

## AJR Dr. Amie Apigian Transcript

0:00:01 - Annr

Julie Ryan, noted psychic and medical intuitive, is ready to answer your personal questions, even those you never knew you could ask. For more than 25 years, as she developed and refined her intuitive skills, Julie used her knowledge as a successful inventor and businesswoman to help others. Now she wants to help you to grow, heal and get the answers you've been longing to hear. Do you have a question for someone who's transitioned? Do you have a medical issue? What about your pet's health or behavior? Perhaps you have a loved one who's close to death and you'd like to know what's happening? Are you on the path to fulfill your life's purpose, no matter where you are in the world? Take a journey to the other side and ask Julie Ryan.

0:00:43 - Julie

Hi everybody, welcome to the Ask Julie Ryan Show. It's where we blend spirituality and practicality to help you live a life of purpose and joy. What if trauma isn't just a memory from the past, but energy still living in your body today? Dr Amie Apigian is a physician who's double board certified in preventive and addiction medicine, and she's dedicated her life to understanding the biology of trauma. Through both science and spirit. She shows how unresolved experiences can live in our nervous system, quietly shaping our health, relationships and even our destiny. Join me and we'll explore how trauma becomes stored in the body, how it can manifest as illness and, more importantly, how healing can open the door to freedom, vitality and a deeper connection with our soul's purpose. Please remember to subscribe, leave a comment and share this episode with your family and friends. Now let's go chat with Dr Amy. Amy, welcome to the show. I'm so delighted to get to talk with you today.

0:01:55 - Amie

Well, I'm delighted to be here. This is going to be a great conversation.

0:01:59 - Julie

Absolutely. Can unresolved trauma be passed down through generations, even to children who never met the ancestor? We see it in descendants of Holocaust victims. I think that's fascinating, all those stories, and sometimes the trauma is felt three or four generations later. How's that work from a biological and a spiritual standpoint?

0:02:24 - Amie

Isn't this fascinating, it's wild yeah.

Yes, it's one of those concepts that we're like okay, we can. What's the science of that like? Is this science? Or is this like woo-woo? What is this?

And we have the hard science, as you mentioned. We have even Dr Rachel Yehuda's work coming out of the Holocaust, generations down, and seeing still the impact or the footprint of the changes to their DNA. So we know that this gets passed down, and I've seen it being passed down in the same areas in which our own bodies hold on to trauma, and that's the mind, the body and the biology. So I've already mentioned biology. We do have these changes that can be passed down through our epigenetics or these tags that get placed on our DNA, and it's also being found at the body level, or what I refer to as more the somatic memory, and our bodies have somatic memories. This would be an example of someone who's had a car accident somewhere and when they drive the same road, even though this time they can see that they are not in an accident, nothing bad is happening, their body still has a reaction. So their mind is saying everything's fine, everything's cool, but their body starts sweating, their heart starts beating fast. Their body has this implicit memory of we know something bad happened right here. We're gathering that information.

So that's the body, that's the somatic level, and we have stories. We have stories of people who have these sensations that, when we trace it back, these are the sensations of their ancestors. Maybe their grandmother had a drowning experience, maybe some other ancestor had another experience, where they're feeling it in their body and they don't understand it because it's a somatic sensation that's not really connected to their life at all, but their generations. And then the mind, and this is very obvious in people who've had upbringings by people who have migrated, for example, and so much of their philosophy comes out in this idea of you know, you have to work really hard and education is above all. So you must become a doctor, you must become a lawyer, you must become a dentist, and so there are these beliefs that get passed down as well, and that would be the mind level. So, whether it's us or our generational trauma, we're still impacted on the mind, body and biology level.

0:05:10 - Julie

My meemaw, my beloved meemaw, who died six weeks before she turned 100, used to say when we were little now you need to put a hat on because it's windy out there and you're going to catch a cold. And to this day and I'm in my mid-60s now I can hear my Meemaw saying you better put a hat on. Well, you know you don't catch a cold from the wind, for heaven's sakes. But she was born in 1902, and that's what she was taught.

I understand that part of the equation. The part that baffles me is when, back to the Holocaust victims, their ancestors died in the camps and this is two, three generations down. They never met them, they never heard the stories from that grandmother, great grandmother or grandfather or whomever. And I in my work with clients, sometimes there'll be a past life situation that we can unfold and we'll get dates and times and information that we can validate with documentation online, and sometimes that ancestor will come in and will help clear that memory and that reaction. But from a biological standpoint, what's going on? How does it get into the DNA?

0:06:30 - Amie

The mechanism is actually through oxidative stress, and oxidative stress is one of the core mechanisms by which our own past becomes our disease and our physical health.

0:06:44 - Julie

Is oxidative stress different from regular stress? Yes, what?

0:06:50 - Amie

is it? There are many forms of biological stress. We can have toxins that are stress. We can have foods that are stressful to us. We have hormones the adrenaline and the cortisol are sort of the stress hormones and they can get released in different times.

So there is different stress per se and so much of it comes down to this simple radical that's called oxygen radical and it's damaging. So we call that oxidative stress, and normally our body has mechanisms to clear that out and it's designed to be exposed to things that will create oxidative stress and then to be able to do that repair and that cleanup. Except when we are constantly in survival mode, we're not doing that cleanup. The, the survival mode, it's a state, it's a physiological state. It shuts down all of these natural repair and healing strategies that the body has, and so it thus compounds the problem, because now we're continuing to be exposed to more and more things, even in our environment, as well as our own stress. But then this tension and this background stuff from generational trauma, and it's only accumulating rather than being able to be cleared out and cleaned up when we sleep and when we rest and when we have these periods of recovery, and so so much of the imprint on our DNA comes down to this aspect of oxidative stress and we even have a test that can measure this now, and this is not the best and only test for stored trauma in the body, but it certainly is a great

marker for the degree of epigenetic changes as a result of oxidative stress. Epigenetic changes as a result of oxidative stress, and it's specifically a oxidative damage that has happened to one of our bases. We have four bases of our DNA A, t, g and C, and G, or guanine, is the one that attracts this oxidative stress more than the other bases. So we can measure how much of the guanine in our DNA has had this oxidative damage and actually have a pretty good measurement of what's my set point for developing an epigenetic trigger or condition.

As many of your audience will know, cancers are generally considered epigenetic. We can have autoimmunity. That's epigenetic. We're fine, things are building under the surface, but we're fine until something happens. There's some kind of trigger and it's often something that relates to an emotional event that puts us into some big emotions and that ends up being the trigger. Why and how? Because our DNA was already coming with this oxidative damage, whether from generational trauma, combination of our own stuff. And now it's just waiting for that trigger, that final straw that breaks the camel's back, that says that was now too much. And now things are going to start to fall apart and we get these diagnoses.

0:10:02 - Julie

You've just triggered about 15 million questions in my head, in addition to the pages of questions I've prepared for you. First of all, I agree with you all medical conditions are preceded by some kind of emotional event. That's been my experience in working with tens of thousands of people from around the world. Number two I watch dna healings happen energetically and I watch the ATCs and Gs get re-sequenced, as if we're watching somebody play Scrabble in warp speed. It's one of my favorite things to do are the DNA healings when spirit's working through me and with me to help that person heal. I don't remember ever seeing a DNA healing that had to do with trauma. Usually it's some other physical thing going on. But you're bringing this into my awareness. I fully expect I'm going to start seeing some DNA healings with this. Number two, with this epigenetics, and for those who don't know, and help me with this explanation epigenetics is basically your environmental stuff and genetics is what's in your DNA coming from your ancestors. Is that correct?

0:11:20 - Amie

Exactly. We have this code and I like to talk about it in terms of a book and a library, because I am a book reader and I used to work in a library. So for me, the DNA is like the text in the book the text doesn't change. But when you come into the library, will the librarian allow you to check out that book and take that book to read, or is that one on the closed shelf that you don't even are able to access it?

So the sequence itself doesn't get changed with an epigenetic marker, but what those markers do are say no, you cannot read this gene or this book. Or yes, it's open, you can read this one. And then, when we read it, what happens in our body is that proteins are made from those genes, and proteins are what do things in our body. Without proteins, we can't do anything. We can't make energy, we can't clean out toxins, we can't fire neurons that tell our muscles to move. So everything in our body is based on proteins and that's where we get them from from reading these books or reading these genes, which is why it's a big deal if they have epigenetic markers that say you can no longer read this gene.

0:12:41 - Julie

Back to the oxidative stress, that type of stress. Are there certain things that trigger that type of stress, that are different from other things, that trigger different types of other stresses?

0:12:56 - Amie

Ah, what a great question. And when I decided that I needed to do this deep dive study of the nervous system, I came to the conclusion that stress is stress, whether it's emotional, physical, biochemical stress is stress and it has the same response, creates the same response in our

cells and our body. And then there's this line, and when that line gets crossed, that is no longer a stress. Now we're dealing with something that some people have called toxic stress. I call the trauma response, because it's very different than what we just saw of the stress response. So when I talk about stress, I am looking at it through the lens of what's happening in us physiologically. There is a very specific stress response and it depends on our cells capacity, capacity, meaning our cells have an ability to make energy. Well, how much energy can they make and how fast can they make that? If I have to run from a lion who's going to chase me right now, do I have the capacity to run? Do I have the capacity to run fast enough? Or what about long enough?

0:14:17 - Julie

Good, luck with that. Good luck outrunning a lion.

0:14:21 - Amie

Exactly right. I've got to have a certain capacity and as long as I have the capacity, then that is a stress response, because I can tap into my capacity. And it's like a bank account Do I have the funds in the account or do I not? If I have the funds in the account, I don't like to have to pay the bill, but I can pay the bill. That's the stress. But if I don't have enough money in my account and oftentimes the difference between stress and trauma is energy, if I don't have enough energy in my account, I'm going to have to take a withdrawal, I'm going to have to go negative. That is not a stress. That is, I might die because I don't have enough energy to respond to this stress in the way that I need to.

So both the stress response and the trauma response create oxidative stress. But in a stress response it's like a sprint and at the end of the sprint there's only one of two possibilities Either we won the race and we overcame, or we didn't, and we've got to switch survival strategies because we couldn't sprint fast enough or far enough to overcome the danger. But if we overcome, guess what happens to our body. Overcome, guess what happens to our body All of that oxidative stress that was built up in the flurry of energy that we had to create to run from that lion. It all gets cleaned up, and that's the difference between what is a stress for our body. Whether it's emotional, psychological, physical, biochemical doesn't matter.

It all creates oxidative stress and the idea of the stress is that our body can recover and clean up the damage that happened as a result of that. If it overwhelms our capacity to respond and to clean up, then that's when our body's moving into the trauma state, very different than the stress where it's like a sprint and then we recover and then another sprint and then we recover. We're designed to actually have stress and to have it be a good thing. This is how we live out our life. Purpose is we rise to the occasion and we upregulate our energy when something really matters to us. Regulate our energy when something really matters to us, but it's when we cross a line. That's now the trauma response and that's when all of the oxidative stress that is created during that process of trying to overcome the danger is not able to be cleaned up. It just sits there and then that's what creates disease and all kinds of problems later on.

0:17:07 - Julie

Do animals? I keep seeing in this, this picture in my head, of a dog coming in after it's been running or even when it's wet and it's trying to dry off, and they start shaking it. It's like the head and the neck shake and then there's this wave of energy that just goes all the way down out their tail and it's fun because you see them kind of, you know, twisting all the way down their body. Is that how animals can discharge stress? Animals in the wild, others, let's say antelopes getting chased by a lion and he escapes, the antelope escapes. I've read that the animals have a way to discharge that stress and we humans have ways to do it, but we've just forgotten them and we're so inundated with stress that we just don't even think about it.

0:18:02 - Amie

Is that true? Yes, this is true, and specifically, it's adrenaline that we need to discharge. And there's actually a few ways that we can discharge that, and I can go through a few of them so that your audience can know what we're talking about when we talk about stress needs to be discharged. But what I teach is how our adrenaline, the amount of adrenaline that we secrete, is in direct proportion to the size of the danger that we see. That makes sense. Now, of course, this opens up a whole other conversation around your perception of danger versus the reality of danger. But we're just going to stick right now with here's all this adrenaline and it has just been secreted and it's coursing through your blood. And what happens? If you now look at the situation and you're like there's nothing I can do, and in that moment, that's when your body says, well, if there's nothing that I can do, that will make a difference. It's better for me to not do anything. It's better for me to conserve my energy.

In the animal kingdom, this is when an animal will play dead, because if I play dead, either maybe I won't be noticed or maybe they'll lose interest and think that, ah, I should go off and try to catch someone else, because then I can come back and get both of them. And so this idea that there's a different survival strategy that is switched on when we have a moment where we realize there's nothing I can do to make this bad thing stop, and this bad thing feels so big that I don't know how I'm going to survive this. I feel like I might want to die instead of be here, feeling this, facing this, and so in that moment, what happens to all of that adrenaline? Now we still have all of this adrenaline. The adrenaline hasn't gone anywhere. But adrenaline is intended to move us to action. And when we don't move to action because now we've gone into freeze, paralysis, shock, gone into freeze, paralysis, shock and shutdown that's when the damage of the adrenaline really halves on our tissues, because we're not discharging that adrenaline. On the other hand, if we are in a place where we feel like we've got the capacity to respond and we feel that adrenaline and we take action, whatever that action is. Maybe we're a firefighter and we're charging into a house to save the people and to fight this fire we're taking action, we're in movement. That's how they are discharging their adrenaline. It is much better for us to be moving more than to be in action. And this is going to be a challenge, then, for just our whole modern shift, where we just, in general, we sit a lot more, we sit in front of our computers all day instead of going out and working and being physical, because that's discharging our adrenaline.

Now there are foods that we can eat that will also bind adrenaline and help discharge adrenaline, foods that we can eat that will also bind adrenaline and help discharge adrenaline. So this is interesting, that for people who are feeling really anxious, we know that they have that adrenaline in their blood. And it's very interesting to see what foods do you crave? Because they will crave the foods that create an emotional numbing, like gluten, so breads and dairy. Both of those have proteins that bind our opiate receptors to not feel the intensity of the emotional pain.

But there are also foods that bind adrenaline and help discharge or metabolize adrenaline so that we don't feel as anxious. So it's very interesting for people to start to be curious about hmm, I'm really craving a food right now. What food am I craving? Why would I be craving this right now? How is this specific food, not just any food. It's not the carrots and the cucumbers that we go for. Why this specific food? How is it helping me right now? And it's often related to this idea that you've brought up around adrenaline and needing to discharge adrenaline and other than movement and trembling and shaking and all of these other things that we can do, there's also food and metabolizing it so fascinating.

0:22:41 - Julie

All right, so that's a heck of a tease. What are some of the foods Discharge adrenaline, girl? You can't just put that out there and then we're going to move on. I want to know what some of the foods are, because I think most people go to sweets or, like you said, the processed foods to help them when they're stressed out. And then they're on this roller coaster ride. I lived most

of my life like that. I've been sugar sober for six and a half years. I was a sugar girl. For most of my life, I'll have to say I was weaned on Twinkies, when that's not far from the truth. But what are some of those foods that will discharge adrenaline?

0:23:25 - Amie

Yeah, so some of the foods that will create adrenaline are caffeine, of course, coffee, and when we drink caffeine on an empty stomach, it creates more of a adrenaline response than if we're drinking caffeine with some food in our stomach. So even that can be interesting for people because, honestly, some people like the stress. Some people are so used to the stress that stillness feels very uncomfortable, and so they create the level of stress and they often find themselves drinking caffeine on an empty stomach in order to create that adrenaline level that they're used to. This is also true for foods that we have a histamine response to.

Don't know how many in your audience have histamine issues. It can be more common in those people who consider themselves empaths or highly sensitive people. Oftentimes that's a histamine. And so, looking at what foods trigger histamine because histamine will trigger adrenaline the foods that will help metabolize adrenaline these are going to be your foods, like the lentils and beans, which is interesting. Not everyone can do well with those kinds of foods, so even that's a whole conversation to have around why our bodies develop some sensitivities to different foods, but those are going to be the foods that naturally bind adrenaline and help your body metabolize it and will help create a background sense of calm rather than a background sense of anxiety for someone.

0:25:17 - Julie

Does that adrenaline hit to also pertain to people with ADD and ADHD? That when they've got that adrenaline hit, it helps them focus better? I've read a lot about that.

0:25:29 - Amie

Yes and yes, and this is one of the ways that we can know. I tend to not use the terms ADD and ADHD, though I understand like what we're talking about, I tend to think of it in terms of nervous system dysregulation. Their nervous system is all over the place. It has a hard time focusing, and it's really actually because they have a hard time filtering what is not important. Our nervous system collects information all during the day. That's what its job is. Its job is to collect information so that it can keep us safe, and so all those things that we're not paying attention to that noise from the refrigerator, that background fan or the background hum of the AC or the heater those are things that we are not paying attention to unless you are a dysregulated nervous system, and the more dysregulated nervous systems always feel like, no, I need to be paying attention to everything, which means focusing on nothing, and so the adrenaline actually helps them focus.

This is one of the misunderstandings that I see that people have between the difference between stress and trauma. During stress, if it's a true stress response, it helps you focus. You are the most focused that you ever are because of the effect of adrenaline. Its job is to make you focus in on the problem so that you can figure it out and figure out what you need to do, whereas once we cross that line, everything changes and now your body feels fatigued, feels exhausted, feels heavy. It doesn't feel strong and powerful like it does in the stress response.

But your brain specifically here's what's fascinating to me your brain specifically has an inflammatory response when it goes into the trauma response. And so now you've got immediate changes in your brain that create a sense of brain fog. Even some people describe a sense of that out-of-body experience where they're so disoriented from themselves from time, time can seem to slow down, and this is all because of the changes that happen in our immune system throughout our body and in our brain when we go from stress, which is go, go, go to the survival strategies of the trauma response, which there are three of them dissociate,

immobilize and conserve your energy wow, okay, you say trauma doesn't just happen to you, it happens inside you, locked in the body.

0:28:31 - Julie

It weaves itself into your health, sometimes even creating disease. What's going on behind the surface? And I always of stress, and you just touched on this, amy. Stress causes inflammation. Chronic inflammation is the root cause of most disease and illness. Am I in the right track with that?

0:28:55 - Amie

Yes, and we've been taught this. We've been taught that stress creates inflammation. We've been taught this. We've been taught that stress creates inflammation. And it's actually not stress. It's what happens after we cross that line. And so during stress, we have adrenaline. Adrenaline is the primary driver for about 15 minutes, and then we have cortisol come online. So when I talk about trauma and stress, they are inner experiences and it has more to do with our inner experience than what's happening outside of us. What is the specific event? And that is why nothing can be happening, and yet inside, a person is having a stress response. Some people are having a trauma response, and yet nothing bad is happening outside of them. Or two people can be in the same place at the same time experiencing the same thing, and one person is having a stress response, the other a trauma response. So the response is determined more by our inner world and capacity at that time, not necessarily about what's happening outside of us. So as we look, then, at stress, stress is going to immediately release adrenaline and then cortisol.

As a physician, I was running the emergency room as a general surgery resident at one point, and so patients would come in and they would have airway constriction, they'd have all this inflammation. They had asthma, so they had this airway constriction from all this inflammation. And what did I give them in the moment to decrease their inflammation? Same thing for a patient coming in with autoimmunity they had experienced an autoimmune flare-up and there's all this swelling, there's all this inflammation. As a physician, what do I give them to decrease inflammation? I give them cortisol, I give them adrenaline or epinephrine. So how is it that I give them those stress hormones to decrease inflammation if we've been taught that stress causes inflammation? And so this is where I started looking at how does the body respond differently after it has crossed this line? And once it crosses the line, that's when the break, which is the cortisol, the cortisol break is taken off, and now inflammation can happen because the break has been taken off.

We see this also in college students. They've done so many studies. I'm sure that you've had this experience, because I've had this experience where you're in the middle of exam week or whatever pressure and deadline is on you, and as long as you're in that pressure cooker of the timeline and deadline, you don't get sick. When is it that you get sick Afterwards? You get done with exam week and now you're on spring break vacation and now you're sick Great timing, right. Like every college student gets frustrated with that. And yet that's the body and it's stress response. Stress is not what makes us sick. It's when we've crossed a line, and now that line is what has put our body into this other state where disease, sickness, exposures are what are predictable.

0:32:33 - Julie

Speaking of college kids, I worked with college women for a dozen years at the University of Alabama, which is an hour from where I live, and they drank those energy drinks like nobody's business, especially during Rush. You know, sorority Rush and I when I got there and I saw them and they would do them in shots and they'd take them like in between the different events and stuff, and I said no, you guys are not allowed to drink that stuff because some of them would be drinking, drinking them all day, and I said you guys are going to have a heart

attack. We're not doing this. And they're drinking coffee and they're drinking Cokes and they're drinking whatever else. Do you have an opinion about those?

0:33:19 - Amie

I've got lots of opinions about those. One of the primary thoughts is that this is what human beings do. This is what we do to our body. We push our body. We say I want you to perform at this level. I'm not going to listen to you, I'm not going to take care of you, I am going to help you perform by pushing you, by stimulating you with all of these substances. That is not a great solution long-term. We can do that in the short term. But the problem is that these students become adults and even as adults, we're still pushing our bodies. We've never let it be just a short-term strategy to get through a stress. It's become our default way of living and that's the problem.

Stress plus rest is what grows us. Stress plus stress plus stress is what overwhelms us, and overwhelm is when we cross the line, and now we're having a trauma response in our physiology. It's no longer the stress response. So what I teach is that the stress response is great, it helps us rise to the occasion and it comes at a cost.

When are you going to pay the bill? I like to pay my bills right away, so that I don't have to pay for those fines that they put on my credit card when I haven't paid the bill for many months. It is much better for me to pay the bill right away after I've had a stress response than to say, no, I'm going to keep trying to push a little longer. No, I want to try to push a little longer. I can only push so much for so long before it becomes too much, too fast for my body. And the other reason why we cross the line is it's been too little for too long. And when we college students or anyone else push our bodies to that degree with no rest, we are going to cross the line and we don't realize it at the time because we're not having to pay the bill right away. It's not often until we're in our 30s, 40s, menopause that we're having to pay the bill, and then it's a big bill.

0:35:46 - Julie

It seems like it's similar to weightlifting you stress the muscle and then the muscle benefits from it. Am I understanding that correctly?

0:35:57 - Amie

Yes, and in fact, I include a story of my patient, kenneth, in my book to illustrate the difference between this, because this is exactly what he did. I was a general surgery resident, he was a veteran. So he's in the gym lifting weights and he comes into the emergency room because his bicep is now in the middle of his arm. It is no longer attached to his shoulder, where it should be. It's sitting as a ball right here and I'm like, oh my goodness, I'd seen this in the textbook but I'd never seen this actually happen. What happened? He went to the gym and, rather than honoring his body's capacity, he was like, no, I should be able to lift more. And he lifts more than what his capacity was and rather than grow his muscles, it broke his muscle.

That's the line. Like every tissue has a line that can be crossed. Every person has their line and that's the line that we need to know. Where is my line? Where is my line today? Where is my line right now? So that I make sure and not cross that line anymore, because there is no growth in overwhelm. It's the stress plus rest that equals growth.

0:37:15 - Julie

Is trauma subjective? You touched on this earlier and I'm thinking okay, somebody that grows up in a dysfunctional home, let's say, an alcoholic home, somebody that's in a really bad car accident, somebody that witnesses something horrific, and all kinds of different scenarios there, where one person would see this as a trauma based on their perspective and somebody else would see it as a stressor Is that what you found in your work, or are there certain experiences that all they're just considered to be a trauma across the board?

0:37:52 - Amie

Yeah, what a great question, and it reminds me of my training as a physician, where we were given the adverse childhood experiences checklist to go through with patients to see what is their ACE score. And really what we were wanting to measure was how much trauma did you have in your childhood that it becomes a predictor for your diseases as an adult? But what the science shows us, like you say, it's more about a person's inner experience, experience than the outer event. And for every person, then what I'm asking them now is when in your life did you feel so overwhelmed and confused that you didn't know what to do? And we're very alone in it.

Then that starts to elicit times and memories and experiences that normally may not be on the checklist of. Have you had this happen to you? Have you had this happen to you? And so we're missing a lot of trauma by focusing on events, but at the same time, we're also lumping people into this trauma category that may not belong there because, while it was awful, they actually didn't feel alone when they were going through that. Maybe they had a best friend, maybe they had a great teacher, maybe they had a grandmother, and so if we're just asking about the event we're going to be checking it off, being like, oh my goodness, look at all this trauma you've had. But maybe for them it wasn't because they didn't feel all alone in it. It's the feeling alone in something overwhelming, unbearable, unbelievable that creates the inner trauma response unbearable, unbelievable.

0:39:50 - Julie

That creates the inner trauma response that makes a lot of sense. What have you found is the outcome of somebody seeing trauma as something that has a biological and a spiritual component, and not just psychological? Have you found that when there's a biological explanation that goes with the psychological, perhaps that people are more willing to listen to it and it's less of a stigma?

0:40:23 - Amie

That's a great question, and once people understand the science, how it really is, an inner physiological response creates damage to our biology. That then creates this feedback loop and keeps us stuck, because there has been a lot of stigma and even a lot of stigma around. Oh, you're such a weak person. Why can't you pull yourself together, why can't you just move on? Or why can't you just have faith? There's all of these judgments and criticisms that not only other people can say, but we can tell ourselves. We can have those voices and those parts of us that you know.

It's like an inner critic, and so being able to understand the science and being able to say this is what my body does and this is what every human body does in response to a certain level of threat. If it's a small threat, medium threat, but I feel like it's manageable, my body is going to respond. I can't not respond. That's what my body will do, because it is designed to keep me alive at all costs. As the level of the threat escalates and we get to a level that feels like it's an inescapable life threat, my body is going to freeze and shut down and there is no amount of willpower that will change its response when it feels like that's the best strategy to employ to help us stay alive. So I think that there's been so much of a idea around the power of our brain and our thoughts that's done us a disservice in understanding the role of the body in trauma and the body's wisdom, the body's decision to respond through upregulating energy or to freeze, play dead, or to freeze, play dead, play nice, fawn, freeze and shut down in order to help us survive.

But I think in every situation, this trauma response then is so pervasive that it is going to affect our spiritual life as well. It's going to affect our spiritual beliefs, because every body that goes into a trauma response now develops distrust. That's part of the trauma response is I don't

trust you, I don't trust myself. And that distrust is applied to everything. It's applied to the world, it's applied to our perspective and our relationship with the God of our choice. We no longer trust, have that implicit faith, because if you let this happen, how can I trust? And so that is so much of the healing journey. The healing journey is one of opening ourselves back up to trust, back up to connection, to love, and even establishing that connection trust and love with ourselves first, and then that extends to others and our spiritual life.

0:44:13 - Julie

Which is probably the hardest part of the physiological, biological, spiritual, psychological.

0:44:23 - Amie

Well, there are limitations to what we will call the quality of research that is accepted by mainstream and the medical and trauma experts, and this is a problem because the majority of the research that they want to see is called placebo research, meaning a person does not know what they're actually receiving to have their psychology influence the results. But if you are a patient or a client and you are receiving talk therapy, you kind of know that you're receiving talk therapy. There's no placebo for that. If you are receiving somatic work, inner child work, energetic work, you kind of know that that's what you're getting, and so, unfortunately, we're never going to be able to design a type of study where it could be a double-blind, placebo-controlled research that the beings that control what gets published and what gets accepted is going to say this is a quality research. So I have, then now started to go into show me more experiential cases, show me what's happening with people with these different modalities, and what I have found is that the more modalities that a person can integrate, the faster their healing journey happens. And I look at it as a person wants to do something that does address the mind level. I use my modality for that. I've used the parts work and the beliefs about myself to do that piece, and it's worked well for me. It's what I teach in my courses. But there are many other brain-based modalities that a person can say, yep, I've got that piece. Great. If we only do that piece, though whether that's CBT, which most research has been done on CBT and I do not agree with the results of those studies that show the efficacy of CBT I think it's much less than what the research likes to show. But we look at that and we look at them needing that piece and being able to bring that in through various modalities.

But what about the body peace? If we neglect the body peace? Our body is still under the influence and the impact of the past. So even if we've changed our thoughts, even if we understand our triggers, even if we can understand where we need to have better boundaries in our life, with our family or whatever it is, we can still have the body responses that take us places that we don't want. So I can know that I have a family reunion coming up and I can do all of my brain-based stuff to say, okay, I'm going to do this differently, I'm going to have a plan and this is what I'm going to do and have it all planned out. But let me tell you where that plan is going to go.

As soon as I walk in that door, or even on my way there, and my body starts having these sensations, the twisting in my gut of feeling like, oh, I'm going to walk into that house, and what's the first thing that they're going to say to me? Or what am I going to see? What am I going to be walking into? Right? So, even though my brain, as my patients will tell me, my brain feels like it's been fixed, but my body, my body, is still feeling very much like that small child walking into that family reunion. Why? Why is this? It's because we haven't done the body piece yet.

And then we look at the people who have some form of chronic health condition. Whether it's a diagnosis or not, there's just these issues that we have. We don't sleep well, we don't feel well, our skin breaks out, we've got this bloating and this pain in our gut or whatever the issue is. That's the biology piece, and if we have not been able to address the biology piece and we're

still dealing with the physical health issues that come as a result of chronic trauma stored in the body, then that's not true freedom yet either. True freedom is being able to say my mind, my body and my biology are no longer under the negative impact of the past. It's not that we want to forget the past, but I don't want to live under its power and its fear.

0:49:19 - Julie

Especially if it's ancestral trauma that you're not even aware of. For heaven's sakes, what we talked about at the beginning, Thank you. And you just think well, what's wrong with me? I've done all this stuff, everybody's said, and what am I missing? And so a lot of times that's when they come to me because they've got some kind of a physiological thing. They've seen multiple physicians, gotten multiple diagnoses, multiple treatment plans, and they're coming to me kind of as a last ditch effort, going what the heck, how do we do this? And I'm like a human MRI and I can see inside their bodies, with their permission of course.

And there's something that's totally basic that the physicians are missing, and it's the root thing. And then we always go into what's the emotional component that goes with that. That's the most important part of a healing, In my opinion. We can fix body parts all day long, but if you're still, you know, got the emotional thing and it's causing you to leak energy and not be able to access the energy to your point earlier, what's the point? It's like your car's broken. You get a new radiator, but you got a dead battery. Well, it doesn't matter that you have a new radiator, your car's still ain't going to run and it's a similar situation. I want to get into some simple things that people can do to help themselves Before we go there. How did you get into being interested in this trauma vertical? Was there a catalyst that caused you to look at it from a different perspective?

0:51:00 - Amie

Yeah, I never thought that I would be going into studying trauma and the body, and it really became a catalyst when I became a foster parent and then adopted. And now, looking back, of course, I can see the layers deep. I can see my generational trauma, being Armenian, and the genocide that my grandparents went through and have incredible stories of what they had to do to survive. And then they came over to North America. They got on a boat that was headed to North America and then all of that trauma that they experienced even here after arriving.

But then my father was adopted, and so there's some of that energetic, the energetics around that relationship that I had with him and wanting to still repair that relationship and almost recreate it in order to do something different. And so there's many layers deep around why I think that ultimately, I found this as my calling, but being able to see how much even a young child was already impacted by trauma really led me to find answers for him first, my son first, and then I got very sick. I got sick with all of the health conditions that are associated with childhood trauma. Never thought that I had a bad childhood. Certainly would never have used the word trauma for my childhood. And yet my body had a different story, and that was when I really pieced together the biology of trauma, realizing how much my own biology was keeping me stuck in those patterns, no matter how much trauma, work and other personal development things I was seeking out.

0:52:48 - Julie

And a lot of that was ancestral for you too, because of the Armenian component. Was your dad an Armenian child who was adopted, or was he Armenian through adoption, just with the name?

0:53:01 - Amie

Yeah, Armenian through adoption. So there is that whole side of that as well, of his birth mom and the circumstances around her pregnancy and his birth and the adoption. So it's a lot of

pain, a lot of fear, a lot of emotional wounds that I think we each get passed down to us from our ancestors.

0:53:27 - Julie

When we heal it in ourselves. Does that help? I've heard this from many practitioners more in the spiritual space, but they say when we heal ourselves of ancestral trauma, we are healing our past generations and we're helping to heal it going forward for future generations. Have you run into that at all? Do you have any thoughts about that?

0:53:52 - Amie

Well, as a physician, I definitely know that when we change our biology and epigenetics, it definitely helps the future generations because we are not passing that down. I have had many patients describe experiences where they felt that their healing was also the healing of their ancestors. It's not something that I, as a physician, can measure, it's not something that I can necessarily understand, but there's been enough of them that have expressed that's the experience and the sensation that they have that this is not just layers deep within themselves but layers deep into their ancestry. That feels like it's healing, something that has been passed down.

0:54:42 - Julie

I heard it so much that I believe it, and when I ask spirit about it, I get a yes that it does. It helps them heal and the interesting thing about this, too, is the personality of the person stays with the body when somebody dies has been my experience, and all spirits are pure love. And if that was the case, which I believe it is why do those ancestors need to heal their trauma and drama if all that personality and all of that stayed with body? And this is my hypothesis? I'd love to hear your take on this.

My hypothesis is that our spirit keeps reincarnating to I don't know if I pronounce that reincarnating, however to explore and experience things in a similar script, like look at it from a different perspective, and there'll be a very general script. Like somebody wants to be a teacher or somebody wants to be an immigrant, and maybe you're the immigrant, maybe you're the spouse of an immigrant, the child of an immigrant, whatever. We're looking at it from a bunch of different perspectives. So they come in and that person's spirit wants to explore it from a different perspective, which helps them expand. And when their offspring are healing their own trauma, it helps the person who's maybe reincarnated, help develop, whatever their story is and what they want to explore and experience. Who knows? This is just a hypothesis, but does that make any sense? Develop whatever their story is and what they want to explore and experience.

0:56:23 - Amie

Who knows? This is just a hypothesis, but does that make any sense?

0:56:28 - Julie

You know, I'm also of the same opinion, like how can I really know? How can I really know when we go to heaven? Is it feasible? Yeah, do we know for sure? No, Will we know when we go to heaven?

0:56:35 - Amie

Yeah, exactly what I see, as are the possibilities that we have. That, I believe, is the true meaning of life for each of us, is this idea that everything is working for us and it's working for us to help us become our best selves, to become more and more of that pure love. And while we go through experiences and have different events that we don't understand, how could this ever be working for me? And being able to see it through that lens, I think, is part of the healing journey where we go from that place of feeling more like a victim and more of the helplessness

that is always part of the trauma response to eventually getting to the place where. I would choose that again, because of how it has helped me become my better self and more grounded in love, but be able to be more of an open vessel for pure love.

0:57:54 - Julie

A creator.

0:57:55 - Amie

A creator.

0:57:56 - Julie

Creator instead of a victim? Yeah, absolutely. Can you share an example of a client's breakthrough that illustrates what's possible when they combine all these different aspects of your protocol? Is there one that comes to mind? A patient or a client who comes to mind?

0:58:20 - Amie

This is why I love to do what I do, because there are so many stories, there are so many patients, and even just as I'm getting done with traveling to a conference and having people come up and share with me their stories of going from just going through life whatever that looked like for them, but definitely not in their best health or their best self and this is, for me, is one of the important principles of this is it's learning the science of our nervous system. It's not learning a specific program or a specific protocol. This is learning about your nervous system. This is learning about the human body and becoming an expert in your own human body and how your body survives anything, everything that it has survived. So when I look at that, you know, I mean I think of the patients who I started with, even addiction medicine.

I started with families who had adopted children and repairing of that relationship and actually having those children adopted from China and Russia and Guatemala and some of the harder places where they come out, having very intense trust and attachment issues and being able to see their relationship become beautiful, become connected, become loving and trusting to the patients that I've had that have gotten off of substances that they've been on for 40, 50 decades, because they finally know how to create their own inner safety, so they don't need to seek relief from the constant anxiety and fear and sadness and loneliness that they otherwise felt.

To the patients who had chronic health conditions and there have been skin conditions, digestive conditions, autoimmunity, people in wheelchairs and they're out of their wheelchairs I mean, it's just. There's so many possibilities and I think that that's one of the values of working with the nervous system is that you're really working at the true root that drives everything else, drives your actions, your behaviors, your thoughts. It drives your relationships, it drives your health, and so you will see changes in all of these areas of your life. It won't just be one, because we're working at the root of our survival.

1:00:51 - Julie

A couple more questions as we're winding down here. You say consistency beats intensity. What's one small daily action that anybody can take to rewire their own biology over time?

1:01:07 - Amie

Yes, it is the consistency over intensity. It's better to do small things, but consistently, than a big, intense thing once a week. So for me, there are daily practices that we can do that start to create those micro moments of safety. So for me, I rely a lot on somatic self-practices, where I am using touch or movement or some, creating a different sensation in my body. When I notice, especially when I notice myself starting to go into anxiety or starting to go into overwhelm, I know how to pull myself back yet now and be able to create those moments just

throughout my day so that I'm not getting to that place where I'm like, oh no, I'm going into overwhelm, but I've been able to redirect and bring my body back to safety.

So the somatic self-practices are really helpful and I'm certainly happy to share my nervous system reset, have a five-day nervous system reset with your audience for them to try just some somatic self-practices that help their nervous system reset. But I find that those, done consistently, do great shifts in our biology. Several weeks later, in 21 days, the changes are quite remarkable in our biology and how we sleep and our depression and our anxiety and digestive issues and the energy and fatigue that we have. These are the things that we see shift, with small but consistent things like somatic self-practices where we can learn to create our inner safety in the moment.

1:02:39 - Julie

Can you give us a couple of examples of those five practices?

1:02:44 - Amie

Yeah, so there's, there's 21 that I end up teaching, and one of them I'll just do it right now is shoulder support.

So oftentimes we feel that we're carrying the weight of the world on our shoulders and actually what we then try to do is we try to tell our shoulders to. You know, tell our shoulders to drop. They're not going to drop as long as they feel that they need to carry the weight of the world. So actually what we want to do is we want to put something underneath our arms to support our shoulders and lift them up, but they're not having to hold themselves up. And this is there's a whole science behind this but you want to provide a relief for your shoulders, but not have them be down, have them still be up where they have been, but now you're holding them up rather than having them hold themselves up. And just that is one example of a somatic self-practice that then you'll see and feel a whole body shift as your body kind of aligns itself with oh, we have a moment of safety where we don't have to carry the weight of the world right now.

1:03:55 - Julie

So that can be in the form of armrests or putting your arms on a table that's up a little higher.

1:04:01 - Amie

And this is what I have people do. Just experiment If you're in a chair, well then, bring in a bunch of pillows and just kind of rest your arms up on pillows. If you're at a desk, put the desk at a level where you can support your shoulders. And yeah, that support is a very intentional word for me to use around, supporting our body, supporting our stress, rather than just trying to make our stress go away. And then can you share one more Sure? Another one is what I call creating space. And so people imagine that there's a big rock in front of them and they bring their hands up as close to their shoulders as they can and they push away, but they push away so slowly, as slowly as they can, and then they go to full arm extension. And that process of creating space is often what is needed in order to create a moment of safety where they feel that they have the space to think, the space to breathe, the space to just be for a moment, because everything's not just crowding in on them.

1:05:04 - Julie

Beautiful. Last question why do we incarnate?

1:05:09 - Amie

I think it goes back to my answer of all of life is about for us to heal at deeper layers. For me, that means being able to feel at deeper layers, heal and love at deeper layers. For us to become our best selves.

1:05:28 - Julie

Beautiful. You're brilliant. God bless you for the work that you're doing, my goodness, on behalf of humanity and all the people out there, because it seems to be more and more people are just overly stressed, almost paralyzed. I don't know if it's all of our electronic 24-7 being bombarded with all this information. I'm sure that plays a part and that's a conversation for another day. And I really appreciate that you're shining light on this, because obviously you're seeing it from a different perspective. And what I appreciate too is you're seeing it from a perspective that doesn't involve a pharmaceutical. And you were talking about doing research.

Before I'm an inventor of surgical devices sold throughout the world. I've done clinical research in huge university medical centers. I know what's involved and it's. When you were talking about your research and what's out there, I thought, well, yeah, it doesn't involve a pharmaceutical or a device. Those you know it's hard enough to do those, let alone what you're trying to do. So thank you for really being a trailblazer in this arena and helping people throughout the world understand it's not just in their head, it's also a physiological thing, and when I was prepping to talk with you today, I thought that's going to give people so much relief just in that point alone that no, they're not crazy, they're not losing their minds. There's really a physiological component to what's going on here that's affecting how they feel.

1:07:15 - Amie

Exactly Taking away some of that shame. That just drives us deeper and overwhelm anyway.

1:07:20 - Julie

Exactly? How can people learn more about you and your work?

1:07:24 - Amie

Yeah, my work is called the Biology of Trauma, so my website is [biologyoftrauma.com](http://biologyoftrauma.com). I have a book, the Biology of Trauma just came out September 23. And so they can find that at [biologyoftrauma.com](http://biologyoftrauma.com) forward slash book have. Biology of Trauma just came out September 23. And so they can find that at [biologyoftrauma.com](http://biologyoftrauma.com) forward slash book have Biology of Trauma podcast and Biology of Trauma courses.

1:07:42 - Julie

Well, congratulations on your book and thanks again for all the work you're doing. In the meantime, we're sending you lots love from Sweet Home Alabama, and from California too, where Dr Amy is. We'll see you next time. Bye everybody.

1:07:57 - AnnCr

Thanks for joining us. Be sure to follow Julie on Instagram and YouTube at [AskJulieRyan](http://AskJulieRyan), and like her on Facebook at [AskJulieRyan](http://AskJulieRyan), to schedule an appointment or submit a question.

1:08:13 - Disclaimer

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