but see it. Why? Well, first of all, the medical ideology reflects the ideology of society. And we think of medicine as a science.

And of course, it is wonderful scientific aspects and features, but it's also an ideology. So certain way of looking at the world. Now, Western society has not for hundreds of years separate in line from the body.

I think therefore and you know, no, I don't think therefore I am I feel therefore I am, you know, like an animal doesn't think therefore the animal doesn't exist, you know, so and feeling cause happens in the body.

So we separate the mind from the body. The Western thought has gone that my friends of years Western medicine just buys into that number one. Number two, there is physician look, this is a summit on trauma and disease.

The average physician does not hear a single lecture on trauma in their 4 to 8 years of education. Not one. Even though I can see all the studies relating to trauma, to all these conditions that I mentioned, they don't get a single lecture.

Their names and the concept. No, not even if it comes to mental health. Even though, as a British psychologist pointed out a couple of years ago, that the links between childhood adversity and adult mental health outcomes, mental health conditions is a strongly established in the scientific literature as the link between smoking and lung cancer.

And the average psychiatrist understands nothing about trauma. So it's not their training. Number three. Well, who funds the research? The doctors, for the most part, get exposed to people that profit up to research who profits off to research pharmaceutical companies.

So if I can come up with a new $85,000 drug for multiple sclerosis, that's big bucks. But if I talk to a person about, hey, do you realize we might have stress yourself and that stress triggered the onset of your latest flare up?

And can you talk about your life, about how you might unwittingly create stress for yourself because you take on too much and you ignore your own needs in other others.

Can we learn something from your disease? No. Drugs? No. You may or may not take drugs. I mean, if that's necessary or not, you know, I'm a physician.

I'm not against it.

Anger, Immunity, and Autoimmune Disease

I'm just saying there needs to be something else here in the book, the misnomer that you give examples of people who are no longer on medications at all. I could I could really show you something quite amazing here.

I haven't thought about it, so I wish I had set it up. But is it possible for me to share the screen with you guys? Yes, we do. Screen. Yes. Because this is a request titling.

Okay. I'm going to ask it to share the screen. Okay. Sure. Can you see my screen now? I can share I can see your lovely wife. Oh, but you don't see a screen with with a whole bunch of documents on it.

I see a bunch of documents. I see your I see your desktop screen. Okay. Okay, great. Wonderful. I'm sure some pictures. Okay. Okay. The topic again, what are we looking at here?

We are looking at Raynaud's syndrome. We can look at Reynolds Reynolds as a condition, sometimes on its own, sometimes associated with other autoimmune diseases.

That diminishes the blood supply to the fingers with the risk of gangrene, actually. Okay. And this condition in this case showed up in the case of a woman systemic lupus, which is an autoimmune disease.

I just keep clicking on the pictures. Here it is again. Okay. This is four years ago, a 23 year old woman in London. This is her hands. Now, you see the difference, but there's better pictures than that.

You see her hands here. They've got color. The Reynolds is all gone. This is her face. Don't do it again. What are we seeing here? We're seeing the butterfly rash of lupus.

The butterfly issues and including the acne here about the lips. There's the fingers again. Now, and that's the old picture. And here's the lady. Now, where's the rash? Wow.

Now, this woman took no medications whatsoever. She was told that she's got lupus and she'll be on medication for the rest of her life. Four years later.

She's a no medication and has no lupus. Where she did do you? She came to a lecture that I gave in London and I said exactly what I've told you guys now.

And I said, If you change your life and your relationship to yourself and you stop these trauma ingrained emotional patterns that has you stressed unconsciously, and that's the fatal result.

You can change your physiology. I wasn't promising her anything. I just gave it a point of view. She went and did it. Three days later, she says in these pictures, with the Reynolds all gone and the the rash memory and the lupus, the thing of the past.

Now, this is this is not just theoretical stuff. And yet what pill or what medication would ever be able to do that? Well, no medication. No medication.

They could control the symptoms at the very best, you know. And so the trauma disease connection is very specifically that trauma both changes the physiology directly by causing inflammation in children who have been traumatized, you can measure their inflammatory particles in their blood in adulthood and their behavior changes again.

Epigenetic functioning and chromosomal protection and trauma also ingrained certain emotional patterns and self beliefs and behaviors that create further stress that further increase the risk for physical disease.

That's it in a nutshell. Which is exciting to me, because then that means that we have tools. And I love to share with you the data that I've been collecting from those who are going through my 21 day journey where I'm teaching them just some basic somatic skills to connect with their body in a safe way.

Right. You you mentioned that I feel, therefore I am. And yet people have not been able to feel because it hasn't felt safe. I get that. So in this 21 day journey, the data coming back showing that there is a 26% decrease in their daily physical pain at the end of just 21 days of learning to safely connect and feel their body, 28% decrease in GI symptoms, 28% decrease in sleep problems like this is for me, this is the result.

When you start to change the physiology that trauma has created, it starts to make everything in your body better rather than just one single thing, like a medication or a pill would focus on one single symptom.

When you're dealing with the root cause, which is the physiology, it's all the downstream effects that you're going to see change. Yes. And I've seen other studies tending in the same direction of people with rheumatoid arthritis, getting psychotherapy and significant change, not only in how they feel, but also in the on the X-rays or what their joints look like and so on.

And yeah, there was one lady who. Went. There was one lady who actually messaged me after the 21 day journey and said that she did not understand it, but she had been able to get completely off of her arthritis pain medications because the pain just wasn't there and she had not done anything differently other than just safely connect and start to feel her body.

Exactly. And I have similar stories in the mental normal as well.

Grief, Safety, and Emotional Processing

People who used to be told that they're going to rely on medication for the rest of their lives and lo and behold, they don't rely on medications and they're doing much better.

So, I mean, this is not voodoo and it simply has to do with the scientific fact that the mind and body cannot be separated. They're one unit. What happens emotionally also happens physiologically.

So let me talk to you about the case of healthy anger, for example. So our brains are wired for a number of emotions that we share with other mammals.

Anger is one of them. It's a good thing. It's a boundary defense. Healthy anger says you and my space. Get out. That's what have you. You know, once you've expressed it and it's done his job is gone.

It's done. Healthy anger doesn't go on. Or you always do this and you're doing this. We're going to hate you. You know, it's not rage. It's just a boundary difference.

So the role of anger is to keep out what's not welcome and dangerous. The role of the emotional system in general is to keep out what's unhealthy and unwelcome and dangerous and to allow in what is nurturing and loving and supportive.

That's their role and that's why we emotions basically know. But to begin, what is it what is the role of the immune system. To attack anything dangerous.

And to let in whatever is not whatever is nurturing right. Yeah. So the role of the emotional system is exactly the same as the role of the immune system.

Now, here's the kicker. They're not separate systems. They're one system that's a nature designed it. So when you repress all the anger because in your childhood, maybe you were abused, let's just take an extreme example.

Somebody's child is being abused. They are the healthy response is to fight or to run away. Can they run away when they're three years old? Can they fight back?

If they did fight back, what would that mean for them? More danger their. Whole support would be gone. Well, more than you or they'd be might, you know.

So as a defense mechanism, they repressed their anger wasn't a mistake. It was a survival adaptation dynamic. But then once it's established like that, it continues like that for the rest of your life.

When you repress out the anger, you also disturbing the immune apparatus because it's one system. So you do have diminished immune activity, which means you're more prone for your immune system not to be able to recognize and eliminate malignant transformation.

Because that good news for you, all of us have malignant cells in our bodies every day. Nature makes mistakes, not a problem. The immune system says this is not a start.

This is not the self. This doesn't look like the self. I'm going to destroy it if the immune system is functioning. But the repression of anger can repressed the immune system as well.

Or what happens to anger that we don't experience and express? If you repress, does it evaporate it? What happens to anger? It turns against ourselves in a form of self-loathing, self-hatred and so on.

The immune system can turn against it, can turn against themselves as well. And that's what we call autoimmune disease. And again, if you look at the gender gap, it's not because of some biological determinant that women are 80% or 70, 80% of autoimmune disease.

It's because of these emotional dynamics that women are programed to follow in a particular society. And if you go back to what I told you about indigenous women, my list extends way to rheumatoid arthritis because they're indigenous and oppressed and because they're women.

And that's what you call intersection intersectionality. By the way, the same thing is true in the United States that women of color and minorities have higher risk of autoimmune disease.

And it's not some secret, it's not some mysterious dynamic doctors say we don't understand it, but they don't understand it only because they don't look at reality, including scientific reality.

One of the other difficult emotions that I find people have a hard time feeling in order to be able to move through and heal, especially as it comes to trauma.

Is grief. Yes. What have you seen for unspoken and unprocessed grief? You know, so that's really important. And I mentioned that we have these emotions, we share these emotional brain circuits with other animals, other mammals.

They include circuitry for anger, for playfulness, for curiosity, for law, for caring, for fear and for grief. We share that with other mammals. Other mammals grieve.

Elephants grieve. Why is grief important? Because it's coming to terms with loss, because life is full of loss. Loss is going to come into all of our lives.

We lose a friend that won't talk to us again. Or they may die. Or we lose our cats or dogs. You know, God has created this unreasonable discrepancy between the life span of dogs and human beings, that which that means the human being will mourn several dogs if you know the dog lovers and we're going to lose our parents or God forbid, parents lose the children, or we lose a relationship, that's sad.

Grief is the process of feeling this sadness and coming to terms with the fact that something is gone. So there's a friend of mine with whom I wrote a book based on his work.

It's called Hold Onto Your Kids. My Parents need to matter more than peers. It's a very, to me, essential parenting book published in 30 languages now.

And Gordon Neufeld, the psychologist, talking about the book, he says You shall be saved in an ocean of tears when we can grieve, then we can come to terms with the loss.

And we don't have to defend against the pain of the loss anymore. The trauma, basically, is because the pain is too much and we're small and helpless and alone, because for us to be able to grieve as a child, you have to somebody to validate your feelings and support you in.

If that doesn't happen, we don't grieve.

Nature, Wholeness, and Closing Reflections

Instead, we build up defenses against feeling the pain, those defenses like being nice to everybody, repressing the anger and so on, is what gets us into trouble.

If only we could grieve the loss when it happened. Even in adults, when we lose somebody, most cultures that function David Grieve ritual, a criminal grief ritual just like elephants to whales grieve the queen.

We chant, we share meals. We talked about that. We talk about the dead. We pray to support each other as adults. Now, for children, the grief process is absolutely impossible unless there's a supportive environment for it.

When that doesn't happen, the grief literally gets stuffed deep inside. The healing very often is being able to feel that grief and people are so afraid of it.

The self-hatred, the pain of it, the feet of it, because when they first experienced it, it was unbearable for them. So for people to be able to grieve, they need support.

They need, as you said, safety. They're in an environment where they can experiences and be absolutely vulnerable and be supported and accepted and validated.

And that really fundamentally does the healing of trauma. I mean, that's a big aspect of the healing of trauma. Like if you could grieve the fact that your mom and dad didn't see you, didn't understand you, they may have loved you,

but they didn't get who you were.

In fact, for their own needs, they demanded they press who you are, which just be sad about it. See all my god, I want to be nice to everybody all the time.

I could just feel the pain of what I lost and I can get on with life. So grief is really important here. And I'm curious, what was your process of even realizing that you needed to grieve some of the things in your childhood, things that you at first may not have seen as things that needed to be grieved, but as you understood, more of trauma and what you went through as a baby, how did you what was that process like for you of even understanding, Oh, I need to grieve these things that I didn't even know that I needed to grieve.

You know, to be honest, I think my grief has been very homeopathic. I don't think I've had sort of a wish that good of a deep, deep experience working just, oh, my God, this is, you know, but I haven't quite had that experience.

So it's sort of been dribs and drabs, you know, and sometimes under the influence, when I was in psychedelic situations, you know, I would get in touch with deeper grief.

But I don't know that I have fully been through that process yet. I mean, I understand a lot more about it than maybe I've experienced. That's the truth of it.

What I can do now is when the UN metabolized responses to that unresolved grief show up in my life in the form of being upset about situations that there's nothing upset about.

I can recognize it and just be with the manifestation of it and say, okay, well, this this rage of mine has nothing to do with what's happening today.

You know, this is an old grievance, if you like. My problem is that I tend to move towards grievance than grief. And what. Sorry. For you, what is the difference?

What grief is actually coming to terms with the lives that's gone? I'm sorry. I'm sad it's gone on. It's not going back. Grievance is a complaint that there's something wrong here and a defect of it.

You know, grief and grievance are miles apart. And for those individuals who are adults and finally coming into a place of feeling their body and realizing, oh, yeah, there is all this grief here, I didn't allow myself to feel it at the time.

It felt too overwhelming. How do they how do they start? Like where I heard you say that it's come for you and like drips and that's how it's come for me as well.

So is that is that just a common way that that we help guide people to let them know that you don't need to do it all at once or as an adult coming into it, what what would you say?

Yeah, no, you don't need to do it all at once. And certainly in a group that you're owning here, I'm sure it happens with people spontaneously sometimes in response to something, and then they're witnessed and held in that experience.

That doesn't mean it's all finished all at once. In my work with people, with my Compassion Inquiry approach, it doesn't usually it takes only a few minutes for people to come from to to go from frozen this to experience the sadness that they're actually carrying but that doesn't mean it's all metabolized and finished in one process.

It doesn't have to be. I say what you said about safety is the most important thing. When people have safety, they will experience themselves. They may need some guidance, but they will experience themselves. The reason they didn't experience themselves fully before because it wasn't safe.

And that was how trauma happened in the first place. And the trauma physiology was that we completely lost our

sense of safety, lost sensitivity. And therefore we lost a connection to ourselves because it was too painful to connect to ourselves in the absence of safety.

And so we start feeling we lost connection with our bodies. And I'm sure you've seen this yourself, but some people are just so afraid to even feel their bodies, you know?

So I say, okay, can you feel your bum on your seat? I mean it. Can you feel that much? You know. Let's start there. Let's start with your bum. Can you can you feel your feet on the floor?

I mean, never mind feeling your heart or your you know, if people feel safe, they'll get there. Yeah. And that's exactly what we do in the 21 day journey.

And the people here on this call have all taken that 21 day journey. And I consider them very brave people because they've gone through this process of connecting to their body and doing it in a safe way where they create safety around the process itself, which has allowed them to have amazing transformations and growth as a result.

And desperately looking at the index of my book, the zip code, onto what to say to you to 90. I think I just did an online event with Prince Harry and the Duke of Sussex and he's been through all kinds of trauma as a child.

As you know, it's very you know, amidst all this privilege, he was essentially emotionally deprived of a creature and and nature played a huge role in his own healing.

He talks about in his book Spare and I asked him about doing this interview, and he said that when he's out there, you just use whole and connected, which is the antithesis of trauma.

Feeling whole and connected is that this is a term on the quote I was going to read you is from a surprising source throughout the statement. This was written in 1844 by Karl Marx, who was 24 years old when he wrote this.

And he said the statement that the physical and the mental life of man and nature are interdependent means simply that nature is interdependent with itself for human beings are a part of nature.

So there's nothing more natural, if I can put it that way. The nature and our connection with it and part of the toxicity of our culture is not only the subtitle of my book, The Toxic Culture is not only that we're alienated from nature in the sense that we're not connected.

We actually have turned against that. We live in a culture that's hostile to nature and you can see whatever the impact. So the healing so, you know, personally, I've been through a lot of intense times the last few weeks.

Next week, my wife and I, we're going to our place out in nature and then we're going to just not do anything except hang around with the trees and the trails and the and the ocean, you know.

So I think it's important for those that have access to it. I think it's an essential part of healing because there's a natural harmony and serenity about nature that reflects our own internal harmony and serenity that we've lost touch with.

Yeah. And with that cover. Thank you. I know that you've got another meeting at the top of the hour, so I wanted to give you a little bit of a break and a pause.

So thank you. Good to see you again. Thank you for your time. My pleasure. Thank you. And all the best to all of you. All the best. But what a powerful, insightful interview that was.

What insights are you walking away with? What others describe you as that really nice person maybe you identified with the. I think therefore I am needing to become I feel therefore I am.

Or maybe for you it was the idea that our anger is actually the same system as our immune system and the

importance of safety, the importance of those places where you feel whole and complete and learning the tools to create more of those experiences for yourself so that as they happen, as eventually will happen, you will constantly live in that state and not need to go away to create those experiences for yourself.

I hope that you are walking away also with the hope that change is possible, that there is a path to freedom and you are not your genetics, the importance and power of safety.

Now, I know this is a lot of information in this summit and I know I will be watching just this interview again myself for the Nuggets. I know that you have the option to purchase all the recordings so that you can give yourself the peace of mind that comes with knowing you have everything that you need and you can come back to it whenever it is good for you.

I don't want you to miss out on an important nugget for your path to freedom or for your clinical practice. Just because there is so much here that you couldn't catch it all the first time.

And with that, I'm your host, Dr. Aimie and I will see you at the next interview for this Biology of Trauma Summit, the Trauma Disease Connection, and the Path to Freedom.