Introduction to dorsal vagal response

Welcome to this interview on the Biology of Trauma Summit 3.0. I'm your host, Dr. Aimie And were talking about the trauma, the disconnect. And this interview in particular is really meaningful to me because Dr.

Steve Porges has been someone who's been very influential in my own process personally, as I was trying to figure out my own health issues and then has been a large influence in my understanding what I teach now in the biology of trauma.

So I'm so excited to have him come on and share more about the poly vagal theory and how it creates the platform for us. But I'm not going to steal his thunder, but I am going to do is I need to share with you what this dorsal vagal response is so that you can go into this interview having that foundation, because that's not something that we cover in this interview.

Now, the dorsal vagal response is something that has been misunderstood and is still not widely incorporated, integrated into medicine. Yet we're working on that.

But when I was going through my health issues, what I discovered was that I was having different fluctuations of my energy levels in such a way that I could feel that shift happening.

And I created my map as I was trying to figure out what was going on with my system. And so this is now what I share and teach on the three states of the autonomic nervous system where you have the parasympathetic or social engagement in the Middle.

And that is where we are always at our best in our best health and our best selves. And I would also include coming from our place of healthiness. And then we have on that top category, we have a sympathetic state.

So this is our stress response and this is the sympathetic state of the autonomic nervous system. And this is where the body goes whenever it is experiencing danger or threat.

But there are certain triggers and I don't have time to cover those triggers here, but you need to know that in response to certain very specific triggers that we understand and know, our state will shift and it will go from a sympathetic state to this dorsal vagal state.

This is the third state of our nervous system and what I was experiencing. And so this is how literally how I mapped out my energy levels, which is why if you study polyvagal theory, you'll see that they map this out differently.

But it's still the same thing. The three states of the nervous system. I just was mapping it out based on my energy levels. And so I could feel that when my body went to this place that I didn't have a name for it yet.

Now, I know this is the trauma physiology state, so we talk about the body's trauma response. This is that place. You feel exhausted and you have no energy.

You've lost your motivation, in fact, and your body feels heavy. So as we go into this interview today, I want you to understand that this is the state that we're talking about when we talk about the dorsal vagal response.

And this is also known as the freeze response in some circles. I talk about this being the body's trauma response and trauma physiology. But here's how we get practical with it.

And this is what I would want you to walk away with, is that when people come in to see one of my biology of trauma health coaches, we have them fill out assessments because we need to understand where is their baseline

and what are their patterns.

So most of the people coming to see one of my biology of trauma health coaches has taken the 21 day journey so they know how to map this out. Now.

Polyvagal theory and autonomic state

And they are putting here like she's saying that she wakes up at 6 a.m. with in the sympathetic state and says that she didn't sleep much last night. Woke up wired and tired.

Then she was able to bring in some somatic work. This is what we do in the 21 day journey. So she brought in some of her tools. Awesome. And it worked.

It calmed her system down. She was in parasympathetic for several hours, which is impressive actually. Not many people are there yet these days, but then felt exhausted until 9 p.m.

and started the wired and tired feeling again. Now I have people do this for three days in a row so that we really start to see their patterns so that we know what tools to bring in and whoa look, at day two, she's actually waking up in this dorsal vagal response that we're talking about today in that freeze overwhelm or trauma physiology.

That terrible sleep last night woke up so tired, afraid. I was triggered by an interaction with a friend. So came up here with the trigger was anxious, angry, agitated.

For most of the day I crashed at 5 p.m.. Notice even the language that we can start to use. Right? And I actually teach a masterclass on this of how the three ways to recognize the trauma physiology crashed at 5 p.m., felt overwhelmed and low and climbed into bed.

All right, let's look at day three. All woke up in the freeze response or that trauma response. Again, I didn't want to get out of bed today. So that is a big clue for you that if ever you feel this way or if you're a professional and you notice that your patients are clients are saying, I didn't want to get out of bed today.

They are waking up in this dorsal vagal response, in this trauma physiology that we're talking about here. So this is where it gets really practical, is because we need to understand where is our system.

And if you're a professional, where is the autonomic nervous system for our patients? And clients went back up after being triggered by another interaction with a friend.

The brain triggered only worked a little, went home again and today crashed at 3 p.m. and spent the rest the day in that freeze response. So this is the value of understanding being able to recognize the dorsal vagal response that we're going to talk about today.

And with that, let's jump into the interview. And of course, I have Dr. Steve Porges. He's become a great mentor of mine, and he is a distinguished university scientist at Indiana University, where he is the founding director of the Traumatic Stress Research Consortium and a professor of psychiatry at the University of North Carolina.

He served as president of the Society for Psycho Physiological Research and the Federation of Associations and Behavioral and Brain Sciences, and is a former recipient of a National Institute of Mental Health Research Scientist Development Award.

He has published are You Ready for this? He has published more than 400 peer reviewed scientific papers across several disciplines that have been cited in more than 50,000 peer reviewed papers now.

Wow. So Dr. Porges has had a large influence on the whole field and I'm so excited that we get to share this experience and be able to glean information and insight and knowledge from him.

And with that, let's jump into the interview. Welcome, everyone, for this conversation with Dr. Porges and welcome. Welcome. Dr. Porges It's always very good to see you and good to have you here for this conversation today.

Well, thank you, Aimie. Good to see you again. And what we wanted to talk about was a lot of what you have brought to the field with the understanding of the autonomic nervous system and the important role that it plays.

And one of the things that it changes that you've really brought to the awareness that changes our current understanding of even what it means to be trauma informed would be this understanding of how it's the experiences that the nervous system has been through, not necessarily a checklist of events that a person has been through in their lifetime. Yeah.

And so the the poly beagle theory and I know that this is not a theory anymore, but I don't know what else to call it. Are you, is there, is there a better way to refer to it now?

Right. Well, some of some of the actually in the gastroenterology journals are talking about it as the poly vagal hypothesis. So in a sense, you see the model now you test it with your clinical populations and you're asking the hypothesis question.

And that's what a good theory does. It enables you to ask questions or find answers. Beyond the hypothesis point, though, like, haven't we tested it enough clinically that we we know we understand this of the autonomic nervous system?

Well, we could say, okay, the answer is yes. But remember, you're a physician and you're in a world where not everyone shares the knowledge and insights that you have.

And we also know from the theory is we don't confront people to tell them they don't know what they're talking about because you won't get any traction.

So you present it in a way that becomes accessible to others. And the interesting part about the theory is that literally in the world of it's the survivors who basically express the validation in their own lives of the theory because it gave them a narrative they fit, not the narratives they were getting from their mental health workers or their physician providers.

Yes, we live in a world where things need to be tested and validated, and so given that given that I talked to us about your view of the autonomic nervous system and how that changes even the perspective of the adverse childhood experiences and the checklist of events that providers are professional should go through.

Let's let's simplify this. We live in a world that thinks it knows how to do science, and it looks for cause and effect relationships, which means that if I'm a I experience or am affected by an external stimulus, you will be affected by it in the same way.

But we already know that even for ourselves, sometimes certain things bother us. Sometimes we're basically immune to them. So we know that there's something in between the cause and the effect, or the stimulus and the response.

And we use terms like, I felt good today, I felt real flexible, I felt resilient or I felt buffered or resource. You know, we have all these words, but let's try something to those words.

Trauma physiology and body-based patterns

Let's say that those words are really our conscious brain making sense out of our autonomic nervous system so that we're not working on the nervous system.

Our physiology is taking care of itself, meaning that the feedback loops are supporting health growth and restoration. It creates a neurophysiological platform to basically enjoy life.

But if our nervous system is in a state of threat where it's trying to defend its own organs, it could be from metaphorically from a psychological predator or from a pathogen.

And I think probably vehicle theory says it doesn't really matter what the source of the threat is. The body has a script, it reacts to threat, and that reaction to threat interferes with the human esthetic health, health, providing functions of our body.

So probably vagal theory really gives us this evidence. It's an evidence based model that the autonomic nervous system supports health growth and restoration on both a physiological and on a mental health level and a social level.

It goes one step further, and it says that through the evolution, the transition between reptiles and mammals, mammals are evolved with a unique set of neural circuits.

Those newer neural circuits enable them to downregulate threat reactions through sociality. So you just look at a mother and a baby. Those signals from the mother, the intonation of her voice, the gentle gaze, the proximity signal, the child to turn off the physiological defenses again.

Within our very pragmatic cause and effect world, we make those separation between these reflexive circuits our body has and our intentionality. So we say to people, What are you scared about?

Or Why you depressed? Or Why are you anxious? You know, you have everything to live. We use all these words and we know they don't work because the person's body is in a state and it's not an intentional state.

And what we end up doing in our when we're trying to be helpful is we're basically shaming and blaming the person for experiencing what their body is functionally doing to them to try to help them survive.

So then I'm thinking of someone who's coming in for a medical appointment and the provider, whether it be the nurse or the physician or whatever type of provider it is.

And they start to try to make sense of their life experiences again on a conscious level. And yet, how can that differentiate from what the body has experienced physiologically over their lifetime, even though there may not have been big events that they can look back and say, Oh, I had trauma.

Let's let's start off. By what does it mean to make sense of our own experiences? When we try to live in our cognitive world, we look at the intention of others, we look at our behaviors to them.

But when we get into more embodied world where we kind of respect our bodily feelings in those states, we start understanding that under certain states we are naturally a defensive organism.

You know, we're very effective in being defensive. Nothing wrong about that. But if we don't understand that in certain physiological states, our flexibility is greatly limited, then we're doing a great disservice to ourselves and to our children and to our spouses and friends and colleagues when really saying is we need to have a degree of respect for the physiological state we're in, in the range we can handle.

And I'm actually shifted a little bit because we we have a new mammal in our family. We adopted a cat. It's a two year old cat and it's a lovely cat. But it just reminds me I had cats when I was growing up and then with with our kids we had dogs.

And dogs are like children. Cats are not like children. Cats are all about state regulation. They tell you when they want to be near you. They tell you when they've had enough.

They tell you when they want to be left alone. They tell you when they when they want to play. They're signaling you about state regulation. And if a cat is sleeping, it doesn't want to play.

When a cat is hungry, it doesn't want to play. But after a while the cat wants to play. And these will be played bouts for relative short periods of time for a mature cat.

But what we start learning is that our pets are very sophisticated in this ability to regulate their own physiological state. They need to move a certain amount.

They need to be interactive. So our cat is in many ways extraordinarily social. She does not like to be alone, but it doesn't mean she wants to be in your lap.

She wants to make sure you're in proximity. And proximity is enough for her to do use those signals to coagulate. Now, for humans, we may need more contact or movement, more gesture, but the cat is telling us exactly what it needs to regulate state to be literally a happy cat.

I remember when I was over at your house that Saturday morning and we grabbed our coffee, went out on the front porch, and you were like, No, I need to leave the door open for the cat because the cat wants to be near but won't want to be on your lap.

Right? Right. So how can how can a human nervous system then go through the same experiences, someone else, perhaps even the same childhood they grew up in, the same family get come out with a very different perception, a very different experience of their of their family of origin.

Yeah. Well, let's start off by, by getting rid of this cliche. I got through it. Why can't you? You know, it didn't bother me. Why should it bother you?

And we kind of live with this. We call it tough love for this. It made me a stronger person, you know, and all the you know, everything was was good for me.

But look at you. You're a broken person. What's what's wrong with you? And the answer is, we're not really understanding that it's not those externally events, which, as you said earlier, is a checklist.

We can do that. What we're really saying is, how did your body respond to those cues? Now, if your body was literally devastated and felt it was under life threat and the other person in in the family thought it was a joke, you have totally different outcomes.

Or the other one is the sense. We're certain at times in certain families, certain children function as if they were the adult in the room and they basically would if their parents are acting out, they might in their own mind say this, let let him or let her act out.

Safety, trust, and social engagement

It will pass without, you know, says vibrating and trembling and crying and in a sense, forming another source of stimuli that will be a trigger to the person who's lost control.

So then when we're looking back at a person's experiences and events in their lifetime and we're trying to make sense, we're trying to relate that to their current health problems, for example, how much of can we pull from an events and checklist versus asking them deeper questions of how was that for you?

It's a very good question because it's not the M. M. Mei's event. So if you're coming from an abusive family or you experience a physical trauma, it's an important event.

It changes the probabilities of whether or not you will react to it. The issue is not that events are important, but what is gain by seeing if the event results in a retuning of that autonomic nervous system.

So in our own research, we've been looking at like people during the pandemic. And what's interesting is if you have abuse history, you know, adversity history, you certainly had more symptoms of mental health problems,

anxiety, depression and worry during the pandemic, even if you were not infected.

However, if you have a measure of the individual's autonomic regulation, the autonomic state individuals who have the actual causal pathway is not directly from adverse to history to sense problems during the pandemic.

It goes through autonomic state. So if the autonomic state had been retuned to be more reactive and we can we can make our guesses in the real world by saying a more reactive or long stages.

Think of people who are tightly wrapped, highly anxious, very irritable, very reactive. That's a autonomic state. It's tuned into a state of defense or others that would just kind of like shut down.

You know, it's going to feel overload. So those features of autonomic regulation are really the causal that leads to the emotional and also the physical vulnerability.

But the probabilities of being retuned greatly are increased with adversity, history. But but the adversity history is not the causal factor. It is what it's not good if you have adversity.

But if the adversity reed tunes the autonomic nervous system and I use this term retune because under any form of adversity our nervous system will react.

Nothing wrong with that. That's how we evolved. It's how we survive. The question is not the reaction, it's whether or not we get locked into a chronic state of defense.

And Aimie, in your world, in the world of literally functional medicine, most of the patients are coming in because they're retuned, because their bodies are in states of chronic defense.

It's seen as the sensitive patient, hyper or the irritable. But they're also sensitive about pollutants, sensitive about food, sensitive about wherever they are because their body is retuned to be in heightened alert.

And once we start understanding that, we start understanding that the nervous system has retuned itself, not just the old numbness, but the immune system and the whole nervous system to support our defensive strategies.

It all makes sense. And then the real issue is how do we remediate this? And probably vagal theory says the important part is to get signals to that nervous system that it's safe.

It's no different than the crying baby. It doesn't mean that cues of safety will work for everyone, because if you have an adversity history, how do you react to use of safety?

You might initially go like this and then not go. Let that happen to me because that excess ability is vulnerability to the sensitive individual and that's how therapies start working.

They build a relationship. He builds therapeutic presence, they build the support of others. And I often like to say that our goal in life is to feel safe in the arms of another mammal.

And for most of us, it's humans. For others it could be their dog and cat. But it's the notion of being able to have that coagulation with another organism that both receives and sends it back.

And can you go back to what you said around? The accessibility can mean vulnerability for some nervous systems because that is such a crucial. I just got done teaching in my attachment module on reflex bracing where when we started to relax in the safety we can have that responsive no, no, no, no. Safety is not important.

And so that ability can actually be vulnerability, which is not safe for some nervous systems. It's like saying immobilization is availability, but in immobilization to someone who's been traumatized is guy, get out of this room.

Got to get out of here quickly. I not having a severe trauma history so there are you know every day that not severe

we all have some trauma but not having a severe one I didn't understand the accused of safety would be triggers of reactivity.

And so I developed the safe and sound protocol. I was literally shocked or didn't want to believe it, that these cues, acoustic cues of safety would be triggering for people who had severe trauma histories.

Not all of them, but some of them enough to really trigger me. So, I mean, we develop things. We want to be helpful. We do not want to have other people suffering.

And when I start to learn, was that actually if you had the opportunity to watch them, they would be listening to the acoustic stimulation. The body would be kind of like opening up and then intercepted feedback of this accessible body goes up to the higher brain structures, and that's where the narrative starts.

I'm vulnerable. Got to get out of here. I, I can't take this feeling of vulnerability. And many people who have severe adversity histories, the metaphor is a little bit different.

It's like when they start, they want to have relationships and when they start to create a relationship they can't handle it because they use terms like the person's too close.

But what they're saying really is their desire to be accessible puts them into a conflict situation because the accessibility basically in many ways denotes a vulnerability to them and that their nervous system can't tolerate.

So it goes into this basically a a cost effect. Let's say it costs a cost benefit evaluation. That is, I want to love, but what I can manage a life by myself.

I'm not being injured but down unless I invite someone else into it. It's too risky. So we can start understanding the implicit narrative. And it's implicit.

It's not a well thought out one on a conscious level, but the body is making that decision. So what I start to really learn is if I learned this really from the world of trauma, because they started, the people who had severe trauma histories were actually educating me about what trauma was, but more than what trauma was, what it was to be a human being.

And they all seemed to carry with them this quality, this notion of a dream of being safe enough to be embraced or in the proximity in the arms of another safe, trusted other, and also this great vulnerability of proximity to having that.

So they had the dream, which meant that they didn't even need the history in many of them had no history of loving relationships or caring, trusting relationships.

They had that template in their nervous system, but their body, Susie or let's say their nervous system through experience said I'm not allowing that to occur.

And many of them said, that is not the way I want to live my life. And that's why they went to therapy. And that's why many of them have developed good strategies of, let's say, coping and regulating and allowing their bodies to feel safe enough to be in proximity with others.

I like that. I use that terminology a lot. Maybe I got it from you. Safe enough, right? We're just going for a safe enough. Yeah. I mean, we can't say.

It's like we all want a safe world, but we watch cable news, right? And the world isn't safe for many people.

Predictability, co-regulation, and therapy

But we want to be safe enough for these short durations of time that we can give up our defenses. So we don't

need even all the time of our day to be, quote, safe.

And so we talk about work environments. And for many people, work environments are very demanding and they're very hostile in many ways. But our nervous systems are really resilient.

If we have sufficient time to feel safe enough with another person or I used an appropriate mammal. And as I think of someone who has a nervous system that has never experienced safe enough with another mammal.

Yeah. And just the gentleness that it requires for their system to experience a little bit of that and then come back to what they experience is which is alone, right.

Guarded, defensive and being able to just baby step it into this new experience of being safe in the proximity of another to not overwhelm their system and shut them all the way back down again.

Yeah, I mean, lots of therapists, you know, somatic experiencing works on that model titration pendulum. And basically we're teaching our nervous system to be safe enough to interact.

And it requires both a titration, which means a thoughtful, sensitive therapist or other, and also an awareness of what's going on. And basically, we learn our nervous system, learns our autonomic nervous system, learns on some levels.

It learns immediately on the defensive levels, but it takes more time. I'd like to think of if we treated our bodies like a pet. So if we thought that we're kind of like our body is our pet and we're understanding about our pet, if it gets a little irritated, we calm it down or we help it regulate like a tantrum ing child.

So we thought of our body as a cantering child and we were the manager. What would we do? We yellowed it. Would we not listen to it? I mean, this is basically the strategies in a course in in the world that you're in as a therapy, as a clinician, you're dealing with people who have turned off their bodies frequently.

So when they reject the body feelings because it gets in the way of their desire to live a productive, successful life, they are functionally turning off the feedback loops that support our homeostatic processes, our health growth and restoration.

And then they have medical disorders that are basically parallels to their mental disorders. They're not oblique, they're not orthogonal. They're part of the same profile.

All right. So here's where I'd like to help the audience understand the relationship then between early trust and creating this platform of our nervous system, that then becomes both the manifestation in our relationships around love.

But then also it would be paralleled with our physical health. Where does trust, where does early trust come into tune, kind of retuning or tuning our nervous system and creating that platform?

Hmm. I think it is the basis so I wrote a paper called Political Theory of Science of Safety. I actually wrote two papers in the past two years. One is really on sociality.

And the the point is, when we start understanding our phylogenetic or evolutionary heritage, we understand that the unique part of this mammalian species that we're part of, or let's say many, many million species, is that we have this opportunity to turn off threat reactions in our body through sociality.

So sociality becomes a product of being safe, but sociality also changes our physiology to enable us to feel safe. So there's a circularity, and that's how we learn.

We learn that through select interactions, and that is what the child rearing is supposed to be about. Select interactions with trusted individuals enables us to exploit on the most positive level, our evolutionary heritage to turn

off our threat reactions.

And when we talk about, you know, when people find good friends or they find spouses or they are, the issue is that interaction enables them to turn off their threat reactions.

And what they say is they trust that person. So we use labels that are very high up, but what we're really saying is trust translates and I do not need to be in a state of threat with this person.

So that means I'm safe enough in the presence of this person. And if I'm safe enough, then my nervous system can heal, could be helpful. And this, of course, is the basic plan that we evolved into that it wasn't that the challenges or the stressors or whatever the terms we like to use in pop culture, those are okay.

The issue is the other part of the story. Do we have enough time to feel safe enough with a trusted author to enable our body to recover so we use terms like you need enough sleep.

Well, you know, if you're kind of isolated as a human being, your sleep patterns are probably not very good. It's kind of like our cat. Our cat sleeps real well.

If we're right near the cat, the cat doesn't have to have any surveillance. What was interesting, we we went away for a day and then we came back and the cat was on the second level in our house is four levels high and she was calling, but she didn't come down.

She want the vocal interactions to be assured that we were back and she was keeping her physical presence in places that she felt really safe in. And then she basically followed us around for the next day to make sure we were back.

But what I'm saying is we do this. We are we need that predictable, trusted individual who's not going to hurt us, will be there. And we have to be really careful in our rearing of children because we can say, Oh, I acted out on my child because it was a bad day.

But we have to see from the child's perspective that acting out was really a violation of that child's trust in you. And the issue is when you violate trust as as adults, we all know it's very hard to repair true violations of trust, because when we violate that trust, we now become vulnerable to the individual that we thought was safe.

So how do we actually develop trust? How what goes into what factors are required for that trust to develop, if that's the basis for. Okay. So let's start with the first point and that is what is our nervous system see is safety, predictability is extremely important.

And in the world of trauma, even when predictability is often unreliable in the sense that the person's there, but they're not known as they always nice, it's still predictability.

And so a lot of people don't get out of relationships that appear to be caustic because there's a degree of predictability that their nervous system cannot deal without.

So the first thing is our nervous system interprets predictability as a neural metaphor of safety. So that's why the smiling face, the prosodic intonation of the voice, you know, this is how when we get a new pet, this is what we present to the pet, and this is what we should be presenting to our children unconditionally.

But we end up with mixed models like we feel we have to discipline without understanding the state regulation vulnerabilities of young individuals. We tend to want to think of children as small adults and not children as underdeveloped nervous systems of regulation.

So our flexibility is limited. As a parent, I guess I am always amazed at some preschool teachers know elementary school teachers how they can deal with children day in, day out.

I also have an appreciation for, I would say, my limitations, that it's one thing to understand, it's another thing to implement. So the parties want to understand it.

And if you have difficulty, implement, you try to navigate, you try to, you know, allow yourself to be in situations which the good part of you can express itself, not the the vulnerable part.

But these are challenges that, you know, marriages and families are always in. But we have to respect the fact that to cues of safety are parents responsibility.

The accused of safety are not the words. Again, we have this very pragmatic view of the world in which language becomes basically predominant or preeminent.

And what we really want to understand is that more than the words is how we deliver the words.

Listening to the body and closing reflections

So a parent's voice in the household after a bad day at work or say, a confrontation while driving home or something, can really be disruptive to the child because.

The child's body is detecting the anger or the anxiety or the fear or frustration in the parent and the sounds. Those intonations change the accessibility of the child and the utility of the parent as a trusted individual.

So I'm thinking then of how that applies to a professional and perhaps even the predictability that is needed for them to provide their patients or their clients to start to enable that trust in that relationship.

And and for you, like, how how important and maybe what are some ways to bring in some predictability later on in the game for a nervous system that is stuck in that in that disregulation for enabling trust to start to develop?

Well, the point is we're all humans. Let's start there. So we have to say we are all humans, we all have limitations and we are not the same thing for everyone all the time.

So we have variance in our ability. And if you're a therapist and you feel that you have to be embracing and engaging, sometimes it can be extremely tiresome.

I would say exhausting because for many, if you work in the world of trauma, many of the clients are in physiological and I would say biobehavioral states that are far from accessible or welcoming, which means they are projecting great casting cues of threat.

So or that's accused of defense, they're defensive. And when they broadcast that, your nervous system reads that as accused of threat. So we have to be very understanding of what our nervous system is responding to.

I think what's missing in most of the therapists training in their own interactions on a daily basis is self-care in correlation with colleagues that it's one thing to be let's just absorb in the interaction and be kind of a buffer to have resilience and flexibility.

But we have already know about burnout and exhaustion, especially during the pandemic. But what we have forgotten is that in the more historical way that therapists have work and mental health care workers at work, they work in a physical facility, and they had opportunities to co regularly, have lunch together, have a coffee break, go for a walk for a few minutes.

These are nutrients, social nourishment, and we don't think about this enough. I had colleagues who used to program their sessions right on top of each other, not even have time to write notes in between, but just basically every 45 minutes, a new client, because they tried to get through in like a six hour day or five hour day.

So they could spend some time with their family or do some writing. But it meant that they were just not present

because our bodies need downtime. We need we need some breaths.

So the bottom line in all this is I think we need to spend more time thinking about self-care and basically working with our colleagues. So even if we're dealing in a virtual world, maybe you have a 15 minute break every few hours with some of your colleagues just kind of shared the good stuff, shared the bad stuff, but basically share some interactions.

So to wrap up, well, that would be the final words that you would want to tell people if they find themselves that this is their nervous system. It's been tuned to defensive living.

And they're they're experiencing all all of the aspects of that. Right. Both the behaviors, the the emotional aspects, the physical health aspects. What final words would you want to share with them in terms of what what is possible?

Well, I often use one simple term, and that is listen to your body. So we're really talking about this understanding if we try to literally enforce on the client that they need to be more embody, what about ourselves?

So the part is we want to be respectful to the fact that we're an embodied organism as well. We're not just a delivery of services, we're an organism with feelings, and to go full circuit on on this conversation, our feelings are really our autonomic nervous system, projecting information to our conscious brain.

So we don't we don't have to really define exactly what the specific feeling is. We can basically put it into a binary, I feel good or I don't feel so good because when we don't feel so good, our physiology is this and supporting our defenses.

When we feel good, it's supporting our health. Go through restoration. It's a smart system that is very, very primitive. It's a foundational survival circuit, low in our brainstem and not as glitzy as our high cortex, but it's a hierarchical system.

And if that brainstem is in a state of threat, it destroys sort of biases all those circuits going all the way up to your conscious brain. And being in the narrative is not as helpful as just being able to say what what is going on in my body right now and how can I attuned to that and take care of that.

Yeah. And it's I was actually watching a video this morning on a person who was talking about really mindfulness and myelination, basically trying to explain that as we become more embodied, we facilitate take even the molecular support of our body and a nice set of metaphors.

And I have a colleague, Robert Nacchio, who coined the term cell danger response and start showing that even at the level of of the cellular level, cells behave very much like the poly vagal hypothesis or theory.

And that is when things are good, they and they grow, meaning they populate. When things are bad, they hunker down and defend. And when things are horrible, they implode.

They just can't even support themselves. And in a sense, it's almost as if there's a law of nature built into all of us that we can look either on the more molecular level or on the social level.

Because society is the same type of system, it requires the feedback of others to to really thrive. A trusting relationship is a neuro modulator. Yeah.

Is the exact phrase that you had said before. Yeah, yeah, yeah, yeah. I mean our life is better. It's true. Sociality is a neural modulator. You can see why it's so important to recognize whether a person there are physiology, their biology is in this dorsal vagal response.

It has lasting effects on everything in our life because it is the platform that we stand on. And it's either a platform of safety, which would be ideal.

Imagine what you would be doing in your life if you actually truly felt safe. Or it can be a platform of fear, or it can be a platform of feeling like inescapable stress and life threat.

So if those are the different platforms that we have to stand on, I would want to choose the platform of safety and I hope that you will do the same and join me after this summit for masterclasses on how exactly to do that.

And then I invite you to join me for my 21 day journey after this summit as well. I know this is a lot of information and so please don't forget that you are able to just purchase all of these recordings so that you can have them at your at your disposal at any time that you can or want to access them, watch them again, and review this information that that will change your life just as it has changed mine.

I'm Dr. Aimie, your host for this Biology of Trauma Summit 3.0. And I will see you on the next interview.