How Trauma Causes Disease & Accessing The Vagus Nerve Transcript

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Introduction to Trauma and the Nervous System

Welcome to this interview on the Biology of Trauma Summit 3.0, talking about the trauma disease connection. And in this interview you're going to learn what is the mechanism of the trauma disease connection, what happens in the body that something that was a trauma response became a disease, a health symptom, a health condition for us.

So excited with this interview and I want to explain what the autonomic nervous system is, because that's all that we are going to be talking about in this interview.

And I don't want you to be lost in the in the body. And I'm going to pull up this chapter that I have for my biology of attachment module, because I want to show you this picture that I have in this chapter that I wrote.

And this is the anatomy and physiology. I don't know how many of you go through anatomy and physiology. I went to medical school, so I am very well versed in anatomy and physiology.

It probably was a trauma for me. I'm joking. I'm joking. But here it is. And we often get confused about that which aspect of the nervous system we're talking about when it comes to trauma.

So we have what's called the brain and we have a spinal cord that is the central nervous system, that is not the autonomic nervous system. And then we have nerves coming out of that spinal cord, right?

So we have our spinal cord that runs down our spine. And then we have the nerves that come out that go to the different areas of our body to move our arms, our legs.

And so that's called the peripheral nervous system. So over here, when you look at the nervous system, you have the central nervous system and then you have the peripheral nervous system.

Now in the peripheral nervous system, there are different branches of that. And by branches I don't mean one branch coming out of the nervous system. I mean there are different aspects of that peripheral nervous system.

One is called somatic sensory meaning bringing in sensory information from the environment like touch. So when you put your clothes on and you feel that touch on your skin, you feel it because it's coming up through that somatic sensory, the somatic motor, somatic of course, refers to the tissues of our body.

And so motor is what moves our muscles. So those are the nerves that when they get stimulated, they're what actually make your body move. But then guess what?

Here we have the autonomic nervous system and there are different aspects or different branches of the autonomic nervous system. You have the sympathetic we're going to talk about that a lot in today's interview.

You have the parasympathetic. We're going to talk about that a lot. You have facial and thoracic. Now, this really is also the parasympathetic, but the parasympathetic is broken into two different parts depending on which aspect of the vagus nerve.

Autonomic Nervous System Basics

So the vagus nerve can come out and innervate the face and above the diaphragm. So that's why it's called the facial and thoracic. And then you have the sub diaphragm where all of the the gut stuff and that is the enteric nervous system.

So really all of this is all part of that parasympathetic the vagus nerve and then you have the sympathetic. So put it another way, here you go. The nervous system is central nervous system and peripheral nervous system.

And when we talk about the autonomic nervous system, these are the aspects of the autonomic nervous system. And that's what I need you to know going into this interview.

How does that look in real life? Well, let me show you. So I had a lady fill out an assessment form when she which I had everyone fill out for me when they come to see one of my biology of trauma health coaches.

And here is the description again of the sympathetic parasympathetic and then dorsal vagal freeze, which we know is the trauma response. But for those who go through my program and then decide to have a one on one health coaching session with my biology trauma health coaches, we have this have them complete this tracker of their nervous system.

And they're telling us how their nervous system is throughout the day, going through the different states of their nervous system. And like you will hear in today's interview, there are no bad states.

We just get to notice at first. And so for this person, they slept in late, woke up late, still felt exhausted. Have you ever felt that way when you woke up?

Well, that's them waking up and this physiology and this state of their nervous system. She did some somatic work off, some somatic work felt good. So she came up into parasympathetic and then.

But it didn't last. She got activated, meaning stressed higher energy in the afternoon and then crashed with her energy. And that shut down mode that we're going to talk about in today's interview.

So these are the states of the autonomic nervous system that you need to know. Going into today's interview now with me today to talk about the autonomic nervous system and the role that it plays in the trauma disease connection is my good friend Dr.

Arielle Schwartz. Now, she is a clinical psychologist, EMDR therapy consultant, somatic psychotherapist, certified yoga instructor and internationally sought out teacher.

She is the author of seven books and is writing her eighth, which she just told me about today, including the complex PTSD workbook, EMDR Therapy and Somatic Psychology, the Post-Traumatic Growth Guidebook, and the Therapeutic Yoga for Trauma Recovery, and then the Applied Polyvagal Theory in yoga.

She is a leading voice in the treatment of PTSD and complex trauma specializing in applied poly vagal theory for trauma recovery. I am so excited to have her here for us to talk about the autonomic nervous system and its role in the mechanism between the trauma and disease symptoms that we can have.

I would love for you to talk about this connection between trauma and disease. We talk about there being a connection, but you've been able to really clearly explain how the autonomic nervous system runs that connection.

And the vagus nerve is central to that. So for those who've never heard of the autonomic nervous system and the vagus nerve, where would you start? How would you explain this trauma disease connection?

Yeah, it's a really big question. It's a question that I'm very passionate about and I'll do my best to take something that's pretty complex and bring it into relatively digestible bits here.

So if we think about just what is the autonomic nervous system, it's most typically understood as having two components. The sympathetic nervous system and the parasympathetic nervous system are sympathetic.

Nervous system is our mobilization that takes us into action. It's it's driven by cortisol and and it can both be employed for the purpose of fight flight stress response.

But we can also engage our sympathetic nervous system for excitement and joy and exercise and play. So it's not all a bad thing. And then our parasympathetic nervous system and most simply put, most often understood as that rest and digest response, but then also in the context of threat, the context of danger that parasympathetic nervous system can take us into states of shut down collapse, withdrawal, wanting to hide a feeling of collapse or low energy in the body.

Trauma, Dysregulation, and Disease

So ideally, what looks like help in the body is a rhythmic coast, you know, coherency or predictability between those two systems so that we move between sympathetic and parasympathetic with relative, you know, smoothness and ease and flexibility in what trauma can often do is it leads to disruptions in that autonomic integrity.

In that case, we can get stuck in the sympathetic nervous system, that vigilance, that high arousal, anxiety, panic for extended periods of time. And sometimes we think of that as we're stuck in the position, right, or the gas pedal is always pressed down, or we can get stuck in that parasympathetic threat response where we've depleted our system, we are kind of run down.

We've gone into states of fatigue and our nervous system has been keyed into this experience of there's no exit, there's no way out of the stress, and I've depleted my resources, so I'm stuck in more of that off position and that either of those patterns is can lead to health health problems, health distress.

Right. The the high sympathetic being stuck in there more linked to challenges with with immune system compromise action in the sense of it gets suppressed for extended periods of time and there can be consequences of that suppressed immunity.

We tend to see more food cravings when we're stuck in that sympathetic state. We have more hypertension, right? None of this is a surprise, but when we're stuck in the off position, it has a different set of health consequences.

And this is where there's maybe another layer of science that can be a little digestible piece that when we are when we're in the parasympathetic system, the immune system is able to function more successfully.

But we don't want to be in either system all of the time. The the two systems, sympathetic and parasympathetic are like checks and balances with each other, and they also hold checks and balances on our immune system.

So if you think of cortisol, which is linked to the sympathetic system, that actually helps to downregulate our immune system, which has importance too, right?

If the immune system is always in go, go, go, and there's a virus to fight, great, there's a bacteria to fight great. But when the immune system is unchecked by that sympathetic system, it starts to attack healthy tissue.

It starts to look for where is the vulnerability in the system. And so we'll see more likelihood of autoimmune conditions when someone is stuck in that threat response of the parasympathetic.

We'll also see more digestive concerns. And mind you, we're all human. This is profoundly common and you know, be gentle with yourself if you see yourself in this picture, because to some degree, we all will see ourselves in some version of these pictures, these these descriptors, because we are human in a complex world, and our nervous systems are navigating through pretty much a consistent barrage of cues of threat.

Yeah. So, you know, I think that knowing how the imbalance shows up and knowing how that may have played out in your own health story is an important part of the picture, but it doesn't also have to be the end of the story.

You had said that when the body can get stuck in that collapse, in that off, that it's it feels inescapable and it feels like the stress is inescapable.

How is that different than the danger sense of the sympathetic? Yeah, well, I think the dangerous sense of the

sympathetic is fielding what is out there, what is the what are the dangers that I'm perceiving, whether they're real or whether they're perceived in, they're more historically relevant, but that the sympathetic is meant to be short lived, it's meant to take action and to resolve something.

And ideally that can resolve back to a sense of homeostasis. We fought the dragon and we're safe now. And so I can relax and rest and digest and regenerate my body and all that good stuff.

But when we get stuck in that shutdown response, it's usually the result of the chronic, unrelenting, repeated stresses that we don't see an end to that tunnel.

It's like we're stuck and it's really long and I don't see a light at the end of this. And so it's it's a response to the experience of there was no way out, but then that gets carried with us into that physiological state, the memory of the experience or perhaps the ongoing real experience that there is so much overwhelming stress out there.

And I don't see I don't see a path forward and some times just to add one more layer to this, that it's getting perpetuated now from the inside, maybe the outer stresses have resolved, but now what I'm experience seeing is that my health feels like it's done off the rails and the trauma is the very symptoms of my own disease.

And that's a painful cycle and there are ways to come out of it. And of course, you know this and I know this, this is what our work is about. There are ways to come out of that cycle, but it's challenging when you're in it, and the first step is to have a lot of compassion for that.

If that's you. Is this why you moved into a poly visual informed yoga? Yeah. So all of the applied poly vagal theory model, which informs everything for me, it informs how I work as a psychotherapist and informs how I teach yoga.

All of this is so key because first of all, the applied poly vagal theory approach is trans diagnostic, right. It recognizes that so many mental health conditions and physical health conditions are the result of the dysregulation of the autonomic nervous system, and that whether it's depression or anxiety or bipolar or panic, OCD can go on and on about the mental health, you know, symptoms that can be the result or whether it's autoimmunity or pot's ehlers-danlos.

Right. Like we can see all of these variants of the physical health conditions. And in both cases what we can address and treat is the underlying dysregulation of the autonomic nervous system.

That's where we can create change. What can a person expect to see once they start to do a poorly vagal, informed approach to yoga or another movement? But how much time now?

What can they expect to see and when can they expect to see changes in their mental health and physical health? From your experience. It depends on the individual, depends on how long it's taken to arrive, where you've arrived.

It depends on the nature and the course of the diagnosis. Right. What I have found is that with the with autoimmunity that there are certain conditions where there has been a switch that got flipped and that what the what the applied possible model does is it reduces the intensity of symptoms, the frequency of inflammation resurgences.

It can reduce the, the, the, the distress associated with the physiology. And as a result, we tend to see that there's more stabilization overall for the individual.

And that can happen in the course of a single session, and that can happen in the course of, you know, many, many years of work. But I think the most important thing is to be realistic, that it doesn't mean that all of your symptoms are just going to magically disappear, you're going to relate to them differently.

You're going to notice the potentiality that you're moving into an inflammation pattern or a shutdown pattern. You're going to notice that more quickly.

You're going to act preemptively and preventatively. You're going to build a health care team around yourself. So that yoga is one part of it and psychotherapy is a part of it.

And in dieting, nutrition are a part of it, right? So that we we recognize that there is actually a whole team of support that you can build for yourself and a whole set of practices that are going to facilitate that lasting, meaningful change.

So it's not the yoga is its own standalone thing. In fact, I don't think it ever was meant to be. If you look at ancient yogic science, it was always partnered with our evader and the recognition that those were, you know, kind of sister sciences that needed to work together to balance out the body, not just not just the mind body piece.

And besides, yoga is not just asana, right? It's an eight limbed practice that involves how we think, how we take care of our body, how we act in the world, so forth.

Polyvagal Yoga and Befriending the Body

And as I think about that state that the body can go into of shutting down and how important it is to just bring movement back into the equation and there's this loss of movement that can happen when the body feels that something is inescapable.

And yet when I think of the physiology of the body movement is what indicates life, whether it's our lungs are still breathing and so there's movement of air or whether our heart is still beating.

And so there's movement of blood. Like movement is the sign of life. And how does how do just that movement piece, I mean, to really be able to change our physiology as well.

Yeah. So first of all, just to kind of say that when, when someone is in a profound state of that dorsal vagal shut down or that parasympathetic collapsed movement is often going to be very subtle, right?

There's even the pre effort, layer of movement where you even just imagine the movement before you're ready to make it. And to trust that like movement lives on a huge continuum and even imagining wiggling your fingers and toes and then literally moving your fingers and toes and circling your wrists and your ankles and slowly being able to come out of the freeze or to thaw from that immobilization and that shut down, and that we need to progress slowly, mindfully through that journey, because as we saw, we tend to reawaken to what led us to freeze in the first place.

And if there is fear that begins to resurface in the knowing within our bodies of what's what that terror, that fear felt like, or when rage begins to come back out to the surface for all the times that we didn't have a voice and we felt shut down, we build our tolerance for those big emotions so that as we're on thawing, we're also able to start to be with the big feeling.

And that requires the CO regulation. It requires that we have someone willing to be in relationship with us as we feel something really intense. That CO regulation actually allows us to be more present.

The things that we are not able to be present all by ourselves and till we've built these experiences of I can be present with this. And sometimes that that person is willing to be present with us in the non doing right in the experience of I have nothing left to give, I have no life force left in me.

I feel completely drained and an empty inside. And when someone can lean in and be close to us in relationship to that kind of of emptiness or despair or even shame that can accompany it.

Right? It doesn't mean that it's always going to look like some some big exploratory movement, but that, too, begins to surface some internal movement that's subtle and really worthy.

And in the applied poly vagal theory, in yoga, it starts once again with the CO regulating space so that as a teacher

of that model, what I'm doing is reading each and every person as they arrive so that, yes, there's recorded classes and you can go take those on YouTube and they're they're valuable.

But when you're taking the live class, when you're in the presence of, then there is a whole nother level that occurs where there's really a being with and a community space that's holding that process.

If it's within a group, the next part of that practice is what we call neurosurgeon or nurse perception of neuro ception. And what that means in political terms is that neurosurgeon is the way that your nervous system is constantly reading the room, the people around you, your environment for cues of threat and that it's doing that unconsciously.

It's also a tracking for cues of safety and all of that gets to happen unconsciously. But the the process is that your body is going to be responding to those cues of threat or safety automatically without you even recognizing it.

So then we learn to pay attention and we begin to build capacity to be with into your receptive experience, which is the felt sense inside your body. And you notice the tension or you notice the collapse and you notice the the butterflies in your stomach or the catch in your throat.

And you start to go into inquiry and curiosity and you layering compassion so that all of that can then inform what needs to happen next on the yoga mat.

Do I need to move right now? Do I need to just lay in in savasana and just feel the earth beneath me? Holding me is a gentle, rocking movement. What my body is calling for now, so that it's listening and it becomes this conversation with your body.

The book that's behind me here, the Therapeutic Yoga for Trauma Recovery, is the book that describes the model. And so, you know, all of those set the foundation for then the later stages of the practice, which I'm happy to speak to as well.

As you're talking about the subtleties of feeling into the body and having a sense of what it needs. I think of a lot of the modalities that I hear around hacking the vagus nerve.

Is are connected, you know? So tell us tell us why, why? Why is that not a term that you like? And what would be the dangers of someone trying to hack their nervous system rather than move into this different relationship with their vagus nerve in their body?

Yeah. Yeah. So, you know, my my issue that I have with the word hack is it sounds very attacking. It sounds aggressive and right. And I had my website hacked once.

It was no fun. Right. Like, like, you know, we invest a lot in, in the self and the last thing we want to do is feel like we're attacking it for even for the defenses that we've we've engaged to protect ourselves.

So what I tend to think of is we befriend our nervous system. We get to know it, we listen, we honor, we appreciate the job that it's doing for us and that when we are doing things like natural vagus nerve stimulation, which is a real thing, we're creating neuromodulation or change of the nervous system by gently loving these, stimulating the vagus nerve, often where it comes close to the surface of your skin.

What we're doing is we're enhancing or rebuilding that communication system between body and brain, and we can't do that aggressively. We can't do it all at once because it's like opening up the gates and we don't want all of the trauma to come through the gates at once.

So we need to honor that. The pacing of this is very much a key element. How much sensation can I be present with at any given moment? So in somatic experiences it's called titration, right where we move towards small amounts of that experience of the body at the rate that we can tolerate.

So if you're talking to someone who may even be like mind body connection, I don't even know what that is. Where would you have them start in this process of befriending their vagus nerve and helping their body shift from that danger and sympathetic or even the shut down into that rhythm that you were talking about, where it's it's not always an only parasympathetic, but it's the rhythm, it's the flow, it's the flexibility in these different states that we have.

Yeah. Yeah, I you know, we start with relationship, right? Like just just to stay that like it's always ideally you want to have this held in a space where, where you feel safe enough, even if that needs to be in relationship to yourself watching someone teach this on, on YouTube. Right.

But you get, you need to start with some ground of safety underneath you so that as you begin to open up this mind body relationship and you say, like, what does that really mean?

What are we doing? We are starting to pay attention. We are starting to bring in curiosity. Ideally, we can do that without judgment so that whatever is present for you is welcome in this space.

And I break this down rather simply in what I call the five point check in right? Notice the kind of thoughts you're having. Are are your thoughts racing?

Is it hard to focus? Your mind is jumping around. That's feedback about your nervous system. Is your mind super clear, really, really focused. That's feedback.

Is your mind feeling dull, foggy, right. Like that brain fog state. That's information about your nervous system. So you can observe your mind. You can observe your body.

Is my body restless, jumpy? Is my body feeling collapsed and slumped tired? Is my body feeling calm and at ease? No judgment, no. No bad state of the nervous system, right, Richard Schwartz?

Vagal Efficiency and Safe Mobilization

There's no bad parts. There's no bad state of your nervous system. It all carries information. You can make space by noticing what's happening with your breath right?

Is it easy to take a full, satisfying breath? Does your breath breath feel up here in your chest? Is it hard to take a full breath? Does your breath feel really shallow and collapsed?

Getting to know the breath is going to give you feedback about your nervous system and then tracking what you're feeling emotionally, right? Five point check in mind body breath emotions.

What are the emotions? Your experiencing? Anxiety, right? Depression, presents. Okay. Ness, joy. And then notice the quality of energy in energy can sometimes be a tricky one to pay attention to, but I would say notice how much space you want to take up and notice whether you feel more contracted.

Notice when someone says, Would you like to go for a walk? Well, what's your response to that? Yes, that sounds lovely. Or Oh my gosh, I don't have anything left, right or I don't want to walk, I want to run.

So it'll give you some feedback as to the state of your nervous system. And so building that mind body connection can start with something like that. And then over time you can get more subtle and nuanced.

So as you're paying attention to your body, you might go, Oh, it's right here, it's in my diaphragm. That's really needing attention for me. And I can put my hands over that and breathe and contract around it and explore it.

And that's a lot of what you'll you'll see in the applied poly vagal theory in yoga is that it's it looks a little bit like with something might be what authentic movement is if you're familiar with that.

It's it's a listening and a following and an honoring. Another important concept for people to understand, especially as it relates to the dysregulation and the symptoms that you can experience, is this idea of vagal efficiency.

Can you explain what vagal efficiency means? Yes. So happy to. And it's going to relate to the later stages of the applied poly vagal theory in yoga model.

So just to start with, what is vagal efficiency? Vagal efficiency is a measure of how well that we respond to stress, and it's measured by how well we transition from laying down to standing up.

And for someone who has passed postural orthostatic tachycardia syndrome or ehlers-danlos or other forms of discomfort, insomnia, those transitions are really hard to navigate.

What tends to happen is that by the time I've moved from laying down to standing, I get dizzy or I feel nauseous or my heart rate is racing and I can't slow it down.

Or some people go into a faint response of axial vagal syncope. So what is happening is that these are markers of low vagal efficiency. Now, what is vagal efficiency?

We tend to think of the sympathetic nervous system as a metaphorical bass gas pedal, metaphorical gas pedal. We can then think of the vagus nerve as a metaphorical brake, and the brake will slow down the gas and slow down that mobilization response of the sympathetic.

So how is that achieved? The vagal brake is basically, metaphorically speaking, about the way that it gets around the heart, which is why my hand is here, that that the vagus nerve will slow down the heart.

Or when we remove the vagal brake, it will allow the sympathetic system to go. So we have this brake that's going to slow down our heart rate and we have the removal of the brake that will lead the sympathetic nervous system to take over it and it will quicken the heart rate.

And we want that vagal brake to be able to apply and depress efficiently. So, for example, when I transition from laying down to standing up, there are temporary removal of the vehicle.

Brake will allow heartbeat to increase and blood pressure to increase enough to send oxygenated blood up to the brain. Wonderful. We need that to stand up in and not feel dizzy.

But then we need the vehicle brake to reapply, to slow down the heart rate so that I can come back to regulation and homeostasis once I'm standing and feel feel good so we can apply it in something as simple as a test from laying down to standing.

But it shows up in every stressful event that we face in our lives. And good vehicle efficiency is the measure of resilience. In somatic experiencing.

We have this term that's called the global high intensity activation. Does this vagal efficiency relate to the difficulty, the challenge that people with the g h I have around their stress tolerance and their system does not seem to be able to spend much time in sympathetic at all.

It immediately goes into the collapse. Exactly. Exactly. And so we can see the the lack of vagal efficiency in two patterns. We either see that the vagal brake basically doesn't remove well, in which case one is staying in collapsed, is not able to access that sympathetic pattern in order to mobilize in the world, even to stand up effectively.

Or we see that the vagal brake removes. I stand up, I'm feeling my heartbeat racing. It's not slowing down and it's not reapplying. But sometimes we can see exactly what you just named, which is that it depressed as I feel it, the tachycardia begins and then the brakes slams on and it sends me right back into the shutdown.

And that's, I think, how many people would describe exactly what happens. It feels like the brake slams down it's not a on a gentle coming to a stop at the stop sign this is very abrupt changes in their internal sense as it as it goes back and forth between these sympathetic and the shutdown states.

Yes. And the reason why the applied poly vagal theory in yoga, one of the things that we're building in training, vagal efficiency, is that how we train it is through repeated postural changes with the breath.

And we do this rhythmically, mindfully, and so that we come into a halfway lift, we fall, we come up to standing, we feel inhale, arms up, exhale, arms down.

It can be as simple as that. All of that is your vagal efficiency. So for those of you who want to hack your vagus nerve, this would really be the way to build the resilience of the vagus nerve, which I think is the intention behind hacking is to build that resilience.

And this is truly one of the ways to build that resilience and is to help the nervous system make these changes and doing it rhythmically and mindfully.

Yes. And there's one more layer. There's one more layer.

Safe Immobilization and Healing Integration

Once we can successfully and safely mobilize the system, the final layer of the model of the applied probably vagal theory in yoga is to safely immobilize without going into collapse, to learn how to reclaim your ability to rest and to, you know, go into yogic sleep, yoga, Nedra or to mindfulness meditation to experience the joy, the nourishment of the parasympathetic system without it going into that shutdown.

And I have to say that that was a huge concept for me when I first heard Dr. Porges just talk about that immobilization, because most of the immobilization that I had studied and experienced up until then was this immobilization with the terror, right, with the panic that sent the body into that immobilization.

And so to think of wait a second, not like we're supposed to have this immobilization with trust, with safety, and being able to relax into that safety without the fear of being immobilized.

To me, that describes the healing possibilities. And like, if I had to put a destination for what it looks like to be to to heal and kind of, I don't know, the healing journey and where where are we even headed with this healing journey that would be at the immobilization with trust, safety and relaxation.

Bingo. I'm right there with you. That is the ultimate goal. But often we need to reclaim safe mobilization on the route to reclaiming safe immobilization.

Not always that often. I hope that you have been inspired by today's talk on what is possible so that no matter what stage that you recognize that you're at today with your nervous system that you can see, oh, there's growth that is possible and there is a path forward to that growth.

She mentioned this team around, US and the different modalities that we want to include. It's not just one thing, and I want to remind you of that, because this is what we've teach.

I've taught this before. So I want to remind you of this, that we have three essential elements the healing we have to involve the body. So this is where I bring in somatic work and I take people through a 21 day journey to start off with that helps stabilize our system so that we can do the other pieces.

But this would also include thoughtful the poly. They go and form a yoga as an example where we're involving the body. Now we do need to do some work around our thoughts and beliefs.

And so this is where I bring in parts work or internal family systems. So that we can gently challenge the belief

systems that we hold about ourselves and keep ourselves stuck.

But then we've also got to address the biology. And as we talk about the biology of trauma here on this summit, being able to realize that there are so many aspects of our biology on a cellular level that will promote us getting stuck in sympathetic with the gas pedal on or take us into that shut down and keep us stuck there.

And so when we bring in support for all of these areas, our healing is going to be so much greater, so much fuller, so much more meaningful, and we can even accelerate the process.

I do know that this is a lot of information and I so appreciate you joining me here for this biology of Trauma Summit. And remember that you can purchase all of these recordings so you can have all of this information.

You can come back and revisit it. As many times as you want so that you are well-resourced and your nervous system can relax and trust that you have everything that you need.

I am your host for this summit and I will see you on the next interview.