



# Essential Alchemy

The Ancient Art of Healing Naturally

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## Season 2, Episode 9: Calming the Freeze Response to Support Resilience with Aimie Apigian, MD, MS, MPH

**Jodi:** Hi. I'm Jodi Cohen, your host. And I'm very excited to be joined by one of my favorite people, Dr. Aimie Apigian. She 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. Welcome, Aimie.

**Dr. Apigian:** Thank you so much, Jodi. You're one of my favorite people, too, to hang out with and talk.

**Jodi:** Oh, I know. This is going to be really fun. So I ask everyone to start, how do you define resilience?

**Dr. Apigian:** That's a great question. And there are probably different answers for every single person that you ask this of. And for me, resilience comes down to what are you able to go through and stay parasympathetic.

And I know that's technical terminology. And so for your layman's term, like what kind of life experiences, what kind of stress, what kind of grief, what are the life experiences that are stressful that you can go through where you don't fall apart?

You're able to actually go through a healthy stress response, a healthy grieving response, not numbing, not distracting, and that's how you're able to function. But actually, be able to go through the whole, healthy process and not completely fall apart and not have it affect your health in a negative way because all of those are signs that your nervous system is dysregulated. And so, being able to stay in that healthy parasympathetic zone is my definition of resilience.

**Jodi:** And I've actually heard you. I've watched some of your videos where you talk about fight, flight, and freeze. And I would love it if you could get into how trauma triggers those three reactions and how that plays out in the nervous system.

**Dr. Apigian:** Yeah. So there's this huge misconception about what a stress is and what a trauma is. And many people think, oh, stress and trauma, that's the same thing. No, they're completely different actually when it comes to the nervous system and what is happening in the biology.

**Dr. Apigian:** So a stress is something that takes you into that sympathetic response—fight or flight. It's a very high-energy response. There's this active threat, whatever it is. And maybe it's even made up in your head. It really doesn't matter, but there's this high-energy response to a stress.

Now, there is a point in which your body may feel that the stress is too much for you to actually be able to come through, for you to actually be able to meet that threat, meet that stress. And it goes into a biology of overwhelm. And overwhelm is a very different biology than stress.

Overwhelm is the collapse of the system. It goes into a very low energy state. And so people will experience this on the emotional level. They'll recognize it in their thoughts when they start hearing themselves say, this is way too much. I can't do this anymore. I don't have the energy to care anymore. That is a lowenergy state. And that is the biology of overwhelm. And that is the actual definition of a trauma.

So trauma is where the body has crossed that line from stress to overwhelm. And that is where there's so many health complications, health consequences that come from that because the body is literally on a system's wide level shutting down systems in order to conserve energy everywhere to be able to just get through, just survive.

And that's kind of what we feel emotionally when we're in that freeze state. It can be a very functional freeze state. We can still be going to work. We can still be taking care of our kids, but we're just getting through. There's no joy. There's just kind of this emotional flatline where it's like, I'm just getting through my day.

That would be this chronic functional freeze state that the body has gone into in order to survive and conserve energy because it feels that the stress of it all was way too much to maintain that high energy stress survival response.

**Jodi:** And is that something-- like I've heard in my own trauma experience, disassociating. I've had friends that were raped that kind of disassociate. Is that freeze also?

**Dr. Apigian:** Yes. So dissociation is always part of freeze, always, and there's different degrees of dissociation. And I generally don't use that word, but I'm glad you did because we can talk about it in a way that doesn't make it look like you have dissociative identity disorder, where you have gone so far into dissociation that you have like these multiple personalities that are so disconnected.

**Dr. Apigian:** So there are degrees of dissociation. That would be on the far end, but that is part of the freeze response. So we know that there was some event that was so traumatic for their body that it felt that it had to disconnect, disassociate to that degree to survive.

The more subtle forms of dissociation that more of us do all the time is just zoning out. How many times can I think of in my own life where I would zone out with a movie, zone out with TV, even zone out with exercise? I would go on these really long runs, trail runs. And even my biking. I would go for miles to get to that point where I was just zoned out. I was numbing all of my stress and emotions, and body messages.

Zoning out while I was exercising. I would also use food to zone out. I would zone out while I was driving. And you just kind of mentally go somewhere else. And that is all part of this functional freeze state because when we're in parasympathetic, we don't do that.

When we are in parasympathetic, we are fully present in the moment, fully connected to our logic, our emotions. They're well-balanced. We are very engaged in whatever we are doing in the moment. And so any degree of this zoning out, checking out is a subtle form of dissociation that is part of the freeze.

**Jodi:** I love it. The mental freeze state, that's a great term. And what you're basically saying is addictions are just different ways to mentally zone out and avoid.

**Dr. Apigian:** Exactly. Yes. I find the root of all addictions, even not substances, but other forms of addictions, ways of regulating the nervous system and getting to that place where you're numbed out, you're numbed out to any of the emotional or even physical sensations coming from your body.

**Jodi:** I find often that when people don't know what to do, they do you nothing, or they zone out.

**Dr. Apigian:** Exactly.

**Jodi:** So I'd love it if you could help them. If they're like, oh my God, that's me. I'm a workaholic. I'm an exercise-aholic. I am looking at TikTok or whatever it is. How do we help people now that they're like, oh, that's what I'm doing? How do we help them get back into parasympathetic and kind of move through what they don't know how to move through?

**Dr. Apigian:** Yeah. That's a really great question. And it's never just one thing, Jodi, because our body is responding to our environment. And so there is something in our environment that's telling our body, oh, it's really not safe to be here. So we need to go into this survival coping mechanism that we've developed. And by now, at this point in our life, it's a very well-paved highway. We don't even realize we're doing it.

**Jodi:** Yes. It's an automatic default.

**Dr. Apigian:** It's such an automatic default, which, again, that's what our brains and our nervous system do. That's what they're designed to do. They are designed to help us survive and not make it a conscious decision.

And so when I start talking to people about this, and they say, okay, I'm never going to do that again. And it's like, well, that's not going to work out very well for you because what's going to happen is that you're going to still zone out. And you're not going to realize it until you come back.

And then you're going to be like, oh, shit. I said I was never going to do that again. Why did I do that? And they are going to start hating that part of themselves, which actually doesn't help. Because then that further creates this disconnect between the part of us that's trying to help us survive and this other part that's like, no, we need to always be on. We need to be changing. We need to be healing, and this is blocking our healing.

And so, it further creates this internal feeling of unsafeness in our own body. And so, first of all, the step is really just becoming aware. And I like to have people track. So this is interesting that even when I'm doing a lecture or a class, and I'm talking about the freeze response, I found that when I was going through the Somatic Experiencing training and attending Dr. Peter Levine's trainings, that I would go into the freeze response. I would disassociate.

And again, I didn't know that I was doing that until I came back. And then what I started doing was tracking and just putting a checkmark on my paper how many times I realized that I was coming back from having zoned out. And I realized I was doing it all the time.

And just the topic was something that was so relatable to me that my system was like, yes, that's exactly what's going on. And this is so big and overwhelming that we're going to zone out. We're going to check out. We're going to disassociate a little bit.

And so I have people start tracking. How many times a day do you find yourself coming back so that you just have a baseline of how often you're going into that place.

**Dr. Apigian:** Because then that's a baseline of your nervous system and your level of feeling safe in your world, in your environment. Because now we're going to try to change that, but we first got to create the baseline to see how you're doing. And what happens is that as we do this work and we start training the nervous system to not go down that path, it becomes actually quite overwhelming where, all of a sudden, now we're trying to have our body, our mind be all the time connected.

And it's never had to do that before. And it's like, but there's all this stuff going on. I've got a bellyache. My toe hurts. My chest feels tight. I've never had to pay attention to this before. I've never actually had to feel this stuff before. That can be overwhelming.

And so it becomes this balance between understanding what's actually putting us into that freeze state and putting us into that dissociation versus what can we change? How can we make our system more resilient to now be able to stay present and not feel the need to checkout? So I know that was a lot. I feel like I'm just--

**Jodi:** No, that was great. And it's interesting because you brought up something that when you're disassociated, you might think you just have a high pain threshold because you're not actually in your body. So, of course, you don't feel pain.

**Dr. Apigian:** Exactly. And this is something that I see all the time where people are so disconnected from their bodies because that's how our system, our society, really teaches us to be even in your work.

You described yourself as a workaholic, and that is what we do. If we are pushed to work, we're going to be shutting down those messages that, hey, I'm kind of tired right now. No, you're not. We got to keep working.

**Jodi:** Well, and I ran marathons. I'm very good at manually overriding my body.

**Dr. Apigian:** Yes, exactly.

**Jodi:** Which I thought was a good thing, but I'm realizing--

**Dr. Apigian:** Which you thought was a good thing. Right. And that's exactly what I did for most of my life until my body crashed and said, okay, you're not going to listen to us.

**Dr. Apigian:** Then we are not going to let you even get out of bed so that you have to actually hear what we are saying because I was in the same boat. I was a general surgery resident there at the OHSU in Portland, Oregon, running marathons, biking, like very active because that's how I had always trained myself to be is override those messages from my body.

And even in surgery, even in medicine, all of that is about ignoring your own messages in order to take care of other people. And even when it comes down to eating and your blood sugar and feeling dizzy, it's like, no, we don't have time for that because we've got five more patients to see today.

And so, all of my life, I had been ignoring and distracting and doing whatever I needed to do in order to be able to keep going until my system crashed. And I had to figure out, okay, what do I do now? How do I reverse and rewire all of the programming that my body has had up until now?

**Jodi:** And I'm sure anyone who's listening, they're probably relating and nodding their heads in their own spaces. But yes, we talked about kind of awareness and then how once you're aware and you're like, wow, I'm gone half the time or more. How do you get back in? How do you reintegrate? How do you kind of work through disassociation and move into parasympathetic?

**Dr. Apigian:** Yeah. So a lot of this comes down to the somatic work that I learned with Dr. Peter Levine. So that was huge for me in being able to actually know when I'm going into sympathetic and then recognizing when I've gone into that overwhelm and that freeze state.

And then even what it feels like to be in parasympathetic because for most of my life, I would say that I didn't even know what it felt like to be in parasympathetic. I was just going back and forth between really anxious, and I have a deadline, and I've got to get stuff done to crashing.

**Jodi:** Yeah. Parasympathetic to me is Shavasana. At the end of the yoga practice, I'm very parasympathetic. Can you kind of explain what somatic is for people who might not be familiar with that term?

**Dr. Apigian:** Yes, absolutely. Somatic is simply a word that refers to the actual body and tissues. So the muscles, the tissues, that is what refers to as somatic.

**Dr. Apigian:** So when we look at a trauma therapy that has been developed that's called Somatic Experiencing, it is where we are moving into learning how our body experiences different emotions, different states, different situations so that we can actually process what's happening and allow the body to go through this survival cycle that should happen for us to come back to a place of health and not let it be stored trauma that gets stuck in our somatic tissues.

**Jodi:** I've heard you say after the zebra escapes the lion, he shakes in the wild. And that's releasing it, but we don't.

**Dr. Apigian:** Yeah, we don't. We should be. People are probably really confused with that. Like, what is she talking about? We're supposed to be shaking? This is something that people can try, and they will probably start shaking, and this will be a good thing.

So this will be something they can just try on their own when it comes up. And it'll be a safe thing to experiment with, but it'll start to give you a sense of what does the body need to actually complete a full survival cycle.

So say you're on the road and you have a near accident and you've got that adrenaline running, your hands are clinched on the wheel because there's been a near accident. The best thing to do is to pull over, get off the road, and let your body go into that collapse.

And so what it will want to do is it'll just kind of feel that drain, and you'll just kind of let things hang. Your arms will just want to hang. Your upper torso may want to collapse a little bit. I don't want your foot on the brake. I don't want there to be anywhere in your body where you are having to have any energy and control over. I want your body to just be free to do what it wants.

And what will usually happen is that with that collapse, there'll be this collapse for a few seconds to a minute or two, and then it'll start shaking, and it'll start trembling. And it's the discharge of all of that adrenaline and highenergy messages that were taken to your muscles in order to navigate that near accident.

Are you going to turn the steering wheel? Are you going to slam on the brakes? Are you going to do the accelerator instead? There's so many things that go into that high adrenaline, high energy state. And we don't usually give the time for our bodies to process it. Like you and me were workaholics. So we were like, no, I got somewhere to go. I don't have time for this.

**Dr. Apigian:** And so we blocked this healthy, normal cycle that should happen that includes this discharge. Sometimes it's crying. Sometimes it's tears, but many times it's this trembling that will happen in our body. And you just sit there, and you let yourself tremble, and it'll pass after about 30 seconds. And then you will feel the difference because now your body will have shifted back into parasympathetic.

And now you'll start to orient. You'll start to ground yourself, so you'll notice it. Now you want to start looking around. What are other people doing? Where am I actually parked? You'll start to notice what's around you, and that's your body coming out of this stress response into parasympathetic.

And now you know that, okay, now I'm ready to continue on with my day, and this will not continue to negatively affect me for not only today but for my lifetime because I didn't allow for the cycle to complete, and it got stuck. It got stored in my tissues from that high energy that was sent to the tissues.

**Jodi:** That's wonderful. I shake and discharge all the time, and I even find I had-- my son was killed in a car accident, and I think it was kind of like drinking from a fire hose. I couldn't take it all in. So I did a lot of delayed maintenance.

I'll find sometimes, I'll just start shaking uncontrollably. And I wonder if you can speak a little bit to people that are like, well, I had trauma, but that happened 10 years ago or whatever. People who weren't able to process in the moment, how do you process and release stored trauma?

**Dr. Apigian:** Yeah. That's a really great question, Jody. And here's been my experience. The nervous system, the body, will bring up what it is ready to process. We don't really have to go digging. When we go digging, it often does not end up well for us because it's not ready to go there. It's not ready for that. It doesn't have the resilience. It doesn't have the energy for that yet.

And so I love to start people with whatever they are dealing with in the current moment, in their present day. What are the issues? And we work with that, and we allow that to process, and then whatever comes up next is the next thing that the body is ready to process.

And so what will often happen is that as we do some of the smaller stuff like hey, my coworker blamed me for something today. And it totally embarrassed me, and it shamed me in front of the whole team. Like, okay, great. Let's work with that. Let's actually feel that shame, that embarrassment that happened, and let your body process that.



**Dr. Apigian:** And then often what will happen is that after we process that, then the next thing that happens is like, oh, and I remember when that happened when I was 15. And I was in the classroom, and I really had this crush on this boy. And this is what happened, and the embarrassment, the shame, and I could never go-- whatever it was.

And that's when the body starts bringing up specific memories that it's ready to process. The body will bring up certain sensations. And that's how we know, okay, this is what we are ready to work on. We don't need to go digging. And just like you, there are many times when I will have waves of grief come through, and it's like, okay, wow, it's here. So let me sit with this. Let me process this in the moment.

I don't need to go digging for that. When my body is ready for it, it will come up. And now that I have these tools, I no longer have to numb that. I no longer have to avoid that and distract that and shove that further down to be like, no, you're not going to come up. I'm not ready to deal with this. It's like, no, okay. Let's ride this wave of grief.

And there's usually a lot of heaviness in the heart that happens for me. There's a lot of shaking. There's a lot of crying, and it happens for about two to five minutes, sometimes a little longer, but then it passes. And I feel myself coming back into that parasympathetic. Why did it choose that moment to surface? I don't know. Sometimes I can make a connection of, oh, this is what's going on in my life right now.

And so there's this association with that. There's that connection with that. And we're ready for that layer of processing of that specific memory. And sometimes, I have no idea why it came up, and I don't need to know why. And that's really the beauty of working with the body.

It's like, we don't have to understand things logically. So many of us love to be in our heads. We love to understand things. We want to read things. We want to be able to analyze things.

We overanalyze things rather than just being able to drop into our body and say, I don't need to understand why I have this sensation. I don't need to understand why I'm shaking right now, know. I can just let it be. Let the body do its natural healing thing.

**Jodi:** Yeah. I mean, it's much easier for me to be in my head. Shakespeare has that quote, "Life is a comedy to those who think and a tragedy to those who feel."

So it's far easier not to feel. But I'm curious. My strategy is when I feel that way, exhaling helps, and smelling things helps. And I'm wondering, for people that are listening, obviously, this is a much bigger conversation, but is there any low-hanging fruit that you can share?

**Dr. Apigian:** Yes, absolutely. And this was a question that actually came in for me the other day from someone in my Shift to Calm Aliveness Course because the question was okay, so I have these emotions that come up. Am I trying to lower the intensity of them? Am I trying to let them come up? What exactly am I doing as it relates to establishing a more healthy nervous system and building this resilience?

And the point is being able to not necessarily completely avoid the sympathetic and the freeze response as part of an immediate cycle that our body needs to go through but bringing it down in terms of making it feel manageable.

Because when the emotions get to the point where they are feeling unmanageable, completely out of control, we don't have any support system around us. So we feel like we're all alone and now we're spinning, and that's when it's going to again, cross that line into overwhelm, and our body's going to be like, whoa, whoa, whoa, whoa.

This is completely out of our capacity to manage. And so it's going to be best to go into that freeze response. And so, we actually block being able to process emotions. So I love that what you're doing is that you're able to use the sensory information to keep you present enough, to keep things manageable, and then your body's able to go through that cycle.

So that would be the low-hanging fruit that I would also offer is that be able to assess the emotional states that you're experiencing. Are they at the level that they're Pandora's box, and you're so terrified of opening things up because it feels like it's going to take you over and take you down? And in that case, we need to be using all of this sensory stuff. I use an acupressure mat. So I actually have it right here with me at my desk at all times.

And I use this. Let me grab here. So it has these. They're like these pokey things that feel really sharp. They feel like nails. People use these acupressure mats if they have chronic pain and stuff. I use this to keep me out of the freeze response.

And so, especially when I'm working all day, I've got lights on me. I'm looking at a computer screen. These are all things that I know from neuroscience that are going to already put my brain and my nervous system into a little bit of an overwhelm, close to that line of overwhelm.

And then, of course, I'm talking about people's trauma. And I'm talking to people who are in the freeze state, and they've got a lot of issues going on. And so that can be an energy drain. So I use this all the time. I have them, and I dig my feet. I dig my feet into this when I start to feel myself feeling like, whoa, this is unmanageable, and I'm going to check out and zone out.

**Dr. Apigian:** This is how I keep myself present in the moment, grounded so that then I can manage. All right, this is starting to feel overwhelming. So what do I need to change in my environment so that I'm not going to go down that path of just going into the freeze in order to keep things feeling manageable?

So the sensory is huge. I also have a weighted blanket right here. And so people book can get weighted pillows. They can get weighted Teddy bears, Jodi. There are weighted Teddy bears now that you can put in your lap. I just use a weighted blanket because then I can adjust how much weight my system seems to need in that moment in order to stay feeling contained and grounded and sometimes even for support.

So that kind of makes me think of all the attachment stuff that can come into creating a nervous system that is more dysregulated. And there are so many things that we can do very intentionally to support areas of the body that we know are feeling more dysregulated because of an insecure attachment style or attachment trauma.

And so these are all things that we get to include in our environment that are low-hanging fruit for people to be able to contain their system, help keep things manageable so that they're able to feel these emotions, feel these sensations, and not continue to go into that freeze state.

So smell is definitely one thing. You have your essential oils, especially for that as well. Exactly. These are things that help keep things feeling manageable, not to numb, but to keep us present so that we can actually feel those feelings and not need to numb them.

**Jodi:** It's funny. I have a little tray of rocks. I just collect rocks at a local beach, and I put my feet on it when I'm working. But I notice, and my dogs love it too. Like even just moving my feet around on the rocks, it's not even sharp. It's just that sensory input that grounds me.

**Dr. Apigian:** Exactly. Yes. There are so many nerve endings in the feet. And so that's a very easy way to get that stimulation that is going to be grounding. And so I even have people rub their own feet, and I help them find that those pressure points in their feet that kind of hurt when you push them, and that's what I want. I want you to feel your feet.

And for those of us who have been so much in the chronic functional freeze state, we're not usually feeling our feet. And so sometimes we got to create a little bit of discomfort for us to really feel our feet. And what happens is that when you hold some pressure there on those points, and you hold it for 30 seconds, maybe a minute, you will have a spontaneous deep breath.

**Dr. Apigian:** And for me, that is really how I measure whether you have shifted into parasympathetic or not. A lot of people will focus on breathing techniques and consciously controlling their breathing, which has its value. And when we're doing the somatic work and Somatic Experiencing, I'm actually looking for a spontaneous deep breath as confirmation that your system has shifted into parasympathetic.

**Jodi:** Can you show using the hand kind of where on the foot that would be?

**Dr. Apigian:** Yeah. A lot of times, it's the arch. And so in the middle seems to be a point where people can always find-- and I just brought up my own foot right now. And it is very much in the middle. So right in the middle of the foot for a lot of people is where you can find those pressure points that you push there, and you're like, oh, ouch.

That's actually what you're looking for is that, oh, that's a little uncomfortable, but toes, not as much. But again, this is something where there's so many nerve endings in the feet, that sure, rub your toes. Pull your toes.

But yeah, experiment around with finding those areas that hurt a little bit when you push hard. And then back off just a little bit so that it's just uncomfortable but not painful. And hold it there. And then you'll start to notice that you're dropping even more into your body with doing that.

**Jodi:** Oh, nice. Like in yoga, they're like hover on the painful point. I do have one question because I noticed do you think-- is yawning the same as--

**Dr. Apigian:** Yes.

**Jodi:** Okay.

**Dr. Apigian:** Yes. So there's this spontaneous deep breath, yawning, and then stomach gurgling. Those are the three different biggest confirmations that you've helped shift your body into a deeper state of parasympathetic.

**Jodi:** This is amazing. You're sharing so many wonderful pieces of valuable resources that people can use. Is there anything that we haven't kind of talked about in terms of resilience that would be helpful to share?

**Dr. Apigian:** There's a lot of stuff.

**Jodi:** Yeah, I know.

**Dr. Apigian:** So my big focus is on the biology and the biology of trauma. And that would be the other big misconception that I think has really hurt a lot of people is this view still that trauma is psychology. And no, trauma becomes our biology. And so, if we really want to change our psychology, change our thoughts, I wouldn't want people to focus on the thoughts because that's just downstream.

What's actually driving your thoughts is your state of your nervous system. And there's the three states of your nervous system that we've talked about. And there are aspects of one's biology that will keep you stuck in sympathetic or a functional freeze state. And I don't care how much meditation you do. I don't care how much talk therapy you do. I don't care all of the books that you read.

If you have these biology pieces, it's going to be stuck in those survival states. And so, a lot of this comes down to inflammation. Inflammation for various reasons. And those can be inflammation from toxins. Those can be inflammation from a copper excess or a zinc deficiency. Those can be inflammation from food, sensitivities, and leaky gut.

This can be from having a history of a head concussion or any kind of a head injury that resulted in what we call primed microglia. These are all really important biology factors that will actually keep your nervous system stuck in a survival state. And it'll just make everything harder when you're trying to do personal growth work, trauma recovery, grief work, emotional work.

It'll make it harder because you're working against your own biology. And so when the nervous system is embedded with this inflammation, surrounded by inflammation, it's getting the signal that there's danger. And our nervous system does not distinguish between danger that is outside of us and danger that is inside of us.

It does not distinguish between a physical stress like an injury or an emotional stress. It's a stress to the cell. And so, being able to identify a lot of these biology factors that will keep a person stuck and hold them back in their recovery is going to be a really important piece for people.

**Jodi:** No, I agree. That's wonderful. Can you share more about how people can find you or continue working with you?

**Dr. Apigian:** Absolutely. So the best place to find me is at [traumahealingaccelerated.com](https://traumahealingaccelerated.com). They can also find my main website at [DrAimie.com](https://DrAimie.com). And I spell my name A-I-M-I-E. So that's [DrAimie.com](https://DrAimie.com) or [traumahealingaccelerated.com](https://traumahealingaccelerated.com). And there, they can find all of the resources.

**Dr. Apigian:** I've got the Biology of Trauma Summit coming up. I've got a certification course for those people who are providers, either health coaches and health providers, or even therapists and counselors, all looking at addressing this trauma through this multidisciplinary view and looking at the biology of it and how we can actually shift the biology of overwhelm and trauma.

**Jodi:** Wonderful. So helpful. And thank you so much for your time and your brilliance today. We really appreciate it.

**Dr. Apigian:** Thank you, Jodi. I love you and love what you're doing.

**Jodi:** Thank you. This was great.