Polyvagal Power: Nervous System Wisdom for Birth, Sleep & Brain Health Transcript

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Introduction and Guest Background

How safe we feel is crucial to health and happiness, really. We want to be in mobilized state. I've actually never heard that described that way, so I absolutely love that.

we don't have that buffering to kind of get away with it anymore. Finding those little sleep hacks, I love it. Hello and welcome to another episode of Root to Rise.

My name is Dr. Emily Spickle, your host, and I am so excited for this episode. I know I say that about every episode, but this one for sure we're going to be talking about topics that are very fascinating and we have a very good friend of mine who I've known for Well, over six years, because she was the doula for the birth of my daughter, Aurelia.

So, a little bit before we introduce Chantal, I'm gonna give her background. Chental is a birth douala, educator and health coach with over two decades of experience supporting women through birth, postpartum, and midlife transitions.

She integrates breath and body work and nervous system retraining into her practice. with a strong emphasis on empowering women to navigate life's changes with confidence.

In today's episode, Chantel will guide us through the Polyvagal Theory. So excited to talk about that, what it is, how it affects our nervous system, and why it matters for healing, empowerment, & embodiment.

We will dive into how she applies the polyvagal tools and awareness into her work as a doula and health coach. And we will also explore how these principles translate into the perimenopausal phase, particularly two key areas that I know Chantelle's very excited to talk about, which is sleep and brain health.

Welcome to the show, Chantal.

Polyvagal Theory Basics

Thank you. It's nice to be here with you, Emily. Of course. So I want to jump into it right away with my favorite topic, which is going to be polyvagal theory.

For any of the listeners who have not heard this before, can you introduce them to what it is and how we would integrate this on a day-to-day practice?

Yeah, absolutely. So I love that the way Polly Bagel came into the world was really through Dr. Stephen Porges' work when he was working in labor and delivery floors and with newborns.

And it was how he discovered that one nerve the vagus nerve and its tone was how it affected the fetus and the newborn for resilience or for risk. And so through that work, he kind of came up with this, He coined the term polyvagal theory.

Polyvagal from the word poly like many, because the vagus nerve and vague and vaguses comes from The word vagabond like it wanders all the way down from that brainstem all way done into the gut so touches on so many different organs in the body.

And before he came up with this theory, we thought that the Vegas nerve was just one direction. But interesting,

the vagus nerve is like 80% sensory, 20% motor.

It's the sensory part that is so interesting to his work and just as he brought it up into the world to understand that it's bi-directional. It's not just one way, it's following two different pathways.

So we have eventual vagus, which is above the diaphragm in the front, and then a dorsal vagis below the diagram in back. And they have different roles.

And evolutionary, I guess it was, you know, it's first like dorsal vagus and then our sympathetic, our spinal movements. And then later more modern was the ventral vagas and the going back to the very beginning and why I so appreciate his work because I'm coming started my career journey through the birth world is that the suck, swallow, breathe, vocalize development of the newborn is what will actually the fetus and then the new born, as the foetus becomes a newborn, is the beginning of development the social engagement system.

Polyvagal theory is simply like how safe we feel is crucial to our physical and our mental health and happiness, really. It's how safe we feel. So it's not necessarily how say if we are, but how are safe.

We feel and I think it has become certainly really important. Like it become like so front and into the world, especially since the pandemic when I. Think we began to realize just how damaging isolation and the fear of like you know, the whole virus that was out there, that big bad thing that's out to get you.

And then also that isolation, our whole world went into shutdown. I think we began to realize that not only do we need to be able to our sociality is absolutely important.

And I think part of the theory is, is bring into the forefront that our humanity is the ability to be able to trust others. and when we lose that trust, we live in a state of defense.

When we just look at the news today, We can see how we are all living in survival. We are living In a State of Defense. So it's really hard to heal, to sleep, to birth, and to digest when we're in a state of defense, for example.

So it really affects everything. And beginning to understand, I think why it's becoming so important to beginning, where are we living? most of the time, and how can we come back to feeling safe within the context of what we're looking at.

So it's about how safe we feel within that context. It's beginning to understand that our physiology within its relationship to its context is really important.

And then, you know, the whole topic of trauma, because if we've had and asked for adverse childhood or some trauma or past wounds, it shapes, tunes our nervous system a certain way.

Then we have to learn in a way, how do we retune our system to be able to spend more time in in safety, basically, in a regulated ventral vagus space context.

Got it. So the ventrol vagis of the two, the polyvagal, so dorsal vagal ventril vagas, is we want to be in the venture vagous states. And then when we are, this is where Socialization, restoration, healthy immune system, is that how you would describe the Ventral Vegas state?

Applying Polyvagal Theory to Birth

Well, I would say that we are always moving through, there's a hierarchy and we're always move up and down kind of this hierarchy. The problem is when we get stuck in a certain place and can't find our way back to safety or can find their way to eventual safe and social trust in being at peace, at ease in the world, when do we So the other term, so let's just go over, because there is this hierarchy, I think, to understand, is that evolutionary, yes, there's the parasympathetic branch, and there are two branches, the ventral vagus in parasympathy and the dorsal vagis in parasyempathy, then we have our sympathetic uh system right and so basically how it was designed when when

we are like just out in the plains of whatever in evolution and we see danger we would either fight our way out of it or run out Right, so we can see how that is.

Sympathetic, which is a sympathetic response. We're mobilized, yeah, when we're running, right? We fight or we run. If we cannot fight and we cant run, we kind of go down that hierarchy to shut down, disassociate, numb out.

Now, we can't snap out of it and go ahead. Snap out and get back into Ventral. We have to almost get a little bit sympathized. we have get to get little but mobilized, and find our way back up that hierarchy to Venteral.

And then the other thing is we don't have living in Ventural Vegas all the time, but ideally we'll have enough anchoring in ventral vagal energy to be able to deal with everything that's coming or be to find our way back.

So we can live in blended states. Okay. I really like how you had said to get out of a freeze, disassociated, numb state. Think of it down. you actually have to go back into a sympathetic, mobilized state.

I've actually never heard that described that way, so I absolutely love that. Does that help explain Peter Levine's work and somatic experiencing and his book Waking the Tiger and kind of that component of it?

It's definitely all related because they're colleagues. And so, I mean, my teacher and mentors like Dr. Stephen Porgeson, while I know of Stephen Levine and heard him speak, and somatic experience.

I haven't actually gone through somatics experience, but yes, it's a similar language. But it's understanding also our window of tolerance and expanding that.

So, yes, as you say, to come out of it, we need to get a little bit of movement, but we have to either know ourselves or our clients when we're working with our client, how much is needed that it won't kind of overwhelm the system.

So it's very much understanding ourselves and then the others, so becoming very curious about our nervous system and how our system needs to work and what it needs, and becoming curious if we're working with other people.

How do you apply this concept then to birth? And does it apply to the birthing process? Absolutely, absolutely. It does because it's two kind of complementary systems, if you will, that kind have to dance together.

So for a lot of my clients or first clients having babies for the first time, there's a a of uncertainty around birth. There may be some anxiety or some fear about the pain or what's going to happen to my body or how I'm going be the loss of control.

So there's fear and uncertainty that already kind of influence in the body, right? So it's all this kind cortical activity that's happening. that's affecting the body, but then really to be able to have a successful delivery, we need to send a message.

The ventral vagal has to set the stage to tell the dorsal vagus, which is where homeostasis happens. to be able to, you're safe enough, to allow the body to get out of the way and the head to do what it needs to.

So ideally it is a blend, we come into labour, mobilised to give birth, there's that excitement, adrenaline, constructions, but as we go closer to you know, the actual birth part, second stage, like letting the baby out, then ideally we want to immobilize without fear.

So often we think of immobilization with fear, but if you have enough anchoring in ventral, you could immibilize with out fear that's giving birth. That's breastfeeding, that's intimacy, to be able to, be intimate in feeling safe.

And that is a dorsal vagal function. It's parasympathetic dorsa vagus, but it's grounded in safety, as opposed to threat, which would be shut down, numbness.

Yep. So how do you teach your clients then, or the new mamas to be, how to tap into that dorsal, vagus safety immobilization? Is that through the months leading up to the birth or is it actually in the process?

It's a combination of both. Here's another term that Dr. Stephen Porges coined, which I think really helps us understand the vagus nerve and polyvagal theory is neuroception.

And that's the nervous system's detection of risk in the environment. So it's not perception, it is detection. And so the nervous system, and it's below awareness, right?

So the Nervous System is especially going into an uncertain environment, say, like giving birth. So we'll use that for example. or the unknown or something new or change, you can put it to anything in life, it becomes hypervigilant.

It's always scanning the environment. So our neuroception is always scanned in our environment outside of us to see is it safe or is there rust. it's also scanning inside ourselves.

Does this feel safe or does this feels threatening? And it's also scanning, say between you and me, is this safe? Or is there, am I picking up cues of threat?

So now our backstory plays an important role because a neuroception can be a little bit, not faulty, but it can kind of skewed depending on our past experiences.

So the work is beginning to understand in a way what our triggers are, right? But then how do we support ourselves to go, okay, that might… That might be, say, a past experience, and this is a new experience.

So it's not that it is not an appropriate feeling. That's the really cool thing about polyvagal theory, is that teaches us to respect and honor our nervous system, honor a body's feedback.

The body is just sensing and feeling, it that interoception, that gut feeling is this safe or isn't. And we're human, we react. And I think it was Victor Frankl who said, what's that beautiful saying, between stimulus and response, there is a space.

Do you know that saying? Between stimulus- No, but I- And response. Yes, this is space- I love that though. It's amazing. There's more to it, But what it means between neuroception and our behavioral reaction, and we learn through becoming aware of our nervous system, ourselves, we learn to create more space so that we can respond in ways that are healthy for the situation in the moment.

So how do I help my clients? So one is, so we do some kind of nervous system awareness, just kind exploring where we are, where do we hang out all day?

Perimenopause, Stress, and Hormones

Like all my client, were you hanging out most of the day and for most us, many of us where I used to too, was definitely in like mobilized, sympathetic, go, do, I mean, there's a lot of great things within immobilization, we get things done, and we do a little.

Especially in New York City. But how much time is actually spent in a regulated kind of context? with ourselves, you know? And so beginning to expand that, just slowly expand those moments.

And we started with just intermittently throughout the day, but becoming aware of it, and then learning, so I think of like three aspects to safety. It's going to be context.

You know, so the environment, for example, like the type of contact or the situation or to kind of really understand the context that we're in. So the content is always important when it comes to an essential of safety choice.

So having choice, and so when I'm working with my clients, it's a matter of, you know, how much choice for this

particular client? Is it, uh, would you like juice or water?

Would you, like, ice or, water or a smorgasbord of choices? So too much trace can be overwhelming. So knowing who I am working, but for example, in any situation, and then co-regulation.

So co regulation, so let's go back to the beginning with how Dr. Paul just kind of started this theory, because I love that it comes, you know, through birth of the newborn.

But ideally, we kind have come out into this world into the arms of a regulated other. regulated keyword. Yes. And we know that isn't always true. Isn't true for all of us.

Right. We know. That's just experience. So, so ideally we come out into the world into, the arms of a regulated other mammal that will help regulate us, co-regulate us until we can learn how to self- regulate on our own.

If that's not the case and we don't get that opportunity, as many of us don t, then we learn how to self-regulate in ways that aren't always maybe the best for us.

We don' t necessarily learn to even be in co- regulation with another because our state doesn't allow it. And that' s the other beautiful thing about understanding the physiology of another is to be able to We can only co-regulate someone when they are ready for it.

And so this is where your work comes in, because sometimes, for example, let's go back to the birth room. If someone is in that state, like I see, so you learn to really read physiological states before you I don't want it.

Before you look at the behavior, first see for the words, before what they're doing, the actions, notice someone's physiological state, because that will give you clues to where they are coming from.

Meaning facial expressions or facial tone? Facial expressions, body posture, even the word that they say, like if someone is angry or lashing out or very upset, you know, just understand where their nervous system is that will help.

And so sometimes say, for someone who might get, say stuck, they go into that dorsal with fear, so they just associate or they become numb. Remember, we want to kind of get them a little sympathetic to bring them back to a regulated state.

So movement is very helpful. Now, It's not like, okay, go and walk up and down the halls for yourself. Go for a walk. You can still stay in a dysregulated state.

But if you say, hey, let's go for walk together, I'm gonna walk with you. I am gonna move with. So joint movement, because when someone's moving, their nervous system can kind of relax a little go, if it gets too unsafe, am already moving I can run.

If it gets unsafe, I'm already moving, and I can fight my way out of it, as opposed to being stuck. So that's how you kind of help them come up a bit.

And then we can, yeah. It's really, really fun when you can start kind playing with this. Like a mobilization with a co-regulation. Yes. I like that, so I love seeing the utility in birth and obviously the newness and the lack of control and how you do have to be able to get into that dorsal vagal state.

How does this then apply to your other passion, which is the perimenopausal phase for women, Which again, it's changed, so there's probably a sense of lack control, and newness, uncertainty.

how do you apply that to that category of women and that life change? Yeah. So, so, um, So I just wanted to go, just finish up with birth a little bit is that it is a blend.

We're moving through ventral vagal, sympathetic dorsal vagel or dorsell vagus anchored in ventril or sympathetic anchors in venture. It's not necessarily one state.

it's, it just, It kind of fluid in that way. Um, but, more if we have to, if have scales, we want to be more weighted in Ventral Vagal Energy. That's what's going to.

to be most helpful. Yes. And then the actual given is also vagus without immobilization with FPF. Yeah. So with perimenopause, so for most of my clients, like where are you living most the time?

So for many, many of clients they are living in a dysregulated state, right? Not enough time spent in ventral vagal. When you're dys-regulate, you are more symptomatic.

So you're having more heart flushes, you have been more night sweats, You're not sleeping well. When we can kind of support the body to spend more time in that regulated state, to span more in safety, then the symptoms calm down.

And then, yeah, and so then of course, then you can think about like the layers that you're working on, you know, so as we age, yes, we become more insulin resistant.

So we absolutely want to be, managing our blood sugar levels, right? We want we want to be moving and movement and mobility and you know eating right of course but it's for me the missing link was because you can you You can do all the things, but if you're not spending enough time in a regulated, calm, nervous state, it's hard to heal.

And that perimenopause when the hormones are like all over the place, especially late perimanopausal, It's very hard for those to become less symptomatic.

And then also what also really happens, and this is what's so interesting about perimenopause, is we don't have the buffer of our hormones. Like we could push and push, push through.

But once we get into late perimanopausal, when those hormones are fluctuating all over the place and estrogen is really dropping and progesterone is dropping, we dont have that buffering to kind of get away with it anymore.

Sleep, Nervous System Regulation, and Brain Health

And so if we live in chronic stress or we push in ourselves all the time, we don't get the support of the hormones. And then we kind of work our adrenal glands, you know.

I was just going to say it sounds like adrenal fatigue. And so yes, most of our estrogen and our sex hormones are made in the ovaries, and they're also made the adrenals.

And we are burning through that little bit of estrogen that we have. Is there a correlation between adrenal fatigue and menopause? Do you see a lot of adrenal fatigue in perimenopausal women?

I see a lot of burnout. So yes, supporting the adrenals, support in the liver because we don't process as well as we do. Adrenal fatigue, yes. Liver fatigue also.

Absolutely. I think that with any big hormonal shifts, whether it's postpartum, or late perimenopause, like postmenopausal is a much more stable time.

We do have other issues that we kind of need to be mindful of like heart health and bone health, and all of that. But it does become a more much stable times once we move.

On the other side of it. Yes, exactly. That year or two years right before you cross over, it can be very chaotic. So how does that fluctuating hormone state, maybe the nervous system state affect sleep?

Knowing that sleep is extremely important for recovery and restoration for brain health, but how do all these changes affect, sleep in women who are perimenopausal?

Yeah. So again, I'm like, absolutely obsessed with that. Because sleep, it's so interesting. It's a lot like birth. You can't force labor. I mean, you can with medication.

you Can't for sleep. Yes, You Can. And you could numb it out or you take medication, but physiological sleep restorative sleep deep sleep is immobilization without fear.

you have to be able to kind of set the stage for this cortical activity. to get out of the way and allow the body to do what it needs to. So you don't have the buffering of hormones like you used to, and so you're really depending a lot on your nervous system.

If you are go, go go stress, stress work on you mind a little. It's very hard now to like switch off. I love the idea of someone once said it's like landing a plane.

Its not like just switching off a light switch. You need time to kind of land. So you need to set the stage. And so we are looking at things like, yes, we're looking that sleep hygiene, like especially cause we sensitive to, you know, our blood sugar instability or, so you don't wanna eat too late.

We wanna be mindful of what we eating right before we go to bed and what were drinking. But we also want to know how we can regulate our nervous system so that we could settle into feeling safe enough to be able to go to sleep so that we're not one eye open with work or one-eyed open because we have our backstory that bring in with us to bed.

Does that make sense? When we are hyper vigilant, it's very hard to fall asleep. Yeah, no, absolutely. I think even in not perimenopausal women, if you're hypervigilant or your cortical thinking is too switched on, it's impossible to fall asleep.

Before you were in perimanopause, I found that for my clients that I'm working with, with sleep, they have a hard time falling asleep, but then they can stay asleep.

The problem with perimenopause is if you have hard times falling in sleep and now you're having a harder time staying asleep and that's what's really frustrating for a lot of my clients in perimanopausal.

And that has a LOT to do with our nervous system, with how we manage our blood sugar, how you manage your stress. It becomes so important to now take you know, manage our chronic stresses.

Yeah, absolutely. So what are some of your favorite sleep hacks then or tips or recommendations? Let's say in the case of peri-menopausal women, but I'm sure everyone would benefit from them as far as this sleep hygiene or how you start to down-regulate.

Just some tangible takeaways. Yeah, yeah, absolutely. So having like a bedtime routine, like we had when we were little, can be really helpful. Again, I think the social engagement system, if we feel safe with others, so sometimes like downtime, you know, chatting or spending time with a significant other or one's child that one feels really good with, or even a pet, it could be a furry animal.

Like, you know, it could be kind of help. Yeah, absolutely. To just have that co-regulation happening can be really, really helpful. I do think that, like for me, a good night's sleep starts in the morning.

So what I'd do in morning and a little bit throughout the day is going to set. Yes. For some people, it doesn't affect them, but for a lot of people if you exercise like too late, too hard and too later, that will affect the sleep.

Have you heard that? yeah, in the earlier part of the day or the very early afternoon so that you have time to kind of allow the nervous system to settle.

So for example, like when choosing the time of day, and talking to you about that, because that's your thing is movement. And the listener, so the type of date and then also getting outside in natural light.

if you can, if have access to it. I know you have an international crowd, so depending where you are in the world, of course, but can be really helpful because that can reset your circadian rhythm.

So you get natural light in morning and then towards the end of the day, we want to be turning down the lights and thinking like sunset, firelight, candlelight or blue light blockers, If you will, you do have to up.

And then for me, I find really hopeful is if I kind of stop caffeine At noon, I find it makes a huge difference, and my clients are different. Some can stop at 3 p.m., but for, but stopping, stopping at noon I see a significant effect on my sleep.

And then, also for me I found really helpful, this was very hard for to do, to learn how to to this, is knowing when to say, when it's enough. with work and be able to be like, okay, like you know, seven o'clock, whatever it is, six a.m.

or seven whatever, it's okay. That's it. No work. And to whatever you need to do, you write it down or you have a notebook next to your bed or even just like write in the air if you fall asleep and something comes up just so that you can get it out of your head and onto a piece of paper can be really helpful.

Then did I mention not eating too late? That's a really important one. Yep, that I could see as one Are you into meditation, breath work, journaling, gratitude, kind of that component before bed?

Yes, so I like some movement and so i like an unwinding practice because that helps the vestibular system but also the nervous system. So that could be different things for different people.

It could yoga, it could just be some gentle movement. free movement, whatever it is, can be really great. I like breath work. So if you're pregnant, don't do the four square breath, which is inhale for four, hold for for, exhale for 4, inhale four four.

Sorry, Hold for Four, Exhale Four Hold For Four. But so don' hold your breath. but I do like that one. i also like a regulated breath where I say breathe in for full and out for six or breathe for more and up for eight.

making the exhalation longer than the inhalation will help turn on the parasympathetic. Okay, love that. Yes, absolutely. So and then I definitely like a mindfulness practice.

And I know that's hard for a lot of listeners. I'm not saying sit down for an hour and meditate, but kind of introducing kind of micro mindfulness moments throughout the day.

So with my clients, a lot work a little bit pepper in throughout. The day I love a breathing practice, but it could be, you know, just those little moments of phosphorescence.

If I'm on my way out and I pass my neighbor's garden and see a rose, for example, I'll just pause, inhale and look at the rose. exhale, feel that expansion, and do that a couple of times.

And just really grounds me and I'll walk on or I might see a flock of birds. I love that what that movement of the birds is a special word for it. But just that movements, I just take my attention to it, breathe in, feel that expansion, exhale, like feel it, and then move on.

So it can be just moments of mindfulness throughout the day, can't be really helpful. Finding that pause. Yes. Yeah, absolutely. I think throughout throughout day.

A nighttime practice is really great. Either, you know, Epsom salt bath or journaling or breath work or yoga. But I think just even in bed, if you do some stretching, you can do a body scan.

You can draw progressive relaxation, um, can be really helpful. That's why I also, I'll tell you some of the hacks that I love that are so easy for my clients is like, so if that doesn't work and I do wake up in the middle of night and.

I will sometimes just have magnesium cream next to my bed and they'll just put on some magnesium cram or pull of a weighted blanket. If I'm needing a little bit of support, just settling and then I go right back to sleep.

Yep, finding those little sleep hacks. I love it. So I want to make sure that we cover the last topic that I know you are very much into. The application of polyvagal theory to brain health.

Yeah. How do you incorporate that? In a similar way as well because The brain we want to reduce inflammation going to the brain, of course. So if we are in a state of dysregulation or we hyper vigilant all of the time, that's inflammation to brain.

And so I'm thinking along very similar lines is how can we spend more time in a ventral, vagal construct context, if you will, or be anchored enough in venteral.

So for a lot of my clients, it is introducing a meditation practice. For my client that are really wanting to work on their brain health specifically.

Breathing practice is really important. A meditation practice. There are so many different apps out there or styles out. I normally explore with my clients what's a good one for them.

So I would say that would be really helpful. Part of brain healthy is also stimulating the brain and a lot to do with nutrition and movement and sleep is a huge bedrock for brain health, because when we are in deep quality restorative sleep, that's when the brain kind of flushes out all those toxins.

So, you know, sleep is a huge one as well. Yeah, it's the same nervous system work that I do with my clients. It's imperative, I think, for everybody.

But it also what I find happens is sometimes we get stuck in these rumination loops and learning to recognize where you are if you're there. and what can shift you out of that to regulate you so that you can change your, shift your nervous system state, because you cannot tell your brain.

It is like shift to your system to be able to change. what we think in, because our brains, our beautiful, big, wonderful brains like to make stories.

So depending on our nervous system state drives the story. And so if we change or shift our nervous system, we can change the story. And that's important for brain health.

Yeah, no, absolutely. So last question is, give us five ways or several ways that we could strengthen this ventral vagus state. Because you kept referencing that.

We have to have an anchor in ventril vagal state, but what are some of the best ways to strengthen the ventri-vagus nerve? So if you happen to fluctuate into a dorsal vagis, it's easier to get back into that mental Vegas state.

Yeah, okay, great. So first of all, it's like respecting our nervous system and beginning to ask, what does our system need? And knowing who is like a who, who's that person if we need to for support, whether it is a friend, a mentor, teacher, parent, pet, like who do we maybe need help us if can't find our way back home to ventral ourselves?

Like who that is person? Or where is our where? Now, this could be a physical space in our home. It could a be our favorite holiday place. Where is that where that we can kind of think of or go of and bring to help anchor us?

And when is our when like what time of day, do you feel the most like say regulate what kind of days your favorite day we if you even just make that your, you know, carve out time for that morning ritual if your world that Morning

routine or whether it's an evening routine so knowing.

and then setting boundaries around that can be really, really helpful. And then having those tools of breath work, or movement practices. A huge one, as I mentioned, is like the other being able to co regulate.

So socialities, the right, it's not, its sociality that you feel safe. And that's reciprocated. Of course, there's, you know, this unhealthy relationships may be out there, but it's the ones that you can actually feel seen and validated and reciproicated is really important.

What else? Oh, I love sounding as well. So sometimes using, that whole social engagement system. I might do breath work that involves sounds. It could be arming or gargling.

And then and knowing yourself like maybe like if you think of hacks like I know for myself if I like, if i'm feeling like a little, you know, just being like bad day, for example, and I need to help myself shift out of it.

Going for a walk might keep me too mobilized going for one, but if go for walk with a friend like. That might actually help, or I love cold plungers, for example, and I know they're not for everyone, but for me, it will bring me right back.

So I, I loved that for myself. You could splash your face with cold water. There's lots of things that you can do. It's about finding what works for you.

I love that, I loved that. So those are some great tips and then it is understanding the power of the Polyvagal Theory, understanding and respecting your nervous system, what are your unique anchors or resets to strengthen the ventral vagus.

I love the emphasis on the co-regulation. And I think that's really important, whether it's a partner, a friend, animal, and how we apply this to our sleep.

Very much going to start incorporating a lot of this as far as how I thing about sleep and my favorite takeaway was the pause that you had stated and just trying to slow down the system, bring in a pause.

So this was so fascinating. I am a huge fan of Stephen Porges. And when I first heard him on the Dave Asprey podcast, I was… taken aback and I was like, I need to understand this.

So I am highly, highly respectful of what you're doing with your work. And of course, absolutely love your works because of how I utilized it for the birth of my daughter.

Thank you so much for your contribution, for spreading the power of the polyvagal theory, the nervous system. Now as we look at perimenopause and brain health and sleep.