



Conscious Life presents

TRAUMA SUPER CONFERENCE

The biology of trauma and neurodevelopment

Guest: Dr Aimie Apigian

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[00:00:10] Alex Howard

Welcome everyone, to this interview where I'm super excited to be talking with my friend Dr Aimie Apigian.

And we're going to be talking about the biology of trauma. We're going to explore neurodevelopment and how not completing certain stages of neurodevelopment can impact upon how we meet the world as an adult.

We'll also talk about her framework for the three key pieces we need to work with to have a fully integrated trauma healing journey.

To give you a little bit of Dr Aimie's background, Dr Aimie is a double board certified medical physician in both preventative and addiction medicine and holds double master's degrees in biochemistry and in public health.

She is a leading medical expert on addressing stored trauma in the body through her signature model and methodology, *The Biology of Trauma*.

A new lens that courageously up levels the old methods of trauma work and medicine by reverse engineering trauma's effects on the nervous system and body on a cellular level.

She's currently the founder and CEO of Trauma Healing Accelerated, where she bridges the two worlds of functional medicine and trauma therapy with a mission to help adults accelerate the healing journey of addressing the biology of trauma that keeps stored trauma stuck in the body, mind and spirits.

And her providers certification course teaches providers do the same for their clients.

So welcome, Aimie. I'm very happy to have you at our event, so really happy to have you here.

Dr Aimie Apigian

Thank you, Alex. I am always happy to support you.

[00:01:53] Alex Howard

All right, so let's just give it a little bit of a frame for people who may be new to you and your work. One of the key pieces that you speak so elegantly about is that the relationship between trauma and our biology and that of course, being a relationship that goes both ways.

Alex Howard

Do you want to just start off by saying how that relationship works and why bringing the biology in is so important?

Dr Aimie Apigian

Absolutely. And I think that you and I share this in common with our stories, is that we've realized that just talking about things doesn't really change the trauma patterns that we recognize in our body.

And I still had to find that out the hard way. So I spent years in therapy and I'm like, why is this not working? Why do I seem to be rehashing the same stuff every week? Yeah, maybe it's a different scenario, but it's the same stuff. This is the same stuff over and over again.

What do I need to do in order to actually change things? And so that's when I started really leaning into what's happening in the body. And what we understand is that the body, meaning the nervous system, our survival system that actually runs our body, keeps us alive, it has a trauma response.

It's not just our minds, it's not just our thoughts. The body actually has a trauma response and the body can go into complete collapse and shut down, in fact, or it can go into super high metabolic state and be breaking down all of our protein in order to be giving ourselves the nutrients that we need to maintain high stress.

So the body itself has a whole story to tell us and that's the value of being able to drop into the body and really looking at that.

And so when we drop into the body though, we realize that it's not just body sensations, it's actually the biology and understanding what happens on a physiological level, what happens on a biological level in this trauma response, in the stress response.

And one of the truths that we need to look at is that a trauma response by definition is going to make lasting effects on our biology.

A stress response is just that, right? Like it stresses the system, but it can come back to homeostasis. It can come back to that baseline state where we were before. That's the value of healthy stress, right?

The stress can actually allow us to grow and then we can come back to a baseline. Whereas a trauma response is so overwhelming to our biology that it actually makes lasting changes.

And so of course, you're not going to just be able to talk about a story or talk about something and analyze it and try to use your thoughts to change what has now become your biology and will now continue these patterns of trauma and perpetuate these patterns of trauma.

[00:03:42]

And so you can feel like your body has a mind of its own. Well, it does, right? The body does have a mind of its own and it's called the autonomic nervous system.

And the biology of that autonomic nervous system is what will drive your life and your health. So this has been an essential piece to bring into the conversation around healing trauma.

Alex Howard

And also it'd be helpful to bring in some of the biology that can predispose us, that can make us more vulnerable to the impacts of trauma. So what are some of those biological differences that can, in a sense, shape the place that we meet the world from?

Dr Aimie Apigian

Yeah, so many people have asked me, like, is there a gene for trauma? I'm like, no, there's no gene for trauma.

There may be a gene for that may predispose you to Alzheimer's or a gene that predisposes you to other diseases, but there's no gene necessarily for trauma.

But what does happen is that our body is constantly adapting to our environment and its baseline health will determine what adaptations it needs to make based on how it experiences the environment.

And so it is true that there are biology factors that we can be sometimes born with. Sometimes it's born with, in terms of epigenetics, genetics, environmental influences, what was our in utero experience, what were our exposures in early childhood even?

Because all of that influences our body and our nervous system and anything that's going to make our nervous system just be at a higher threshold for experiencing life as stressful is going to tip that edge closer to trauma when we experience something else that is stressful.

So the body can only hold so much stress and whatever your stress load is going into an experience is going to determine the outcome of that.

Is your body going to be able to stay in a stress mode and be able to return back to a healthy baseline or is that just going to be the straw that breaks the camel's back and your body is now going into that trauma response?

So when we look at the different biology factors that can predispose us, they're everything from biochemical imbalances, so methylation imbalances, this is actually a big one.

It's becoming more, I would say more common for people to be born as undermethylators. Undermethylators, not all of them, but many of them have lower levels of serotonin and dopamine.

Well, if you're born already having lower levels of serotonin and dopamine you're going to be experiencing life more stressful than other babies who have lots of serotonin and lots of dopamine.

[00:07:58]

We know that dopamine is needed, absolutely needed for that bonding and attachment to happen. And so what if as a baby your dopamine levels are low?

That actually means that you're going to need even more from mom in terms of the co-regulation and the attachment and the touch and all of these things.

And what she gives you may not be enough for your system that has a low dopamine activity, whereas for your sibling who doesn't have low dopamine, they can be coming out of their childhood feeling like, what are you talking about? Like we had a great childhood, mom was great and yet that wasn't our experience.

If we are undermethylators and may have had low serotonin and low dopamine levels from the beginning. So there's all these different things that, as I have learned more of this over time, it's just been fascinating, Alex to be able to see, have my eyes open in terms of it's not just emotional experiences.

As much as we have attached trauma to emotional experiences or big scary events like it's actually many times the everyday life, but our internal biology and the state of our biology going into these experiences that actually predispose us to experiencing it as a trauma.

Alex Howard

And I think that's a really important piece for people that sometimes can feel, as you spoke to why am I having this reaction when other people have had the same or similar experiences and not and I think often, as you and I have talked about in previous conversations, often this is one of the pieces that the trauma literature can miss.

There can be such an emphasis on child development and not the recognition of the biology. I'd love you to speak a little bit around neurodevelopment within this as well, because that's another piece of this jigsaw that I think isn't always highlighted in a way that's important.

Dr Aimie Apigian

Yes. And neurodevelopment is a piece that I brought in when I had my son. And I'm so thankful that I was introduced to this because I'm not sure how else I would have come across it, because, again, it's not something that I was taught in medical school in this sense.

Of course, I was taught neurodevelopment. I was taught, like I had to memorize Alex, I had to memorize all of the stages of embryo development and the brain development. I had to memorize the milestones.

Alex the trauma that I experienced as a medical student, having to memorize that.

Alex Howard

It sounds like my trauma as a psychology student and the terrible thing is, I've had to relearn myself half this stuff, 20 years later, you go.

[00:10:37] Dr Aimie Apigian

You understand! You get me.

The trauma of having to memorize all of these milestones and at two months of age, at six months of age, at nine months of age, how would I know as a physician that this child is behind in their neurodevelopment?

But it was all based on can they sit up, can they hold their neck up? Like these types of neurodevelopment.

And it missed this whole section of, is it establishing a sense of regulation? Is it establishing a sense of grounding in this infant? Is what they are doing establishing what their foundation that they're going to need for healthy navigating of life?

Or are they setting themselves up for a life of anxiety? Alex, a life of anxiety. And so when we look at the first level and the first level, actually, when we look at the brain stem, so the lowest level, the brainstem, is the medulla.

And the medulla has to be developed in utero because otherwise, if you are born without that medulla fully developed, you're not going to be able to actually survive life outside of the pregnancy. So that has to be developed but then after that, it's all a matter of a gradient.

And how much of it gets developed and how much gets developed depends on your level of anxiety or your level of security.

And so the next level up is the pons level and this has been fascinating to see, both to learn, but then to see this in real life.

And the way that we see this is we have people get on their tummies and all the direction that I give them is to figure out how to scoot themselves down the floor, keeping their belly button on the floor and they're not supposed to be wearing anything on their feet or on their hands.

So bare feet, bare hand, lay down on the floor, make sure that your tummy stays on the floor, and then just figure out how to move yourself down the floor.

So that's actually what we did in early life, that was our very first movement. That movement is what forms, and I want to say forms meaning helps organize all of these neural connections to be able to create an efficient highway system.

And those are formed from this movement. And this movement would have started, actually, when we were trying to move away from pain, which is a very important thing for us to be able to do in life, right?

Like, actually move away from those things that are causing us pain and people who didn't have this pons level fully developed may still find themselves, as an adult, not moving away from things in their life that cause them pain.

[00:13:32]

They stay there, they stay there, they stay stuck. So we look at the pons level and this movement and being able to see that the movement away from pain is what motivated us to be like, no, I've got to figure out how to move and then being able to move towards something that we want.

And so that's what came next. But this move on the floor, tummy time, but then also the tummy crawl is the key movement that is needed for developing the pons.

And so if a person does not develop the pons, what happens is that they never feel safe opening up to the world.

Because as we lay on our tummies and we push up with our arms, actually, that's what opens up our chest to the world and having that contact of our tummy on the floor is what helps us to feel safe while we open up to the world.

And I can't tell you how many people that I've met, well, myself included where when I started my healing journey, like, that was not safe. Opening up to the world, are you kidding me?

And so part of my healing journey was getting down on the floor and doing some of these tummy time crawls in order to reorganize that part of my brainstem that very strongly informed me and made those trauma patterns be persistent in my nervous system that no, opening up to the world is not safe because we never had that experience of enough time on our tummy.

Or the other thing that can happen, Alex, is that if there is, say, a lot of dysfunction in the house or noise or screaming or whatever and a baby is not going to feel safe to do these movements right, they're going to want to curl up in a ball.

They're not going to want to open up, reach out, move. They're not going to have the energy for those kinds of things.

So that is just a little glimpse into that first level. The pons level that happens from when you're born to about six months of life sometimes extends out to nine months, but more likely, that six months of life.

And so it's fascinating to then see the personality traits and this baseline anxiety that comes from this pons level not having enough time to properly develop.

Alex Howard

I think it's super interesting in the context of sometimes why people can feel stuck with certain modalities or certain types of intervention.

That someone's just trying to do emotional processing work or just trying to do talking based therapies or just trying to work with the kind of biology aspects that you opened up with.

And I think it's a really interesting point that sometimes there's a developmental stage that hasn't been completed and therefore we haven't gained the capacities that come from completing that stage.

[00:16:42] Dr Aimie Apigian

And we know that we have to have that capacity in order to process trauma, right? And if we try to process certain traumas without having that capacity, we're setting ourselves up for a big disaster both in our emotional health but also in our physical health.

That's when I see a lot of flare ups of chronic health conditions, be it chronic fatigue, autoimmune, whatever it is. And so it's so important what you just said there, Alex, with having to make sure that we have the capacity for the regulation to open up certain areas and process those types of traumas.

But that's one of the issues that comes out of this pons level, what I call gap, right? A gap in your neurodevelopment. We're not going to call it anything more than that. It's just a gap.

A gap happened, which means that it's not communicating safety. It's constantly communicating danger so your body is constantly communicating danger close up, to your brain all day long.

And their core fear, their core fear is I will die if I let myself feel. I'm afraid that I'm going to fall apart if I let myself feel. That is the core fear of someone with this pons level gap.

Alex Howard

Well, I've got this funny image of my wife walking into the kitchen later, and I'm crawling around on the floor on my belly, like what are you doing? And I say Dr Aimie told me.

Dr Aimie Apigian

Alex I will be so proud. You will have to send me a picture. I actually have everyone do this who goes through my journey into attachment and neurodevelopment.

Alex Howard

Right.

Dr Aimie Apigian

Just for the experience whether or not they think they have a pons gap because of course, there's different levels of neurodevelopment and they may or may not have a gap elsewhere.

But that pons level is our foundation, and a person will not feel at all like they have a sense of power in their life to move forward if this pons level did not get developed.

So it's been fascinating to see Alex, that when I give them this assignment, be like, okay, today is the day we get on our tummies. There are about 10% that just stare at me, and they're like, I can't, I can't like, I can't even get on my tummy.

Like, that's how much my body is like, no, I am so afraid that I'm going to feel something like, then we don't do that yet. We're not ready for that yet. We're not going to push our body faster than what it's ready for.

[00:19:09]

But just look at how significant this is, right? This is all this that's been stored in your body for decades. For decades. And yes, we'll get there. And so we start this slow process of let me lay on my side first.

Let me think about this, let me be on my knees, let me lay on the couch and just put pillows under my tummy to start having that contact.

But this exercise above all can tend to bring up quite a bit of emotions that surprise people because it's a rather stupid, if I can call it that, stupid, silly exercise. Adults getting on the floor on our tummy. Yeah.

And without doing anything else Alex. Without going into the story, I'm not even having them do any processing, but just what comes up in their body and the emotions that they don't understand.

Well, why don't they understand it? Because it's all preverbal. This is all preverbal. They didn't have words back then. They had no words to express their experience of overwhelm, they were zero to six months of age.

And so when we can look at that, we can start to have even a lot of compassion for that younger part of ourselves that would have experienced overwhelm for whatever reason. Overwhelmed for whatever reason at such an early age that we had already started to shut down.

Alex Howard

And of course, part of our job as clinicians is to push people outside it, to invite people outside of their comfort zones.

I don't know why, but the story that came to my mind, as I remember many, many years ago, working with an undercover policeman, and he was having chronic fatigue, and he was having pain in his arms.

So I started doing parts work, getting him to talk to the pain in his arms. And I never forget when he walked out at the end of the session, he looked at me and it was like, talk to my arms?

I never think he ever got it. Probably even now, almost 20 years later, like trying to understand why I asked.

Dr Aimie Apigian

Looking at his arm, being like, talk to my arms.

Alex Howard

But that's our job sometimes to invite people to these unusual places.

I'm also curious about some of the different ways that we can see those unresolved traumas showing up in life.

[00:21:34]

So that's a great example that you gave around someone not being able to open up to the world. But what are some of the other signs of not necessarily that developmental.

It's not really a block, I guess, the developmental not completing, non completion. But yes, what are some other ways that we see unresolved trauma showing up?

Dr Aimie Apigian

Well, lots of ways. And it can be anywhere from who we decide to be in life. So actually part of the neurodevelopment is, was it safe to express needs?

And so when it's not safe to express needs, what do we need to do? But we actually need to shut off the emotions, the sensations, I should say, from our body.

So if we're hungry and our mom has been taught to feed us on a schedule, and so it's not time to eat yet, even though you're hungry and you have no words because you're still very young, so you're crying, you're yelling, you're screaming at the top of your lungs.

And then for some, they either continue to cry, for some they just give up crying. But either way, if the need is not met, then the message that lands on our nervous system and gets embedded into our body is that, oh, I shouldn't have those needs.

In fact, I shouldn't have any needs if I want to be taken care of, if I want to be loved because that attachment relationship has to be protected at all costs.

And so a baby, an infant will adapt themselves to whatever they need to be and do to protect the attachment, the relationship.

But then what happens is that a lot of bracing starts to happen. And it's been fascinating to see, Alex, that so many people have bracing patterns and aren't even aware of it.

And so one of the main bracing patterns that comes out of early childhood and neurodevelopment is this thoracic inlet.

And so there's a lot of nerves that pass through this thoracic inlet, one of them, of course, being the important vagus nerve and so when we hunch up our shoulders, we can actually cut off some of those sensations coming up from our body.

Not necessarily all of them, but even for those listening. This is an exercise that I lead my people through in that journey where let's experiment around with, hey, I want you to brace and see how the sensations in your body change and they notice the intensity goes down.

I just don't feel my legs as much. I don't feel my stomach as much. And so from early life, we can start to naturally go into bracing patterns to protect ourselves from these overwhelming sensations.

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But then what do you see? You see adults walking around braced. I'm thinking of like, a lot of the military guys and a lot of the first responders, right?

They're always braced and their musculature has built around this bracing pattern so that they're braced even without bracing. They're braced without knowing and to do work with them.

Part of it is this very small dosages and steps into, okay, let's support. Let's actually hold up the shoulders so that the shoulders can relax. Because if we just tell the shoulders to relax, they're going to be like, no, you don't understand what I do for you.

It's not just tension that I carry, I am protecting you from so much. I'm protecting you from sensations, I'm protecting you from emotions, I'm protecting you from body memories that will come up.

I'm protecting you, so no, I can't let go and so we actually have to come in and provide support so that they can be like, okay, someone else is holding it up, so that means that I can let go.

And in that process, being able to, yes, go very slowly, but slowly start to open up that new experience of I can actually again open up, let some of this anxiety, let some of this bracing go and things don't fall apart. I don't fall apart.

The other bracing pattern that I see quite a bit is in the hips. And so anytime that the body goes into a trauma response, the stomach, there's a lot that goes on in the stomach.

Yes, the vagus nerve is shutting things down, but the whole digestive system can feel like there's pain, there's a knot, there's a knife. And we really want to just double over our stomach when we are going through a trauma response.

And so what the hips want to do is they want to contract and bring our legs up so that our stomach literally is protected by our legs. And so the psoas muscle, which is part of that contraction of the hips...

Alex Howard

Aptly named.

Dr Aimie Apigian

Right? There you go, there is a muscle there that can carry so much of this chronic bracing without us even realizing it. But then that of course is going to affect our posture, it's going to affect our walking, it's going to affect our running.

We're going to be having more injuries when we do go out and exercise because we don't realize that our psoas muscles are carrying all of this bracing and tension and anxiety and are naturally going to result in things being off and more rigid and stuck than if they were healthy and fluid and flexible and all these things that we get to experience as we continue on our healing journey.

[00:27:35] Alex Howard

I also think just to amplify something that you touched on, that it's important is how often it's unconscious that we're doing this right.

It's like, I think about how, for example, in a relationship we can be emotionally defensive even if we're not actually physically bracing. There can be a sort of, and often we don't realize it and sometimes we get called out on it and then we just defend our defensiveness.

And so to be able to change this, of course, there needs to be some awareness and recognition that we're defending or we're bracing in the first place.

Dr Aimie Apigian

And I think that being able to understand it through this lens of you did this at such a time in your life when this was the best thing for you to do. Like this isn't a bad thing. This is what helped you survive at that time.

And then it hopefully can take away some of the judgment that we've placed on it and placed on ourselves and be able to work on these patterns that we see the defensiveness even as it shows up in relationships, not even just in our health, but in every area of our life.

Because if this is our foundation, it will grow the fruit in every area of our life. And being able to have so much compassion for that, yes, we need to change it, but also changing it from a place of you helped me survive, I'm so thankful and not needed anymore.

Like our life has changed. I'm an adult now, I have tools now, I have resources, I have support that we didn't have back then. And so this doesn't need to be the rest of our life because that's a lot of pain to have for the rest of our life.

Alex Howard

Yeah and also that bracing and defensiveness is ultimately because there's a place in us that doesn't feel safe to be seen. Or doesn't feel held to be able to be in the world.

So I guess part of the question is there's the awareness piece, but also in terms of the practices and the tools of what in your experience helps us build the resources we need that we don't need to brace or defend in that way.

Dr Aimie Apigian

For me, they come down to three essentials. And so for me, it's like the three foundational pillars. Not to say that other things are not important, that is not what I'm saying at all, but that these are essential.

Meaning if a person has two of these but misses the third one, their healing will not be as complete. Their opening up, their feeling safe, will not be as complete as it could be.

And so for me, the three foundational pillars are somatic work. Like actually being able to drop into the body, feel body sensations, move through body sensations, track your nervous system, actually have that connection with your body.

[00:30:47]

The second piece is parts work or Internal Family Systems. I have found that talking to the arm, I'm sorry, is going to be essential.

And then for me, that third piece is the biology. Like we have to be able to come in and we have to make changes to the biology because otherwise we continue to fight our own biology.

And so we have to be able to identify what are those pieces in our biology that are perpetuating this anxiety, perpetuating this trauma response, perpetuating this bracing?

Is it a copper zinc imbalance? Is it zinc deficiency? Is it that I had a pons level gap? Is it that I have micronutrient deficiencies?

What is it now that either was biology that came as a result of chronic overwhelm or predisposed me to chronic overwhelm and that if I don't address it, I will be fighting my own biology for the rest of my life.

And so those are the three foundational pillars that for me are essential. Are essential, yes.

Alex Howard

And in your experience, do they happen kind of sequentially or does it happen to happen at the same time, or should they happen sequentially, like one after the other? Yeah. How do you decide with folks how to put it together?

Dr Aimie Apigian

So, as a physician, right? I'm a medical physician, hardcore medical physician, and I found that I had to start people with a little bit of somatic work before jumping into the biology work.

And so here I am teaching them some basic regulation skills and as they build their regulation skills and they start to spend more time regulated, guess what happens to their physical health?

We're seeing a change in the baseline, and guess what? That opens up us to being able to do more work on the biology now. And as we do more work on the biology, guess what happens over here to the somatic work?

We have more capacity now to hang with those uncomfortable body sensations and to do the somatic work and to ride the waves that can come up and complete cycles that we never completed before.

And as we do that, guess what happens to our parts work? Well, we have more capacity to do parts work, but even Alex, to be able to identify parts of ourselves that our minds and our bodies have just not even been willing to acknowledge their presence and so they all feed off of each other.

[00:33:19]

Either they all feed off of each other in terms of creating more trauma in our life and more pain, or they can feed off of each other and actually promote an increasing capacity to do more of the work as we do it together.

So I don't see it as a sequential thing necessarily, but I do start everyone with a 21 day journey into somatic work so I can teach them basic regulation skills and then from there I invite them to do some parts work.

And let's do a little parts work, let's not do all of it, you're not ready for all of it. But let's start, let's start with a little bit, and then we'll do a little bit of biology work, and then we'll go deeper with the somatic work and deeper with the parts work and deeper with the biology.

And it starts to become a process that we don't have to control, and we just get to look at, hey, what's coming up now? What seems to be holding me back in my life today right now?

Then that's what I work on today and if that's somatic work, if that's parts work, if that's biology, okay, then that's my work for today. And I get to trust the process as I see that process unfolding.

Alex Howard

It's also, in a sense, a recognition of the multifaceted nature of trauma. Sometimes what people think they want is the kind of magic bullet or the single thing, but in the next breath, they're making the kind of the case for how many complexities there have been in their experience.

And so how I often think about it is if the problem has complexity, the solution has to have some nuance, but it doesn't need to be more complicated than it needs to be.

Dr Aimie Apigian

Yes, I agree with you 100%. Trauma and the body going into a trauma response has many facets and it's like a big nod of thread that we get to start to untangle and piece out and eventually what happens is that it just kind of all falls together, right?

But being able to say, oh, no, there has to be this very sequential thing for every single thing for every single person, I don't think that that's honoring the complexity of our body.

But yet within that complexity, Alex, like what you've just said is so true. There's a predictability within that complexity.

And that's what we get to come back to and say, we know how the nervous system works, we know how this trauma response works, we know this stuff.

And so we know where to apply gentle pressure and we get to see what the result is for our bodies that day as we apply gentle pressure in these areas.

Alex Howard

And of course, one of the keys here is that once we have some movement, that then unlocks more movement as you're speaking to because I think sometimes the hardest thing is people just feel so stuck, it becomes hard to get inspired or motivated to do something, right?

[00:36:31] Dr Aimie Apigian

Yes. And then I'm going back to my conversation around neurodevelopment, right? Like, why are you so stuck? Why can we not move?

Yes. That is part of the trauma response. Part of that trauma response is immobility, but that's also a strong feature of our neurodevelopment. And did we not get the movement that we needed back then? And so we chronically feel stuck in our lives.

And so that may be a piece that someone needs to bring into their healing journey, not necessarily at the beginning, but as you say, just as you start movement, then it's easier to stay in movement. That starting can be the hardest thing to do.

Alex Howard

Yeah. And as you've been saying, just to really amplify the point here, that just as there's the kind of vicious circle or the downward cycle as one part impacts another part, there's also a virtual circle or an upward cycle where you move one piece and the next bit gets a bit unlocked, and then that means the next bit gets easier and it's building that momentum, which is so important.

Dr Aimie Apigian

Yes and that's why I love doing this work, right? I love working with someone, say, on their biology. And as we're working on their biology, they just have this epiphany, they have this new insight of a new part of themselves and I'm like, where did that come from? We're working on your biology over here.

But it's true that it just unlocks, it unlocks. And so for me, there's such a wisdom of the body and whether we're talking about the trauma response and the trauma response having been a wise choice at that time, or we're talking about the healing process and the body knowing what it's ready for.

And as we give it what it needs, it unlocks things, it opens up, it shows us the next step that it's ready for.

And so there's a wisdom of the body that unfolds even in this healing process that I think that for those, certainly for me, when I was beginning, I was so used to controlling everything.

I need to control exactly how this goes, I need to know exactly what's going to happen here, I need to know it all. I need to make sure it's going right and being able to relax into the process of, I know what I need to know today.

And as I do the work today, the next thing will unlock for me, the next thing will unfold for me.

And I don't have to be afraid of that anymore because I have the tools, I have somatic tools, I have parts work tools, I have biology tools, I have tools that whatever my body says, okay, we're ready to work on this piece now.

[00:39:19]

It's okay, I'm ready for that. I'm ready for that because I know that it's going to free me up from more pain that I've had in my life, open up that area of my life and even take me and unlock the next level of healing for me. So there's such a wisdom of the body that we get to tap into as we do this work.

Alex Howard

Yeah, that's beautiful. Aimie, for people that want to find out more about you and your work, what's the best place to go and talk us through some of what people can do with you?

Dr Aimie Apigian

Yeah, so the best places to find me is over on my website, also on social media, they can search for me with Dr Aimie. The website is traumahealingaccelerated.com and there they will have lots of resources.

So I have resources on the biochemical imbalances that I see in people with trauma responses. There's guides on attachment and neurodevelopment. So there's lots of free guides for them to be able to take advantage of and start to learn more about this biology of trauma piece.

And then they can decide whether they want to go on a journey with me. I'm doing starting place weekend to healing retreats, the 21 day journey. That's a great place to get started.

And then I also have my Biology of Trauma summits annually that they can come and get more of this kind of stuff and start to learn more of the biology piece of trauma that has been missing.

Alex Howard

Fantastic. Dr Aimie, I always enjoy our time and I think there's some really important pieces here, so I encourage people to check out your resources and I look forward to our next conversation.

Dr Aimie Apigian

Likewise Alex, thank you.