

The Biology of Trauma™

Aimie Apigian, MD, MS, MPH



The Biology of Trauma

Rebekah Kelley: Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebekah Kelley. And today our topic will be The Biology of Trauma™ with Dr. Aimie Apigian. And before I introduce Dr. Aimie, I want to remind everyone to subscribe and get all the other variety of casts in audio, video and transcription at HumanizedHealth.com. I'd also like to thank our lead sponsor, Village Green Apothecary, at MyVillageGreen.com.

So a little bit about Dr. Aimie. She's a board certified medical physician in both preventative and addiction medicine and holds double master degrees in biochemistry and in public health. She's a leading medical expert on addressing stored trauma in the body through her signature model and methodology, The Biology of Trauma™, which is a new lens that courageously uplevels the old methods of trauma work and medicine by reverse-engineering trauma's effects on the nervous system and body on a cellular level. Dr. Aimie specializes in trauma, attachment and addictions after having personal experience in foster parenting, adopting, and then having her own health issues that were a result of childhood and life experiences. In addition to her medical studies that have included functional medicine certification, she has sought out trauma therapy training since 2015. A three-time summit host, Dr. Aimie founded a nonprofit called Family Challenge Camps and developed and ran weekend intensives for families with children who have experienced attachment trauma. She is currently the founder and CEO of Trauma Healing Accelerated, which she bridges the two worlds of functional medicine and trauma therapy with a mission to help adults accelerate the healing journey by The Biology of Trauma™ that keeps stored trauma stuck in the body, mind and spirit. Her Providers' Certification Course teaches providers to do the very same thing for their clients. Dr. Aimie, thank you so much for being here with us.

Aimie Apigian: Yeah. I'm excited to talk with you today, Rebekah. We've got some great topics coming up.

Rebekah Kelley: I am just thrilled and I just can't wait to hear. I just can't wait. But I do want to start by... certainly your intro is very intriguing. So tell me how you got into this, because you mentioned your personal experience.

Aimie Apigian: Yes. I started out as a very conventional medicine doctor, so I even did 4 years of general surgery residency. I was not at all thinking about trauma and the emotional stuff. I steered away from psychiatry as much as possible, like [it was] just was not my thing, did not want to talk about feelings, hated it, right? I'd never been to therapy in my life. So for me now to be working in trauma is a little bit of a joke because that was just not me and what I thought my path was. And then I became a foster parent, and then I adopted Miguel and that completely changed my life. And I realized that all of my beliefs about trauma were wrong and what was needed for healing was something that was very different than what I thought, and is a lot more biological than psychological.

Rebekah Kelley: Wow. So this is not only your life study, but this is also your personal business in a lot of ways. Right? So what a beautiful merging of the two things. And I love how you

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described that this is not where you thought you were going to go. That tells you that definitely the path was just meant to be, right? Even though you fought it, like this is where you're going, and this is what you're able to bring the world. Well, I can't wait to hear more.

So can you explain when trauma starts for most people and the current pandemic of insecure attachment. What does that mean?

Aimie Apigian: That means that there are so many more people who have an insecure attachment style than what has been thought. And we just haven't had the right tools to measure it. And when we look at what is an insecure attachment, it really is feeling insecure in the world. Feeling unsafe in the world. And that generates a feeling of fear. And so we're coming from a place of survival. We're coming from a place of overwhelm, sometimes. And so there can be a lot of anxiety or then there can just be the overwhelm, which can feel more like depression and heaviness and burnout, and just going through life through the motions.

And when we look at all of this through the lens of the nervous system, we see like, wait a second, this is all insecurity that's been wired in and it has become our normal, Rebekah. Like, we don't even know anything different. And so when we look at the patterns that are wired into the nervous system, we actually see that these would have gotten started in early childhood. And that does not mean that everybody had a traumatic childhood and was abused and was neglected – quite the contrary. There are just so many normal social practices nowadays, and including the influences from our biology, whether that's genetics, epigenetics, exposures, all of that goes into the nervous system developing. And when it has exposures or influences, the relationship dynamics, any of that, all of that, that creates a place of insecurity in the nervous system that already starts to have it be overwhelmed with life as a young child, then that starts these patterns to be wired into our nervous system. And so most times that's where we actually end up going, eventually.

Rebekah Kelley: I mean, describing it, what you're saying makes sense to me. But, I have to say, in my mind, I'm like [looking slightly confused], so your biology, not your psychology? Why is trauma your biology and not your psychology? Because I think I've heard so much that it's your psychology, right?

Aimie Apigian: [Laughs] That's what we've been taught. And that's how we relate to it. We relate to it based off of our thoughts, or based off of our emotions and our reactions to different situations. And so that's how we have even understood that we are going through something. And yet when we look at what trauma is – and I know that we don't have a lot of time to dive deep, so I'm just going to skim the surface and I'm going to say a bunch of things that will hopefully pique people's curiosity.

And that is, trauma is actually not in the event. It's not at all what happened to you. At all. What trauma is, is how your body responded to it. And your body responded to it based off of how

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much support and resources it had *at that time*. And so anything that was overwhelming for your biology at that time would have been a trauma. And it does not matter what the event actually was. It does not matter as much what all the different factors were. I mean, they do matter. They do matter. And a person's story does matter, so I want to put some context there. But at the end of the day, it is really all about if the body had enough support and resources, it would be able to go through any situation and not be traumatized. It would be a stress. It would be a lot. But we have this natural response to even huge, horrible life situations that a body, when it has all of the support and resources that it needs, it will complete that cycle and come out the other side and regain its homeostasis.

Rebekah Kelley: So that makes so much sense, though, when you say it that way. It sounds very logical. I can see someone who maybe is at the peak of health, they have all these resources, something happens to them and yes, it's traumatic, but they're able to roll. Whereas if someone is down on their luck, they've just finished a divorce, they got laid off from work, you can throw so many things on it. They get hit with something. They're already down. It's going to take them, maybe, out for a while, right? So, that makes sense.

So what is the effect of stored trauma in the body? And if you're one of these people that, you're down on your resources and you get stuck, what's your path back? How do you get back to where that other person was, who maybe had more resources?

Aimie Apigian: Right? That's, the question that we all want to ask. [Both laugh] What do I do about it?

Rebekah Kelley: So, do you have the answers? [Both laugh]

Aimie Apigian: Yes! We have these answers now, which is exciting, right? Because we get to empower people with a lot of knowledge and tools. And what happens is that when the body's not able to complete the normal, natural cycle that it would complete, then we say that trauma gets stored or stuck in the body.

Rebekah Kelley: Like a loop? Is it looping, in a way? I don't know if that's the right word, but the way you said it made me think of, you know how your computer will circle and it's just kind of stuck? You have to restart the whole thing.

Aimie Apigian: Yes, exactly. You could totally say that it loops and it gets looped between usually two different states of our nervous system. We have three different states of our nervous system and when trauma gets stuck, and especially with more and more trauma, right? Because once you've had one trauma that gets stuck, now you're more predisposed to even more trauma because your baseline is off. Yeah, so it gets looped between the sympathetic state and the dorsal vagal response state, or what I call the freeze response, and a chronic freeze, even. And so you literally go back and forth, sometimes all on the same day, Rebekah,

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between anxiety and overwhelm. Anxiety and overwhelm. And many people have thought that those are all the same thing; "We'll just all call it stress." And that's the farthest from the truth. Anxiety is stress. Overwhelm is freeze. And there are completely different physiological, biological consequences of each of those states that we need to understand in order to be able to break that loop and actually now provide the support and the resources that the body needs in order to come out of that.

So again, I so wish that I had hours with you, but what I'll say to just pique people's curiosity is that that freeze response, it needs two things to come out. Two things. Or else it will stay stuck in overwhelm. It needs time and it needs energy. That's it. That's it. But when we look at the biological system, Rebekah, and we see, okay, well, how would I bring energy into the system? Well, okay. Now we got to look at what are all of the things that are draining the energy. Now we've got to look at inflammation, oxidative stress. What about high copper? What about under-methylation, where you've got low serotonin and low dopamine and that's contributing to this bigger picture of, I don't feel well. I've got more anxiety. And that just makes my set point for overwhelmed, then, closer than other people who have lots of serotonin, who have lots of dopamine naturally. What about food sensitivities? What about toxins? What about, I mean, the list goes on and that's where we get to personalize people's trauma healing journey and what their body needs in order to have the support, have the resources that it needs now in order to get back to a place of healing.

And if we don't provide that, a person can go to therapy for the rest of their life, and they're still not going to move the dial on their emotional reactions, and they're shut down and they're running away or they're holding on and lashing out. That is not going to change because that is all about what is happening on the cellular level, in the nervous system. And until we can change that state, then the emotions and the thoughts are really just the downstream effects of what's happening in the biology.

Rebekah Kelley: Wow.

Aimie Apigian: You've seen people, right? They're in therapy for years.

Rebekah Kelley: [Nodding agreement] That's exactly what I was thinking. I was thinking of, actually, a lot of people...

Aimie Apigian: A lot of people, they're still going about the same things.

Rebekah Kelley: Yes. Over and over again.

Aimie Apigian: It's maybe a different person. Maybe they're in a different relationship. Maybe they've had a different job. Maybe the situation is different, but it's still the same theme. And that is stuck trauma in the body – and it doesn't need to be so.

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Rebekah Kelley: So, what biology then predisposes us to experiencing trauma? Because you said that there's different levels that people are... What predisposes one to that?

Aimie Apigian: Yeah. And we can look at different buckets of categories of biology that will predispose someone to trauma, but this can even be where a child had the most amazing, perfect parents, if there were such a thing, Rebekah [both laugh], and yet, then they have these biology things and because of their biology, they're going to walk away from their childhood feeling lost, feeling a little alone, feeling that insecurity that we call an insecure attachment. And so the biology piece would be the same thing, right? The nervous system has a window of tolerance, and it has a window of tolerance for stress. Many people call that resilience. That's fine. They're usually talking about emotional resilience. I'm talking about cellular resilience because that is your true resilience.

And so your biology determines your capacity for stress and your resilience. That's it. All of your attachment, all of your emotions, all of your relationship dynamics, all of that becomes your biology so that literally we could look at your biology and we can look at your nervous system and know what is your capacity for stress. And when we are given a life situation that is beyond our capacity for stress, we're going to go into overwhelm, which is trauma. And so anything that will decrease the nervous system's capacity for stress is going to predispose us to trauma. And then again, once we've had trauma, then that predisposes us to even more trauma and more trauma because of the effects on the nervous system and how it actually decreases future capacity for holding stress. It's almost like how many rocks can you carry. You know, eventually, eventually the system's like, I there's no more room. Like, I am completely flat. I am completely overwhelmed. I'm living in overwhelm all of the time. So in that case, anything, like tripping over the dog in the morning, all of a sudden becomes traumatic because you can't take any more. You are at that point in life where you are already living in overwhelm.

Rebekah Kelley: Yeah, the dog just broke the back of the camel... It's the last thing, and you're just like, that's it!

Aimie Apigian: Exactly! And someone else can trip over their dog and laugh about it, right? And so we really see... I mean, that's a perfect example of how it's not really the event. It's what is your biology going into that area? That's going to determine your body's response and whether it can have a scare and come out of that and go back to homeostasis, or have a scare and it topples you over because of your biology going into that event. It's not about the event.

Rebekah Kelley: Wow. You've really blown my mind today, Dr. Aimie.

Aimie Apigian: Awesome!

Rebekah Kelley: You really have. And hopefully those of our listeners. Those are really valuable insights. Dr. Apigian and can be found at www.TraumaHealingAccelerated.com. Let me remind

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you to subscribe and get access to all Humanized videos, podcasts, transcriptions from all of our thought leaders like Dr. Aimie, on personalized health at HumanizedHealth.com. Thank you so much for being with us, Dr. Aimie. I hope you can come back and we can talk more about this.

Aimie Apigian: Thank you for what you do in the world, Rebekah.