



The biology of trauma

Guest: Dr Aimie Apigian

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[00:00:09] Alex Howard

Welcome, everyone to this interview where I'm super excited to be talking with Dr Aimie Apigian. Firstly, Aimie welcome and thank you for joining me.

Dr Aimie Apigian

Alex, it's such an honor. It really is an honor for me to be here with you.

Alex Howard

I'm excited for this interview for a few different reasons. I'm excited because Aimie's got an enormous amount of experience in working in the field of trauma, but also at the time of recording this, Aimie's just finished her own trauma summit, so I'm sure there'll be some insight and wisdom that will come from that. I love the process of going deep on these interviews, and I know you've enjoyed doing it, Aimie, as well.

Just to give people Dr. Aimie's background. Dr. Aimie is a board certified preventive and addiction medicine physician with a double Masters in Biochemistry and Public Health. She specializes in trauma attachment and identifying and reversing the effects of stored emotions in the body and on our health.

Having personal experience in foster parenting, adopting, and then her own chronic fatigue and autoimmune issues, she has discovered that negative life experiences become our biology, not just our psychology. I really like that phrase, and we're going to come to that more.

A two time Summit host, she's the founder and director of Family Challenge Camps, a weekend intensive for families, and founder and CEO of Trauma Healing Accelerated, where she provides education and courses for those wanting to hack their survival systems and accelerate their healing journey from taught trauma to achieve their best mental and physical health.

Her courses include experiential courses for the general public on shifting the biology of trauma, and a certification coach for those in a healing profession to have more tools for understanding and addressing the biology of trauma.

[00:02:07] Alex Howard

So, Aimie, I would love to start a little bit with your own journey. I know you've got your own personal experience and also your experience as a physician. And I'm interested in what got you interested in this wonderful and fascinating world of trauma.

Dr Aimie Apigian

It was not something that I expected. It was not where my life was headed, Alex. In fact, growing up, I was always very much into science. I loved reading. You would always find me with a book. And so when I went into high school and then college and I started getting more interested in the biology, I worked in labs. And so I saw myself as this research physician, working with kids and cancer, that's where I saw my life headed. In this big research institute, probably in Boston, just deep into the papers, that was where I thought my life was headed.

And what happened was that during medical school, and it was actually during when I was just finishing up with my Masters in biochemistry again, very heavy into the Sciences. My brain has always been my safe place to be, not my body. So I loved studying and I pushed myself pretty hard with that. And so I had some space in my schedule, my life and I was like, you know what? How can I make my life more meaningful right now? I know, let me foster parent.

And so I went through that very arduous process of becoming a foster parent. There's so many changes that you have to make to your home, and inspections, and trainings. I finally went through all of that and became a foster parent. And then I got that phone call. And you always remember that phone call. And the phone call was, we have a little boy, and he needs a place now. He has burned through a lot of different homes. He's got some anger issues, but we think that you would be perfect for him. And he'll probably do really well with there not being other kids at the moment. And he really just needs stability and love. And you've got both of those. And so we know that he's just going to do great with you. And so here he comes into my home.

And I knew that I could fix him. I just knew that. With all of my life experiences, all of my training, my spiritual upbringing, I just knew that I could fix this kid. And I was very wrong. And I did everything wrong. I literally did everything wrong. I did the best that I could at the time, I just didn't know better.

And so what happened was that his behavior started to become worse. There was this honeymoon period, which is normal for kids who are placed in a home. They've got all of their trauma issues and so there's this natural honeymoon period. But then the behavior started and they kept getting worse. So then I'm becoming more desperate. I'm taking him to all of the people that I know, like the psychiatrist, the therapist, I even did some play therapy. Nothing was working. And, in fact, there were some things that were making him worse.

And so I became very desperate. And I was, like, all right, moment of decision here, what am I going to do? I decided to adopt him. I decided to adopt him and to learn what it was that I was missing that he needed in order to really feel happy. That was my goal for him, Alex. He was so unhappy. When they're that angry, when they're that shut down, when they're going through that much in their body, they're not happy. And that's really what I wanted for him, is knowing that he had had such a rough childhood before he came to me, he was 4 when he came to me. I wanted him to have some part of his childhood that he was actually truly happy.

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So that was the end goal that I always kept in mind. And I started my searching, and I started looking at things, reading and literally going to anything that I saw was helping other people. Like, all right, well, let me go try that and let me go try that. I became a more open person than I had ever been before in my entire life. All of a sudden I was willing to do things that I had always been shut to before because I had ideas, beliefs, misconceptions. But all of a sudden, when it comes to your kid and helping your kid, it was like I'm willing to be open to things if it will help.

Alex Howard

Parenting is great like that. We find ourselves doing things we'd never do for ourselves that we would do for this child that we love.

Dr Aimie Apigian

And this is why parenting is also such an opportunity for personal growth.

Alex Howard

It's the ultimate.

Dr Aimie Apigian

It's the ultimate. That and running your own business. Those two things.

So it was 6 long years of me doing a lot of things wrong, a lot of things wrong. And finally, all the pieces came together for him that he needed. And it was beautiful. I cannot describe just coming out of those 6 long years and the, I guess I'll just call it the abuse, the abuse that he poured out on me because of his traumatized place and how difficult that had been for both of us. And then all of a sudden, finally all the pieces come together and he's able to actually feel my love for the first time.

We were walking down this road, we were walking to the grocery store of all things, and I felt him slip his hand into my hand. He had never done that before. I had always had to be the one to reach out for his hand. And when I did that, there was nothing there, there was no substance there. I was having to hold his hand. He was not ever holding my hand back in return. And so just that little gesture. And then I looked down at him. He was on my right side. I looked down at him and he's actually looking up and his eyes are actually there. He's present and he's expressing, Mom, I love you. I hope you know that I love you. And it was extremely powerful to see that transformation happen in him.

So then forward a few years, I'm in general surgery residency and I have my health crash. And I had gone from just pushing myself my whole life being very active and all of a sudden chronic fatigue hit. I could not get out of bed. If I got out of bed, went downstairs, tried to fix myself some food, I'd then have to be back in bed for a 2 hour nap. Every small thing just wiped me out. So I had to stop work, go on medical leave, did a bunch of tests, found out that I had some autoimmune stuff going on as well that I hadn't known about.

And so that started my journey then in figuring out, alright, I figured out how to do the kids, how do I do this as an adult? Is this even possible as an adult? Or is this stuff, are these patterns that I'm recognizing now in myself? It's not just my son. I've got some attachment trauma issues. I've got this stuff wired into me. Is it even possible to rewire that as an adult and get my physical health on a

different trajectory? Because chronic fatigue and autoimmune is not the path that I want to be on for the rest of my life. So that was my journey then for the next several years after that, figuring out, how do I do this as an adult? So that's how I landed in trauma. Not intentional.

[00:09:29] Alex Howard

That's two very powerful motivators and catalysts. A child that's suffering and then your own physical suffering that the only way you're going to get out of is by finding answers to these questions. And answers that are not just the intellectual answers, but real world answers that actually, where the rubber hits the road, actually make a difference.

So let's track back a little bit to open up this piece around the biology of trauma. You mentioned with your son that he came to you when he was 4, where do you notice the trauma starts for most people like that? But whereabouts in those early attachments do we really start to lay the foundations of this?

Dr Aimie Apigian

And this is where some people may be really shocked by what I say. And I hope that they can have an open mind. Because for most people, what I see are trauma patterns starting to be wired into their system from early childhood, from that first year of life. And even those people who look back on their childhood and say, I didn't have any trauma, everything was fine, there are more people who have an insecure attachment style coming out of their childhood than people who have a secure attachment.

And that's not bad. It is what it is. And the information can be powerful for us because we have tools to address that now. But when we look at just that first year of life and all that happens in that year, the nervous system, both the brain but also the whole nervous system of the body, is in this massive developmental phase. And every life experience is shaping the development of that nervous system and informing the nervous system, which is our safety versus alarm programming, it's informing that, hey, is the world generally a safe place that we can relax, that we can play, that we can be creative, that we know that we have all the support and the resources that we need? Or is the world generally not a safe place and we need to be on guard? We need to be watching for what people's moods are, we need to be noticing, hey, is someone getting upset that I need to go over and I need to comfort them as the child. These are all things that inform our nervous system.

So then when we look at years down the road and we start to see physical symptoms developing that we know are associated with some early childhood stress. This is how early it goes back to that first year of life. Because in the studies done by John Bowlby and then by his research assistant, Mary Ainsworth, we know that the attachment style is already formed by age 12 months of life. So by age 1 you already have your attachment style. Not to say that there's no more influences on that, there are, up to the years age 3, 4. But by age 1 year of life, you've already got most of that attachment and basic security or insecurity wired into your system. And then that's what starts to play out under the surface that we're unaware of. And then it pops up even a few decades later.

Alex Howard

Can you say a little bit about the relationship between attachment style and how that affects our capacity to meet the traumas? Because of trauma, different people can have the same experiences, but their attachment style, of course, impacts on their ability to meet that.

[00:13:02] Dr Aimie Apigian

And this is where when we look at trauma through the lens of anything that overwhelms the system, we can identify some predisposing factors, some risk factors for experiencing trauma. Where, like you're saying, one person will experience it as a stress and another person will be truly impacted and they're having a hard time coming back to their prior state of health, whether that be physical, mental health, emotional health. And so attachment is this biggest risk factor for future life traumas for several reasons that we can explore to some degree.

But just looking at the nervous system and how it's wired when we have this attachment trauma and that becomes our foundation, that becomes our programming that's running our nervous system, we have what's called a window of tolerance. And the window of tolerance is something where we can go through life, have different experiences, and we stay fairly regulated, where we're not going into stress mode and we're not going into that overwhelm mode.

And what happens with attachment trauma is that that window of tolerance becomes rather small because we're always stressed. We live in a stress zone. We're always on guard. We're always hypervigilant. We never know when the next bad thing is going to happen to us and so we better be watching for it. We never know if our relationship is really, truly secure. Do they really like me? Are they just saying that? We live in a stress zone.

And what happens is that with the attachment trauma, there's this strong pull towards the freeze response. And that freeze response happens when it overwhelms the system, it overwhelms our biology to be able to respond and stay feeling like we can get through that okay.

And when we look at a young child, an infant who really is completely dependent on their parents, their caregivers, the other people around them, to feed them, to bathe them, to keep them warm, or to cool them down, for that emotional regulation, to soothe them, they're dependent entirely on other people. And when those needs are not met as much as they need, they don't go into stress, necessarily, they actually go into overwhelm because they don't know that everything is going to be okay. In their mind, they are truly living in the present moment and right now they feel overwhelmed with whatever body sensations they're having.

And so they start this pattern of going into the freeze response all the time. And then that forms this well paved highway. Then later in life, a stress happens, and they actually don't go and stay in stress mode, they go right into the freeze mode just because they've done that pattern so many times, starting from such an early place in life.

Alex Howard

And I realized that we made an assumption that everyone knows what we mean by an attachment trauma, just to give an example of, we don't have to go through all the attachment styles, but to give an example of an attachment disorder, and then how would that manifest in this way?

Dr Aimie Apigian

And that's a great question, because again, we're using this word trauma and people may not identify, how do I know when it's attachment trauma? How do I know when it's an attachment disorder?

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And so there's a lot of different terms that people throw around. When I look at attachment, anything that is not a secure attachment I consider an attachment trauma simply because my definition of a trauma is that it overwhelms the system, leaving lasting effects on the biology. And when an insecure attachment style happens, that leaves lasting effects on the body and on the biology.

So just for ease of understanding the impact of that on the body, on the nervous system, I call anything an insecure attachment style, an attachment trauma. Whether you want to also call that attachment disorder, that's where things start to get gray and we can decide, well, when our symptoms are bad enough that you would call something an attachment disorder. Something clearly with my son, I would have considered him having an attachment disorder because of the severity of his symptoms, of his behaviors, of his emotional regulation and incapacity to be able to bond with me.

But in terms of just having an insecure attachment style that still has lasting effects on the biologist, just like I figured out with my own system. And that is considered, that is the definition of a trauma. Lasting effects on the biology and on our nervous system.

Alex Howard

And as you said earlier, this is, in that sense, remarkably common. And I think it's worth saying that, yes, there can be these much more severe traumas like you described with your son, but it can also be something, we can have parents that loved us and we know that they loved us, but just weren't very good at being being attuned to the level of contact that we needed. So we're either smothering or just a bit too distant. And it's very easy to miss the impacts of that because we know they loved us, we know we were loved and we don't realize how that shaped our nervous system.

Dr Aimie Apigian

And this is where when we're looking at attachment, we really don't have to go into the story, we don't have to go into blaming anybody. This is not to pass judgment. This is just hey, at that time in life there were things going on in the parent's life that made them not able to be as attuned. Or maybe they had their own physical health conditions. Maybe they had some of these physical health conditions that made them have to manage their own energy, manage their own presence, and that would impact.

So there's absolutely no judgment at all. And also just knowing that some people's genetics makes them need more regulation, need more time, need more physical contact than other young children. And that would also play into this. So there's so many factors that go into this bath of attachment and what's the final outcome of that. And that's where it really is like this spectrum.

But looking at attachment, if a person comes out with this insecure attachment, that is this foundation of the nervous system in general being dysregulated and more prone to experiencing more traumas later in life.

Alex Howard

Yes. I think another piece of this, actually, to open up, you said something earlier that I think is really powerful: that trauma is your biology not just your psychology. That it's happening in your body.

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And I think when people think about attachment, they think about it through, for example, the studies that you mentioned of John Bowlby and Mary Ainsworth, and that it's a psychological thing that one has learned. But a really important piece of what you're saying is there is a physiological, not necessarily origin, but storing of this.

Dr Aimie Apigian

Yes. And to understand that we want to bring in words like regulation and dysregulation. Because what I'm going to tell you is that attachment is regulation. That's how we look at it. Just like trauma is something that overwhelms the system on a biological level, attachment is regulation. And so the amount of regulation that a child receives, a young infant receives, that is what determines their outcome of their attachment style.

So what is regulation? Regulation is going back to this idea that the nervous system has three states. Parasympathetic, that middle window of tolerance that I talked about. And then we have this high energy state of stress, sympathetic. And then we have this very low energy state, that is the freeze response. That is this dorsal vagal response, the polyvagal theory.

And what happens is that in regulation a young infant is actually not born with the capacity in their nervous system to regulate themselves, to keep themselves in that middle window of tolerance where it's rest, and digest, and play, and let me put my toes in my mouth, and let me go explore, let me touch mommy's face, all of those things. They don't have the capacity to do that for themselves yet. And so they'll get activated, what we call activated.

And you'll notice this, when there's some kind of startle, a young infant who has a good relationship with their parent will always look to their parent when that happens. A dog barks, they look to their parents. How is my parent reacting? Because my system, the young child, infant, their system just went into high activation. They, by themselves, cannot bring themselves down. They need that regulation to say, oh, okay, mom is smiling. Mom is laughing. This must be okay. Mom is soothing my back. Oh, mom is now bouncing me up and down. Okay, my system is coming back into a regulated state.

So attachment, then, is that regulation. So we either get enough regulation or we don't get enough regulation. And our system is primed to be dysregulated and really going all over the place between stress and overwhelm, stress and overwhelm. Let's do a little parasympathetic. Nope. That's boring. Stress, freeze and overwhelm. And that's what a dysregulated state looks like.

Alex Howard

One of the things that was very helpful for me and understanding the impact of my own childhood was that my mother left my father very soon after I was born, and it took me years to understand that actually, at least at that first year, the biggest impact of that wasn't my father leaving on me, it was my father leaving on my mother. And therefore my mother is living in stress and therefore me not getting the regulation and the support that I needed from her. Over the years my father leaving has had all other impacts, but actually, the biological impact was father's impact on mother, on child. It was a very helpful way to understand it for me.

[00:23:17] Dr Aimie Apigian

Exactly. And that's a perfect example of how to understand this attachment and this regulation is that it's really the relationship of the young child with their mother. And so it's that mother's state. How stressed is she? Does she have the support that she needs? Does she have people rallying around her? Or is she stressed and trying to do everything and her husband may not be there at all, may not be helpful, may be bringing more stress into the home, that relationship between the infant and the mother, it needs to be protected for that secure attachment to come out of that.

Alex Howard

And I think also, it's worth saying that can, I'm imagining all the mothers now watching and listening to this that suddenly got massive inner critic attacks on themselves. Oh, my God. I've ruined my child's life because I wasn't in the perfect calm, Zen state the whole time through childhood. There is a reality here that one can only do the best that they can do.

I think our eldest daughter, who had some quite severe issues with intolerance to breast milk, to dairy and all kinds of reflux issues. And actually our other two daughters had it but we knew what it was, so we were able to address it much more quickly. But it meant that her system was already very dysregulated, which then, my wife and I, it was very hard to be holding of a child that you can't soothe. You can have many of these situations where loving parents do their best and for whatever reason we end up with this stored trauma in the body or this inability to self regulate because we didn't have the modeling of that.

I think it would be helpful to open up this piece around, what are some of the effects of that trauma? Of not learning to regulate?

Dr Aimie Apigian

And I'd love to just highlight what you just said, Alex, because it's so important, so important. And I really want to make sure that people heard what you just said. This piece around, we all do the best that we can. There is no judgment. I understand that that inner critic may be a natural response, but it's not necessary. It's not at all what we are saying here. And I still run a 20 bed medical detox unit, and I'm detoxing people off of all kinds of substances. I am of the very, very strong belief that everyone, everyone is doing the best they can with what they have.

So our job is to help build that capacity for them to do better. But everyone right now in their life is doing the best they can with what they have. So that's what I would love to make sure that people heard you say.

So the downstream effects of this. Well, the nervous system is the driver for everything else in our health, because it's communicating either a biological state of safety or a biological state of danger or overwhelm. So those are the three states that it can communicate. It communicates all this through the nervous system. We've got our sympathetic nerves that run down our spine. We have the overwhelm nerve called the vagus nerve. But the vagus nerve is also the parasympathetic rest and digest. So we don't want to label it only as overwhelm. It has actually two parts in the brainstem where it comes out. One part is communicating, hey, we're good. Everything is good. We actually are okay. And let's connect and let's do some nurturing and some resting and let's be creative and play and all of that.

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But then you have this dorsal nucleus, the vagus nerve, and that's where the communication flows down, that communicates overwhelm. So depending on what our nervous system is communicating, that's what our body is doing on the cellular level. Every single cell in our body is in direct contact with the nervous system. So every cell in our body is either operating through a biology of, life is good, or we're in danger, or we're overwhelmed and we're shutting down.

So when we look at the downstream effects of that, obviously, this is huge. Because if we're more in that danger mode, well you're going to be having things like high blood pressure, you're going to be having heart strain because your heart actually beats harder, pumps harder, the muscles are working more when you're in that danger zone. You're adrenal gland, your liver. All of these things are responding to whatever signal is being given by the nervous system.

But then there's this overwhelm state, and this, up until now, still has been the most misunderstood aspect of trauma, and that most people still lump trauma as that fight or flight, freeze and they kind of lump it all together. Fight, flight or freeze. And it's like, no, they are very different biological states. Fight or flight is the danger state. It is a very high energy state. I like to think of it being when you are actively running away from the dog who's trying to bite you. You are running. It is a very high energy state. As opposed to when your system has this trigger, and we can talk about what those triggers are, but it has this trigger, this moment in time when it decides that this is too much. I don't have the energy to meet this danger, and I need to go into low energy. I'm actually going to conserve my energy to try to get through this rather than expand my energy and trying to survive this.

So it really is the ultimate survival strategy for our body, which is quite amazing in terms of its design for its strategy of switching from a very high energy survival response to a low energy, I'm going to conserve my energy. But this would be like turning into a sloth. You just are going through life. It's like being flat lined. You're just getting through. There's not a lot of joy. There's not a lot of anything. You're just getting through. You feel like you don't have energy. And so things that stress you out or somebody who needs something from you and you snap at them because you're like, I don't have the energy for that. I don't have the time. I don't have the energy for that. That can all be part of this overwhelm state.

So when we look at what else is happening, there's all kinds of stuff in the digestive system, all kinds of stuff in the immune system, in the detoxification system, because all of these processes operate best when they are in that parasympathetic state and are getting the message from our nervous system, hey, life is good. Let's do some repair. Let's do some healing, let's do some nurturing. Let's do some pruning over here. Let's do some upkeep. Rather than being in danger mode. In danger mode, we don't have time for that stuff. We don't have time to take out the trash, we've got a dog chasing us. And so trash starts to pile up. Trash, meaning toxins, oxidative stress. These are the types of trash that start to accumulate.

And what happens is that as those accumulate, it actually makes our tolerance for stress lower so that things become even more stressful, because now we have this burden on our cells of oxidative stress and toxins, we're not making energy as well, we've got all this inflammation. Now we may even have our nervous system actually bathe in inflammation. And so that's communicating danger. And our system just starts to shut down and go into overwhelm. And that's where you see a lot of the chronic fatigue, fibromyalgia, the autoimmune, that is at the point where the body has reached that place of overwhelm and has been shutting down because of the amount of burden on it. So I know that was a lot.

[00:31:24] Alex Howard

There's really important pieces there.

And I think it's also, I'd love you to speak a bit more on this piece around, this has an impact on people getting burnt out or their system becoming depleted in the first place, but it also becomes a block to their body's capacity to heal, both physically and emotionally. It's almost like the impact of trauma puts us in the opposite state we need to be to heal our trauma.

Dr Aimie Apigian

That's what I see a lot. And I know that you see this in your work, and that's why you're doing the amazing work that you're doing because people get blocked. They have a hard time actually doing the trauma work, the emotional work, the personal growth work to address trauma. And this is why they're getting blocked, because now it's become a biology state. It's become a biology problem. And when you look at it, even just in terms of an individual nerve cell, we call that a neuron, an individual nerve cell. What's going on in that cell? Because we need that cell to go from a state of survival or overwhelm to a place of, I'm well, I'm loved, I'm secure, I'm supported, I'm safe. How do we take that cell and shift it into this different state?

Well, we have to look at everything around that cell, first of all. In the environment around the cell, when there is inflammation, or if it's not getting enough blood or if there's any of these other signals that are saying, hey, there is still danger here. Now that danger signal is coming from inside of us, not outside of us. So in our life we can have created an amazing life where we've kicked out all the bad people in our life, all the negative people, we've done all that. We've changed our diet, we've changed all of this and yet our cells are still bathed in inflammation. So they're still getting a dangerous signal from inside of us. And so it's still going to be operating and influencing that on the emotional level.

So we really have to look at what is happening on that cellular level that is holding them back? Energy production is always one thing that, at this point, if they're having a hard time getting this work done and being blocked in that, energy production is always part of the problem, Alex, always. This is why I keep coming back to mitochondria.

And anybody who is in trauma recovery, emotional work needs to know about mitochondria. They need to be treating their mitochondria very well and actually learning what are the things that I can be doing to help my mitochondria make more energy? And there's a lot that goes into it, so for now, I'll just keep it at that.

But mitochondria and energy production is fundamental to trauma work and trauma recovery. I see trauma as an energy problem. If the body had enough energy, it would have been able to complete that survival cycle and come back to its prior state of health. So just the fact that it wasn't able to do that and it went into overwhelm and got stuck in overwhelm, tells me that the system does not feel like it has enough energy.

We've got to address that. We've got to do that now. And then as we start to address all these pieces, it's pretty cool, Alex, to see just everything starting to fall into place. The body just starts to do so much of this healing work that it does on its own when it has the nutrients and the environment that it needs.

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So we look at mitochondria, we look at detoxification. Maybe people have genetics that their detoxification system is not working as well. Hey, that's important to know if you're trying to do trauma work, because if you have all these toxins that are affecting your nervous system directly, they're toxins to your nervous system, so communicating danger, but then also affecting your mitochondria so you're not making enough energy, you're going to get stuck. I don't care how much therapy you do. You've got toxins. We've got to address that. So understanding that would be some of the genetic pieces that are really helpful to understand.

Prior exposures, so heavy metals or mold or lime these prior exposures. I had a parvovirus exposure in college that really set my nervous system in a more sensitive place. I had to address that. And so for some people it may be Epstein-Barr virus or cytomegalovirus or now COVID virus, these are things that can affect the system as a whole and now be what's keeping us stuck in our trauma.

Alex Howard

One of the things, Aimie, that I love about the frame that you're putting around this is that I think people can get very easily caught in the, I'm doing my trauma work over here, and I've got my health issues over here. And they go, oh, yeah, mind and body. But I think what's really powerful about what you're doing is you're really showing how interrelated that, in a sense, very often the chronic health issues that people are struggling with is the physiological impact and manifestation of the trauma they've experienced.

And I think that's why some of these people can get so frustrated that they've done every form of psychological therapy that's out there and yet they're not shifting the physical of what's happening because they also have to work on that level as well.

Dr Aimie Apigian

And that's actually where I started with my medical career. So I left general surgery residency early, I decided after my health crash that was not something that I wanted or could do and keep myself healthy. So after 3 years of general surgery residency I shifted into addiction medicine.

Alex Howard

Just a light career path. Another pretty intense one.

Dr Aimie Apigian

Just a transition, just a small shift. But I loved it. And I loved it because I could see the trauma at the root cause of all of this.

And as I started to see people with their physical health conditions, that's what I was seeing as well. And I started seeing this is all related to this trauma stuff. And so we've got to address the trauma in a way that's actually going to shift your physical health. So that's how I started.

And now, since I've also made the shift and incorporated it, and if you're over here trying to do therapy, we've got to address the biology to help you actually accelerate your work through that emotional work. Because, yeah, you're right, I see them one and the same. You really cannot separate trauma and biology. Trauma is your biology.

[00:37:55] Alex Howard

I love what you said about dealing with the mitochondria, the physical energy piece. I've seen people where the biggest breakthrough in their trauma healing was actually looking at their mitochondria, or looking at their adrenals, for example, and giving enough support to the body that the nervous system could actually switch off.

Dr Aimie Apigian

Exactly. Part of my story, and why I got stuck in my trauma work and emotional work was that I didn't know these pieces at first. I didn't know that I had brain inflammation. I didn't know that the head injuries that I had had earlier in life, and then I had a concussion by that point, I've had two since then. Now I know what to do, but I didn't know that those head injuries or even severe emotional stress can cause what's called primed microglia in the brain and those set the stage for this inflammation bathing our nervous system.

There's no way that you're going to be able to move into a state of safety when there's all this inflammation. So there are these pieces that I just didn't know. The mitochondria piece, I didn't know that at first. I had to learn that. The brain information piece, I had to learn that. This is how we learn stuff, Alex. We learn by having the hard lessons ourselves.

Alex Howard

The way I often refer to it is, it's like putting together a jigsaw and you've got to find all the pieces, but no one gave you the picture on the front. So you don't know which pieces you're looking for. And it's a challenging journey. And you and I had a little bit of a head start, maybe at the time, but gained a head start by also becoming a professional and training in the field. And I think that's why conversations like this are hopefully helpful for people.

But I'm also mindful for those that are watching that maybe feel energized, excited, but perhaps a little overwhelmed if there's all these different pieces. Where do you suggest people start? If someone's watching this and they recognize this concept and maybe some real light bulbs have gone off that there's a biology to their trauma. What are some practical places people can start with this?

Dr Aimie Apigian

Yeah. And just to clarify so I know which direction you want me to go. Are you wanting me to speak on where to start for those doing trauma work or for those who have physical health conditions and want to address the trauma?

Alex Howard

I'd like both please, if we have time.

Dr Aimie Apigian

Do you want orange juice or apple juice? I'll take both.

[00:40:26] Alex Howard

Why not?

Dr Aimie Apigian

Which one would you like me to start with?

Alex Howard

Let's start with working on the trauma from the psychology perspective.

Dr Aimie Apigian

Got it. Okay. So where to start from the psychology, you've been doing trauma work, you're in therapy, you're doing that emotional work, where to start?

So I always start with mapping out the nervous system so that I get a sense of, are we dealing more with stress, are we dealing more with overwhelm? Because again, those are two very different biological states. They need very different solutions.

The overwhelm biology state that's what needs energy. It needs time. When a person goes into the freeze response, the freeze response needs time. And so in order to be able to come out of that freeze response, it needs to feel like it has the energy to mount a stress response to whatever it was that put it in the freeze response.

So energy is a big focus for that overwhelm state. When I'm seeing someone and they're really only in the stress response, they haven't gone into that overwhelm state, they're in the stress response, then that is where we need to bring in support and we need to bring in resources. So this is where I'm bringing in more things like adrenal support and detoxification. That's what I'm bringing in for that state so that it can feel like, okay, I've got all the support, I've got all the resources, I can mount a good response to the stress and not go into the overwhelm, but actually coming back into the parasympathetic.

So with the overwhelm, first of all, the energy and then inflammation, that would be the other really important piece with people who are already noticing that they're going into that overwhelm state, which is again, if they're doing trauma work they're probably in that overwhelm state. The true stress response, I'm doing more adrenal support to maintain that high level of energy production that's being mounted.

For those on the other side who are maybe having physical health symptoms, maybe they've had a diagnosis already, or maybe they are just having symptoms, physical health symptoms. And we are at the understanding, I know that you tell them this, Alex, that every physical health symptom has an emotional component. And so even if there's not a clear association, doing some trauma work is going to help improve your physical health no matter what condition you have.

So through that lens, where do we even start with bringing in some of this trauma work? I start with stabilizing the nervous system knowing that, especially with some of these things like the chronic fatigue and the autoimmune, the system, by default, by definition, that it's gone to that place has been dysregulated and going back and forth between stress and overwhelm and been, again, what we call dysregulated.

[00:43:18]

So I need to provide some stability to that, because until we do that, it's just going to be fueling more inflammation. It's going to be fueling more oxidative stress. It's going to be fueling all of these problems that are resulting in their physical health symptoms. So I actually take three weeks, before addressing their biology, I take three weeks to stabilize their system. So I walk them through a process. I give them exercises to do every single day, because when it comes to the nervous system we have to be consistent otherwise we're not actually affecting any change. And so for every day for a week they are doing exercises, different exercises, seven different exercises that just help stabilize their system. Grounding, orienting those types of stabilization.

For the second week I'm actually bringing in some of the support exercises. So there are seven different exercises on how to support your system. This is really essential for those who have any element of attachment or early childhood stuff. Bringing in this support, this is a lot of the stuff that I learned with my NeuroAffective Touch Training, that there are certain areas of our body based on our spine and our nervous system development, that when we provide support to that area it actually makes huge shifts happen in that felt sense of our body of, I feel supported. I'm not just telling myself that I'm supported, I actually feel supported. And so we're creating that felt experience in their body.

The third week, now we're starting to explore, we've got the stabilization, we've got the support, now we're able to actually do some expansion. And so I work with different exercises, even with certain emotions. Healthy expression of boundaries, healthy expression of anger. If I try to start them with that, I make them worse. I learned that by doing that myself. Let me express boundaries. Whoa. Okay. I'm in the freezer for three days. So I've got to stabilize their system first, teach them how to provide that support, and then we go into these aspects that are really, truly driving their physical health symptoms. The inability to express boundaries, the inability to express anger. Those are what really are fueling a lot of their physical health conditions at this point. But we can't start there. I've got to start over here.

So I do three weeks with them, and then I meet with them to go over biology. And I look at their biochemical imbalances. Are we looking at a copper excess here? Are we looking at zinc deficiency? Because those will really affect the nervous system and keep a person stuck and cause chronic pain and cause chronic fatigue.

So there's so many different interlaps between the two, that again, coming back to it, trauma and biology it's totally integrated in my mind, and this is how I integrate them, starting with stabilizing the nervous system and then addressing the biology piece because we're ready for that piece and looking at where do we have the most inflammation? Where do we need to focus first? Is it brain inflammation? Is it the food sensitivities and the gut? Is it these biochemical imbalances? The pyrrole disorder? Methylation is a big factor that can be a part of this. So we start digging into the true root cause of the biology, as well, after that stabilization period.

Alex Howard

I'm mindful of time, Aimee. You're really in my personal fascination around sequencing and ordering. And I think just to summarize this point here, this is to me where clinical experience is so important. And I'm always a little nervous of people who are just doing the research, because just as you outlined, the reality is, you've got to try different parts. And there really are these trends that if you don't sequence things the right way, you can do the right thing at the wrong time and make things worse.

[00:47:15] Dr Aimie Apigian

Yes, the right thing at the wrong time. You nailed it.

Alex Howard

So, Aimie, for people that want to find out more about you and your work, what's the best way for them to do that?

Dr Aimie Apigian

Wow. Thank you, Alex.

The best way to find me is either through the Trauma Healing Accelerated website or Dr. Aimie website. And so they can either find me at draimie.com or traumahealingaccelerated.com

And I've got information on the courses as well as the certification course that I offer for providers to teach them these methods and teach them how to do this with their own patients and clients.

Alex Howard

Amazing. Aimie, thank you so much for your time. I really enjoyed this interview.

Dr Aimie Apigian

Alex, thank you for all of the work that you are doing. I hope that you know what amazing work you are doing for everybody.

Alex Howard

Bless you. Thank you.