



Reverse Autoimmune Disease Summit

Dr. Keesha Ewers Interviews Aimie Apigian

- Dr. Keesha: Welcome back to the reverse autoimmune disease summit. I'm Dr. Keesha Ewers and I am delighted to bring to you Dr. Aimie Apigian, who is called Dr. Aimie, fondly, by her patients and clients. She's the preventative medicine physician who specializes in trauma and attachment. During medical school at Loma Linda University in California, she fostered and then adopted a four-year-old boy who ultimately changed her life and her career, as he continued to struggle with his emotional and behavioral issues. Despite trying everything that conventional medicine and therapy had to offer, Dr. Aimie committed to finding answers and how to heal from attachment and childhood trauma. Six exhausting years later, the pieces all came together for his healing and she started helping other families so that they could get the change in connection much sooner. I'm actually going to let her talk about the rest of her bio as we talk in our interview and I was telling you, Dr. Aimie welcome to the summit, that I'm always very excited to find another medical provider who has realized you can't separate the mind from the body.
- Dr. Aimie : You cannot separate them. Right, they cannot be separated, they're one synchronous machine.
- Dr. Keesha: That's right and we have all these... It was when I was working in the intensive care unit as a nurse that I started realizing this many years ago. I was 20 and I started realizing that the pulmonologist and the cardiologist and the nephrologist and like nobody knew the fingers on the hand weren't working together, so the hand didn't function very well. I started really, deeply thinking about this medical model that we're in. I'm not trashing the medical model because if I had a heart attack or needed my appendix out or had a broken bone...
- Dr. Aimie : That's what you were doing.
- Dr. Keesha: That's what I would do. I would go straight to the places where that specialty exists, but when we start talking about autoimmune disease, which is what the summit is about and reversing it. There are some other factors that play, and I'm talking right now to somebody that's specializing in attachment and trauma and people might think, "What does that have to do with autoimmune disease?" Right? But the thing of it is, as people get diagnosed in adulthood and even now in childhood with autoimmune disease. I call this one of the pandemics of our time.
- Dr. Aimie : Yes.

Dr. Keesha: Yeah. It's going up and up and up along with the rates of autism going up and up and up. People should be shouting this from the rooftop that it is an emergency in our culture. As people are handed the diagnosis, all of their childhood attachment issues come to the forefront.

Dr. Aimie : Yes.

Dr. Keesha: I'm going to explain that as we go through this interview for our listeners, but first I just want to define attachment. I'm going to turn that over to you so that we can start off with people knowing what we're talking about.

Dr. Aimie : Sure. So, when we talk about attachment, the simplest way to think of it is your attachment style. This style is actually developed by the age of 12 months and it's definitely influenced by other factors in the next few years of life. That's how early an infant develops either a secure, safe, calm feeling within their body or an insecure feeling in their body. This is all in relation to their dynamic and their environment and their relationship with their mother and their ability to feel like she gets them, she understands them, she can help them, she can regulate them. When an infant is first born, their nervous system is not capable of regulating themselves and so you'll see that quite often where something will startle the baby or there'll be a loud noise and they'll always look to mom first like that's their resource. If she's attuned and present and aware of her need to regulate her child's emotions, then they start to develop that life is okay, "I'm okay." They move on in their life to then see the world as a safe place, as a generally safe place. They see themselves as competent, not necessarily needing to know everything, but knowing that they have people that they can go to for resources when they don't know something. I mean it's their foundation for interacting and even seeing the world.

Dr. Keesha: Let's stop right there and then we'll come back, I'm just going to kind of layer this for people. When somebody gets, we can use Joseph Campbell's Hero's journey, so there's a big challenge that comes in. In Joseph Campbell's Hero's journey model, that would be your feeling separated from the world that you used to know because now there's this big challenge. You don't have the skillset to navigate the challenge, which is why it's called the challenge in the first place because you don't have those skills. If you choose to accept this as a call to action to go learn a new skill and become integrated and master it, then you have a whole pathway that is laid out before you. If you think that this challenge is too overwhelming and you have not developed the skillset to understand that there are resources out there for you and that you will be okay,

Dr. Aimie : Right. Yes.

Dr. Keesha: This can be a pull the covers over the head, reach for a numbing out behavior, whether it's Netflix, shopping, porn, gambling, addictive relationships, drugs, alcohol, all of it. Or it could even be crossfit for heaven's sake or meditation, right? Anything that's going to distract you from actually taking care of what your body is, screaming, to tell you as a feedback mechanism that it needs some attention. You haven't learned how to self

regulate and self-soothe your own nervous system because you're not resourced. I want people to really understand why you're here and what I'm talking about. [Laughs] When I hand someone a diagnosis like, "Okay you have an autoimmune issue here," and then launch into, "Here's the plan to reverse it," the good news is it's reversible. Then, they glaze over and manage that and often times times it's because of this. Okay, continue on.

Dr. Aimie : Just to tag along with that, when a person has this insecure attachment, their threshold for stress is lower. So, they will tend to get to that place of overwhelm earlier than another person who has a secure attachment style. So yes, especially when you're being given a diagnosis, then that will tend to be much more overwhelming and you will more quickly go to that place of, "Oh my goodness, this is going to happen and then this and then this", and then you've created this whole scenario in your head and it becomes overwhelming and you need to numb out, shut down, lash out, whatever it is.

Dr. Keesha: Right. So, I want to help you get on track with talking about attachment at developmental levels, if that's where you're going and then we'll layer it in again.

Dr. Aimie : Absolutely. In the first 12 months of life, the dynamic between the mom and the child is going to develop that attachment style of the young child. What is concerning, especially as it relates to the autoimmune crisis that's happening, is that whatever attachment style the mom has is the attachment style that the young child will have. There are different factors that will influence the severity of that, but when we look at the statistics right now in that 70% of our general population in the United States at least has an insecure attachment, this is what is going to be passed on to the next generation and every generation, it's going to be even more than that 70%.

Dr. Keesha: Now, I want to point something out. You can actually be nursing your child, love your child very much and be doing this [she shows herself distracted by being on her phone].

Dr. Aimie : Yes. Oh my goodness. Yes. Dr. Keesha, you're speaking my language now? Yes.

Dr. Keesha: Here we are. Okay. I'm nursing. I'm doing the right thing.

Dr. Aimie : I'm doing the right thing.

Dr. Keesha: And what does that do?

Dr. Aimie : It's actually causing what's called attachment trauma for the infant because when their nervous system and their tendency to get overwhelmed with their own emotions and without mom being attuned and aware of that, then they experience a level of imbalance in their nervous system. That is a trauma because it leaves lasting effects on the development of their nervous system and then after, of course, their immune system because the nervous system and immune system dance very closely together.

- Dr. Keesha: That's right. Oh my gosh, this is so important. This also causes relationship traumas of all kinds.
- Dr. Aimie : Of all kinds. [Laughs]
- Dr. Keesha: When my husband and I go into restaurants and couples will be like, [she shows herself distracted by being on her phone] at the same table but doing this. I felt pleased like we are never becoming that. Right? You can always pick out the couple that's just dating as opposed to the ones that have been together for a long time.
- Dr. Aimie : Right.
- Dr. Keesha: Because the ones that are dating are looking at each other, they're curious, interested. That's what your intent, has just come out of this warm hot tub of being tied to your heartbeat, any emotion that you feel is really attuned to you and then it comes out into this cold, scary world. This is it, like this is it. [Laughs] So, they actually require this eye to eye as they're growing and developing this connection. They're still connected because the umbilical cord has been cut, right?
- Dr. Aimie : Yes. Technology has really done some damage for the attachment style for our younger generations because the normal dance that would happen between a mom and an infant, the nonverbal communication that would normally happen. A mom is going to miss that when she's even having the child in her lap, but yet on her phone because that's where her attention and energy is going. So, she's missing the subtle cues of her child without even realizing it. For me, that's one of the saddest things is that moms will ask me like, "I thought I did everything right. Why is my child showing signs that he has an insecure attachment?"
- Dr. Keesha: Let's talk about secure, insecure. Those are only two very kind of large, broad categories, of attachment styles. If any of you know more about attachment, you'll know there's a whole long list of different kinds of attachment styles, right? But let's just talk about what it looks like to see a securely attached child versus an insecurely attached child.
- Dr. Aimie : The difference is obvious. Probably one of the best examples I can give you is when you walk into the grocery store and you see the mom's trying to shop with their kids. A child who has a secure attachment is going to see their mom as the leader and so they are going to naturally be following their leader because they trust her to lead them into safe places and to take care of them and to guide them and to make good choices for them. Whereas a child with an insecure attachment does not see their mom as the leader. They feel inherently inside of themselves that they have to take care of themselves. Their mom doesn't get them.
- Dr. Keesha: Or they even have to take care of their parents.
- Dr. Aimie : They have to take care of their parents would be even further on that spectrum.

Dr. Keesha: Yeah. That one's really, I mean, I've done so much therapy with [inaudible] who had the parent their parents. Yeah and those folks wind up oftentimes getting autoimmune disease because their whole self worth is built on caregiving. They got rewarded for that by their parents and that's how they survived so therefore "I will care for you." Then, there's an implicit agreement, not an explicit agreement, that's underneath the subconscious usually that says, "So if I take care of you, I'll be okay and I'll be safe and you'll watch after me. We get into adulthood and that is the agreement inside the family of origin. You get into the adulthood and you don't have that agreement with everybody else that you're sharing the planet with. It feels awful in theory and you start to learn...I'm doing a talk in this summit about the Enneagram and you start to learn that other people have other agreements that are different from yours. [Laughs]

Dr. Aimie : Imagine that. [Laughs]

Dr. Keesha: Your strategy doesn't always work. So, the only reason I know all this stuff is because I am an insecure attached infant. My mother had me after this brutal...I was born breathed, 4'11, three-day labor and delivery. Her father had died who she was really close to. Her father died and that put her in labor, so she couldn't go to his funeral as she was grieving the whole time that she was laboring to bring me into this world. She had a nervous breakdown. I didn't bond with her at all, so a nervous breakdown. They put me in the nursery for 10 days.

Dr. Aimie : Oh, Keesha. I'm so sorry.

Dr. Keesha: No, it's beautiful though because I've done a lot of therapy, believe me. So I've been able to reframe this now, but let me just tell our listeners, like you can't just jump to reframing. You actually need to go through and heal this attachment. I had autoimmune disease. I was the caregiver, I was definitely. I promised my mother I would take care of her from a very early age, kind of like with the watcher of the family. Hypervigilant mind, hypervigilant immune system, and I had to learn all this stuff. Flash forward, when I was going to publish my doctoral dissertation, which is the effects of held-onto trauma, healing, unresolved trauma, the Hurt study. So I was doing that, but I was having like all this anxiety and I couldn't, to defend my dissertation, I couldn't do it. I went to therapy and I said, "I don't know why, but it just feels unsafe. It wasn't resourced and it felt really unsafe. I had sexual abuse when I was 10 also, so he said, "So who is it that you're speaking to?" and I said, "Scientists." When you put new research out into the world, their job is to rip it apart. I'm like, "Oh!" I was not resourced for that. It was a new challenge, I needed to learn a new skill. Then, all of a sudden, I started thinking about who it was that I can speak to and I realized it was nurses. When I said, "Why are nurses' safe to me?" I realized, all of a sudden, it was the nurses I bonded with in the nursery, they passed me around so the story goes. I hardly ever was lying down and they were bonding with me like crazy because I was a well-child and was there for so long.

Dr. Keesha: I became like the little queen of the nursery and I became a nurse. Isn't that interesting?! I just want everyone to know like your story is your story, but the things that come up like intense terror over publishing a dissertation, or whatever's going on

that's got you putting the covers over your head and saying the world isn't safe often stems from these early attachment issues. I was able to then go, "Oh," and went and published my dissertation with no problem, but that had to be dealt with and had to be healed. I had to put new wiring in my brain about what was safe and who was safe and all of that. So really, really important what we're talking about here.

Dr. Aimie : Yes and I did not discover my own autoimmune issues until I was no longer in the immediate caregiver role for my son. It was almost like I had lost my purpose in life. I'm like, "Who am I supposed to be taking care of?" and that's when all of my autoimmune stuff come up. That's when I realized, "Oh my goodness, I have an insecure attachment." Obviously not to the degree that my son had, but I have these patterns in my nervous system and this is kind of the trajectory of my health if I don't deal with these issues. So, let me figure this out. I don't know how to do this as an adult, but let me figure this out.

Dr. Keesha: It's that willingness to figure it out that I think... I always say the two most important words in the English language are willingness and integration, that's what up levels, your next level of development. You have to be willing to go in there and then, you have to be willing to integrate what you learn and really master the skill. We do live in a instant gratification society. People don't like practicing these skills very much. What did you have to do with your son? Tell this story. How did it show up? How did you witness it? Then, what kinds of skills had to be practiced to change this?

Dr. Aimie : So for me, it started with the chronic fatigue. I got to the point where I was working so hard at the time I was in a surgery residency and I literally pushed myself, until one day I could not get out of bed. They were paging me from the hospital at night and I would fall asleep before I could even answer and call them back. I would wake up with the phone in my hand with the number half dialed. That's where, obviously, things started to fall apart, become unmanageable. I realized "Okay, something's really wrong and I need to figure it out." Where I started was, obviously, with your primary care doctors. So, I went there, I had all the tests run, everything was normal except there was like my ferritin was very low and my vitamin D was very low. Interestingly enough, I started taking those supplements because that's what you do, right? You start taking iron and vitamin D, according to how they prescribe it. We checked the levels two months later and they had not moved at all. That was a wakeup call for me because I was like, "Wait a second, I've been taking these high doses of iron and vitamin D, why have my levels not absorbed?" So, I started asking questions and that's kind of what led me then to realize, "Okay, I have digestive issues." I'm not even absorbing what I'm putting in my body, so that's a problem. At that point, I was referred to hematology because of the low iron and then they referred me to rheumatology and that's when they ran my autoimmune numbers and found that I had high autoimmune markers. All that they could tell me, Keesha was that, "Well if you develop joint pain or the butterfly rash, come back."

Dr. Keesha: Come back. [Laughs] Then, we'll put you on meds.

Dr. Aimie : That was the plan because then we'll start you on medication. I'm sitting there asking them, because of course I had already started this process of asking questions, like after

I realized that my body was not absorbing vitamin D or iron at all, I started asking them the questions. I was like, "Isn't there anything I can do to prevent myself from developing the joint pains and the butterfly rash?" and they literally told me, "No, it makes no difference what you do, what you eat. It makes no difference."

Dr. Keesha: Those words are still being said.

Dr. Aimie : I know! and it breaks my heart because it leads them on this path that, that it is not helpful to them. They could reverse it so much faster if they even knew that it was possible.

Dr. Keesha: Car is driving, driving, driving, driving. You can see the cliff is coming and go over the cliff and it's just like, "Well we just want you to get over the cliff and crash and then we're going to pick up those pieces."

Dr. Aimie : Yes, we know what to do when it crashes.

Dr. Keesha: Here are these mile markers and signs that they're saying, "You're getting to the edge," you can actually turn back around and drive back the other way. That's what this whole summit is. Right? Let's talk about why you weren't digesting.

Dr. Aimie : Sure, we can talk about that. What I found after my commitment, at that point, to do whatever it takes to get my health back. At that point, I was not enjoying life like I had no energy to do any of the things that I enjoyed.

Dr. Keesha: I call this the misery to motivation ratio.

Dr. Aimie : Absolutely, my motivation was so high.

Dr. Keesha: Because your motivation was high, "I'll do anything". Right?

Dr. Aimie : Either that or, honestly, at that time I was like, "This is no way to live. I'm not going to live the rest of my life like this." So, it's either figure this out or we need to be thinking of something else. I got to work and I started reading and reading and reading and I started doing different therapies that I had never even considered before because I considered them weird alternatives. Of course, being trained in conventional medicine, I knew that those didn't work, that they were something else but not something that you should actually ever do because they don't help. I became, all of a sudden, open to anything and everything that actually would help. I started tracking, so I started tracking my markers, my autoimmune markers, my vitamin D, my iron, and seeing what was actually making a difference. I started going to therapy. I actually started with a lady who was a shaman type of therapist and then, I started seeing a chiropractor. I started doing all these things that for me I never would have done. Slowly, the pieces started to come together and I realized how much information I had going on in my digestive system. That was why I was not absorbing. I learned about leaky gut. I actually started my training in Functional medicine at that time so that I could help myself better. Slowly

started to learn, "Okay, what does my body need for decreasing the inflammation?" and just with that, I started to notice such a difference in my energy levels. Then, my vitamin D and my ferritin started coming up so that was what started that process of learning all of the close relationships between the nervous system and what I was discovering now as my insecure attachment and those attachment trauma patterns. Not only how that was affecting my vagus nerve, which was controlling all of my intestines and digestive system, but then also the inflammation from what I was eating that was actually not helpful. Then, just exacerbating the problem and being almost like this feedback loop up through the vagus nerve, up to my brain and creating this constant cycle of inflammation and not feeling well and fatigue and depression and anxiety.

Dr. Keesha: So, I speak now for the Institute for Functional Medicine at their initial... Like I call it bringing the "baby docs in," then you know that they are new to Functional medicine. I speak about this connection and I watch... It's like things are popping throughout the room. Hundreds and hundreds of little light bulbs going off like, "Oh!" and it's so interesting because we learn all this in anatomy and physiology in our training. We do learn it, we learn the nervous system, we learn how it is impacted by stress. We learn all of this. For some reason, that connection is not made between how we actually patterned right when we were born. There's evidence now that shows that generational trauma is... we take on what moms got going on and dad and grandma and grandma and separate generations, right? We have science now about this, so this is really important. I think that's the big piece that's left off and it is considered... and when I hear the word alternative medicine, it makes my skin crawl because I'm just like, "Alternative to what?" Matching pill to ill? That's the Gold standard, right? We even call it that. It's the Gold standard, finding a medication that will manage the symptoms you have going on. It's not even about reversal. We don't need to talk about it like that. We talk about putting things into remission. We don't talk about reversing, we call it preventative medicine mammography like having a mammogram is actually preventing breast cancer. No, it's looking for it.

Dr. Aimie : Right. It's screening for it.

Dr. Keesha: No, it's not preventative medicine but your insurance company will call that preventative medicine instead of this, what we're talking about. Really examining your own attachment issues, really looking at how you are patterned not because...and I do want to really make sure we talk about this, you're blaming your childhood or your current situation. That's not what we're about here. This is really important, we're not trying to make victims here. We're trying to empower people to learn new skills.

Dr. Aimie : Right. So, that's what I tell a lot of the people and even moms who come to me and I say, "You know what, this may have had nothing to do with your inadequate parenting. There are so many other factors. There are a lot of biological factors: biochemical imbalances, genetics, that can contribute to the nervous system being more primed, being more sensitive for that trauma, but a lot of it is just our society as well." It was passed on to you and this is all you knew to do so no, there is no blame. That is one of the first steps that we that we take in my program is like, "There's no room for victims

here, like this is the place where we actually implement to get change to happen. If you're wanting to still stay stuck and just talk about it, you're not ready."

Dr. Keesha: Being willing to make a different reality. So, where we're actually talking to you, if you're a parent, if you're a grandparent, if you haven't had children yet and I'm thinking about having children, but we're also talking to you as an individual soul living on this planet and your own experience. This is all relevant because our attachment style is actually how we attract everybody to our lives. It's our little magnets.

Dr. Aimie : It's how we make our decisions. It's our intuition. It's what we've, what we see and feel in our gut as what is safe and what is not safe. What we're going to lean into and what we're gonna shy away from, it comes down to every... Like our brain is operating on our attachment style.

Dr. Keesha: I'm going to kind of go off a little bit into the weeds just because it's interesting to me and I think it might be interesting to all of you that are listening. I've been really interested in not only the rise in autoimmunity as an epidemic from a medical, anthropological standpoint of just stepping back and looking at the culture that we're steeped in, I always think about as tea bags and so we're swimming in this pool. Along with autistic rates going up, autoimmune rates going up also, narcissism has gone way up. Narcissistic personality disorder is different than everybody in our culture is narcissistic, okay? We're talking about two different things, but NPD, narcissistic personality disorder has gone from one in 60 to one in 16 to one in six now. This is a lot of what is being identified, there are four in the research. There are four things that have been identified that create this increase in narcissism. One of them is our obsession with fame in our culture. Another one is the Internet social media, so that's another one. Another one is the easy credit that we went through a bubble there where you could just live the life of your dreams without having any kind of repercussion for it like go deeper into debt. Then the fourth one, which I find the most interesting out of all of these, because the three seems obvious, but this fourth one was not obvious to me and it's also a treatment for attachment issues, which is why I'm bringing into the conversation. That is self-esteem programs in the school system and all of us wanting our little children to have high self-esteem.

Dr. Keesha: We're actually creating a bunch of narcissistic people and the evidence is showing that instead of self-esteem, what's being called out is that we need to teach our children and ourselves self-compassion. There's a big difference between self-esteem and self-compassion and what I'm going to do is have people kind of like sit with that subtlety, right? Self-esteem is I have a high self-worth, right and I believe that I'm unique and special and that's what we're telling our children too, "You're a princess, you're special." But we're not saying you're special in the context of all the other snowflakes out there that are also special and that you are going to fail in life. I love these Buddhist principles of everything that lives will die and everything you love you will lose. Why are we not teaching our children this? People will say that sounds like such a downer and I'm saying, "But this is actually what mother nature is showing us." This is actually accurate about human life, so teaching people to have radical acceptance for what life actually

brings, you will have love and you will also lose love. That's just part of life. It's not a happily ever after in the castle, in the cloud. We can have self-compassion when things don't work out the way we expect them to because we have these dreams from being high in self-esteem and self-worth and being told we're special and snowflakes and we can be anything we want. That is kind of like the conversation happening out there. There's a law of attraction, positive thinking, you can visualize and manifest anything you want, but the reality is that life also brings another agenda that may not be in alignment with yours and I just don't see that people are very well resourced for dealing with that. Is that what you're seeing too?

Dr. Aimie : They're not resourced and I do have a different take on the narcissism than what the general population and even the educational system might have because I'm right there with you in that with the self-esteem, a child is going to naturally have a good self-worth when they have a secure attachment. That's a natural outflow of a secure attachment. We won't even need to use the word self-esteem for a child who has a secure attachment. But what I see them doing is saying, "Well this child has a low self-worth, we're going to call that self-esteem and so we're going to put programs in the place to build their self-esteem" and I am strongly opposed to that because you're trying to take a child who obviously just by definition of not having good self-worth, they have an insecure attachment and you're trying to avoid the attachment issues and just build their esteem on top of an insecure attachment.

Dr. Keesha: It's like building a school on top of a landfill. There's going to be off gassing and people will get sick.

Dr. Aimie : That will create narcissism because an insecure attachment person already has this worldview of like everything is about them. I don't mean that everybody who has an insecure attachment is a narcissist. I'm not saying that, but what I'm saying is that they grow up with so much fear around them not being okay, that everything becomes about them either being okay or not being okay. Everything is about them. If the dog barks will, it was because of them or it was because something that might affect them, like everything is about them and so that only changes when we can go in and rewire their nervous system for a secure attachment. You take a child who already feels that the world is centered around them and then you try to build their self-esteem and say you're great just because of, whatever, who you are and whatnot. Not only are they not truly going to believe that deep inside their cells, their body is still going to be operating their health, their body physiology is still going to be operating from that place of an insecure attachment. Then yes, they become this narcissist people where now it becomes essential for them to put down others and to have a better self-esteem and for them to be okay.

Dr. Keesha: Let's point this out because I don't want this to be missed because when people think about narcissistic behavior, they think about people that are takers. There's inverse narcissism, which is the caregivers I was just mentioning. I will take care of you, so I feel good about myself as a form of narcissism. Though, the taker and the, I'll take care of

you, avoidant attachment and the insecurely attached person, they are and have children. That's a common coupling.

Dr. Aimie : Very common.

Dr. Keesha: Yeah and so, it causes a lot of drama trauma inside the relationship course. It's really important that this rewiring happens. This has been so wonderful to talk to you about, like I just wish that you live right next door to me. [Laughs].

Dr. Aimie : I wish I lived right next door to you too, I would love to come back to Washington state.

Dr. Keesha: So, let's talk about how to rewire this, how to heal it. We've talked a lot about the problem. Let's talk about the solution.

Dr. Aimie : I will start by saying, and then you can ask whatever questions you have. I will start by saying that it looks very different if we're working with a child who still has a mother who's involved and concerned and an adult and by adult, I mean we're still even actually going down in the teenage years because by that point they're not going to be looking for their mother, for that resource person. So, when I'm working with a young child, I am actually not working directly with a child myself. I am building that mom, empowering that mom and showing her how to do the rewiring of the attachment because she is the agent of healing. She is the agent of rewiring and it takes a lot of hard work and I have seen it happen within several months. So, we're looking at probably three to six months of intense work, intensive work in the home mom and child and people coming around mom to support mom in that process so she can continue to work because it's exhausting. What we're asking the child to do is completely change their way of operating in the world and it's scary. It's a very intensive process. Once a person reaches adulthood, it looks different because we can't go back to our mom and say, "Mommy, I have attachment issues."

Dr. Keesha: However, a lot of adults try. Parents are oftentimes not available for that, so..

Dr. Aimie : They keep going back, right? Getting hurt over and over and over again when the parent denies that there was ever any problem. Again, is a whole other conversation that we can have at another time, right? So, when it comes to an adult, you're really looking to rewire yourself and this is where we really need to focus on the empowering of you to develop almost like these two different parts of yourself. One part is this mature adult who is, however old at this point, right? 36, 54, 76, whatever. So, there is that part of you that has matured, but then there's still this really young hurt, scared part of you inside of you. We almost need to separate those two parts and have them start to work with each other. So, there's a lot of work obviously that goes into that, but when we're working with an adult, you're not going to be looking for someone else who can do this for you.

Dr. Keesha: I'm going to pause that because people get mad when I'm doing trauma work with them and I do a lot of group trauma and healing intensive, I'll have women that will really

resist that because they are really expecting their husband to stand in and do that. I just want to say and reiterate what Dr. Aimie just said, that is not your husband's job.

Dr. Aimie : No, it will not go well. If you put that expectation on him, it will break the relationship. Similarly, you can't put that expectation on a therapist. They can be a resource, they can be a guide that can be a support, they cannot be the one to actually be your secure base.

Dr. Keesha: You have to be create it and be that for yourself.

Dr. Aimie : Yes. There's this psychology piece, but then we have this whole biology piece and what I have seen so many times, especially as a person gets into adulthood where they already have these disease patterns, whether they realize it or not yet, is that their nervous system literally can get stuck in the healing process because it does not have the physiology, the biology, the nutrients that it needs to do the rewiring. So, we are actually rewiring our nervous system when we do this work and if the nervous system does not have the nutrients, the environment that it needs to do this rewiring, it will get stuck. You will get stuck in your healing and you're going to wonder why and you're going to get frustrated and you may give up where. That's where we really need to focus on the biology piece, so how do we optimize your nervous system, the health of your nervous system, to be able to do this work of rewiring. When we do those two pieces together, oh my goodness, like amazing changes happen in a relatively short amount of time given how long a person has lived with these attachment insecurities.

Dr. Keesha: This is why psychotherapy by itself does not work, medicine by itself does not work because these are all integrated systems and we cannot separate them. I don't know where we got like, where psychology is a different then medicine because this is not how it works inside our bodies.

Dr. Aimie : No.

Dr. Keesha: So, Dr. Aimie we're just about out of time and so I want to make sure that people understand that we've got links here for reaching Dr. Aimie and then also you have a free gift for our audience.

Dr. Aimie : I do. Yes. I've written a roadmap for this integration of the psychology and the biology. What does that look like? What are the pieces of biology that are most important for people and then what are those most essential pieces of psychology? So yes, I have that roadmap for them.

Dr. Keesha: Beautiful. I so appreciate the time that we've been able to spend together and I really do want to like take up arms with the educational system with you.

Dr. Aimie : Right. This is the future generation, so we got to do this.

Dr. Keesha: This is our world. I know. I know. Alright. Well thank you so much for the work you're doing in the world, I really appreciate it.

Dr. Aimie : Thank you so much. I appreciate you.

Dr. Keesha: Take care everybody. Until next time.