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Tisha Shull: Today on IFS Talks, we are meeting with and speaking with Deb Dana. Deb Dana specializes in treating complex traumatic stress and lectures internationally on the ways Polyvagal Theory informs clinical interactions with trauma survivors. She is the consultant to the Traumatic Stress Research Consortium for the Kinsey Institute at Indiana University.

Deb is the developer of the Rhythm of Regulation Clinical Training Series. She's trained in Internal Family Systems and Sensorimotor Psychotherapy and has completed the Certificate Program in Traumatic Stress Studies at the Trauma Center. Deb is also the author of the *Polyvagal Theory in Therapy, Polyvagal Exercises for Safety and Connection*, and co-editor with Stephen Porges of *Clinical Applications of the Polyvagal Theory*.

Deb, thank you so much for being here with us today on IFS Talks.

Deb Dana: It's lovely to join the two of you and have some time to talk about Polyvagal Theory and IFS.

[music]

Aníbal Henriques: Thanks much Deb for willing to have this conversation. We really appreciate it. How is it for you to hear this bio?

[music]

Deb: [laughs] It's an interesting experience to hear yourself described through a bio. I struggle with putting out a bio. And I'm asked to do it all the time, so you'd think I will be used to it by now. But when you hear the pieces you have chosen to send to somebody read back to you…in my language it can be testing of my vagal brake, so it can make it a bit of a challenge to stay firmly anchored in ventral. In the IFS language, it can make it difficult to feel firmly anchored in self and not have some parts rise up to want to say something.

It's interesting to be seen in the world in this new way since the book was published, really. That brings up a lot of vulnerability, and so a lot of parts that want to go into hiding. My internal template is shaped towards a dorsal vagal invisibility disappearance as a survival tactic. So, if you translate that to your IFS paradigm, you can think about parts that take you away, make you small, make you invisible, bring a flavor of numbing. Those sorts of parts are more where my system is shaped from my personal history. So being seen and vulnerable and out in the world in this way has been a great test of actually not only teaching Polyvagal, but living the Polyvagal-informed lifestyle. [chuckles]

[music]

Tisha: Would you share with us a little bit about your journey into the world of working so extensively with trauma and then into the discovery of the Polyvagal work?

Deb: Sure. Where would I start? I think what I would like to say is I'm a clinical social worker, so in my graduate program, and I went back to get my Master's in Social Work 20 years after getting my Bachelor's in Social Work or 25 years, probably. Lived a very different life in between and then came back when my children were gone and I was living on my own and thought, “This is really what I want to do.” At that point, as I entered my master's program, I really quickly discovered that there are clinicians who are drawn towards working with trauma and clinicians who really want to not dip into that world.

My story has been wanting to always moving towards the trauma and being curious, and wanting to understand both from my own history and then from helping others. I was very fortunate to have a mentor for my internships in my program who was a gifted trauma specialist. I was working for a sexual assault response service agency, and I got paired up with Tracy, my mentor, which was like the world saying, “Here is your person who is going to guide you into this world.”

And so, we were working with survivors, and the beautiful thing about Tracy was she also worked with people who were on the other side of that equation. She worked with people who had sexually offended. She one day said, “Do you want to come do a group with me?” And I said, “Of course, yes.” Tracy was the kind of person that even though you knew the train was going to go off a cliff, you'd ride the train with her. She had that beautiful gift in the world. So that was my entry into working with the world of sexual abuse from both sides of the equation. Which I think is an incredibly important way to work in that field, to know both sides of the equation.

And so, from there, really, my focus has been on understanding trauma and understanding what's underneath the behaviors. Because we can stick with the behaviors and just make such judgments about people from looking at their behavior.

[music]

Aníbal: Back then, you weren’t equipped with the Polyvagal Theory [crosstalk]

Deb: That was before I found Steve's brilliant work. I did my first-level sensorimotor training, which I think was wonderful. It really helped me become more embodied and help my clients feel the trauma pathways in their body. Then I moved to the IFS world and dove into Level 1, Level 2 IFS, and really found that “Oh this makes sense, the parts. This is what we're working with”. Then along the way, I read Steve's first book. We laugh because we kindly call it the unreadable book. It's a very deep…

Aníbal: Yes, complex.

Deb: …book.

Aníbal: Yes, I know.

Deb: As you may remember, you may have tried to dive in, but I read that book and I absolutely loved it. It's as if something fell into place that I had not recognized was missing. Then I certainly became a Polyvagal.

[music]

Aníbal: What came first in your life; was it IFS or Polyvagal?

Deb: IFS came first. I did my studies at the Trauma Center with Bessel's…

Aníbal: Bessel, yes.

Deb: …work and understanding that way of looking at trauma, and then sensorimotor and IFS. And the last piece was Polyvagal. Yet, when I discovered Polyvagal, it's as if all the other pieces had a platform to sit on. They made sense in a different way.

[music]

Aníbal: So for you, there is a common ground between IFS and Polyvagal?

Deb: Yes, very much so. The thing I love about Polyvagal, and many of your listeners who have probably dipped a toe in the Polyvagal world will really resonate with this, is that Polyvagal is a platform that sits underneath all these models of therapy. It's a way of understanding the biology that work in ourselves and in our clients that we are then engaging with. Whether we're doing IFS, or AEDP, or DDP or any of the alphabets. All of that is being informed by the nervous system.

You can't work with another human being without being in communication with their nervous system, whether you know it or not. And Polyvagal Theory gives us a roadmap to be able to have…tune into those conversations and have explicit communication, nervous system to nervous system, and that only serves to boost the effectiveness of the model of therapy you're using.

[music]

Tisha: Is that where the term neuroception comes in?

Deb: Neuroception? Yes. Neuroception is Steve's beautiful word, and I love the word. It describes the way the nervous system perceives because the nervous system is below the level of cortex. And although it has projections to cortex and speaks with cortex, at its heart it's a subcortical biology. So neuroception is the nervous system's way of taking in information. That's happening every micro-moments that we are moving through the world by ourselves and with others.

And it does that through three ways of listening. It listens inside to your bodily experience, it listens outside in the environment, and for the therapy world, it listens between nervous systems. So, it's listening between you and your client all the time below the level of your explicit awareness. That's why I like to say, you're always having a conversation with another nervous system. You just don't always recognize it.

[music]

Tisha: So that explains the idea that trauma and healing trauma is not about thinking.

Deb: Yes. In the Polyvagal world, trauma recovery or resolution, or whatever we're going to call it, working with trauma is really about bringing flexibility back to the nervous system. It's about helping clients be able to anchor in regulation. Both with somebody else and on their own and understand when they get pulled out of that regulation and have pathways to find their way home to regulation.

If we translate that to the IFS world, then it's about being able to find connection to Self. Know when you've been pulled into a part or hijacked by a part and be able to find enough connection to Self to come back to that place of regulation so that you can be with a part, not hijacked by it. And it's the nervous system that allows you to do that.

[music]

Aníbal: Deb, how much IFS can inform Polyvagal, or how much Polyvagal can inform IFS?

Deb: It's a lovely two-way street. I'll give you my way of working now because, of course, I am coming from the Polyvagal-informed platform and using that to inform IFS. For me, when I am anchored in ventral, I'm anchored in that biological state that allows me to feel safe in the world or safe enough in the world and connect. And connection through our biology is about connecting to myself, to all my parts. So internal connections. Connecting out here to others, connecting to the world around me and connecting to spirit. And those qualities emerge from your biology when you are in a state of ventral vagal regulation.

And when you leave that state, when you lose what I call your anchor in ventral and you get pulled into sympathetic mobilization, fight-or-flight and the survival that happens there, or into the dorsal experience that I spoke about earlier, the survival by becoming immobile invisible, then you no longer have access to the qualities that live in ventral. So for me, it's about, first, the biological state that then opens the door for the parts that live in that state to emerge.

Aníbal: Beautiful.

Deb: I would be looking at…Oh your system just moved into sympathetic and as you're in sympathetic, you have a range of parts that live in that sympathetic mobilizing energy and one, several, many are then invited to emerge to help you navigate what the nervous system has neurocepted as a dangerous experience.

Aníbal: Beautiful.

[music]

Aníbal: Deb, does ventral in Polyvagal equals self in IFS, and does fight-and-flight equals protectors, and dorsal or freeze states equals exiles? Usually people goe to this.

Deb: It's probably not such a one-to-one correspondence for me. Certainly, Self is an emergent quality of ventral. I think we also have Self-led parts, or when we connect to self and move through the world, that all comes from ventral spiritual connection

guides. All of that comes out of this ventral-mediated place in your nervous system. In sympathetic, certainly the active firefighters, the firefighters that use energy to move are in sympathetic, but the firefighters that take us into numbing or dissociation or disappearing are dorsal firefighters. Your exiles, I think likely live in dorsal because shame has been mapped to dorsal and exiles usually carry shame. The managers that work so hard to prevent us from connecting to those exiles are probably sympathetically mobilized. I think we also have managers that work in service of Self that live in ventral.

If we think about the nervous system and the hierarchy, because it's a hierarchy. So ventral is the top of the hierarchy, sympathetic is the next step down and dorsal is at the bottom. It makes some sense when we think about parts that ventral oversees the system. Sympathetic's job is to help us come back to ventral, so to help us get back into some self but also to keep us out of dorsal. That's the sympathetic system's job, keep us out of dorsal because dorsal is a dangerous place, biologically, for us, everything slows down.

So, it makes sense because your parts, or your firefighters, your managers that live in sympathetic, their job, make sure the exile story doesn't come up and be heard in the system. In those ways it makes perfect sense, right?

Aníbal: Yes, you put it so beautifully.

[music]

Aníbal: How is it now in your mind's eye, Deb? Do you see parts or talk for parts, or do you see nervous system states and nervous system states and stages?

Deb: I see states. Once we work with the state, then clients certainly can tell me about the parts that are coming from those states, but I start with state and then see the other thing. Couple of things I do differently, because of this belief around the nervous system. If somebody is working with a part and another part comes up, my practice is to invite that part to come in, not to ask it to step aside or step back but come on in because when we're anchored in ventral, there's plenty of ventral energy for everybody. So that part can come in and sit with us and feel what it's like to be held in ventral while we're working with another part. So that's one thing that I do.

The other thing, because Polyvagal Theory really tells us that co-regulation is an essential ingredient for wellbeing, it's called a biological imperative, which means you don't survive without enough experiences of co-regulation. And I think for many of our clients, safe co-regulation is a missing experience. And for me, co-regulation later on is, "Can I be with my own system and regulate?" But in the beginning, another system is coming with me to my system to help regulate. So, the thing I ask my client, as we're working with a part or going to a state, always is, "Do you want me to go with you?" Because that's the missing experience for their nervous system.

They're used to going to sympathetic danger or dorsal disappearing on their own because that's the survival response. So, when another nervous system goes with them, there's a disconfirming experience. It's a new experience in the nervous system. And if you change the nervous system state - which I like to think of is the air

all the parts are breathing or the water they're all swimming in, however you want to think about it - everything changes.

We talk in IFS that all parts, they're all listening while we're doing the work. But what my experience is when the biology changes of the nervous system, every part has a new experience because it's your biology that changed. It's not a part that changed. It's your biology that changed, the environment has changed. It's fascinating to do this kind of work and have clients then check in. A lot of parts get a benefit from experiencing a regulated state in the body or from experiencing not being alone, lost in dorsal or sympathetic, and things happen that you don't have to attend to. They just come because of that biological change.

Aníbal: Beautiful.

[music]

Tisha: What was it like for you, Deb, to make this shift in your clinical work to incorporating the Polyvagal Theory? Do you have any examples of early work incorporating this?

Deb: Yes, [chuckles] as with most people who are playing around with something. Because I read Steve's theory, and it's a brilliant theory, made perfect sense to me. Then it was like, "Well, what do I do with this?" Because there was no roadmap, there was no translation to clinical work, and I thought, "Well, I'm going to have to do something." So, I started playing around with it.

Bless my clients who have always been so willing to go on a journey with me. Because they were the ones who we did the early exploration and the trial and error, which is probably the way we learn but not always the best way of learning. [chuckles] A lot of repair gets made when you do trial and error. So, we played around with, here's this new way of looking at yourself, at looking at how you are organized and how you move through the world.

Just like IFS is a non-shaming, non-blaming, non-pathologizing system, Polyvagal Theory is exactly that as well. Because it's letting people know this is your biology. This is not your desire, your motivation. The nervous system is simply acting. It doesn't assign motivation or moral meaning. We humans do that. So, when we can help a client simply be with, "Oh, this is my sympathetic nervous system. No wonder I can't connect with my partner right now. My biology won't let me," it's a lovely way of helping them understand.

So, I found early on, when we began to map the system - and mapping was really the foundation of my work - we began to map their system, they had these wonderful moments of enlightenment, of understanding in a new way. Then when they wanted to figure out where a part was, they put it on their autonomic map. So that was the first sort of integration of the two. What state is this part living in? Where is it emerging from? How did this state come to take over right now? Because it couldn't take over if you were anchored in ventral.

I mean, that's the thing. If your system is in a biological state of regulation, that firefighter cannot take over. Your state has to change for that firefighter to be able to

be running your system. And we always have access to these three states in every moment we're alive, and the balance between them changes, which then allows different parts to be present.

[music]

Aníbal: Deb, how can we connect with our nervous system and their states, that you just described, once they are mostly unconscious states, right?

Deb: Right, so we bring perception to neuroception, and we bring the implicit into explicit awareness. That really is the way we do this work. That's the way most therapy works, right?

Aníbal: Yes.

Deb: You have to bring the implicit experience into explicit awareness in order to do anything with it. If it just stays implicit, it just keeps running the show in the background. So, rather than going to the brain, we go to the nervous system. And usually, if you talk with clients in the beginning, they're very aware that they wanted to do something. Their brain had this idea about what they were going to do, but they ended up doing something totally different, because the brain and the nervous system were not in agreement, and the nervous system is going to win that battle.

So, to begin to, again, on a map and to begin to help people bring the experience into language, into art form, into movements, is really how you begin to connect with your three states, and then begin to track, "Oh I just felt this. I just felt some energy moving down my arms." And I know, because I've done my map, that that's a signal to me that I'm having a little sympathetic energy flowing then. So, it's really in finding concrete ways for each client to bring each of their three states alive so that we get to know it, and then we begin to speak that language.

So, in IFS we talk the language of Self and parts, "There's a part of you that…" Right? In the Polyvagal language, you say, "It feels like you have a bit more dorsal in your system right now than might be helpful." Or, "It feels like your sympathetic is trying to take over." Or, "Wow, it really feels like you're anchored in ventral right now." So just a different way of languaging.

[music]

Tisha: What do you notice beginning to happen for clients when they can begin to recognize those different states within themselves? What's the usual pattern for people?

Deb: The first thing that happens truly is this moment where your client looks at you and it's as if some light bulb went off in their head. Don't you love those moments? It's like, "Oh, now I get it." Then there's this lovely relaxation of those self-critical, self-judging, self-blaming voices that they carry because it's like, "My biology is driving this. Yes, exactly." So first, we understand the biology and then the other piece that this brings is that we can reshape. We actually have scientific research that shows us we can reshape your system.

And that's very comforting to clients. But it's really that first sort of aha-moment that I love. Because once a client has that moment, "Oh, you mean this is because of this?" Then they just want to keep exploring, and I love that. The Cs of IFS, the one that I find comes from ventral is the one that I'm looking for most often is Curiosity. And that's what you get when a client begins to see something, they become curious and you know, they now have some ventral onboard. They have enough ventral that we're going to keep on going forward.

I think it allows them to feel more normal in the world because all of us have a nervous system that's shaped in these basic ways together. So, as my client is filling out their map, I'm often saying, "Yes, me too," in that place, and sometimes, "For me, that's a different experience." But it's this joining therapist to client because it's nervous system-to-nervous system joining. It's not me telling my story to my client. It's my nervous system and their nervous system finding common ground. And I think, again, that's a really beautiful way to begin to create that relationship.

I talk nervous system all the time. It's like, "My nervous system just felt this moment of our nervous systems joining. Did you feel that?" There are lots of ways to say that in different…you know, you might say, "I feel like you're in self and I'm in self," or whatever you want to say. I talk nervous system, or I might say, "Oh I just noticed I had a moment of sympathetic charge there, and I wonder what you felt on your end." It's these ways of talking that are really centered in the Polyvagal language.

Aníbal: That is when you say the autonomic nervous system is a relational system, right?

Deb: Yes. Our nervous system is shaped by our experience. Both our experience navigating the world, but our experience with others. That co-regulation that is essential for survival, when we come into the world, our nervous system has a built-in expectation that it will be met and cared for in a regulated way. We think about how many of us don't…that autonomic expectation is not met. We're either met with another nervous system that is dysregulated and so can't offer regulation or is unpredictably present. And these are things the nervous system needs in little ones.

So, if we don't get enough of that co-regulation, we then have to learn how to self-regulate before we were supposed to. It's out of order. We're supposed to co-regulate. Once the nervous system learns how to safely co-regulate, then we build skills to self-regulate.

Aníbal: Beautiful.

Deb: For many of our clients, many of us, it's reversed, it's backward. Which is why when our clients come to us, it's this therapeutic relationship, it's nervous system-to-nervous system connection that is often the first step towards reshaping a system.

[music]

Tisha: Is that reshaping process similar in any way to going to the exiles or the original trauma in IFS and doing an unburdening? Is there a process like that with Polyvagal?

Deb: Yes, I think that's part of it. I think also some of the reshaping is simply having these common, everyday experiences of being in connection with another human being in a safe and regulated way. When I'm regulated, I offer that regulating energy to my client, both explicitly and just in the energy that I'm sending. Just being in that over and over and over, begins to reshape their system because they're getting an experience, not simply an exile, but their entire system is getting that experience that it missed, and so that happens.

Let me just say that a more regulated system or a system that has more flexibility in finding the way back to ventral is a more resilient system. As we unburden parts, you have more of that flexibility and regulation available. If we want to talk IFS, an unburden system is a more flexible system, and so brings more of that ventral capacity.

The Polyvagal approach is really not a model of therapy. Although, I have created certain frameworks for how to connect and accompany your clients through their three states and learn the landscape and do some work with them. And in doing that, often exiles are connected with and have some sort of a sense of unburdening, even though we don't do an unburdening process.

So, it's been fascinating to work. Especially, to work with colleagues who are IFS-trained clinicians and have them, in my trainings, do the Polyvagal-informed therapy approach, and have them talk about what it's like, how it's different and what it's like. I'm still trying to gather that information, because when you have one of these experiences where something reorganizes inside, it's hard to put into words. That's the experience that we're working with in Polyvagal because you're working with the biology. You're not working with a part. You're working with how your three states are in relationship with each other.

And when somebody has one of those reorganizing experiences, words are often hard to come by.

[music]

Aníbal: Deb, you call this beautiful application of polyvagal theory ‘The Rhythm of Regulation’. Why is that?

Deb: I know we do have an internal rhythm, that our body rhythms are always at work. So even when we're in the full collapse that is that freeze with collapse, we aren't totally immobile because our body rhythms are still moving inside. Our heart is still beating, our breath is still moving. So I love the thought of rhythms, but the rhythm that I really was talking about when I was talking about Rhythm of Regulation is the rhythm between nervous systems.

Aníbal: The connection.

Deb: Right, the way that I can offer, you can receive, you can offer back, I can receive. It's that reciprocity that happens. And when we miss that regulating rhythm, we experience dis-ease. Both physical ailment and psychological suffering.

[music]

Aníbal: You talk of triggers and glimmers and safe surroundings. What is safe surroundings?

Deb: Let's talk about triggers and glimmers for a minute, and then apply them to safe surroundings. The triggers are the experiences that take you into your sympathetic-mobilized, fight-and-flight or your dorsal-disappear, disconnect. Triggers are often or are usually both sort of a belief, a theme, and then concrete ways that theme comes to life. So, if you think about something that takes you to sympathetic…

Are you more sympathetic or dorsal, my friend Aníbal? Where's your home away from home, which is what I like to call it?

Aníbal: There are days. Some days, I'm more sympathetic. Some days, I'm more dorsal.

Deb: So, in sympathetic, is there a belief that comes alive that takes you to sympathetic?

Aníbal: Sympathetic brings me some energy.

Deb: I love that you're talking about because we're talking about the vagal brake. The vagal brake, which is this other lovely component of your nervous system, is really a biological circuit that runs from your brain stem to your heart and regulates your heartbeat. How fast or slow your heart rate is. It's another rhythm there. This lovely rhythm. Your vagal brake can relax and allow you to feel some of that energy that we need, but stays on so that you're still within the regulating energy or ventral.

It's when the vagal brake totally goes away that you drop into sympathetic survival. And there the energy is not energy that fills you, or fuels you, or nourishes you in any way. It's simply survival energy. People become dangerous, the world is unsafe and you feel endangered. Often a belief there, or something that triggers someone to get there is, "No, I'm not seen."

So if we take, "I'm not seen" - because that can work both for sympathetic and dorsal, a trigger "I'm not seen"- so then how does that specifically come alive for you that brings you to sympathetic? "Oh so when all my colleagues are having a conversation and don't include me." Or, "When my partner turns away from me when I'm talking," we get really specific about the triggers. And then in dorsal, "I'm not seen," might be, "When I get left off the email chain and nobody cares." Or, "When I walk into a room and nobody looks up." Each system has its own way. So those are the triggers and we really get to know the triggers.

If you were thinking about parts, you might say, "So, that's the part that feels distressed when your partner looks away from you." I'm just broadening it to be this a state that comes alive when this event happens. Then the glimmers, which is where we're going to go with safe surroundings, the glimmers are those micro-moments when you feel a ventral energy. They're just micro-moments. We think things have to be long and sustained to get benefit from them, but it's these micro-moments that really begin to accumulate.

So we look for glimmers. What's a small thing that gives you this moment of feeling ventral, regulated and safe? Then we begin to see what are the cues of safety and what are the cues of danger for your system. In order to create safe surroundings so that I can feel safe in my world where I am, in the environment with another person, the cues of safety have to outweigh the cues of danger.

For me, it's a simple equation. And sometimes when we're working, we start by anchoring together, and the cues of safety are enough to really move us forward but something happens, and all of a sudden, the equation shifts and there are more cues of danger than safety. Everything stops. Therapy stops, everything stops because my system has now gone into a survival state. And for me, my job is now to re-balance that equation, to be curious about what just came in that interrupted this, and how do we either reduce it, resolve it, or how do we bring in another cue of safety? So that's the safe surroundings piece. Because if we don't feel like we're in a safe place with a safe person and even feeling safely embodied, then we can't engage. We don't move forward. We don't engage.

Aníbal: So interesting.

[music]

Aníbal: Deb, do you still use breath and touch and eye contact as autonomic regulation?

Deb: I do. It's really fascinating because I was just creating a workshop on bringing touch safely into the therapy world, the therapy session, when COVID-19 came along. Then it's like, "Well, not sure this is going to be happening anytime soon."

Aníbal: What now?

Deb: However, I had just finished one of my in-person trainings…actually, two. One here in Maine and one in Minnesota. So I had people who were trained in this experimenting. Again, my participants are lovely test pilots for all this stuff, which is great. What I've discovered is the self-touch or the mirrored touch has great potential to bring connection and regulation. So, I'm not giving up on that.

Part of the process is to create a touch map with a client, to find the ways of touching that feel resourcing and the ways of touching that bring you dysregulation. Then to experiment with when you're touching, if I mirror the touch, does that help you feel more ventral, more regulated, more connected or less? Because the thing that Polyvagal reminds us is that everybody has their own individual response to that and that response changes moment to moment. So, in this moment in time, if I put my hand on my heart and you mirror that, that may help me feel more connected.

I've heard many clients say, "Please don't do that. It makes me feel like you're just mimicking what I'm doing and it takes me out of this." I say “Great”.

But this is the lovely explicit conversation that you have when you're working with touch. You would do it in an office, but boy, doesn't this way of working, this platform of working via remote session, really invite us to make the implicit explicit because we don't have the same way of being in the energy of another nervous system. So,

I'm still working with touch. I'm actually going to create a workshop on remote touch and how to bring that in with the nervous system.

Breath is the same. We know that breath is the most direct route to changing your nervous system state because it's an autonomic activity but one we can directly control, which makes it both a powerful regulator and a powerful dysregulator. Again, with breath, if Tisha and I were going to do some breath work, we would be doing a lot of exploration first. I have created a breath map. Find your breath, feel your breath, follow your breath, before we would do anything. Because simply saying, "Let's take some deep breaths together," can be incredibly activating to another nervous system.

Again, it's this lovely experience of being curious. That's where we come back to this lovely C of Self curiosity, which is this ventral place. When I'm in ventral, I am really curious and I want to explore with you. Which leads me to one other thing that I wanted to mention while we're thinking about it.

Ventral energy is both me being ventral-regulated and letting you experience that regulation. It's also me actively using my ventral energy in service of healing. So, there's an active quality to what I do with my ventral energy when we're together-actually, when I'm with anybody. Not just a client, but with partner, friend, colleague. When I'm moving through the world, I am influencing other nervous systems simply by moving through the world. So, when I can recognize that, when I can be aware of that, I can then send out the cues of safety that welcome others to feel safe, too.

I got off on a tangent there but…[chuckles]

[music]

Aníbal: Deb, you are building an interesting and growing community of Polyvagal-informed people. Do you feel that you still belong to the IFS community that we also know is so much Polyvagal-informed?

Deb: What's been really fascinating to me…because I absolutely love the IFS work and have so many colleagues who are IFS clinicians, and still I'm in contact with some of my original training folks, which is lovely. What has happened as Steve and I have started to build, it began with the Polyvagal family, with the book we co-edited because the chapter authors became members of this beginning Polyvagal family, which was lovely. And then it expanded to a Polyvagal community and now sort of a global Polyvagal community, who Steve and I still call our Polyvagal family, but it's a community.

What I've discovered is many, many, many of my IFS friends and colleagues are also now part of my Polyvagal community. Because they come, they take the training, they're open, they're curious, they want to make the integration and find that it's a really lovely integration. It's not a competition in any way. It's a lovely integration that happens when people come and understand this nervous system platform. Many people say, "Now, I understand why, when I do this thing, it either works or doesn't work. Now, I understand a part came in."

So, when a part comes in to interrupt the process, what it's telling you is that the nervous system has just intuited a cue of danger and the balance has shifted, and so this part has come in to bring your attention to that. It's just a lovely way to put the science underneath the experience.

Aníbal: Totally.

[music]

Aníbal: Deb, thank you so much for bringing this beautiful platform of application of Polyvagal Theory to therapy, and thank you so much for having us. It was such a lovely time together, and I hope we keep meeting, and may your days and hours be filled with ventral vagal abundance, as you used to say.

Deb: That is what I…I love to say, "May you experience ventral vagal abundance," or my new one is, "May you find ventral vagal inspired adventures."

Tisha: I like that. That speaks to lots of parts.

Deb: There you go.

[music]

Tisha: Deb, I wanted, before we say goodbye, I wanted to just take a moment to plug your website the *rhythmofregulation.com*. Because if any listeners are interested in finding out more and learning more, there's so much resource on there. You can download trainings that have already happened, and it seems like you can sign-up for trainings that are coming up [crosstalk].

Deb: Yes, thank you. Yes, I try to post my webinars, my interviews, my things. Now that the world is all online, I, like the rest of the world, have had this steep learning curve of, "How do I do this online?" I would like to say, though, that my experience in doing this online has been really encouraging of continuing to do this. Because I get people telling me that, "I feel connected. I feel connected to you, I feel connected to my small groups, to my…" You know. So, I think all of us are getting creative in having ways to do this from a distance and make the world feel small and connected at the same time.

So, thanks for sending people to *rhythmofregulation.com*. Thank you.

Aníbal: Deb, my best hope is that we can meet in-person in September in 2021, in Lisbon. Thank you so much.

Tisha: All right, thank you. So good to talk with you today, Deb. Thanks for making the time.

Deb: Take care. Thank you. It was a joy.

[music]

[00:52:08] [END OF AUDIO]