Summit Introduction and Speaker Bio

– All right gang welcome back to the medicine of Mindset summit, it's Jana Danielson, I am your co host for this jam packed week full of amazing speakers, amazing information that I hope will become wisdom and what I was saying in an earlier um episode was I feel like knowledge is knowledge, knowledge is hearing something or reading something and that's great, but what's the bridge into bringing it into the realm of who you are, how is it changing you and when you live that knowledge it can over time become wisdom. And so I'm so excited to introduce Dr. Aimie Apigian in who is our next speaker and we're gonna be chatting with Dr. Amie all about why trauma is your biology, not psychology and I think this is such a perfect topic for the medicine of mindset summit. So let me get you a little more familiar with this amazing woman. She is a leading medical expert on how life experiences get stored in the body and how to restore the body to its best state of health through her signature model and methodology that she calls the biology of trauma.

She's a double board certified medical physician in preventative medicine and addiction medicine. She has a masters in biochemistry and a masters in public health in addition to her medical training, she's also a functional medicine physician.

I actually don't know when she started this maybe when she was like seven years old, I'm not exactly sure and she has training and certification specifically in neuro auto immunity, nutrition genetics for addictions, mental health and mood and behavioral disorders now and wait because there's more um she brings you the biology of trauma, which really is a new lens and a methodology that courageously both ads and bridges trauma work and medicine by reverse engineering the chronic effects of trauma on the nervous system and on the body at a cellular level.

And I believe as most people do in this work or that you've been connected to this week. A lot of this comes from her own personal experiences um first for her adopted son and then for herself. And really she's created this unique lens for understanding trauma and has come out of it, joining the two worlds of neuroscience and trauma therapy in a really unique way. She offers a science based solution to how to rewire the nervous system with the biology of trauma.

And really this program accelerates the healing journey through resources to resilience presence and aliveness. And I love that now there's her signature course is a 21 day journey to calm a liveness, which is an experiential journey into the nervous system that is open to all. And then she's also gone one step further to also help clinicians and she's done this through her eight module certification course that teaches the protocols of addressing the biology of trauma on the different systems of the body. So in a nutshell, this woman has impacted humans on this earth in a radical way and we are so grateful that Dr. Aimie said yes to the medicine and mindset summit. So welcome.

Dr. Aimie well thank you. – Thank you. Thank you for that very kind introduction um means means a lot and I'm very happy to support you with what you're doing here. Thank you.

– Okay so let's start. I feel like the word trauma needs to be defined by you because I feel like you come at it in a very different way. So before we get into anything else let's get rooted into your definition of trauma which I feel will really set the framing for our conversation today.

– Sure because some people may have already checked out me like trauma like I haven't had trauma so we do need to redefine trauma. Absolutely and I'm so glad that you're starting there. So a very simple definition that I like to start with is that trauma is anything that for any reason at that time overwhelmed us.

Anything, it doesn't even need to be something big, doesn't even need to be an event. Anything that for any reason and there are many reasons and so that's why I say for any reason at that time in our life when we look back at different times in our life, we were in different places, we had different coping mechanisms, we had different levels

of maturity, we had different levels of wisdom.

So what we can handle now is not what we could handle back then. So at that time in our life overwhelmed us, overwhelmed us in what way ah well overwhelmed our capacity to process what was happening, overwhelmed our capacity to process the emotions at that time.

And when we don't process it at that time it gets stored tucked away in our body, doesn't go anywhere, it gets stored and that's what expresses itself in different ways, whether different behaviors or actions or words that we say or in our health and the body is is a form of expressing everything that has happened to us and what we've been able to process and what we've been not able to process.

– So what do you think the true, like the root? Yeah, the true root cause of trauma. Where where does that come from? – Yeah. So there's two things that cause trauma.

So if that's what trauma is, then there are two categories of experiences that create that trauma response in our body. One of the categories is something that happens too much or too fast.

And so if something's coming at you too much too fast, there's no way you can process what's happening and you know, there's, there might be times in people's life where they have, you know, so many losses and and they all happen within a period of time.

It's like I can't process all of these losses in my life. It's just it's been too much too much too fast. That can be a car coming at you too fast right?

Defining Trauma and Its Root Causes

Like it doesn't, it doesn't really matter the actual event itself, it's the body's experience of that happened too much too fast and I couldn't keep up. I couldn't process as it was happening.

So there's too much too fast. The other category of experiences that causes a trauma response in the body is too little for too long, too little of something that you need.

And it's just been too long going without that or going with too little of it. And so for those experiences, we can look at, this isn't something that happened too much too fast. All packed into one moment in time.

This was a long drawn out thing where, yeah, at first we're okay, we're not great, but we're okay. But then how long can you be okay without having something that you truly need? And whether that's food, whether that's water, whether that's love, whether that's touch, we have needs and we can be okay for a period of time.

But then for how long and everybody's, you know, body is different. So everybody decides what they're too long is, but it's too little of something for too long and the body just can't keep up anymore.

And so it goes into this collapse and that collapse is the trauma response in the body. – And so what's actually happening during that trauma response?

Like it's kind of like there's a moment where is there like is it like that where a moment where the needle just flips and I mean we have these, we have this nervous system and it does different things for us and so talk a little bit about that, like what's going on in the body with this response?

And how do we, how do we start to know when, when things are a little bit spiraling for us? – Yeah, and I love, I love sharing this because it helps clarify for people when in their life they experienced the stress and when, what they experienced was a trauma.

Because when they go to their health care providers, their health care providers, they don't know this information about the trauma response. And so they may tell them, oh, you're so stressed when actually no, they're in a trauma

response or they may even say, oh, you have chronic stress when actually it may be trauma.

So there's a lot of what I call a misdiagnosis happening. So it's really important that people understand that difference and be able to feel that difference in their body so that in any given moment in time they can check in quickly and say, alright, am I in stress response or am I in the trauma response?

Because they are very different and they require a very different approach. Very different tools. So, for the stress response, let's think of that first. And I want people listening to imagine that they're holding up a rock and however big you want to make this rock, I don't care. Just you're holding up a rock, right? And when we're holding things up, it's stressful. And we're thinking about, okay, what do I need to do next? How do I not have this rockfall?

Like how do I hold all the pieces together? You know, it's a very active process that is energizing. It's energizing and so you may experience that, you know, you're constantly thinking about it. There's this hypervigilance about it where you're super focused on the problem in your life, because you're you're solving a problem.

Like you're actively engaged in the process Now, when the trauma response happens, and you are right, that it is just that momentary change in our physiology that happens when the sympathetic nervous system which is controlling our stress response, our body decides that it can't hold up that rock any longer.

And that the best way for us to survive this is actually just to let the rock fall, even though it's gonna crush us in the process. So, in that moment there is this felt internal sensation of a collapse and a person.

Their physiology, their biology goes from a very high metabolic state, high energy state. I've got energy. I'm holding this rock up, I'm gonna keep holding the rock up, what can I do? Who can help me too?

I can't anymore, right? And even just as I say those words, I feel it in my own body, right? Like there's just this collapse of energy, I can't anymore.

And the body goes into a trauma posture and the trauma posture is where your shoulders come down. You kind of, you know, double over over your stomach, your head comes down. People will also recognize this as the shame posture because shame is the trauma response and you feel the draining of your energy and now you start to have thoughts of, I can't do this anymore.

What's the point? I don't care anymore. Thoughts that are very different in the stress response and the stress response. Oh, you care and you care a lot because you have the energy to care because you have the energy to do something about it in the trauma response.

What changes in the body is that you don't have the energy, You don't have the energy to care and you don't have the energy to do anything about it. So what this looks like this may be when a person becomes super irritable with everybody and just wants to push everybody away, they snap at people Well why are they snapping?

Isn't that you know, expressing that? They're stressed, no snapping And other people is their attempts to push people away to conserve energy. I just don't have the energy to deal with you right now.

You're taking up more energy than what I have to give right now, every bit of my energy is going to just keep me alive right now just to get me through this.

So I don't have any extra energy to give you. So back off. Right and go do whatever you want to do because right now I don't care. So it's also, you know the picture that comes to mind like the mother or the father who's sitting on the couch and their feet are up and maybe they've got a glass of wine out and their kids are running around and the parents like just go outside and play, I don't care what you do, I don't care where you go, just leave me alone. That's the trauma response.

So the difference in the stress and trauma response in regards to sleep is also very evident because if you're in the stress response, you're going to be staying awake because you're actively solving a problem and your mind is

working out solutions in the trauma response. You actually don't want to get up, you want to, you want to be asleep, you want to stay asleep, you don't want to get up in the morning.

Now your thoughts can still be on that hamster wheel, so you can still have the racing thoughts about the problems and pain. But the difference is is that you're not really moving towards solutions, you're just letting the thoughts be the hamster wheel, you're not taking action because you don't have the energy to that action is taken when you're in the stress response.

And so when people look back at their life, they can see different times when they have felt the stress and the energy of that stress. And I'm going to do something about this and I'm sure that they can find times in their life where they have felt the collapse of, oh my goodness! What just happened?

I have no idea what to do. I can't do anything. I'm just gonna stay kind of in this shock numbed state. – So, can you clarify for me, is it linear? Do you, do you go through the stress response and then the trauma response happens and then we have to unwind and go back through stress to get back out?

Or can you go right, can you go right to trauma? And then can you get right out of trauma without backing through stress? – Oh, I love that question. So there is only one stress response. There's only one trauma response, because there's only one nervous system in the body.

Yeah. And so this is a very predictable pattern now. What happens is that depending on when a person first started going into the trauma response or overwhelm if you want to use that word that determines how long they're able to stay in that stress response before they go into the trauma response.

And so yes, you are right that it is a very linear road to the trauma response where if a person is in parasympathetic and that rest and digest and calm and everything is good, I am safe, I am secure. Even if they're starting in that place and many people are not even starting in that place anymore, but say they are and something happens, there's some type of threat. There's some type of danger that whatever it is, whether it's real or not right? The body doesn't know any difference and they have that initial startle response. The startle is always the beginning of the stress response.

So we look for a startle response. When was the first moment that you heard the news?

Stress vs. Trauma in the Nervous System

When was the first moment that you saw or suspected that something was off? That's the startle response. And you can feel even with that, right? Like there's there's like this, this, you know, you're turning on the ignition, right? Like you're not going anywhere yet in your car, but you're turning on the ignition, you're getting ready to go somewhere.

And so there's this activation, there's meaning there's a little bit of a surge of energy with the startle response. And then what happens next is so much based on a person's prior life experiences and how they've been patterned, it's like a habit. Do you stay in the stress response or do you immediately go into the trauma response? Because what should happen is that if the threat and danger is real, you go even higher. So now you're gonna put your gas on and you're gonna move the car and that's the stress response and you're depending on how big the stresses, depending on how big this danger is, depends on how far your foot is on that gas pedal. For some it may be your flooring it, right, your flooring it.

And then the trauma response is when the body throws on the emergency brake and comes to a screeching halt, now your foot can still be on the pedal, but the emergency brake is on. So you're not getting anywhere.

And for many people, they started experiencing overwhelm in early life before they even had words to describe what they felt, talk about not being able to process what's happening. And so in those circumstances, the pattern that I see in their nervous system is that they're not able to be in that stress response for long. Why?

Because they have been trained. It's almost a belief system that they have now that any stress is too big for me because when they were little, when they were little babies, that was their truth, any stress was too big for them.

But it became such a habit that now that they've grown up their mind and body didn't get the memo. And so when a stress happens, they immediately go, yes, start a response stress and then immediately into that trauma response where they may not even feel that stress response first because it happened so quickly that they went into the trauma response, but that's only only for those people who have had that habit and pattern of feeling that any stress is too big for them.

So they immediately should just go into the trauma response and go into the low energy state. But for everyone else we do spend time in that stress response. And then if we get overwhelmed we go into the trauma response coming out of the trauma response.

We do go back where we came from. So we actually are going to go back up into the stress now is our chance to assess the danger that we didn't assess before because we shut down. We get a look at what this threat was that we couldn't look at before because we were in shutdown and as we then complete that and come back to a felt sense of safety, whether we're taking action and movement in our life or the threat or danger has passed and so we can come back to that felt sense of safety and support after that. – As you were talking. This memory came up for me of when I was leaving our middle son at preschool and he didn't want to say and the teacher was just like just leave him, he'll just cry for a minute and you know what Dr. Aimie like I haven't thought about this and he's now 19 you know what I mean? This is like 15 years ago and that's what came up for me as I was walking down the hallway in that school hearing him cry.

Mommy don't go and I'm thinking this, I'm this is this is what he needs, he needs to start to understand that I will always come back. But in that little mind of his that like that, that was trauma.

And so thank you for helping me see that because I feel like sometimes there's these societal norms that are put on us as women, as parents, as dads, as you know, whatever role we're playing, that that's just how it is and they just need to learn that. And so what do you um those sorts of childhood attachments and now as you defined it trauma because that was too much too soon for him, right? He's like, I don't want to be here, how you and even in your bio, you talk about this as being biological, not psychological.

Can you touch on that a little bit. Yeah. So, you know, the experiences that we have in our life that are overwhelming, what happens is that becomes patterns in our biology.

So this now becomes the pattern in our nervous system and our nervous system is what drives all of our health, all of our health. And one of the big mistakes that I see people making is that they they've come to the conclusion that they've experienced trauma in some way they need to do work.

They need to, you know, go into their childhood or do do whatever it is that they feel that they need to do, but the way that they're doing it is only using their mind talking about it, analyzing it, trying to process what happened by using words and logic that has nothing to do with the trauma response of I felt overwhelmed and this is the body sensation of being overwhelmed. And so even just by talking about it for one, they can re traumatize themselves, right, going back into this story, talking about the story without having any way to create a different felt experience about the story. And you know, trying to tell ourselves that we feel safe, does not actually make us feel safe, trying to tell ourselves that we should feel supported that we have, you know, we have people who love us does not actually make us feel lovable.

So, these things that we have resorted to using logic and analysis is never going to reach the depths of these felt experiences and that's what we need to change. And so that's the work that needs to happen, is going into the biology of what was that experience of overwhelm how did it affect my body? And then what we see is that trauma just by definition of trauma, it doesn't allow the body to just bounce back, like it bounces back from stress just by the fact that it is trauma and it is such a change in our biology from a high energy state to a low energy state, it causes lasting effects in our biology.

And so again, how are you going to change those effects by just talking and using logic on how you should feel differently or how you should have a different perspective or a different angle. Let's reframe your childhood.

But how is that going to actually change these chronic lasting effects on your biology that will keep the body in that place of overwhelm And so what we see is that the more that you try to just use psychology rather than your biology, the more you actually disconnect your mind from what's happening in your body and your body is over here trying to get through life doing it the best that it can. Yeah, betraying us quite a bit because it doesn't have what it needs, but yet the mind is like, what are you talking about?

You have everything that you need, you have everything that you need, you should feel safe, you should feel this, you should this. And so that's where like the mindset, the motivation, the mantra is the affirmations like those kinds of things can be helpful.

And I'm not saying that they're not helpful at all, but they're not going to rewire the overwhelming experiences that have been stored in our body and have now created lasting effects in our biology.

– So tell us a little bit about how you apply the policy vagal theory to medicine and what is, let's let's first of all again, let's define the poly vagal theory for our audience.

– Yeah. So this was something that changed my life and I am surprised that it still hasn't permeated more of medicine. So let's start with what is the polyvagal theory?

Polyvagal theory was developed by Dr. Stephen Porges. And so he was actually working in the neonatal icu. And this was one of the one of the experiences that he found that really shaped his understanding of the human body and what it does to survive.

And so what he found was that there are two, I want to say to origins of the vagus nerve and many people are familiar with the vagus nerve. If you're not, it's a cranial nerve. Tan it comes out of your brain stem and it's what drives your health. It's what keeps you alive.

Biology of Trauma, Polyvagal Theory, and Health Effects

That's what keeps your lungs breathing, your heart beating it your kidneys functioning like your vagus nerve is what is what runs all of those automatically for you thankfully right? So you don't have to think about it.

And the vagus nerve is also what runs your gut. And so we've always known about this parasympathetic state and we talk about it in terms of your rest and digest state and that is all due to the vagus nerve.

And so we've we've had this focus and understand on the parasympathetic vagus nerve. But then with Dr. Stephen Porges brought into light was that there is both a ventral and dorsal origin of this vagus nerve which means that the ventral which just means the front side.

So it's it's the one that's facing forward when communication goes down that pathway. Yes, it turns on our sense of safety, our sense of community. We want to connect with people. Our digestive system is working well.

We can sleep well. We are truly at our best health and we are living our best lives when communication is happening in that eventual parasympathetic vagus nerve. But then there's this other origin and it's called the dorsal vagus nucleus. And when communication goes down that it's the still the same nerve. But when communication comes from that origin that is what communicates this trauma response and the shutdown.

And now that same nerve that just a minute ago was promoting our best health is now promoting shutting down and by shutting down. I mean going from that high energy state to the very, very low energy state where we're just getting through and it shuts down the digestive system and our breathing becomes shallow and slow because the vagus nerve drives our lungs. Our heartbeat normally will go slow as well and everything else in the body down to the cellular level it has turned on the mechanism for conservation of energy because that is what the body has

decided is the best way to survive this experience. It's like the emergency brake that I was talking about the body pulling on that emergency brake is switching the communication to the dorsal vagus nerve.

And so when we talk about the trauma response, this this is how the trauma response is communicated throughout the entire body. And that's why a person if they are in tune with their body, can actually feel the moment that that trauma response happens.

Because they can feel that change happening in their physiology where they go from stress and then the the crushing weight of the rock or that um collapse of energy and all of that, the collapse of the energy is communicated through that door soul nucleus of the vagus nerve. And so understanding that there's two of those that they that you have the eventual. And so yes, you have this vagus nerve that also promotes health when there is a felt sense of safety, but when there is danger that's going to trigger the sympathetic nervous system.

But when that danger feels overwhelming, ah now you've got this third state that helps us survive and it shuts down everything. And that's the pollen bagel theory.

So how do I see this in medicine? My goodness! There are actually many diseases that are strongly associated with this dorsal vagus response for the trauma response, chronic pain, fibromyalgia, chronic fatigue, autoimmune conditions.

These are just a short list of the diseases that are a result of the body, frequently going into this collapse and this trauma response through the dorsal nucleus.

And so for people who have any of these issues, which again, this is a very, very common issues in our world today, I think it is so helpful for them to understand that, wait a second, this this actually isn't a result of stress.

These are a result of overwhelming experiences. We're dealing with overwhelmed, we're not dealing with stress, we're dealing with overwhelming. So let's start working on the overwhelmed and seeing what tools we can apply for that.

– So, would you think that when this, when I was first learning about nerves, like, this is back from my health teacher in high school, and I remember her saying like, there are when when a nerve gets overstimulated and of course, we lived in Canada. So she's like, imagine it, like we got a big winter storm, we couldn't get out of our street and then the big, you know, the big plow comes through and everybody can go easily up and down the street versus being that first truck or car that gets onto the street and you're kind of hoping you don't get hung up on the snow, can you be more? And I don't want to say predisposed.

But if you get into this cycle of the trauma response, are you going to be supporting the ventral part of that nerve? So that that snowplow is going there and there's more happening through that part of the vagus nerve? – So the patterns that I see is that many people, we'll go back and forth between stress and overwhelm sometimes several times in a single day and many of them will test their cortisol levels and they'll see that their cortisol levels are high and be like, see I'm stressed or they'll test their cortisol levels and their cortisol is low.

See I have adrenal fatigue and I'm like, no, no, neither one of those. So the the cortisol is is yes in response to the stress response, but that doesn't mean that you're not also going into the trauma response, but the cortisol is not, I mean the cortisol is not that fast of a responder, so it still will stay high because you had all that adrenaline from the stress.

And then what happens is that over more time your body doesn't have the energy to even give a good stress response. It's now mostly in the trauma response.

And if you have low cortisol, you are definitely mostly in the trauma response. – How does this impact our immunity? Like does it? – Oh totally. Absolutely. Yeah. And and this is again, like a misunderstanding that I have seen in medicine, so what we have what I was taught, right? Like, I'll just share that, what I was taught in medical school and residency and still in the literature today, is that oh stress and chronic stress causes immune problems

and wears down your immune system and may even result in auto immunity and actually what happens is that when you look at the role of cortisol, When you look at the role of adrenaline, those things actually increase, improve your immune system.

So stress improves your immune system and that's why you never get sick when you're studying for the test. When you're reaching for that deadline. Right? When when is it that you get sick?

It's afterwards when that cortisol is gone. So it's not stress. That's that's a big misunderstanding. If a person is having chronic immune inflammation, autoimmune conditions, that is the trauma response because it is shutting down the normal protective and and actually boosting effects of stress on the immune system. So that is one way that we can kind of get a glimpse of lens into a person's system and the degree to which trauma is playing a role in their life is? Let me see your immune system.

Hmm. – So is there is there a biology that does predispose us to experiencing trauma or is that a myth? – Well, we go back to that definition of trauma, right. That's it's anything that for any reason overwhelmed us at that time. And so what if you do have some exposures that you had in Utero or in early life? What if you had lead exposure?

What if you had toxins? What what what if like what if you have food sensitivities, right? Where is your biology at your biology is already doing everything that it can to fight those stressors, you add on one more stress and it's overwhelming.

And so yes, there are different biology factors that actually stress the body out stress the nervous system out in such a way that it makes it vulnerable.

It makes it weak so that any other stress that other people would be able to get through and it just be a stress for them and they grow from that experience because it stayed in a healthy stress zone for them, it completely overwhelms them.

– So for the people who are watching us here, I believe there are no such thing as coincidences. And I hope that some of what Dr. Aimie is sharing with us, everyone is resonating with you. And you might Be asking the same question in my mind where so where what what what's the what's the first step?

And I know, I mean, I know your 21 day program is you know, really frames this for people to go through the journey. But I just wonder is there one thing that you can give us that someone watching this can be like, where do I even start? – Yeah.

So I played around with this for quite some time, right? Because as you started uh saying in my introduction, like this was my personal experience, this is not something that I had the luxury of just learning about.

Like, this was my life. And I had to figure out where do I start? And is this even possible to change as an adult or is it too late? And of all the different things that I've tried and experimented with.

I have found that there's one thing that seems to make the biggest difference and so I start there and I have everybody start there now, it is just the starting place.

So I don't want someone to think that this is all there is to it. This is truly just the place to start. But for me that is body work or what I call somatic work where you actually learn how to notice and track your own nervous system so that you know, which of those states of your nervous system are you in right now? Are you in parasympathetic?

Are you in a stress response right now, just right now, are you in a trauma response right now? And then let's give you some very basic skills tools, exercises, movements that work directly with the nervous system to be able to shift it and create a felt sense of safety in the moment internally. So that regardless of your external circumstances in any given moment, you can immediately create a felt sense of safety and support for yourself.

And that way you're not waiting, you know, for next week or two weeks when your therapist has a spot available for

you to go in and see them. You're not having to shut things down in the moment and wait until you can process things later, like in the moment you need to have the tools to create an internal felt sense of safety and an internal felt sense of support.

So that's where I start. And I had everybody else start now with somatic work. – Okay. And I want to ask as you've been you know, sharing your experience and your wisdom with us and I think you've touched on a few of these, but I'm gonna get you to bring it back together here.

Starting Somatic Healing and Mindset Check-In

What do you think is not being talked about enough in your area of expertise? – Trauma just trauma, trauma is not being talked about enough and they've it's been labeled as stress and there are very different tools for stress and there are very different tools for trauma. They are not the same tools because they are not the same biology. And so as long as we're calling it stress, we're gonna miss the mark and we're not going to be as effective, we're gonna hurt some people in the process because we're going to give them the tools for stress when what they really need are the tools for the trauma response.

So trauma but then also just the difference between stress and trauma. – All right, you make it so clear and I I appreciate that. I want to ask one more question before we wrap our conversation and so you mentioned the starting point being you know, some some sort of somatic tool for people to get in touch with their body. What do you since we're really celebrating mindset? We're dissecting mindset this week and we're just, you know, honoring it wherever we are, wherever we are right now with this concept of mindset, what do you, what can you share with us about something that you do in your own life?

That gives, that gives that mindset part of your life a little boost. – For me it's helping get my mind down into my body and I have lived in my head for so long, that's where it was safe for me to be, that was safe, my safe place in my childhood. Give me a book, give me something to study, give me something to memorize, but don't, don't make me feel, put me in my head where I can think and so for me it's this um it's this conscious mindset of, I now put my attention on different areas of my body and just check in right like stomach, stomach, how are you doing today? Is there anything that you need today feet right like and actually checking in like putting my mind's attention on these different areas of my body to intentionally check in and see what can I do for you today?

You have done so much for me, what can I do for you today? – Oh gosh, it's so good and I think what I, I always um As I do the little, you know the review in my mind of where this conversation went over the last 45 minutes. One of the things that I appreciate the most was your, the definition of trauma and how you so beautifully defined the too much too fast and then not enough for too long because I truly believe like if if you would have asked me before this conversation, like if you had traumatic experiences and I would think like I, you know, I gave birth to three babies was that traumatic? I mean it was painful and you know, the result was beautiful. And I would actually have said, you know, nothing that I would have defined as trauma and you've given me this new frame to work within. Because I do, I, I've experienced where I am like, go, go, go, go go and the stress response and I'll, and I'll say the words like I just got to push through till friday.

I just got to push through and once saturday comes, I'm home free. But by saturday I'm like, yeah, I am in my cocoon and I don't and everyone's like mom, let's go do this. And I'm like, uh no, I'll see.

And so thank you for gifting that to me because I feel like now it's on, it's it's it's a new, it's on my radar and I can recognize it and I can again acknowledge it and hopefully, you know, – I'm very need to teach you some tools now for the trauma response. – Yes, exactly, that's exactly it.

And so where I know there's people that are like Googling you right now, so where's the best place for our audience to connect with? You, learn more about you, learn more about your programs and how they can get started with you. – Yeah, the best places my website, which is traumahealingaccelerated.com, so head on over to traumahealingaccelerated.com a bunch more resources, more, more ideas, more concepts to share with you to just kind of open up your eyes and and some resources. – So good.

Thank you from the bottom of my heart for sharing your wisdom and your expertise. You know, you you impacted us over this last 45 minutes, so thank you very much. – Thank you.

– Alright everyone, so that concludes another episode on the Medicine of Mindset summit. Maybe it's time to do a little check in if you've been sitting for the past 45 minutes, it's time to maybe get up and and ask, hey, but how are you?

I've been sitting on you for 45 minutes. Should I move you a little bit? Should I why don't you go do that check in with something in your body and then we'll see you back here at the next episode.