

## Our Nervous Systems in the Time of COVID by On Being

The following is the transcript of an On Being interview between Krista Tippett and Christine Runyan. You can listen to the audio recording of the interview [here](#).

Krista Tippett, host: My conversations with friends and colleagues right now all circle back to the same place. The light at the end of the COVID tunnel is tenuously appearing, yet we feel as exhausted as at any time in the past year. Memory problems, short fuses, sudden drops into what feels frighteningly to me like depression, and fractured productivity that alternately puzzles and shames us. We're at once excited and unnerved by the prospect of life opening up again.

So, one recent day in yet another hard week, I went searching for someone to shed light on all of this — the psychic and physiological and spiritual effects of a year of pandemic and social isolation. I found the clinical psychologist Christine Runyan. She explains how the very first news of the threat of a new virus in the world instantaneously activated our stress responses, sent our nervous systems into an overdrive from which they've never retreated. To use other words, the pandemic has disrupted our mind-body connection, which is always as sensitive to what is imagined as to what is real. And that became the shaky foundation on which we have each had to carry all of the other events and losses and traumas that have followed.

This conversation is so practically helpful for understanding what's been happening at a creaturely level inside us for over a year, and for gaining some simple strategies to bring our conscious selves back online, mustering the fullest capacities innate within us for meeting the world ahead.

[music: "Seven League Boots" by Zoë Keating]

I'm Krista Tippett, and this is On Being. Christine Runyan is a clinical psychologist and professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School. She also supports the mental well-being of health care providers, in a clinical consulting practice, Tend Health.

I want to just very briefly just know a little bit more about you, the background of your life. Where did you grow up?

Christine Runyan: I grew up in Ellicott City, Maryland.

Tippett: You actually started your career as a psychologist in the U.S. Air Force.

Runyan:I did, yes.

Tippett:How did that happen?

Runyan:So I actually come from a family of a lot of civil servants. My dad worked in the intelligence community, CIA and NSA, and I have a lot of West Pointers, actually, on my mom's side. And my grandfather commissioned me. He was already suffering from Alzheimer's at that time, so I think we pledged something close to allegiance to the Constitution. [laughs] May have a little variation in there, but he commissioned me in the Air Force. And that is how I started my career, and actually my career with integrated care, which is bringing psychology, bringing behavioral health into the primary care setting — which is where most people access their care, the emergency room or primary care — and so really making psychology and mental health at the forefront of that, instead of as this specialized, very difficult to access, and stigmatized part of our health care.

Tippett:It also occurs to me that working in that sphere — both the call to service, which is in the military as it is in health care, but also the backdrop of trauma that is involved in that profession — I can also see how that flowed into the broad perspective and the kinds of things that you were paying attention to that lead to the perspective you have on the — almost the species-level trauma that we're experiencing right now.

Runyan:Yes. [laughs] Well said. I think it is a species level, and we trick ourselves, as smart as we are, as creative as we are, and innovative in terms of technology, that beneath all of this there is something that's so primitive and inescapable. And as much as we try to, I actually think that's one of the things this pandemic has shown us, is as much as we have tried to create so much connection — I'm using air quotes, "connection" — we actually see how insufficient that is.

Tippett:And so much has happened, both in the world and in our society and in individual lives and communities. But what I'd love to just have you open up for us, to start, is — [laughs] all of that aside, just the nervous system effect that this virus in the world, the baseline with which we entered into all the things that then later happened — what started to happen in our bodies?

Runyan:So, you stop me, if I'm getting too — [laughs] if I'm geeking out too much on the neuroscience here.

Tippett:I found it really — I've been geeking out on what you've been — I've been looking at your PowerPoint presentations to physicians, and I think it's fascinating.

Runyan:Fair enough. So in our bodies we have this autonomic nervous system and what we call, often, our "fight-flight" system, which is part of the autonomic system, which is, in fact, automatic and which is not happening at the level of our conscious awareness. Threat is always detected by the nervous system. It can additionally be detected by our thinking brain, but it's always first detected at the level of our nervous system. And it's exquisitely designed. It is a beautiful evolutionary adaptation that, if we were to ever lose it, we would — [laughs] we would become extinct. So its job is to keep us safe and to keep us alive, and so it's really sensitive. And when it detects threat, it activates a series of responses, and this cascade of neurotransmitters and hormones go off inside of our body to prepare us — to prepare us to fight, or flight, if we estimate the threat to be bigger than we can manage.

And that's a very predictable response. It's our source code as humans. You have it, I have it, every one of your listeners has it. And when that goes off, it does a number of things. It releases glucose, so we have some energy. It increases our heart rate. It increases our blood pressure. It diverts blood to our major muscle groups. It temporarily gives our immune system a little boost. It stops our digestion. It does all these things specifically. You can see how that increases our clotting factor so that we can fight or that we can flight, and that we have all the reserve necessary to be able to do that.

And then our parasympathetic nervous system, which is often called our "rest and digest" or relaxation system, is also innate within us. And when the threat subsides, or when our thinking brain — our prefrontal cortex — sends a message that, OK, we've absolved the threat, or the threat isn't here, we've just imagined the threat, the parasympathetic nervous system can then calm things down and bring things back to baseline. And that's really where, when we are most integrated and creative and aligned with ourselves, and we have present moment awareness, that is our natural homeostasis of our nervous system.

Tippett: The balanced state.

Runyan: The balanced state. And some people will call that our "optimal zone of arousal," if you will. And this window of tolerance, which does get quite disrupted, for example, for people who've had prior trauma, that window really shrinks, and so you can activate this nervous system at lower levels. And that's one of the things that I think has been happening throughout this whole year, for various reasons, both related to the virus and related to our social circumstances in this country.

Tippett: So one of the things I've been thinking about and just talking to friends and colleagues about is how — obviously, just even as you describe that very clinically, it's clear that here we are, a year on, and we never got to — the threat never went away. But what I've also experienced as I look back on the year and its many chapters, including the death of George Floyd, the racial reckoning and rupture, the drama of the election — it feels to me, in our work, in my work, my colleagues and I, like there was a lot of adrenaline that got generated at different points in the last year, because of things that were happening in the world, and that's just quite apart, again, from people having incredible losses and stresses in their lives and losing people and illness and jobs and all of that. But just — you kept going. There was this energy source.

And then it has felt like winter set in, the election was over — I feel like all of the energy flowed out of my body. [laughs] And it's been really hard to feel even — it's not just that I have felt low in energy, I've felt disembodied and like I'll never be the same again. And I talk to other people who feel that way too.

Runyan: I think that's also part of the nervous system, both assault and response. We talk about fight or flight, but there's also a state of freeze, which can look very much like you're describing — this state of apathy, of detachment, of even disembodied or dissociative, and numbing, a lot of numbing. And that is a state of physiological high arousal, actually; there's still a lot happening underneath the skin, in terms of the arousal, but the body has essentially tucked in. And it's a protective stance. There's a lot of protection there. And anybody who is at risk of depression, has previous depression, it can be a scary place to be, because it has so many — there's so much residue there, of, "Oh, this seems familiar — I remember when." So it can be really scary, because it's like, oh, is that coming back?

But it actually can be — if we understand that as a natural variation within our nervous system that may have a little protective factor as to not get into the rumination cycle where we're constantly monitoring, "How is it now? How is it now?" and, "Is this coming back? Is it coming back now?" [laughs] and to just know that that's actually a natural variation of our system, too. And what is often protective in instances of such widespread trauma, if you will, has been taken from us in this pandemic: connection. Our nervous systems know touch. They know closeness and a hug. And to not be able to do those things when people are really hurting has been a huge loss, and there's much grief there.

And I guess that is so much of my message, is if we can understand and appreciate what we are experiencing at that level, whoever you are, whatever you are feeling: "Of course — of course, you are feeling that; look at our current conditions," and that it's a normal response to incredibly unfamiliar, unusual, unpredictable, uncontrollable circumstances.

[music: "Pink and Golden Billows" by Brambles]

Tippett:I'm Krista Tippett, and this is On Being, today with clinical psychologist Christine Runyan.

[music: "Pink and Golden Billows" by Brambles]

It feels to me like a tragedy in our midst of the way all of this unfolded is that I think, probably, you could make an argument that our entire societal nervous system was stressed, and people went to different places. You talk about, also, symptoms of this stress on our nervous system that I think I recognize in myself, and we all recognize, as being more impulsive, moody, rigid in our thinking, irritable, lashing out, our frustration tolerance — and you could almost see that play itself out in our political life. And so, collectively, we were faced with this impossible choice — that the very thing that makes us human, which is our physical connection to other people, was the cost of keeping each other safe.

And all of that is terrible. Somewhere along the way, part of the dynamic was, you're either on the side of the science, [laughs] or you're interested in killing people. And so somehow — I guess what I'm saying is, this is an impossible — it's a tragedy. But I feel like it stopped us from actually being really honest about the terrible effects of the social isolation.

Runyan:It's beautifully, beautifully said, and I think it is not at all a coincidence, like you're saying, that the level of social distancing that we needed to do, in order to have a societal cooperation to try to avoid further infection, actually really galvanized this in-group/out-group; this other-ing. And all of a sudden, we all entered into the same state of uncertainty and fear and are all really at that place of looking at safety, and then love and belonging. And I think that that need to belong really catapulted people to the extremes to figure out, are you in my group, or are you of that other group?

Tippett:Right, and the truth is, we're all in a panic and in fear, and we're in our bodies; we're in our nervous systems, as you say.

Runyan:Yes, so we are all activated. That nervous system dysregulation is the source of where all of these other behavioral manifestations are coming. And we're all patterned in different ways, and a lot of that — I'm a psychologist, so you know it's gonna draw back to childhood. [laughs] But a lot of that has to do with, what were the ways we met stress as a kid? How did we learn how to meet stress in a way to stay safe, as a kid? And,

unexamined, those just continue to show up through our lives. And so not everybody manifests in the exact same way, because of that patterning and those histories, particularly if left unexamined, but you can certainly find plenty of people who are responding to that activation in a way that meets aggression, rigidity in thinking, getting very myopic in perspective, and not having much cognitive flexibility to share anybody else's perspective or ideas. And so you have a massive loss of empathy. Massive loss of empathy.

Tippett: So I think one implication of that, for me — again, I feel like naming this feels relieving, even though what we're naming is a really just impossible and terrible situation we've all been placed in. So what do we know about, what do you know about the effects on us as humans, as creatures, of what we've called social distancing, but what that entails — the isolation of this, the lack of touch, the lack of seeing and being seen, in a world of masks?

Runyan: [laughs] Right. I think about this on multiple levels. I had a patient one time who had pretty severe, very severe PTSD. And she described this "skin hunger," because she so desperately wanted to feel connected and knew that that was also a source of incredible activation for her. And so that term comes up, for me. We all have — particularly people living alone. My mom is 80, and she's living alone and being very vigilant and diligent about precautions, and I think about that for her, because our nervous systems know that. I know my inclination, in being with somebody who's suffering, is to lean in and to touch, if that feels safe to them, and to hug. And the loss of that at scale, I think, is really affecting [laughs] our nervous systems quite a bit.

So this process of naming and "allowing," I think is the term that I would say — seeing it as a human response to the conditions that are, rather than something wrong with me — so many of us humans are prone to even ask that question, "What's wrong with me?" [laughs]

Tippett: Even how now we're all saying, "I'm so much less productive," and it feels problematic. And I do it too, but it's not really reasonable. What you're saying — we're not compassionate to ourselves.

Runyan: And I even bristle a little bit at some of what I'm seeing, in terms of trying to codify the effects of this — what is the effect of the social isolation that we're experiencing — because we are using measurement and terminology that we know and that is familiar; like, what are the rates of depression now, what are the rates of anxiety now. And I worry about that a little, because I think it does two things — one, we're using that language because we have a way to measure that; but it is such a medical lens. It's such a lens of pathology. And I don't think it actually captures what I'm saying, which is, this is a very normal, in fact predictable, human experience, given the conditions that we have. [laughs] And when we start to say, well, it's 30 percent of people are now expressing depression, and 30 percent of people are expressing anxiety —

Tippett: I saw some horrible statistic about what percentage of American young people have contemplated suicide. Those kinds of statistics just become another trauma on top of ...

Runyan: Yes, and something that says, "Oh, well, gosh, if it's 30 percent, that means 70 percent of people don't have it; what's wrong with me?" [laughs] And that we pathologize it, that I worry we'll send a subtle message around — whatever, insert word: "I'm not whatever enough," resilient enough, strong enough, smart enough, funny — whatever our

brains will do. And I actually think that the other thing that's likely to happen is, we try to intuit solutions to make ourselves feel better in the short term that are often pretty effective in the short term but cause downstream problems. And those kinds of numbing things are alcohol, drugs, Netflix ... [laughs]

Tippett:[laughs] Somewhere, you even said worrying — that even worrying — and I think that's a personality type, too, and I fall into that sometimes. Somehow, that feels like you're controlling it, like I am gonna bear down and think this through, and if I worry about it, the worst thing won't happen. You say that that's one of these inclinations we have that is counterproductive but feels so natural.

Runyan:[laughs] Yes. We want to have control. That's why the uncertainty, the unpredictable nature of this is so hard for us, physiologically. And as a mindfulness teacher and practitioner, I really work at this intersection, too, of metabolizing the reality that there is no control. [laughs] And it's one thing to know that at an intellectual level. It's another thing to really embody that as our lived experience, every day.

Tippett:And is it your understanding that metabolizing that — I think you said “allowing” that to be true — is that the closest we can come to recovery right now? [laughs] Or is that part of a more productive coping or a more healthy coping?

Runyan:I think it's part of it. If I had to categorize what I think are those strategies or elements — and I really appreciate this conversation, because sometimes I think some of the “self-care” solutions that are out there are actually — they can sound quite trivial, but when we can package them through an understanding of this physiology, when somebody says, “Oh, just take a deep breath,” [laughs] it's working at that level.

But I guess what I would say is, I think the self-awareness piece, even before the allowing — we have to have some internal vision around what's really here for ourselves and know that how it shows up for you is gonna be different than how it shows up for me; how it shows up for you, today, is gonna be different than how it may show up for you next week. So that awareness and the allowing; being curious, if we can be curious, just what's going on inside of our own bodies — the neurotransmitter of curiosity is dopamine, so if we can be curious, we can give ourselves a little hit of dopamine. And then compassion, if I had to say the one thing that probably supersedes all of those, is compassion, including compassion for oneself.

Tippett:Do you — I just lost my thought. There you go. [laughs] I just completely — this never happened to me the same way it happens all the time now.

I think what you're saying — when you said a minute ago, “Just take a breath” sounds trite, but that, for example, taking a breath, from what you know scientifically about our bodies, that there's a way to talk about that; that that actually is a strategy that makes sense physiologically. So, what are some of those strategies?

Runyan:So one that you've come to is the naming it, which is, that's part of the self-awareness, but that's also leveraging your thinking brain. Our nervous system is really activating — is acting at this very primitive level. And in fact, when it goes off, it compromises our thinking brain. [laughs] And so when we can name, “Oh, this is anxiety,” or, “This is anxiety showing up as, what was that thought?” — [laughs] when we can just name it and put it out there, it brings our thinking brain back online. And we can begin to quiet our nervous system by leveraging our thinking brain, as well.

And so that's what happens when you name something, is that you send a message. You can send a message to your nervous system, like, "Oh, OK, I see what this is. I got you; it's OK. It's OK. We're just having a conversation. It's OK to lose your train of thought. I've probably done it seven times already and just glossed over it." So that naming it is a really powerful strategy.

The breath — with the caveat that the breath is not neutral for everybody, and so I do want to be sensitive to that. And certainly, as a mindfulness teacher, last spring, teaching and encouraging around the breath was precarious.

Tippett:What we've discovered about breathing.

Runyan:There's various techniques you can do with the breath, but if you're gonna do one thing, a long exhale, because that's part of our sympathetic nervous system, that dorsal part of our sympathetic nervous system that activates our calming — so, a long exhale. The inhale can have an activation part; a long exhale can — that alone can actually be quite calming, although there are some other breath techniques that one can use as well.

The other things that, again, sound — if you don't understand this at the nervous system, they sound almost, I don't know, New Age-y or froufrou. But scents — so I always work now with a candle in my office.

Tippett:And why is that? What does that do for us?

Runyan:So any of our senses, because that's really this information source of our nervous system, is through our senses. And so a scent that I like, that I enjoy, it bypasses that thinking brain and goes right to my nervous system. And so I'm creating a space where my senses can intercept safety and pleasantness. And so that may be music, for some people — background music or — we all know this experience of, you hear a song and you're immediately taken back to someplace, some point in your life, some point in time, not because you thought about that memory; it's like that memory spontaneously emerged.

Tippett:You're in experience, and you're in a suite of emotions.

Runyan:Yeah. So scent and sound can be really pretty accessible tools to just send those messages of comfort or safety. And then we can work with the body, too, the body quite directly, to send messages of safety and of calming to our nervous system. So our body is this incredibly rich, textured source of data for us. But we can also intentionally be in postures, be in ways that the nervous system senses safety. So a very simple one — and we could do it now, together — is just putting your feet on the floor so that your legs are uncrossed, and your feet are fully making contact with the Earth, maybe pressing down through the heel, pressing through the balls of the feet, feeling a little of that sensation coming up through the legs, and feeling yourself in your seat, being held.

Tippett:Yeah.

Runyan:How is that?

Tippett:I feel that.

Runyan:So fight or flight has a body posture of being on the toes, as like, "I gotta move here, somewhere, towards or away from." Feet flat on the floor is like, "OK, I'm here. It's

OK to stay here. It's OK to be here." So we can work with the body directly in those ways to send messages of safety.

And then, one of my common go-to's is around this affiliative stress response, "tend-and-befriend," and particularly if I don't have people around me, is to just make contact with myself. I put my hand on my heart, on my chest —

Tippett:Oh, you mean literally.

Runyan:Literally. [laughs]

Tippett:I feel like when I think about the lack of touch in my life right now, I feel like the closest I get to touching people is handing over a credit card. So I really appreciate what you're saying. And you're saying, from the science, that this is something that is truly, truly acting on us.

Runyan:Yeah, and that's when you said, the brain doesn't — [laughs] this incredible brain we have, but it doesn't know much between imagination and real. [laughs] And I will sometimes say to people, "I want you to imagine cutting open a lemon, a juicy lemon, and bringing that half of the lemon onto your tongue. And just let it rest there. And what do you notice?"

Tippett:I notice the tart. [laughs] I'd notice the tart; almost I would pucker up from the thought.

Runyan:Pucker up; and maybe even a little saliva in the mouth?

Tippett:Yeah.

Runyan:And I trust there's no lemon in your — [laughs]

Tippett:No.

Runyan:We're not together, [laughs] but there's no lemon in your studio.

We can create a physiological response through our imagination, which is — it's a double edge. [laughs] It's a gift and a curse, because that is worry.

Tippett:Right, but you're saying we can also activate that to comfort ourselves, if we take it seriously enough.

Runyan:Exactly.

[music: "VK Mendl" by Blue Dot Sessions]

Tippett:After a short break, more with Christine Runyan.

[music: "VK Mendl" by Blue Dot Sessions]

I'm Krista Tippett, and this is On Being, today with clinical psychologist Christine Runyan. We're exploring what we've been living through in pandemic and lockdown in terms of how it has activated our nervous systems — the mind-body baseline on which each of us has navigated all of the events that have unfolded.

I know what I was gonna say a minute ago, when I lost my train of thought for the thousandth time in the last few months. I was gonna say how I appreciate the reverence you have for our bodies and our nervous systems. And to me, that also feels helpful, to remember that our bodies are doing their best to take care of us. And it's out of control, but somehow even that example you just gave, that we also probably have more power than we realize to reorient that and tap into those same powers to help ourselves.

Runyan:It's both been a professional pursuit, but a deeply personal one, as well, as many of these things are. I've had a lifelong struggle with my own body, and probably up until maybe about five years ago. And this reverence — now it is just a wonder and a source of curiosity, and I can appreciate it for all the ways it's working on my behalf, even when I meet it with frustration.

And I had hip surgery in December and had a fair amount of pain. But it was fascinating to watch my own relationship with that, because I knew that — I had this sense of, "Of course there's pain. You have a lot of inflammation, there's a lot of healing that has to happen — of course, it's pain." And I didn't get into that cycle of, "Well, why do you have so much pain? and why can't you do this?" and all of that rumination that I think we do with our emotional selves a lot — "Why do I feel so tired? Why do I ..."

And this is why, when I think about what are the superpowers that we all hold in us that is also part of our source code, it's that self-awareness — is there a pause point to be able to step out of that automatic pilot and then be able to make an intentional choice?

There's a quote that's attributed to Viktor Frankl, and he says, "Between stimulus and response, there is a space. And in that space lies our power to choose. And in our choice lies our growth and our freedom." And it's such a beautiful encapsulation, I think, of that self-awareness and that pause, which is so hard to do at this time, because we're so activated. And so it's just recognizing when we can pause and say, oh, that's what that is.

Tippett:And I think, having just been steeped in your world of thought and knowledge, I understand that better, actually, the physiology of that quote. So you've been talking about this, but we haven't — that we talk about the amygdala and the fight or flight; that's all the most primitive parts of our brain, but that that's the part of our brain that is most natural, and those connections are fast and automatic. And what I've been learning from you is — and of course, I knew about our prefrontal cortex, where we — the thinking brain, the primitive brain and the thinking brain. That takes a little more effort. It is our superpower, but, as you're saying, we have to take that space and make that choice.

Runyan:It's really that power of the pause. It's imperfect — there's plenty of times where I have done that, paused, and then just went right back down the rabbit hole. [laughs]

Tippett:[laughs] Right, right.

Runyan:But every so often, every so often, I'm able to catch myself and to make a very intentional choice to turn towards — closer towards my values, closer towards what's really meaningful to me.

Tippett:I want to talk a little bit about Tend, because you do primarily work with health care providers.

Runyan:I do.

Tippett:I just want to read something you wrote about this work. You said, “No amount of sophisticated technology can do what health professionals have done these past few months — offered care with uncertain evidence, sat with the dying, comforted family members from afar, held one another in fear and grief, celebrated unexpected recoveries, and simply showed up. We have asked and expected clinicians to show up in ways they were never trained to do. No one has been trained in how to emotionally manage months of mass casualties. No one has been trained on how to keep showing up despite feeling feckless on the job. No one has been trained how to keep regular life afloat at home and anxiety at bay, while working day after day with a little known biohazard.” Wow.

Runyan:And that’s what they’ve done. That’s what they’ve done, and I want to stand in deep gratitude and honor every one of them, and serve in the way that I can.

Tippett:Thank you for that.

Runyan:Thank you. It’s powerful, to have something you’ve written read back to you. [laughs]

And what I really enjoy is holding space for people, bearing witness, and being of service. And because I know medicine, because that’s where my career has been, it feels like the time to be doing this. And that was the inception of Tend Health.

Tippett:I want to just — this is something I’ve thought about a lot this year, and I’d love to discuss it with you. I’d love to hear your reaction to it from your whole career of working in the military and now with doctors, on what we say is the “frontline.” Just thinking about the trauma — again, I feel like these layers of trauma that we’ve been through, that we just haven’t paused to name and really sit with and grieve and even wonder about what they’re doing to us — there’s some things we wonder about what they’re doing to us, and others that we don’t.

So for me, there was this moment of seeing my daughter, my 20-something daughter, last summer for the first time in six months; she’d been working with children, so really quarantined, and I haven’t seen her since, which is hard. And it was in New York City, so they had gone through that. And even though we were sitting outside, she kept her mask on. And I — [laughs] you started crying, and now I feel like I’m gonna start. And so I was thinking the whole time, “I need to respect the fact that she’s being really careful.” And then, at some point, I realized that she was keeping this mask on because she was so scared of getting me, her elderly mother, sick. [laughs] She wasn’t being cautious for herself. So I’ve thought about, we need to take in what it has meant, this year, that we became a danger to each other by virtue of our breath.

Runyan:That is a trauma, to feel — I can’t help but understand it at the level of the nervous system, precisely because of that. Our nervous system — it takes a lot of work for our brain to say, “Oh, but they have a negative COVID test,” or “They haven’t had this,” just when walking around to the grocery store or seeing somebody that you care about, or to have this feeling — my son coming home from college, and his girlfriend coming, and “Where have they been, and what have they been doing?” [laughs]

Tippett:Oh, yeah, I’ve had that, too — you’re scared of your kids.

Runyan:Yes!

Tippett:But there's this subtle thing, or not so subtle, that the uncertainty and the threat, yes, is about getting the virus, but also that we've all been walking around fearing being a danger to others.

Runyan:And truthfully, that happened a lot in healthcare settings, that because of the incubation period, people were able to transmit virus. We saw rates around employees just skyrocket, more from infecting one another than being infected from patients.

Tippett:And wow, that's another thing to consider about what our healthcare professionals scaring for us, and carers, have been carrying.

Runyan:And naming it is helpful, but those — the messaging between those parts of our system, because there's always this active level of sensing that's happening outside of our awareness. And so we can say that, sitting on the bench with your daughter, but then, as soon as you get up to go walk to your car and may pass by however many other people, your nervous system is re-sensing that all over again. So compassion is the, I think — compassion for others and compassion for self, for all that we're feeling, all that we're sensing, and in many ways, all that we're doing to try to get out from under what we're feeling — that, assuming we're not hurting other people, but what other kind of numbing behaviors, or having compassion when we're snappy with somebody ...

Tippett:Or they're snappy with us. [laughs]

Runyan:Yes, or they're snappy with us, yes.

Tippett:You know, when we were speaking about — when you talked about just strategies and techniques, actually one that I had written down that I don't think we talked about was gratitude. But you also coupled it with this word, "savoring." And you talked about — again, the scientist in you, which is about how we're so good at, skilled at looking out for what's wrong, both physiologically and also culturally, but this "savoring" is inclining the mind to look, moment to moment, for what's gonna release oxytocin in us. [laughs]

Runyan:Yeah, exactly. It's so easy to pass over how things — "oh, this is how it's supposed to be," so we don't actually drop into the wonderment of whatever is here, and to do that as much as we can, through our sensory experience. And we do have to incline the mind. And when we know that that's not a personal failing or that somehow we didn't get the update [laughs] in our particular neurobiology, that that's true for all of us, because of needing to stay alive and needing to stay safe. And that's how our nervous system is wired. And so we actually have to put some effort in towards noticing that which is neutral or pleasant — in fact, if we can really notice, most things that are even neutral become pleasant, because they become fascinating. But we do have to create those conditions. And it's so worth it, if we do.

Tippett:So I think we're not gonna be able to end on an upbeat note. [laughs] And that's OK, because I think that may also be part of just being present to being honest. And somehow, I don't know, something I've — there's been so many uncoverings in this year, so many things that surfaced that were true, but they really surfaced. And one of them is that we don't know how to mourn and grieve in this society. Giving the numbers of how many people died — that's not mourning. And isn't there something in us physiologically, that needs to do that — that needs to ...

Runyan:Absolutely.

Tippett:... sit with our losses? And so maybe that's the — it's not upbeat, but it's a step towards health, a step towards that balance that we need to recover.

Runyan:We are pretty conditioned to turn away from discomfort and suffering in our society. We are not very good at allowing for grief, which is always on its own timeline, and it's unpredictable in its own right. And this is a tough one, because it's not a pinpoint experience. I don't know what it looks like to have a day of remembering or some sort of ritual around — because we're still in it, is the other thing. We're trying to grieve a trauma that is still ongoing. And I don't have the answer to how to do that, other than one breath at a time — because it's still here.

Tippett:OK. Thank you so much. I'm really grateful.

[music: "Plainville" by Jeremy Udden]

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[music: "Plainville" by Jeremy Udden]

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The On Being Project is located on Dakota land. Our lovely theme music is provided and composed by Zoë Keating. And the last voice that you hear singing at the end of our show is Cameron Kinghorn.

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