Training Call #5: ANS & Self-Regulation Review, & The Two “Ceptions”

Irene:

Hey, everyone. Welcome. Gosh, where are we today? It's the 21st of April. Anybody losing dates and times and months and years? Some say that's progress. We're not concerned with time in the same way we used to. Just living, living and doing what we can. So today, just officially, we are doing training call number five, ANS and self-regulation review, and the two ”Ceptions.” And I'm going to jump around a little bit. We're going to follow the handout. We're going to do some review. We're going to talk about neuroception and interoception. I'm going to read a little bit from some of my teacher's book. Kathy Kain and Steve Terrell. And I asked before we started, how's everyone doing? So this is for those who maybe are popping in on the recording. Everyone has put in some bits. I'm just going to share some things. People are tired.

People are moving through things. They are noticing light bulb moments around resistance, working with touch and sound, learning how to stop, how to pause, how to not feel behind. Got people from all over the world, learning potent posture. Yep. Potent posture is, yes, it's an endless lesson. I just fixed my own posture. I was too far forward, and there I am. Back. Back a bit more on my sit bones. Actually, not so much on my sit bones, but on my sit bones differently and leaned back a bit so I'm not overworking my lower back. So yes, potent posture is a subtle little one. As one of our SPT students, Sophie would say, it's sneaky powerful. It's sneaky powerful. When you can really tune in to where your body is in space. Yeah. Are you always on one sit bone? Are you always leaning on one elbow?

If you're always sort of ... I have a tendency to tilt my head more to my right, and I have to keep finding that's where video is good. As I see my head like this, I'm like, "Oh, I’ve got to move this way." Self-correction is very important.

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Self-correction is very important. And I'll start with a quiz. Why can humans self-correct? Write something in the chat. Why can humans self-correct? In self-awareness, almost. Yeah, higher brain. We have this higher brain. Other mammals have brains, but not to the level that we do. It's not better or worse. It's just different. Sometimes I sure wish I could just be a house cat, and just eat my kibble, purr, chase birds, have an owner that pets me, and plays with me, and gives me some catnip every now and again. So our mammal friends have a different life.

The good news, of course, and I saw someone that said feeling a little discouraged. The good news is that we can shift when we've had traumas, consciously. That's why you're here. We'll get into the training call soon, I promise. We can really shift gears and change and rewire. The neuroplasticity thing is a thing. Animals in the wild, they have a very simple life. Domesticated animals have a simple life if they have good owners. They don't have good owners, they don't do well. As someone who grew up in an animal hospital, I can tell you, a lot of animals get sick because their owners are incredibly controlling, abusive. Even emotional abuse to animals is a thing.

So as humans, as adults, we have the ability to change how we choose and how we pause and how we relearn. So I wanted to start with that. And the other thing I was thinking about, I'm not sure for those of you that follow me on social media. I recently posted a fun meme, I think it's fun, of a professor at a chalkboard. Did anybody see this? He's got all the physics and math equations from the ground to the ceiling, and of course it's a lecture. And I said something like, "Me trying to teach nervous system regulation to people who never got it in the first place," and that's what we're doing here. And today we'll go over the different nervous systems. We're going to go over primary wiring, co-regulation, self-regulation.

But someone said under one of the comments, and as I speak, remember to stay connected to your bums. Remember to feel your eyes and your breath. Look away if you have to. They said, "Why is it so difficult? This should be easy to rewire." It's our biology. Our biology knows what to do, and that person was right. But we have to take a field trip in our mind back really far. How far do we have to go back, at least on the earthly plane? Give me a guess. How many

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years are we undoing and healing? Childhood? Further. I'm thinking, big picture. Centuries, further generations. Yeah, 120,000 years. Some would say that domestication of plants and animals was 12 to 15. I think it was probably a little earlier. There's lots of debate in the archeological world, and that's fine, but it's more than a thousand.

It's more than 10. And the moment, and this is really important, because this shows, I know this might not be something you think about, but I think about this, and I think it's sometimes important to see this from a bigger perspective. We're living in these boxes that aren't natural, but they're kind of nice. We have heat, hot water, and sanitation. I think those are all very good things. But our DNA was born and built through nature and being nomads and hunting and gathering. At least that's what they say.

Like I said, I'm speaking of earth right now. And then of course, after domestication and industrialization, then of course we got very much into tech, flying, television, radio. We were no longer just living in our own little plot, but even that plot put us into a box, having our own farms, keeping animals. So this rewiring that some of us are doing, and some of us will find it harder than others, and I don't want to say there's one reason or another for that. We're just all different. We're really trying to get out of that box.

And sometimes the box is good. If I have a broken leg, I'm going to go to the ER. I'm going to have a doctor save me and my leg rather than die of infection. So there's this trade-off. So this ability to understand what we're healing. We're healing our stuff. And for some of us, that's all we want to think about. That's cool. And when you're in the midst of healing a back injury, an infection, you've got a cold. The last thing you want to think about is how we domesticated plants and animals 15,000 years ago. It's okay. But sometimes it's like, wow, this is what we're doing. We're trying to figure out how to live in a more unnatural world, but we still have nature. We love nature. I love nature. There's a reason we like going outside. We like getting our feet on the sand, smelling the moss.

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Right now it's spring. There's just so much life and pollen in the air, but we also love that fall of snow. It's peaceful.

So while we're working with our nervous systems, and today I'm going to talk about babies, and what babies need, and how we need co-regulation. That was understood inherently centuries ago. There's a wonderful ... It's very CGI, computer generated, I think it's called Alpha. It's a show of a young man coming of age and wolves, and it has to do with the domestication of wolves. Has anybody seen that? I think it was called Alpha. Really good. Maybe Susan can look, see if she can find that. I watched it twice. I cried both times. And it's about this young man who gets separated from his tribe and has to find his way back. And he befriends a wolf. And it's really lovely. And it shows just back in the day how primal things were, but also very brutal. Very brutal. And so learning how to heal now, we're working with our stuff, but we're also working with tens of thousands of years of programming that's robbed us of our natural birthrights.

And so when someone asks, "But Irene, shouldn't this be a lot easier?" I say, "Gosh, it should be. " But we have ten plus thousand years to contend with where we've shifted what humans really need naturally. No animal in the wild is going to harm their young deliberately.

They would never do it, right? Domesticated animals, their head might not be so right, because they've been abused, and then they'll snap in a way. But back in the day, babies were tended to, they were cared for, they were fed from mom, they were allowed roaming room, they played, they learned. And then of course we put in how cultures are super different, religions are super different, we learn right from wrong differently, and then we might engage and have kids with someone who isn't within our culture, which is totally fine, but then we have different views of how to raise a baby. No, you pick her up when she's crying. No, you don't pick her up when she's crying. If you have conflict with your spouse on how to take care of that basic primal need, there's some trouble there. So I say that I'm sure some of us here have gone through that world, where they fought with their partners on how to raise your kiddos and babies.

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And some of you might be at that age where you haven't had your babies yet. This is something to really consider. This is like anti-Irene's. Be very careful making sure when you get together with someone that you have a similar view on how to raise a human, because when you do, it makes it super easier. Not perfect, not a cinch, but a lot easier. So I just say that because it's important to see the bigger picture sometimes, but also know sometimes we just have to focus on the micro of what we're working with in our own system, but it's not easy.

That's my long 16 minute way of saying it's not easy and yet it's in us. And I do feel that the way the SmartBody SmartMind curriculum has been developed, it brings in these essentials so that we're not getting lost in symptoms, and what to do next, and what to do when. I'll give you one more story. About a year ago, Seth and I were in the area of Somerset in the UK. We went to this amazing museum. I can't remember the name of it anymore. It was very close to Castle Cary. And it was an old Roman ruin, and they had turned it into this beautiful interactive museum. If anybody is in that part of England, I really recommend it. It's at the Newt Estate, which is an estate that's been turned into a hotel. Anyway, so we went into this museum, and this one area showed all of the areas where they would do their healing, and their healing was hydrotherapy, and the healing was movement and calisthenics.

And they had a cold room called the Frigidarium, and then they had a hot room called something else. And then there was this script that said in whatever language it would've been back then, probably Latin, Healthy Body, Healthy Mind. It was written, Healthy Body, Healthy Mind. And they were very big on making sure that they kept their bodies healthy through hydrotherapy, movement, hot, cold. I'm sure they did mud packs, and all that kind of stuff, and minerals. And so I thought, oh, that's kind of fun, that we're working with SmartBody SmartMind. But of course, as you've learned, it's not enough to just have a good hydrotherapy practice in this day and age. It's very important if we like doing that, but it's not enough. So let's get into things.

As a reminder, the chat, I like to keep that fairly quiet. If you do have a pressing question that comes up from what I'm working with today, then Ms. Rebecca is here to help out. And thanks,

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Rebecca, for doing the Q&A last Thursday. Ah, the place in the UK is called Villa Ventorum. It's really worth it. I think I cried for like 20 minutes in there. It just felt so ancient and so well preserved, because it's the actual old ruins that are still there. Villa Ventorum.

So top of the page here, I have here, review and watch Biology of Stress video number three. So this is where we talk about the vagus nerve. And I did catch on the chat that someone asked if the polyvagal theory has been debunked. No, it has not. I'm going to say that again. No, it has not. No, it has not.

I wrote an article on this over a month ago. It's on my site.

I think what's happened there, and I won't spend too much time, because go read that, and go watch the video from one of my colleagues, Justin Sunseri, where he breaks down the hoopla and the confusion. There was absolutely no connection with what they were trying to challenge Stephen Porges with and our practical work. It had to do with how they were measuring something called RSA, respiratory sinus arrhythmia. It's a very sciencey term, how our heart rate changes when we breathe, when we inhale and exhale, right? When we inhale, our heart rate goes up, when we exhale, our heart rate goes down. So it was a very technical thing. And I would say we know, and there's enough data that really shows that what we're going to talk about today, the different branches of the polyvagal, sorry, of the vagus nerve are solid. Now, does that mean that there might not be some discoveries in another year or a hundred years that finds this other nerve that's invisible that we haven't even found that's made out of something we don't even know about yet?

Very possible.

We don't know that, but for the sake of our work, co-regulation, self-regulation, sparking up the social engagement, how we move through different states of the nervous system, survival physiology, or connection based on circumstance, that's solid. So it is not debunked. The other thing that I think occurred was because of a lot of nervous system, quote unquote, influencers.

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I am not an influencer. There are people out there though who have never practiced. They're just taking the theory and chopping it up. They're presenting quick fix hacks to the public. And then what happens is those public people do those exercises and they don't get better. And then they say, "Oh, the polyvagal theory must be wrong." No, it was the practices that were hijacked that have nothing to do with what we're doing here, which is a very totality-based healing approach and learning approach. So yes, Porges and Peter Levine have known each other since the '70s.

They have been collaborating and working and bouncing ideas off of each other since they were younger than I am now. So it's a longstanding relationship of mutual respect and just feeding each other's disciplines. So it's really important to state that it is not debunked. All right. So I'm going to start up here with a recap of our two nervous systems.

So there's two main nervous systems in vertebrates, meaning those of us that have a spine, mammals and other big fishies in the ocean. So we've got this spine, and we have a brain. So two main nervous systems. The first one is the central nervous system. I just gave it away. If you want to play with me, please do. You've got your brain up here. Say hello, brain. My hands are a little cold, so this actually feels quite nice. So we've got our central nervous system that has the brain, and then the spinal cord, which we can't touch. We cannot touch our spinal cord. We can touch our spine bones, our vertebra, right? There's that big one in the back, got your little cervical spines, you've got your lumbar spine bones, you've got your sacrum below. You can give yourself a little massage. It's harder to get to the T-spine depending on your shoulder flexibility, but that spinal column inside of it has the cord.

Out of that cord and out of that brain come the peripheral nervous system. So the next one down is peripheral nervous system, peripheral. Peripheral is what it says. Peripheral vision, right? I've got my hands out here to my side. I can't see them. You can play with this if you want, until they're around there. Not try not to cheat, right? And that's our peripheral. Even though, if we're looking forward, we can see. So the peripheral nervous system comes out, and the peripheral nervous system is a couple nervous systems. So the next line, the peripheral

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nervous system is A, the autonomic nervous system, and B, the somatic nervous system. We could add, you could put a little, if I'm really, really picky, we could call that the sensory motor. I'll even put that on my handout. The sensory motor or the motor sensory nervous system. I use them interchangeably because they're happening all at the same time.

So I've got this cup of tea. You can play with me if you want. I picked it up. It's warm. It feels nice. I'm sensing that, right? I'm also feeling the weight of this. And so it's giving my brain automatically a signal that says, "This is how much muscle tone you need to keep this here." I could probably keep this here for quite a while if I wanted to. I don't have anything heavy around me, but if I had a giant bowling ball and I was holding it, obviously it's going to feel different. It's going to be heavier. My body has to do more. So I'm going to sense, and my motor response is going to change. I might need to use my back more. Have you ever picked up something and you thought it was really heavy, and it wasn't, or the opposite? You think it's really light, and you're like, "Oof." So that's your system using these sensory motor nervous systems to calibrate everything.

You walk outside on a wet, frosty day and you are not aware, and you put your foot on the ground, and you slip, right? This happens. Of course, if we're orienting, however, and we're aware of the environment, and we're sensing with awareness what's going on, that might give us a little bit of a ding, ding, ding, pay attention to what you sense when you put your foot on your driveway, for example, and then you feel that feedback.

Our sensory motor nervous system is what we work with in SBSM. That's that potent posture. That's the turning the head, and looking, and then sensing if - I'm referring to the guided head and neck orienting lesson, who remembers that one? Where you go a little, and you feel the tension, you're sensing those tension responses, but then of course you're using your higher brain to say, "Okay, Irene, don't just keep going. Pause, stop." And it's in those little minuscule moments where we might find an emotion, a memory, maybe just find a tight neck from an old injury.

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So I'm just slowing this down a little bit, because that is the juice of what we're working with. Now, the autonomic nervous system, of course, is our survival physiology. It's a fight, flight, free, shutdown, all those things we've been learning, and we'll get into this more. And it's also what governs our internal system, our digestion, our immune, our hormones, bladder, acid-based balance in our body, release of hormones, neurochemicals, safety. So this next paragraph, between all these nervous system branches and pathways, ah, there I have, sensory motor that communicate signals, that's the word, communicate signals for human function, action, and survival. So all these branches and pathways, sensory motor that communicate signals, so our sensations, stimuli, that would be like the bright light. Ugh, it's too bright. I can't look at that. We know we don't look into the sun when it's fully bright. We can look into the clouds with the sun behind it.

Hormones, of course, are a whole other bunch of stuff, lots of topics there, but hormones are the adrenaline, the cortisol, estrogen, progesterone, thyroid hormone, insulin, glucagon, the things that keep our blood sugar balanced, for example.

Dopamine are endorphins. So function, we got metabolism, homeostasis, so it's cold. I'm going to warm myself up. I'm too hot. My system is going to start sweating. Those are automatic reactions. Now, as we know when we have dysregulation, these reactions or these processes can go a little haywire. We sweat too much, or we don't warm up enough. We don't startle when we should. We don't notice threat or danger when we should, or we don't notice safety when we should. Safety and threat, and we'll get into the neuroception. Those are also our autonomic, automatic practices or processes, I should say.

All right. Take a second to just recheck in with your impulses. Feel your eyes, see what they want to do. So a bit of a review here. So the ANS or the autonomic nervous system has two main branches plus its sub branches. Now, again, this is some, as I noted, review from the vagus nerve 101 video, biology of stress. So we have our sympathetic nervous system, which is fight, flight. That's the easy one. That's the one we've known about, or we hear that about that. We've been hearing about that for longer. Fight, flight response, right? Got that tiger in

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front of you, which we talked about last week with the, remember what makes you afraid when you see the bear or the tiger? It's automatic. We just know that's not great, or uh-oh, right? It is a response. Even if it was like last week, or last week, last year, there was a twig on our deck, and the way that it was sitting on the deck, I can't remember what it was that I thought it was, but I had a little jump, because I thought it was some kind of a creature.

But then I realized, wait a second, we don't have creatures like here in the Pacific Northwest, but my primal, right? This goes back to that primal in the land. It's like, oof, that might have been dangerous, but it was - isn't. The other thing that is so funny, we have these hoses to water, of course, parts of our yard. And I don't know who decided to create this hose. I think they were maybe sick and twisted. It was black with a green stripe down it. And it looks like a snake. And every time I go down to our garden, because it's snaking through our flower beds and vegetable beds, even though I know consciously that it is a hose, there's a little bit of a ... Because we do have garter snakes, which are completely harmless, but that shows how primal our system is. It wants to ensure it's going to be safe.

Of course, with regulation, after that little startle, your system comes down. It's like, "Ah, that's fine." So that would be a fight, flight response in a very primal context. Parasympathetic nervous system is our slowing down. Those are the words, slowing down nervous system, survival system.

And the PNS, parasympathetic, is broken down into two more branches. And this goes to page two. So if you look to page two, there's the final piece there. So one is what we call the speedy, primitive. Some might say it's unrefined because it's not myelinated. Myelinated just means it doesn't have a fat sheath around the nerves. So it's speedy, it's primitive. It's the shutdown nervous system. That's where freeze comes in. But freeze also has a little bit of fight, flight. That deer in the headlight, that's this. This is the shutdown, but also with a little bit of sympathetic. Because when we're in that deer in the headlights or see that garden hose, there's a little bit of a, uh-oh, and I have a little bit of a freeze response. That's a hybrid between sympathetic and this dorsal parasympathetic.

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Now, don't worry about perfecting trying to figure out if one is in sympathetic or freeze or dorsal shutdown. It's important to know them, but I've seen people get overly thought-based on trying to figure out where their system is. Just watch that, because we can move back and forth between these nervous system states quite quickly. The moment you see that hose and you go, "Oh, it's not a snake." Boom. You're back into walking into your garden to do whatever, right? Or at least that's what we want. Page two. The other part of the parasympathetic nervous system, we would call that the steady, refined. It's myelinated, meaning it has a fat sheath around it. It's more evolved. It's the calming down nervous system. This is the ventral vagal complex of the PNS.

Now, the reason why we call it ventral dorsal, it's an anatomical term, for those of you interested. Ventral just means a vantage - and French - in front of the brainstem. So when this vagus nerve comes out of our brain, it goes in ... I can't really show you because it's deep in my skull spinal column. But when that vagus nerve comes out of the brain, it's a cranial nerve, it goes in front of the brainstem. Whereas the dorsal means dorsal, find the back, it goes behind the brainstem, and then it sneaks down into the areas below the diaphragm. The ventral is everything above the diaphragm. We'll get into this. And note on myelination, just for those interested, myelination is just, again, this fatty sheath around our nerves. This is why making sure we have fat in our diet is actually quite important. Cholesterol is very important, even though we've been taught it isn't, it actually is very important.

And we need that to fuel our brain and these nerve cells. When something is myelinated, I'm using my hand here to kind of prime this. We have refinement. So again, you can play, if you want, with me with this. Some of you have not yet gotten to the bell hand lesson, the alumni will have. This is a lesson in later labs. And I've got this hand here. I'm not trying to mesmerize you, I promise. But it has refinement. I can pick up my pen, and I can do the tiniest writing in the air.

For those that knit and sew and do calligraphy, the watchmakers, the tool holders, working with our hands, bread making, all the things. This happens because of that, obviously, skill, but

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it's the myelination. It's refined, it's steady. Whereas the page before, unmyelinated nerves, they're there for quick stopping mechanisms. So I need to go into shock because I've just had a terrible accident. We want that to happen fast. We want that to happen fast. We don't want to see a danger and have to conjure up finesse of our nervous system to act and get out of the way. We want to be quick. Okay. So next line down. I'm going to have a little water here.

So this is where it gets a bit more complicated, but in a good way. This is what, again, makes us mammalian. It makes us human. It makes us more complex. So the dorsal vagal complex of the PNS, parasympathetic, so this is that clumsy, unrefined portion of the dorsal shutdown, has two main modes. It operates in two main modes. Low tone dorsal and high tone dorsal. Low tone dorsal and high tone dorsal. Think of these tones not as separate, but the same. I'm going to say that again. Think of these tones of the dorsal vagus as the same. They're not separate. I liken it to a car engine. You have a car engine with different gears. Got your gearbox that goes from first, second, fourth, fifth. If you've got a Porsche to sixth, got reverse, all these things. It's the same engine, but different gears. So when we're talking about low tone dorsal and high tone dorsal, same nerve, different gears, different modes of functioning.

Now, low tone is the true rest digest of the parasympathetic nervous system. That's the word, true rest digest, and is responsible for recovery and healing.

Recovery and healing of the body's many organs and organ systems. So pre-polyvagal, we would say that the parasympathetic nervous system is all rest digest. I heard that in school, right? Again, it's fine. This is science, right? Again, science isn't truth. It's the uncovering of truth and fact. And when we uncover something long enough, then it does become fact. For example, but this is what has shifted over the last 20 or so years. But this rest digest, it supports tissue repair. So these are the four bullets. Tissue repair. So I get a cut, it heals. We hope it heals.

You get a bone that breaks, it repairs. Now, of course, depending on nutrition, age, how we rehab, how that tissue repairs is very individual. You can really take care of a broken bone and

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it may not look like it was ever broken, or you can have someone who doesn't and they're limping the rest of their lives. Again, just this is where nurture comes in. We might have regulation, but if we don't treat that injury with what it needs at the outset, it won't have that proper recovery and proper repair. Immune system response. That's the next word. Immune system response. This is a whole big thing. So much goes on into our immune system.

Of course, there's a lot of debate on how our immune system works over the last six years, but it's pretty safe to say the stronger our physiology is, as we call it, the terrain, the more regulated we are, the better the system is at fighting the things that shouldn't be there, and enhancing the things that should be there. This is sort of basic immunology 101. This is where our white blood cells come in. For example, we want - not to be descript, but we have an infection. We want it to get red. We want it to get pussy. That's the system healing. Now, of course, we don't want it to stay like that. We want it to recover. We want the body to figure out how to deal with that. And of course, this is where proper nutrition, vitamins, minerals, care for the system. Rest is really important.

Next line down. Barrier keeping of the gut. This is a fancy way of saying when we go into rest digest, we think about our gut, and our gut is huge. Just saying gut seems like an understatement, but we've got all these surfaces, and all these very thin linings. At night, when we sleep, we want our gut to be repaired. I think of it as like little stitchings, little stitches, a stitch. It's stitching up. It's doing the thing it's supposed to do so that it strengthens again. If you ever had food poisoning or if you've ever had, I'm sure some of you here have been living with or have still irritable bowels, it's like you can feel that your gut feels tender. It feels raw. That is inflammation, but also that lining just doesn't have that robustness. Of course, if you've ever seen the insides of an animal or if you've had an anatomy class, you know that that gut lining is very thin.

It's very, very thin. And so we want that gut to be a barrier, kept at night. And it doesn't. When it doesn't, that's where a leaky gut comes in.

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Cell repair and regeneration. In some ways to me, this one is all of those that I just said. We're repairing, we're regenerating, regenerating. Next line for health, healing. And I have our smarts to be restored because our brain comes into this too. We want all these three branches to be in sync together. So the low tone, the high tone, the sympathetic, we still need sympathetic. We need that to be active. So there's survival-based sympathetic, but then there's sympathetic that's just, I got pep in my step today and I want to go for a walk. I've got the ability to sit at my desk and activate my spinal muscles without fatigue.

So we need all of our nervous system branches to be working. We also want our survival mechanisms to be working. Like I said, if there's an actual snake there, we want to have sympathetic energy to go, "Ooh, got to get out of here." We want to have that ability to protect, to react, and we don't want to be living in that protection reaction and the dorsal vagal shut down, the low tone twenty four seven. I know I've said this before, but just to reiterate, and I'm going to be very general, but for those of us that say are struggling with autoimmune, neurodegenerative conditions, chronic fatigue, pain, fibromyalgia, these are sort of the classic elements that are in Gabor Maté's book When the Body Says No, those individuals, for those of us living in that world, we are essentially in this state of more sympathetic coupled with high dorsal shutdown, and the body doesn't have a chance to go into that repair.

And it can be really subtle. We might not even realize that we're in that level of survival physiology because of - what did I ask you at the very beginning? Our higher brain. This is where that functional freeze can come in, where we can override, where we can fake our window of tolerance.

I was a good faker for a long time, right? And so this ability for us to go, "Oof, my actual window of tolerance is actually more like this, not like this." I'm going to slow down here because again, this is why, for those new here, it will feel frustrating that you want to be like this, like in June, in June. And really you've got to be okay with going from this to this. I'll do

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that again. This to this, from like an inch to two inches. And the reason why we want to go slow is when we open up that window of tolerance, everything I've just talked about, all the systems, they have to change with that change in your nervous system.

If we just open up our lung capacity with say a good breathwork practice, and we flood the system with endorphins, but the gut and the mind and our behavior doesn't know what to do with all that energy, we won't know how to extract that energy and use it in an integrative way. So we want to, this comes back to the good old swimming pool and beach ball. We want that swimming pool to slowly open up, and we want the beach balls to slowly come out, and when, oh, we put a beach ball in, let's take that one out. Maybe that's, again, the first thing we're working with for the first year of our work here, is noticing when we go into a stress response, and as soon as we feel that fight, flight, that's our cue. You have to use your higher brain that says, "I'm just going to orient for 10 minutes or for two minutes."

"I'm going to feel my feet on the ground, and I'm going to sense the survival physiology so that this stress doesn't add another beach ball to my pool." Does that make sense? So this is how we build our real window of tolerance. If you feel that survival strategy, and you just go into, "I got to fix it. I got to get out of this, " you're not getting into the real rewiring of how you change yourself in relationship to those physiological survival strategies that we've had to use. I'm trying to give this different ways of looking at it.

Okay. So we'll go into the two "Ceptions." Someone asks, "Is there a difference between window of tolerance and capacity?" They're close cousins. As we build our capacity, our window of tolerance increases, but we can have big capacity and a small window of tolerance. I just probably put a wrench in the spokes for everyone there. So we can have huge capacity to do and do and do, but we can have a small window of tolerance. This was how I lived. I did so much, but I had survival stress I didn't even know was there. And to grow a better window of capacity, we need to have a window of tolerance. To grow a real window of tolerance, we have to have awareness in how we sense our capacity.

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This is that chalkboard with the guy, with the math equations coming in, right? Because we can do and do and do, but if we're doing it through survival, we can do a lot. One could say you've got a lot of capacity, but the window of tolerance is false. Okay. I don't want to get too heady with that. The key is you're listening to your physiology. Okay? This is why I wanted to review these nervous system states. Can you sense when you pick up your cup? As remedial as that is, feeling that, sensing it, the refinement of that movement, how you sense and look around as opposed to, "What do I have to do next? What do I have to do next?" Slowing that down, feeling, having awareness, that is what builds a different kind of capacity, which feeds a real window of tolerance.

All right, the two ”Ceptions.” So the first section is interoception, interoception. We've talked about this, so you should all know how to spell that. Interoception. And then on page three, neuroception. Neuroception. I'm going to read something in a second here. In some ways, we have already spoken about these two things at length with examples and stories. The neuroception piece is that seeing that hose and going, "Oof, snake? Okay, not a snake." Neuroception would be, “something just doesn't feel right going down this street. I'm going to go that way.” Interoception is, “Oh, I feel a little scratchy in my throat.”

“Maybe I'm getting something,” right? We say, “coming down with something.” Okay. So I'm going to read a little bit here. So get comfy. We'll keep the chat quiet if we can for a second here while I read. So this is just straight from the book, Nurturing Resilience. It is written more for practitioners. It's written by Kathy Kain and Steve Terrell. It's a blue book. And in some ways, this is sort of their textbook, but it's fairly easy to read. And I'm reading from this because I couldn't ethically copy and paste all this into a handout. So if you want to have this, I would say support them, get the book, and then you can read through it all in detail, if you'd like. So interoception, this is in the chapter, Knowing When We Are Safe. Chapter two.

So interoception is the process by which we notice our internal state. I really encourage everyone to just sit and listen as I - take notes if you want to, but let this come through your system. So we evaluate a combination of sensations and perceptions of physical processes to

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assess our internal interior milieu, and decipher what it's telling us about what we are feeling, how we are, and even who we are, who we are. This includes our perception of physiological processes, such as heart rate, the digestive process. As I say these, tune into these areas of your body, you guys.

So the heart rate, digestive process, sensations of the skin, and other internally experienced sensations of our own bodies. Using our evaluations of these sources of bodily information, we take action. We make meaning, make predictions, like predicting our own illness by feeling the initial sensations associated with the onset of a cold, or make judgments about who we are and how we are. Are we hungry? Are we safe? Are we loved? Stephen Porges refers to interoception as the infant's, so the baby's, sixth sense. I would add that this is also our sixth sense. It doesn't go away. We just get less good at feeling it, but that's what we're working on here. So if an infant cannot accurately perceive whether or not he is hungry or thirsty, if he needs sleep, if he's too warm or cold, then he cannot accurately communicate his needs or distress to care providers.

That in turn can prevent care providers from responding properly to the infant's needs, which may then increase the infant's distress and instill a feeling that safety and connection are lacking. In this way, it is critical that the infant and small child develop an accurate interoceptive language for communicating her or his most basic need to care providers. It's an essential component of a healthy attachment and bonding process. As the care provider meets the needs of the infant, attachment is strengthened. I just want to pause here, because there's been, of course, attachment theory, just like polyvagal theory is a big topic in the healing trauma worlds, but you can't just talk about attachment without understanding interoception and connection and co-regulation. So this is where these theories provide little elements, but it isn't the full constellation. It's like it's one of the stars in the sky, but it's not the full constellation.

So I share that because when you're working with someone, for example, so for those of you that might go and work with a therapist or a practitioner, if all they're focused on is attachment

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habits or how we've attached, if it's just all about that, or if it's just all about we're going to just work with a vagus nerve, there's something missing there. There has to be a connection with the interoception, the sensory motor, obviously the sensations, the emotions, the feelings, the connection with the environment, our personal needs. So again, we have these theories, and they're important, but one theory does not make up an entire methodology or practice. Hope that makes sense. Just like medicine isn't just how the heart works.

Medicine isn't just how anesthesiology works. It's an entire conglomeration of multiple approaches and branches and science and all the things. So I just wanted to, for some reason, something made me want to really stress that. Attachment theory is great. We know it's a thing and we don't want to get too hooked up on what's my attachment style. That's what I was trying to get out. Yeah, we can know it, but it's also going to change depending on who you're with, how tired you are that day. Now, of course, we might've had very specific attachment styles growing up, but don't get too worried about the specifics because it all comes back to this interoception, neuroception, and our sensory motor mastery. Okay.

It is critical that the infant and small child develop an accurate interoceptive language for communicating her most basic needs. I'm repeating myself here. It's an essential component of healthy attachment and bonding processes. As we mature, our need for a nuanced interoceptive vocabulary becomes even more critical. We need a reference system for understanding how we feel about different people, different circumstances, and different types of needs. It's easy to assume that the system of reference developed of its own accord, but in fact, it develops contextually, requiring regular feedback from our social system in order to calibrate points of reference and rely on them with confidence. Okay. So what I just said there is so important for what's happening currently in our current human zeitgeist with everybody on devices and tech.

Not that I'm generalizing, but so many children are growing up through screens and devices. They're not learning how to flirt. They're not learning how to ask the girl or the guy out on a date in person. I remember when Peter Levine was talking about this, this was way over eight

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years ago. He started to tear up and cry when he thought about how kids aren't learning that in-person interaction the way many of us might've. While uncomfortable as it might be to walk up and be rejected, it is part of how we learn who to be around and not be around, right? Playing together, rough and tumbling together, walking away from the house without our parent being tethered to us, twenty four seven with a phone. This is of course for teenagers. They need to be independent and on their own, right? So it factors out into all these things.

So this connection, this ability to be with others is super important, and then know who we want to be around. All right, so I'm going to read a little bit on neuroception here. So, same chapter.

So neuroception is a term coined by Stephen Porges, who summarizes the term this way. Neuroception describes how neural circuits distinguish whether situations or people are safe, dangerous or life-threatening. He also describes neuroception as a dynamic and interactive process, whereby we respond to cues about safety and threat while simultaneously transmitting similar cues in our social interactions. I'm going to pause with an example. This is a tender topic, but people have said, and this has been documented, Peter Levine has interviewed attackers, perpetrators of assault, rape, And he will say, or they have said they would know who out of that crowded room, who out of that club, that nightclub on the street they could attack. It's terrible, but it's true. This is very primal. In that pack of impala, where the cheetah is chasing them in the Savannah, the older impala with the limp, that neuroceptive capacity of the cheetah who's just looking for dinner, maybe for her young and her, is going to single out that tiny little limp and go for that one.

Humans are the same.

This is why those of us who were a little different maybe, we were a little more eclectic, more about an old soul. We got bullied when we were young, even though there was no reason for it. That one's different. So we're still pack creatures. We can be very tribal when we live in survival-based ways. And so I share that because for those of us who keep getting into

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accidents, for those of us who keep being abused or attacked or getting into real shitty circumstances and situations, we need to also look at where is my system needing a boundary that is cellular? It's not enough to just say, "Don't do that to me. That's not nice." We have to exude it from ourselves that we have strength and power. And it's like, pardon my French, "Don't fuck with me energy." But it's not being crass and abusive. It can come across just as the energy we omit.

I wanted to really put that in here because I've seen it over and over again when I was in private practice. It was either the car accident that someone kept getting into because they never resolved that initial accident. For example, their orienting response is only stuck to that quadrant to the left, for example. So they miss everything happening on the right, and that's where they always get hit. I saw it the other day. There was a kid crossing the street and I know they didn't even have a phone. They didn't even look. And it was this busy road. I'm like, "Oh, thank God I was looking." Someone who's looking at their phone driving, they're not going to see that kid that's not looking, crossing the street. But what makes it such that that kid who is probably about 14 didn't even think to look?

Again, they don't realize that that is unsafe because they're disconnected. So those are just some examples. It really is interesting when we start to heal these old beach balls in our swimming pool, and we gain a strong capacity, and we really aren't living out of fear, and the world is a dangerous place, the world starts to become safer for us. I'm going to say that again. When we start to live, even though yes, we may have been harmed, but if we can really heal that and integrate that, and we don't live with the visual that everyone is dangerous and no one is to be trusted, if we don't live in that world, we will see and find safety and go to it and we will stay away from danger. And then when there is real danger, like the snake or the bus coming at us, we go, "Oof, shit, I better step back." Can't stress that enough.

All right. Neuroception, interoception, they are always happening. Interoception, of course, gets stronger the more we learn how to listen and the more we get regulated and grow our real capacity, our real, sorry, window of tolerance.

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I also think it's incredibly important, so that we stay healthy. The more crude example that I will give, I'm sure someone here has known of a family member or someone who has had, say, diabetes, like really severe diabetes type one, and you become neuropathic, you stop losing sensation in limbs, usually extremities like the feet, the hands. And when you don't feel that area, you forget to take care of it. You don't think to look at your toenail. You don't realize that you get a cut on your heel. And then this is where folks say, "Ugh, they have to amputate or there's a huge infection." You don't go from a cut to amputation in a night. That takes time. But if that person can't sense that they've stepped on a piece of glass or there's an infection in the toenail or whatever, that goes on and on and on, and you don't realize it's there, and then it's too late.

So that's a very extreme example of why we want interoception, and why we want to be aware of what's happening in our body.

All right. So page four, this is review, what we're going to go through, but I like review. Okay. Before I get into this, take a second to orient everyone, or do what you need to do. Shift, move, stretch. I'm going to address those who might be sitting here feeling like there's no hope, because I know there's going to be someone here who's feeling that, because there's a lot of information coming your way. I go back to - the body does want to be regulated. The nervous system does not want to be living in constant survival stress.

The level, and this comes back to what I primed the beginning of our talk with today, the level of change from what it was like 15,000 years ago is almost too big to understand. Our threats back then were so few. It was simple. We weren't being influenced by things happening on other parts of the land. It was exactly what was right in front of us. So we didn't have cars to get ourselves into accidents with. It was a very different time. So a lot of the injuries, a lot of the things that occur are occurring. And of course, there was brutal war back then too, just with different devices. This is true, right? Territory was still kept and fought for. We know that through just understanding the history of native folk, even in North America here, there were brutal wars. So this stuff happened, but we've got way more stuff that we're working with now.

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And so just be very gentle with yourself. And as someone who's been through this for as long as I have, you've got to give yourself grace, and you have to be okay at the slowness of this, and really focusing on what you are seeing in your immediate environment and that basic nurture, which is what we're going to talk about right now. So page four, remember that primary wiring. So again, I talked about this. This would have been more so in biology of stress video number four.

So that ventral vagal branch, again, that's the social engagement portion of our autonomic nervous system. It is not fully refined. Refined, that's the word. Refined or mature, nor mature when we are born. We have to learn how to use it. So learn is the word. We have to learn how to use it. This is an infant. We have to learn. That learning is happening through, of course, our primary caregiver. So the refinement and wiring, that's the word, wiring. The nervous system nerves coming together and connecting the wiring. It must be built up via social engagement from another more mature human. It doesn't have to be an adult. Many infants and toddlers get raised by their older siblings just fine, right? This is very common in large families. It is sometimes the teenagers and the older children that engage with the infants. So if the wiring was not optimal in early life, we need to build, it's the word, build the foundations, and teach the body what self-regulation and co-regulation is.

So remember I was talking about myelin a little while ago, that fatty stuff around the nerves. So the ventral, as I mentioned, is myelinated. The social engagement. That's the part of the vagus nerve that goes to the elements of the inner ear, parts of the face, the larynx, the pharynx, the voice box appear, but it also goes to the heart and it also goes to everything above the diaphragm, so the lung. That guy or gal, that nerve is myelinated. That's why our face and our voice can have all sorts of different sounds, right? That's why we have amazing singers and ways of speaking and all those things. That is myelinated. Whereas the gut, everything below the diaphragm and all the organs is primitive. It's unmyelinated. Some people would say that that part of our body is not as evolved, but it is evolved. It's just more primitive, right?

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It works without us having to think about it. Again, I can make these fine gestures with my hands. That doesn't happen with the gut villi. It's just doing its thing. Just like the kidneys are creating urine. The pancreas is pumping out the chemicals for glucose metabolism. The liver's doing its thing. The reproductive organs are doing its thing. So primitive, meaning we don't have to think about it. It's truly automatic.

Let me see if I want to say anything else about that. This is not on the handout, but I am about to be interviewed by someone on the fascial areas of the face. So it's become quite popular in the last while for mainly females, but probably males are doing it too. You might know where I'm going with this, to get Botox on the face, and fillers and stuff that's essentially poisonous for our face. But what that does is it numbs out the muscle, and it basically freezes the neurology, and it makes it such that, yeah, we get rid of these lines and we have a plumper face, but we also can't make the same expression.

And I'm sure someone has started to research this, but we also then can't listen to people in the same way, because that facial affect allows us to understand others, and others understand us by our movement of our face, right? This is why it was so difficult for children and babies during COVID when they had to look at faces without eyes, or eyes were there, but the face, the mouth, you have to see the mouth to learn how to speak, to be soothed, to know that it's a smile and a friendly face, not a scary face. So all of that is super, super important for gaining this ventral vagal, social engagement elements as an infant. That is how we learn, is through seeing the face. Now, of course, if our parent or caregiver has a scowl all the time and looks angry, and not because they don't love their baby, but because they have their own unresolved trauma and their facial gestures, right?

Baby's just going to see that and think that's what a human is.

This is how we start to transfer habits and how a child looks exactly like mother or father, and even the walk will be the same. Now, some would say that that's genetic, but we also know that we've got nurture in there too, right? Okay. So that ability to grow our facial development

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and see and interact, it's so important. And we need that social engagement element of our nervous system to be built and developed through good connection with hopefully safe humans. This is why some people will say, "I just loved that teacher in elementary school, or I hated that teacher in elementary school." I'm sure we've had experiences with both where you have that teacher that was so warm and giving and caring, and then you had the teacher that just was not. And that forms memories in little kiddos, and it makes you learn or not learn, of course.

All right, notes on co-regulation, self-regulation. These are very basic to be repeated. This primary wiring is how we learn how to self-regulate, self-regulate. And interestingly, we learn self-regulation through co-regulation when we're infants. I made that very specific when we're infants.

So what's happening, I'm going to go a bit more deeper into the science, and this was covered in the biology of stress videos, but that ventral vagal portion of the parasympathetic, I mentioned it goes to everything above the diaphragm. Yeah? One of the areas it goes to that's most important is the heart. And there's something called the pacemaker of the heart, which - most of us know that. The technical name is the SA node, the sinoatrial node. And that portion of this social engagement, more myelinated, refined nerve is not fully myelinated and working at birth. And it's that interaction with positive caregivers attuning to us, listening to us, cooing at us, smiling, calming, that builds that myelination, and it goes directly to the heart and it calms the heart down. So when there's distress, baby's crying, I'm hungry, I'm cold, parent picks up baby, they feel that connection, they feel safer, they see the soft, nice, gentle face, and they go, "Oh, this is safety." And that builds a little bit of that myelination.

It's like a little drop in the bucket, and then that brings their heart rate down.

That makes sense? It brings that heart rate down, as that ... It's like that wire is getting strengthened and strengthened and strengthened. And this is why we need to tend to those little ones, not just for the first six months, but for three years into toddlerhood. They're

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building that, building, that, building that. And I don't think that it's completely myelinated. I'm not good with my dates. I think it's into our teenage years. We're constantly building parts of our brain, parts of our ability to have that social connection, that empathy, but those first three years are super critical with the myelination, and the myelination starts in utero as well. So if we think about how mom is stressed or not stressed, that will also determine how well that primary wiring happens in utero. And we know this. There's been enough research that has looked at mothers who have been in intense, stressful situations, and how their kiddos are born with higher levels of stress chemicals.

And the thinking is that, yeah, it's obviously pervasive in the system, but we also have to look at how is that vagus nerve connecting to that heart, and allowing that slowing down of the pacemaker to calm the system. Okay. Final little bit here.

Actually, I lie. I'm going to say one more thing before we get to the final example. Obviously, we're all adults, so if that toddler portion of our life has passed, we maybe didn't get that. This is truth for all of us here. The good news, of course, if we didn't get that, we can build that back up. How that is exactly happening, we can't really study that because we can't go in and take out your vagus nerve and look at the fat around it. That would be unethical. It's possible they've done that with animal studies, but again, I don't really follow the research so much because I know through clinical practice and working with all of you that we can gain that regulation. We can learn how to shift our physiology so that we're not going into survival stress, and our heart calms down naturally over time as we build our capacity.

So don't worry so much about that myelination when it comes to survival physiology, worry more about how are you learning to listen to your physiology, and how are you learning to shift your focus to different things so that you're not staying in that fear survival response, right?

The final page, which is page five, I'll reference a few extra videos if you want to dive a little deeper into some of these topics. But to end this page, so, for example, again, we know the baby, human infants, they do not have self-regulation when born. Again, I said babies, I said

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human. We're again, very different from the other animals out there. While a baby calf that comes out of mama cow is young and clumsy, they're on their feet pretty darn fast. While puppies and kittens come out and their eyes are shut, they sure know how to find mama's teeth and suck.

It's just so natural. So it's different, of course, with human babies, we have to nurture them. We have to care for them. It's a very long process. It's an important process, and we've done it for centuries, because if we didn't, we wouldn't be here. So despite all of the things that have occurred to us, we are doing a pretty good job at continuing, but these are very important pieces so that we can create healthier babies, obviously, healthier humans. So the baby, number two, she learns, she learns. It's learning how to self-regulate by co-regulating with mom, dad, caregiver. This is the hallmark of healthy attunement between infant and adult, having that connection with a more mature nervous system so the infant gets those primary wirings that start to form a self-regulating and more emotionally intelligent human being.

Final point, she learns how to self-regulate based on how she is taught in the co-regulation dance. Dance is a very deliberate word I've chosen there. It is a dance, right? It's not linear, it's not prescriptive, it's a dance. Baby, she is borrowing, and I have that in quotes. She's borrowing her caretaker's ventral vagal parasympathetic nervous system. That sounds strange. So the baby isn't taking that ventral vagal nerve out of mom, but she is borrowing it based on what mom has. So how mom is with her ventral vagal capacities is what baby gets, which of course is how we pass down traits and anxieties and depressions and all the things that our lovely parents passed to us that maybe we didn't want. It isn't just genetic, it's that way of interacting that teaches us. This is why I know that there's some SBSM members that have really dedicated their work to working with mothers, helping mostly postpartum that I know of, but helping them recover from birth traumas.

But there's a whole world of how can we help future moms heal their stuff so that they have a more accurate, healthy nervous system so that when they do have children, it's just like the puppies and kittens. It's like, "Oh, this is my baby. I'm going to take care of it." And it's real

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simple. There's no pressure to do it a certain way, because it's in us. We know exactly how to do it. We just have to relearn and get rid of all the programming, which is sometimes easier said than done. So page five, these are stories that connect with this concept of early development trauma. I'll just speak to them briefly, a minute or two each, and then we'll go. Has anybody watched my video on the story of Teddy? Does anybody know that one? Some of you will know. So this one's sad.

Two of them are sad. One of them is sort of sad, but it's just the reality. So the story of Teddy is a story of Theodore Kaczynski. He's passed. He recently died in prison. So he's an American that was called the Unibomber. And I actually want to do a follow-up video on this. His story should be put, I think, into a motion picture that dives into early attachment, early trauma, medical trauma, the school system. And then sadly, he was at the hands of the CIA through MK Ultra Experimentation. This is all documented. But his early upbringing was such that he had a great loving family, but he got a rash, a really bad rash, when he was an infant, which happens for many reasons, but he had a rash, and he was brought to the hospital. I'm thinking this was probably in the 50s. We know what 50s hospitals would've been like for children back in the day, not the best.

He was put and strapped down for a fair chunk of time. I'm forgetting the exact time. I have it in the video. It was more than a couple days. Think about that. He was strapped down to a table, probably giving corticosteroids to take the rash down, which I wouldn't be opposed to, but he was left, and his mother didn't come back for over a week.

She says, because Peter Levine interviewed her when she was still alive, I'm sure she's passed, of course, that when she got her baby back at the end of that hospital stay, he wasn't the same. He was limp. He had no life in him. He went in a happy baby. Sure, he had a rash, but he was a happy baby. So what, based on our nervous system branches, someone tell me what happened to him in that hospital? What was his nervous system like at the end of that hospital stay? This is the pop quiz. Yeah, he was collapsed. He was in shutdown. It's amazing he didn't die, because when you have an infant that is that lacking in self-regulation, and you disengage

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with them, and yes, I'm sure he was fed and cleaned, but that isn't that connection, right? There isn't a connection there. So he went on to be very shut down, and watch the video that I did if you want a deeper dive into that, because it's pretty amazing.

The irony, sad irony of that story is in the end he was in solitary confinement in a room all by himself, just the way he started out as an infant in that hospital bedroom. The story of Ryan, again, I'm not sure if anybody's watched that one. This is a story that I learned about from Bruce Perry's book, Born for Love. And that one is completely different from the story of Teddy. But essentially Bruce Perry, who's a wonderful psychiatrist and psychologist, he deals with childhood attachment wounds in really severe situations. He was a physician that came in after the Waco massacre in Texas where the Branch Davidians had all these children that were essentially brainwashed and not cared for. So he comes in and figures out what to do and how to help these children. And so he was brought into this case where this teenager did some pretty horrific crimes, and they couldn't figure out why.

And what happened, and again, please watch the full video, it turned out that his mother didn't know anything about raising a child, not even the fact that she needed to connect with him, very high affluence. And over the course of, it was a couple of years, he had something like seven to 10 nannies. So whenever the baby would attach to a nanny and the baby wanted the nanny and not her, she would fire the nanny and get a new nanny. So this child never learned how to securely attach. There's nothing wrong with attaching to a nanny. Just like if a baby has to be raised by an auntie or a grandma, that's better than nothing, but you need that consistent person so they can rely and know, "I can rely on this person. I can feel safe with the same human being," over and over. That's secure attachment.

So essentially, this little one never learned secure attachment, never learned empathy. Empathy, and he had no idea why what he had done wrong was wrong. Essentially, he was sociopathic, but it started with the mother not realizing that that baby needed the same attachment figure. So again, was what he did wrong? Yes. He literally didn't understand why it was wrong. So these are stories to understand why stuff happens in humanity that doesn't

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make sense. But when you go back, you go back to those early imprints, it really shows what occurred. How to tame a tantrum. I could say it's a funner video that I made where I befriended a little boy for play when Seth and I were traveling in Europe ages ago. And this little boy was being hit by his parents on a tour of the Roman Coliseum, true story. And we watched this all morning through the grounds of that area.

And we got to the Coliseum, and I just couldn't handle it anymore. I normally don't intervene in public. I let people do what they want to do with their kids. But it was very clear that if this little boy didn't find some connection, our tour of the Coliseum would've been destroyed. So for selfish reasons, I decided to play with this little boy while we were waiting to go into the Coliseum in Rome, the Coliseum in Rome, and it completely shifted him. He went from being this very tantrumed kid, and he was being hit physically by his grandpa, by his mom. It was bad. I'm like, "I can't do this anymore." And so I played with him with these rocks, and it calmed him down, and it made him feel connected to. It made him feel like someone was listening. And anyway, the full story is on that vlog.

It's a great example of how misattunement can create these tantrums and these behavior problems. In my opinion, he was about five. That kid shouldn't have been on a day long tour of the Roman ruins. It just wasn't for a five-year-old. He's too young to understand what's going on, but it showed the moment you engaged, got down to his level and played with him, he was fine. So all to say, we are complex. We need to understand what children need, what infants need. It's not rocket science, really. And the one thing that I feel that we all need to somewhat agree on is how to raise children. This is a big thing I'm all about. If we can agree on how to raise children over the course of a couple generations, I do feel the world will be very different, if we can focus on that.

It is a big feat though to get to that point. But that's sort of my secret hope, is that we can agree on how to raise little humans, so that we don't need to deal with the after effects of them being mistreated and disconnected from. So this is always a bit more of a heavier training

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call. If we could think that the training calls could get any heavier. It's important though. And as you can see, this all comes back to those primary wirings.

If you're here learning, clearly you've done enough right. I've said this before, I'm going to say it again. If you're here interested and learning, you've done enough right to stay here and be engaged. And no matter what it is that you're working with in healing, just take your time. The body wants to be better. Work with how your mind sees these lessons. Keep working on that level. You're not behind. You're just going through the learning and processing as you can, which is what we should have had when we were young. We never should have been forced to learn quickly, to get on our feet quickly. So just be gentle, be kind to yourself, be kind to others. And we will see you next week for the second part of anger and healthy aggression. Part two. Thanks, Rebecca, for being in the chat. Thanks, Susan, for popping in links throughout our day today.

And Seth will be back on Thursday for some Q&A. All right. Thanks, everyone. Bye.

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