

Becoming an Active Operator of Your Nervous System by Tami Simon

What follows is the transcript of an Insights at the Edge interview between Tami Simon and Deb Dana. You can listen to the audio version of the interview [here](#).

Tami Simon: Welcome to Insights at the Edge, produced by Sounds True. My name is Tami Simon. I'm the founder of Sounds True. And I'd love to take a moment to introduce you to the new Sounds True Foundation. The Sounds True Foundation is dedicated to creating a wiser and kinder world by making transformational education widely available. We want everyone to have access to transformational tools, such as mindfulness, emotional awareness, and self-compassion, regardless of financial, social, or physical challenges.

The Sounds True Foundation is a nonprofit dedicated to providing these transformational tools to communities in need, including at-risk youth, prisoners, veterans, and those in developing countries. If you'd like to learn more or feel inspired to become a supporter, please visit SoundsTrueFoundation.org.

You're listening to Insights at the Edge. Today, my guest is Deb Dana. Deb is a clinician and consultant specializing in using the lens of Polyvagal Theory to understand and resolve the impact of trauma and create ways of working that honor the role of the autonomic nervous system. She's a founding member of the Polyvagal Institute and, with Sounds True, has created an audio learning series on *Befriending Your Nervous System*. And she's also written a new book called *Anchored: How to Befriend Your Nervous System Using Polyvagal Theory*.

Deb Dana is also a featured presenter in Sounds True's new Healing Trauma Certificate Program: A Nine-Month Training to Regulate Your Nervous System, Embody Safety, and Become a Healing Presence. You can learn more at SoundsTrue.com.

Deb Dana works closely with Dr. Stephen Porges, who is the researcher who first articulated Polyvagal Theory. I have to say it's not an easy theory for a layperson like me from the outside to understand. But Deb has a gift, not just for translating the theory so that people can understand it, regardless of whether or not you're a therapist or helping professional, but also helping us see how we can actually become active operators of our nervous system so we understand the theory. And then we take it a step further. We learn how to actually work with ourselves to return to a place of what's called "ventral regulation." You're going to learn a lot more where we can become a healing resource for others. Here's my conversation with Deb Dana.

You have a gift, Deb, for doing something that I think is really hard, which is translating Polyvagal Theory for people who haven't studied it, who are unfamiliar with it, who aren't

professional therapists. So let's start there. Give our listeners an everyday layperson's introduction to Polyvagal Theory.

Deb Dana: All right, let's give this a try. And I appreciate your kind words, because it is what I love doing. I love talking about the nervous system in just everyday language. So if we talk about the three states of our nervous system, we have dorsal, sympathetic, and ventral. And so those three terms are terms that I hope everybody will begin to use.

And so dorsal is the place of when it's in its survival energy, it's that place where we feel sort of not really here, going through the motions but we don't have a lot of energy to really care about it. I like to think we sort of disappear in some way, sort of take a step back, I'm not really here. That's a dorsal experience. It's your nervous system acting to keep you safe by taking you out of connection into some sort of collapse or shutdown.

And then we have sympathetic, which in its survival energy is pretty well known as fight and flight. It brings those two parallel pathways of anger and anxiety. And it's acting to serve your survival by taking you into an anxiety or an anger. And then we have ventral, the third, which is the place that brings us into connection, communication, regulation, social engagement. That's the system that you and I are bringing alive right now, is we're doing this conversation together.

TS: God willing.

DD: God willing. And it's our ventral experience that really helps us do this. And so if you slip out of ventral and have a moment of feeling sort of a rise of that survival energy, the fight-flight or the disappear, hopefully my ventral will be strong enough to hold the two of us. And then, if that shifts and I have a moment of feeling, "Oh, my God, I don't know what I'm doing here," your ventral can be strong enough to hold the two of us.

And that's the beauty of nervous systems, that we go back and forth. We support each other through this ventral energy, which I think is a lovely thing to think about. Your biology is helping you show up and support another human being.

TS: And then help me understand the role of the vagus nerve in these three different nervous system states.

DD: Sure. So the vagus nerve is what brings ventral and dorsal alive. And so your autonomic nervous system is made up of the vagus nerve with ventral and dorsal and the sympathetic nervous system. So we have these three components that come together to make up the autonomic nervous system. And it's really the ventral vagus that we're talking about all the time now as the key to regulation, the key to feeling safe and organized and able to meet the challenges of the day with some sort of equanimity and ease.

TS: And how much control do each of us have over our nervous system? And how much does it just—it's called the autonomic nervous system, it's just kind of doing its thing—how much control do we actually have?

DD: Yes, that's a great question. I think we're beginning to discover more and more actually how much control we do have over, how much we can work with [it]. Our nervous system can become our ally, and we can work with it, we can partner with. It is automatic. Thank goodness. It runs breath, heart rate, digestion, all these things without us having to think about it, thank goodness. Because if I had to think about every breath or every heartbeat, I would have no energy or room to do anything else. So it does that in the background.

And we're learning that we can begin to shape our system, so that we have more access to this beautiful ventral regulating energy. And that if we do certain practices, our baseline of ventral, the place that we rest, our setpoint, can actually be elevated. We can have more, by doing very simple things to bring it alive over and over and over.

So it's a fascinating time to be working with the nervous system. And one of my goals is to help people become active operators of their own nervous systems, because I like to think it's sort of the vehicle we're driving through life, so we should know how it runs.

And when we know how it works, we can work with it, and we can begin to shape it. And I think if we think about that, that's an incredibly hopeful message. That we can shape our system toward more regulation, toward more ability to feel safe in connection, to move through the world in a different way. And the biology, the research, tells us that this is in fact true. We are not stuck in the patterns that we're in right now. We can change those patterns.

TS: Now, it's interesting, you use this word "shape." We can shape our nervous system. Why the word "shape"? You could say influence, change, impact, transform.

DD: I know, there's so many words, aren't there? And again, it's sort of personal preference, I guess. But for me, "shape" is kind of what we're always doing, because the nervous system is being shaped by every experience we have, by our experiences with others in the world, by what it feels like inside. So moment to moment, or actually micro-moment to micro-moment, our nervous system—which I think of as a relational system, I'm not sure that's scientifically correct, but it feels like a relational system to me—is being shaped.

It is being impacted, it's being influenced, all those things. But for me, there's this gentle shaping that happens rather than a big reorganization. There's this gentle shaping that's going on all the time, which again for me feels incredibly hopeful. That as we go through our day, every experience we're having is helping to shape us in some way.

TS: Now, this notion of becoming an active operator of our nervous system, I absolutely love that idea. But I noticed that it's like using heavy machinery or something: know how it operates, I'm not sure I'm trained yet, so I want to understand more. When you talk about these three nervous system states, I actually think I have a pretty good sense, and I think our audience might as well, about the dorsal inactivity. I'm a lump. Something happened, and I'm going to throw the covers over my head, freeze, and be a lump, super lump. Think I get that. I think I get fight or flight, too, that's pretty intuitive.

But then I'm left with, am I actually to use the word that the title of your book is, "anchored," am I actually anchored in ventral or am I just not in fight or flight or inaction? How do I know? What's the litmus test for that?

DD: Yes, well, all right, so let's think about this because ventral is the essential ingredient in the nervous system that helps us feel ready to engage, to feel regular, to feel able to connect and communicate from a place of welcoming. We feel welcomed by others and we welcome others in when we're in this place of ventral energy. When ventral energy is alive and active and holding us, when we're anchored in ventral, it simply means that there's more ventral active and alive in my system than sympathetic or dorsal.

If the balance shifts and I go to sympathetic or dorsal, I lose access to all of those wonderful qualities of ventral. I now am in survival, either fight-flight or—I like your lump—fight-flight or a lump. And when I'm in those places, I have no access to connection and communication and welcome and regulation, because the nervous system can't do both. It's an either-or in this place, which is why we say "anchoring in ventral."

You know when you're anchored in ventral because you feel there's a sense of safety, and everybody has their own word for safety but I like "safety," safe enough to venture out into the world. I'm organized enough. I'm ready enough. I don't have to be fully like, oh my god, wonderful, beautiful day. It can be that, but it simply can be the, oh, yes, I'm ready. I'm ready to enter into this day and see what happens. I feel ready. That's a ventral experience. And so yes, "anchored in ventral" simply means that I have enough of that flowing through my system to keep the survival energies in the background.

TS: OK, so what you're saying is, I could have this welcoming, ready-to-engage-others-in-the-world state and I could feel really angry at someone and kind of like, I want to have an argument somewhere, but maybe that's only 15% of me and I could talk about it even and reflect on it and connect with another person while I reflect on it.

DD: See, that's the gift of ventral, of having an anchor in ventral. It means you can then feel that anger in another person. And those words you said, talk about it, reflect about it, be with it, instead of being hijacked into that anger and acting from that place. And ventral allows you to do that. Ventral, an anchor in ventral, allows you to be with those other experiences in a different way.

TS: OK, so you mention in the book *Anchored* that it's important for people to be introduced to these terms: dorsal, sympathetic, and vagal. But then you say, "Go ahead and create your own words for these states, make it real." And I thought that was a great opening exercise because you have to really understand it to make it real.

DD: Yes.

TS: And I'm willing to share with you the three words I came up with. But before I do, before I do, I'd love to know what your three words are and maybe some other three words from people you've worked with.

DD: Yes, so it's interesting. Words, common words that come up for the three states are often energetic words or weather words, believe it or not, so sunny, stormy, foggy, ventral, sympathetic, dorsal. Dorsal for me has a sense of deep, dark hole. So it has that flavor for me of—I had a client who said she went down the dorsal drain. It's that sense of being just sucked down into something, a blackness, that she can't see anything, feel anything, lost.

So for me, dorsal is usually "lost." Sympathetic is—one of the words that I use is "chaotic," but that's less descriptive than—recently, I've been using "crazy making." It's this crazy-making place. And ventral for me is "nourishing." "Nourish" is a word I love. And so I love bringing that one to light. So what are yours?

TS: OK, I'll share. For ventral, I had "safe," for sympathetic, I had "go go," and then for dorsal I had "stop." But mine were like movement words. But it's interesting that you use weather. Now, one of the things you write about in *Anchored* is how, for you, ventral vagal as a state is like a colorful umbrella that holds our sympathetic and dorsal. And I wanted to understand more about that, the image of the colorful umbrella.

DD: Yes, yes. So for me, when that umbrella is open, and I love a beautiful colored umbrella, it's colorful, it's rainbow color. And when it's open and you're underneath it—so imagine you're underneath this beautifully colorful, big umbrella, and it's pouring out and you're dry, you're warm, you're safe under this umbrella. So for me when ventral is open, sympathetic and dorsal are under the umbrella. And because of that, they're doing their everyday roles. They're not doing their survival roles, so their everyday roles.

Dorsal's everyday role is to bring you healthy digestion, to bring you nutrients, to nourish you. And sympathetic's job is to help regulate your heart and breath rhythms and bring you movement to help you move through the day. And so when they're under the umbrella of ventral, safe and protected and warm and dry, they can do those roles. And then you think, what happens—the one I love is when the umbrella blows inside out, too

much wind blows inside out.

And then sympathetic, that's sympathetic to me. Sympathetic is now running the show because ventral is gone. Umbrella's inside out, ventral is gone, sympathetic fight-flight. And you can feel that in the inside-out umbrella. Or when the umbrella's fully collapsed is to shut down. Again, that's dorsal. That's that lump place that down-crashed.

So for me, the umbrella was an image that I love. And again, I invite people to come up with their own image. And the only thing it has to be is, is something that can really illustrate ventral as holding sympathetic and dorsal so that they don't have to be in their survival roles.

TS: Right. Now, it's interesting because there's a way that when I first started being introduced to this language, there was a feeling of like, fight or flight, that's not where I want to be and inaction, that's not where I want to be. But yet, you're saying these have powerful, important everyday roles that we need that are just part of having a healthy nervous system that's operating. So how do we make the distinction between this is an everyday role and, oh, now we're in the survival protective place?

DD: Yes. And if we bring in one more term, we can do that. We bring in "neuroception," which is also in the book. There are very few terms in the book that I really wanted to hold on to: ventral, sympathetic, dorsal, hierarchy, and neuroception I think are the ones that I really fought for, because I do believe that, I hope they become everyday family language is really what I hope.

But neuroception is your nervous system's way of taking in information and making a judgment about safety or unsafety. And so if your neuroception is one of safety, then you know you're anchored in ventral. If your neuroception is one of unsafety, then it's going to bring a survival response. So in ventral, I can be frustrated, I can be worried, and still have a neuroception, "Oh, but I'm safe enough to figure this out, to handle this."

And then when I move beyond worry into anxiety, for me that's my demarcation, worry to anxiety, anxiety, then I feel endangered and that's a sympathetic survival energy. So everybody's going to come up with their own understanding of when is that switch made. So neuroception is one way of doing that.

And neuroception is a biological process that we don't directly connect with, but we feel the outcome of it. We feel when something happens inside—we have a tension or a stomachache or headache—that's neuroception sending messages. Or when the connection with another person feels like, "Ooh, something doesn't feel right here," that's your neuroception giving you a message, something.

Or the environment, you walk through an environment and you feel, "Ooh, I'm not comfortable here." That's your neuroception. Isn't it a wonderful, wise, nervous system that sends you those cues, without the language that your brain uses. So again, we have to figure out how to decode that and how to speak the nervous system's language. And that's really what a lot of the exercises in the book are about, getting to know your own nervous system and how it speaks to you.

TS: So let's say someone says, "OK, I can relate to an experience of being with someone. And during the experience, nothing too terrible happened. But afterward, I felt off. Like somehow things weren't OK. I wasn't OK. It felt dangerous. This doesn't feel very good." How do I work as an intelligent operator of my nervous system to get back to a sense of safety after I receive those kinds of signals?

DD: Right. So you're getting those signals from your nervous system. And what we want to do is we want to then bring them into explicit awareness. And we want to begin to reflect on the experience and notice, huh, I wonder what it was? What were some of the things that happened that sent me this flavor of danger? And so we go back and we sort of reflect on it and review it. And we begin to get good at noticing, oh, maybe it was a certain movement the person did, maybe it was a tone of voice, maybe it was a word.

We all have these certain things that, for us, are based in our history and bring a neuroception of unsafety to us: a certain look, a word, a way of moving, a feeling as though, "Oh, I was dismissed. I wasn't really listened to. I gave more than I received," any of these things.

And what we want to do is we want to go back when we can have a bit of distance from it. So when you were talking and you were saying, "It felt like something was not quite right, and it felt a little dangerous," even as you were talking, that felt like it came from a place of a bit of curiosity about it. And when we have curiosity, curiosity is a quality of ventral. So when you're curious about something, you know that your ventral is there and can help lead the way to exploring, to going back and reviewing.

If you were just thinking, "Oh, my god, that was horrible, and it felt really dangerous and get me out of here," there's no curiosity there. You can't hear any curiosity in my voice or my words. There's no ventral there. So that's a survival energy, just get out of here, get away. And then when you have time to come back and have some curiosity, then you can reflect on it. But if we don't have curiosity, if we don't have some ventral there, we can't reflect. Our biology won't allow us. It's not that we don't want to, but our biology won't allow us to reflect until we have enough ventral to allow that curiosity and the ability to look back and explore. Yes.

TS: OK. So let's say someone says, "I need to know some tips to bring ventral back now, bring ventral online now, I need it." What can you suggest?

DD: I love that, because even the statement "I need it now" is a nervous system saying, "Help." And one of the things I love about this way of looking is that everything that happens is the nervous system trying to tell us something. So in that "I need it now," the nervous system is saying, "Help. I'm feeling at sea. I need my anchor to come back to ventral." And we each are going to have our own specific ways of doing that, the things we're drawn to.

I'm drawn probably to—I often put a hand on my heart or two hands on my heart, and it

just reminds me, “Oh, yes, I’m here,” and I can feel my heartbeat and then I can feel it slow down a bit. For me, that’s a pretty reliable one. For other people, there’s movement. Movement will usually bring you back into some organization. So going for a walk, getting out in nature. I’m turning on a piece of music. Certain ways of breathing. You may have a statement that brings you there, that reminder.

And what I like to say is that we’re always reminding our nervous system it knows how to return to ventral. I truly believe that. I call it our home. We all have a home in ventral. And the nervous system knows how to bring us home. And so we just have to kind of partner with our nervous system to say, “What are some easy ways to begin to come home?” And what I encourage people to do is write down four or five things on a card somewhere so you have a menu.

Because sometimes, hand on heart for me may work, may not work. And then it may be the statement, the reminder, “Oh, yes, I have an anchor in ventral. I can reach for that anchor.” And you can’t see me, but I usually reach. I extend my arm reaching for my anchor. So lots of different ways. What would you do? What would be a way that you would?

TS: Well, in reading your book *Anchored* and in trying to become more knowledgeable about returning to ventral, what came up for me were a couple of images of everyday real experiences I have in my life when I definitely feel anchored in connection. So I was like, this is a for-sure one.

So one of them is petting the belly of one of our two dogs and just having like real time petting their warm and silky belly. That’s a surefire one. And I’m telling more about myself than I had intended. But the other is hugging with my wife and having real good huggy time. So those are two instances where if I invoke those images and stick with them for a little while, I can feel myself returning to feeling mammalian connection.

DD: And the lovely thing about that, about your images, is that they are experiences your nervous system has already wired in. So they’re not things that you’re making up. They’re experiences that are in, they’re wired in, and the image brings them back to life and lights up your ventral in that way again. That’s the part I love about our nervous systems. They wire in these experiences, and they’re just waiting for us to bring them back to life. I love both of those images. They’re beautiful. Yes.

TS: Now, one of the techniques you offer in *Anchored* is this notion that we can find moments like that and we can “savor” them. And I wonder if you can talk more about that and maybe give people some instructions on how they can find their own moments to savor.

DD: Yes, so a moment to savor. I mean, yours were beautiful. Yours were sort of expansive moments, which are lovely. When I begin to look for a moment to savor, I’m just looking for a micro-moment, just a small moment that felt like, “Ooh, there was a

spark of ventral there.” And so it’s something that happens over the course of your daily life. Like for me—I think our pets are going to make an appearance today.

So for me, I had this moment when my cat—I was trying to work today, and I was really feeling frustrated. And my cat just jumped up on my lap, right between me and the computer. It was like, “No, you can’t do this right now.” And it was this moment. And I thought, “Well, I’m going to savor this.”

And so savoring is taking a moment and just sitting with it for 10 to 20 seconds. It’s a very short practice, up to 30 seconds. Most people do 10 to 20 seconds of just holding it in your experience. So feeling what it feels like. So I close my eyes and I could feel my cat. I saw the image of my cat right there with me, 20 seconds. And what it does is it takes that moment of ventral and it marks it in a different way.

Because it could be. It could just be cat jumps up, you say hi, you move them on, and you’re done. You don’t get the same benefit that way. So look for a micro-moment. So everybody who’s listening to us right now, if they want to look for a micro-moment, where they felt just this momentary sense of OK-ness. It’s all it needs to be: OK-ness. Doesn’t have to be joy, wonder, awe, just OK-ness.

And then hold that in their act of awareness for 20 seconds. And that does something very different with that experience. It wires it in in a different way. And once you learn to savor, then you can be on the lookout for moments to savor. And every time you savor, you’re beginning to help your nervous system feel more of that ventral and that will begin to build up. So as you savor, you are shaping. Savoring as a way of shaping. It’s sweet.

And what I love about it is that it’s so quick, 10 to 20 seconds. And even that may be challenging for people, because we have this sense, many of us, that if I really celebrate something good, something bad will happen, or I don’t deserve it, or I shouldn’t or all those things. So what I like to tell people is try for 10 seconds. And if 10 feels good, go for 20. And if 20 feels good, go for 30, but then stop. It’s no more than 30 seconds. Because if you do more than that, it becomes some different practice. Savoring is up to 30 seconds. And if 10 is too much, that’s OK, do five.

You’re going to build your capacity to savor. And I will self-disclose for everybody: I can get between 18 and 20 seconds; that’s my limit. That’s where I get to. And after all these years of savoring, I’ve decided it’s just what my nervous system says, 18 to 20 seconds is good. So OK, so that’s what I do.

TS: Now, Deb, given this conversation we’ve had so far about these nervous system states and neuroception, what does it mean to have a regulated nervous system? What does that mean?

DD: Yes, so a regulated nervous system, for me, is a nervous system that has flexibility, so that we’re not always anchored in that ventral state. None of us are. That’s an unachievable experience. We move in and out all the time. But a regulated system is a flexible system. It’s a resilient system. And to me, that means I can notice when I leave ventral regulation. I can notice when I leave that place and enter into one of the survival energies, and I can find my way home. I can find my way back.

Because it's not the leaving that's the problem. That doesn't cause me to suffer physically and psychologically. It's leaving and getting stuck in a survival state and not being able to come back to ventral that causes the distress, the suffering. So, for me, a regulated system just allows me to move out and come back and to notice, to know where I am and to have the capacity to dysregulate and regulate again, I suppose, is what we're really talking about.

And a regulated system is one way of describing that. That, I think, is my goal. And we need our survival states. We need them. There are times when survival's exactly what is needed. So we want to honor our survival states. We want to celebrate those as well. And I want to know that when I'm feeling overwhelmed, when life has gotten too much and I go into that sympathetic anxiety, that I can find my way back to ventral. Because in sympathetic anxiety, I can't do anything about the problem. I can just swim in it. I'm stuck in it.

But if I come back to ventral then, from that place, I can reflect and go, What could I do? What are some of the options so that I can rearrange that? And, to me, that only comes from a regulated nervous system.

TS: And are there times even knowing everything you know where you would make a statement like, "God, I feel really dysregulated right now." And if so, what would be going on that you would make a statement like that? And then what would you do?

DD: Yes. And yes, I make those statements all the time, all the time. And I think we all do. We are all a work in progress. For me, I'm learning all the time. I, like everybody, bump into my own beliefs and where my beliefs take me. I have a sympathetic energy that has me saying yes to too many things. And then I bump up against that. I was messaging a friend this week. And I said, "I feel like I'm one step ahead of the speeding train." And that feels very scary, uncomfortable, anxiety provoking, and I need to do something about it.

But when I'm just feeling that I can't, so then I have to say it out loud, say it to somebody who I trust and who's not going to give me back any suggestions, because that's not what I'm needing. I just need to know, yes, message received, here as you need. And then from that place, I can begin to feel I can come back into some sense of regulation so that I can do something about that. So that's one that happens to me all the time.

Another one that happens to me, I get depleted because I don't pay attention to my own self-care. I know I shouldn't be saying that out loud, but I don't. I have caregiving responsibilities for my husband. And you'd think—it's six and a half years now since his stroke, you think we would have figured it out. We're still figuring it out. And this is my most common one, that I give and give and give and take care of without remembering that, "Oh, I have to fill."

And so then I quickly—for me, I end up as your lump, in your lump place. I end up in the hopeless, give up, just go through the motions. And if anybody else is a caregiver out here, I'm sure many, many people are, you don't do a good job of being a caregiver from a place of just going through the motions, because you can't bring kindness. You have to have ventral to bring kindness.

And so that, for me, is what I know when I get to that place where I'm going through the motions, that, "Oh, I need to do something because that's not who I want to be in this relationship. I need to bring kindness." So those are the two, saying yes to too many things in my work world and not paying attention to nourishing myself in my personal world, and still happens to me all the time. Still learning. Yes.

TS: And interesting, when you find yourself dysregulated, that you said the way that you come back is through talking to someone that you have a caring connection with. And I know you said, "The only real technical terms I put in the book *Anchored* were autonomic, hierarchy, neuroception," but there was a third, which is co-regulation.

DD: Yes.

TS: And I think it's an important core part of the Polyvagal Theory that's worth talking about. You say and write, "Co-regulation is a biological imperative." So I wonder if you can explain that.

DD: Yes. And Steve uses those, Steve Porges uses those words "biological imperative." It's the scientific way of saying that if we don't have someone to co-regulate with, we don't survive. And we come into the world, we have to have another human to co-regulate with, we can't survive on our own, and that goes on for a long period of time, that basic survival.

But in fact, for the course of our lifetime, we do not experience well-being unless we have people in our life that we can co-regulate with, that we can connect with, we have reciprocal relationships with. And so, yes, co-regulation is that third principle of Polyvagal Theory that I think is so important and I think it's so challenging for us. I think understanding neuroception and hierarchy and being able to know where I am and do things to come back are far easier for me than the co-regulating piece.

Because, as for many people, people have not always been kind and safe people to be around. And so when that's our experience, we have to build trust again. We have to be able to reach out and go, "Ooh, is this a relationship that I can actually say, 'I'm feeling dysregulated,' and have somebody meet me in the way that my nervous system wants?" And that's the key to connecting with another person.

If you reach out to me and say, "Here's what's going on for me," I don't think you're asking me to problem-solve. You're asking me to be with you, to hear, to witness, to listen in that deep way. Because that then allows you to feel heard and held, which will bring ventral, and from ventral, you're going to figure it out or we can figure it out together. So that's the co-regulating piece. And that's what we're looking for.

We're looking for social connection in our lives with people who feel safe, and trustworthy, and can be trusted, and with whom we can create a connection where we can say,

“Here’s what I need from you.” And that’s really the key is to be able to say, “Here’s what I need,” or have the person that I’m sending this message to simply say, “I hear you. How can I help? What would help?” And sort of getting out of their own way to simply say, “Here I am.” They’re extending their ventral connection to me in a way that’s so helpful because I’ve lost connection to my own.

TS: Interestingly, I want to share this briefly, which is a friend of mine said the other night when he and his wife were out to dinner with me and my partner, “I find being around you so regulating,” and I said to him, “Why? Why? We’re all messed up. What do you mean we’re regulating?” And he’s like, “Oh, it’s just because you care about me.” And I was like, “It’s that simple? All I have to do is care about you and you’re going to feel more regulated? I can do that. I do care about you.” So I thought that was so interesting to your point that we regulate each other through our love and care, not necessarily because we have it all together or something like that.

DD: Yes, probably because we don’t have it all together, because I can show up for somebody else as dysregulated because I know that experience intimately myself. I mean, that’s what makes us all human. I say somewhere that the nervous system is the common denominator in human experience. And that’s what can bring us all together. I know my nervous system, and it dysregulates with the best of them. And so I can certainly be with you and listen, and be with and not judge. Right? Yes.

TS: You have a quote, “We need to feel safe in the arms of another. That is our nervous system’s longing.”

DD: Yes.

TS: I thought that was so interesting. So what is it that—I mean, our nervous system, it’s almost like this part of us that operates. It’s like there’s me and my nervous system, but my nervous system has its own longing. Can you explain that?

DD: Yes. That really is that, again, that sense of physical and emotional well-being can only happen when we are safely connected with others, and not simply across the miles, but we really do long to be physically in contact with others. And I know so many people have suffered with that over the course of this pandemic, the inability to touch. We’re touch starved this way. And the research on touch is fascinating. We really do need touch. And it is your nervous system’s reaching out with a longing to be in physical proximity with other nervous systems, with other humans.

We talk about regulating—I love that your friend said, just by being around you—what they’re saying is your ventral regulation is being felt. And so their nervous system feels

safe and welcomed and begins to regulate. That's the power of ventral, to ripple out into the world and touch other nervous systems just by being in that place, which I think is quite amazing. I think that's something that really inspires me to want to find my own regulation, my own ventral, because I know that, as I do this, I am able to then send that out to others.

TS: Now, Deb, one of the things I wanted to talk to you about is that you're an expert in translating Polyvagal Theory for general humans like me, but also in terms of working with therapists and helping them in their work with people who have suffered from trauma. And I wonder if you could give us, you know, as they say, the kind of 411, if you will, of how this conversation we've been having about Polyvagal Theory in general applies for therapists who are working with people who have trauma.

DD: Yes. The fascinating part of my work training clinicians is we clinicians always want to know the protocol, the process, the steps to doing this thing. And with Polyvagal Theory the process is really you have to know your own nervous system first. Your responsibility, as a therapist, your responsibility is to be regulated, so that you can be regulating for your client. And so if you don't know your nervous system and if you aren't able to stay anchored and come back to that regulated place in your work with clients, then you become a threat to their system. You send off a warning, which another system is going to receive.

Kind of like you were talking about, if you had a time with a friend and you thought afterward that felt dangerous. That's what happens in clinical work. When we therapists don't stay fully anchored and curious and wanting to be in that place with our clients, the client gets that. And they feel that cue of danger that comes out. And so that's where we start. And so it's a personal learning process with that therapist in order to understand their own system.

And then what I say is anything you're going to use with your clients, any skill, any practice, you have to have done it for yourself first. So all of the different practices that are in my clinical work, you find a partner and you try it with each other first and see what happens, see where it takes you.

So in a lot of ways, clinical work—and I think I say that it's our responsibility as clinicians, I think it's also our responsibility as parents, as partners, as colleagues, as friends, to be responsible for our own nervous system. And for either regulating when we can, knowing when we've been dysregulated, coming back and making a repair. Because, again, none of us are regulated all the time. Ruptures happen all the time, and we come back and we make a repair. And that's important. So yes.

TS: OK, I wanted to ask you about people who are feeling a surge of anxiety in the pandemic especially, and are listening to this conversation and saying, "Truth be told, I'm anxious a lot of the time. I'm not sleeping well. My anchor to ventral feels thin, like the anchor feels thin." What would you suggest specifically to someone in that situation?

DD: Yes. And first I would say, “Not uncommon. You’re not alone.” I think if we look at our world right now, in the global community, we see great groups of people who are feeling that anxiety. And then we see another great group of people who are feeling the disconnect, the shutdown. So if we talk about the people who are feeling the anxiety—I love how you say that the anchor is thin. Still there, but thin, still holding on, but thin.

Again, I would invite you—I think a couple of things are really important. One is to figure out what can you do on your own that feels as though you are releasing some of that anxiety, so that you are bringing in something that feels safe, something that feels connecting. So something on your own, because we need things to do on our own and then things to do with others.

So some of the things that I’ve been suggesting recently are to music. Because music is such a lovely way of both regulating and being with anxiety, anger, despair in a way that is helpful. They call it the paradoxical effect of music, so that think of a song that brings you to that place of such anxiety. And yet, when you’re with that song or those lyrics, you sing along, and you feel like oh, yes, somebody is in that anxiety with me. So music has been a really lovely way that people have been finding to be with their anxiety in a way that then makes it feel less overwhelming.

Because sometimes, it’s not about getting away from or out of. It’s learning how to be with in a different way. So music can help us do that, getting out into nature or looking at images of nature, because nature is a pretty predictable activator of some of this ventral experience. If you have a certain movement that you do—all these practices that, again, things that you can do that are small, simple, and easy, don’t take up a lot of time.

I think that’s been one of the keys is that people have been bombarded by “The Five Things to Do to Feel Better” or “The Six Things That Will Reduce Your Anxiety.” And I had that experience in the beginning. And it’s like, “Well, none of those work for me, so what’s wrong with me?” So what I’d like to invite people to do is think, What would you suggest, if you’re going to say, “Here are three things,” what would you say? Because that’s your nervous system saying, “Here’s what works for your nervous system,” and make them things that are simple and easy.

Because when we’re in this unrelenting pandemic and with anxiety, or with that collapse, we don’t have a lot of energy to do long practices. So easy things, things that are easy to reach for, easy to do. And then, if you can, find one or two other people who can be trusted allies with you, who are going to understand your suffering and are going to share their suffering with you. This is about community and finding community in new ways.

So again, it’s listening to your nervous system. Your nervous system is talking to you. And even if you don’t speak the language that we have in the book, you can listen to your nervous system. And if you just took a moment and just kind of said, “OK, nervous system. I’m going to listen to you right now. I don’t even know how to do this. But I’m going to just be still for a moment. I’m going to listen. What do you want me to know?”

Your nervous system is going to talk to you. It’s quite amazing. You’re going to hear something. And then from what you hear, that will lead you to, “Oh, OK. I wonder what I might do with that.” Yes.

TS: Now, Deb, we've been talking about the potential to shape our nervous system, to become an active operator of our nervous system. And one of the questions that comes up for me is how much was my nervous system formed early in my life? Like, I'm still even at whatever age, 50, 60, working out how my nervous system was formed during the first five years of my life. Is that true?

DD: Yes. Yes, your nervous system is shaped in the fetal environment even by your mother's experience. So we have research on anxiety and depression and how that impacts the unborn child. And then how you're met when you entered the world: Were you met in the arms of a loving other or not? And then what your experience is: Did you grow up in a family where you were welcomed and celebrated just the way you were? Or did you grow up in a family where you got the message, don't be that, don't be that.

And what these things do is your nervous system takes that in and begins to understand, —if we can say it in that way—either which survival response is going to help you survive. In my family, my survival response, I went to dorsal, fly under the radar, be invisible. That was my early experience.

And it certainly lingers with me to this day, although it doesn't hijack me the way it did when I was a kid, because I have lots of other skills. And perhaps yours went there or perhaps yours went to the sympathetic acting out, being big, running away, getting attention, or trying to manage the world because it felt that was the only thing to do.

This is how our nervous systems help us survive our childhoods. And yet the lovely thing is as we grow and we begin to create different relationships, and form different communities and change our environments, our nervous systems are then being shaped by those new experiences. So in some ways, like you, it's interesting to go back and reflect on and think how was it shaped. And for me, what am I, I'm 68—I had to think for a minute, 68.

And I think I've come to peace with that early experience. Because now for me, it's really about how do I want to partner with my nervous system now to shape my world now and to shape the world of my children and grandchildren. So at some point we reach that place, and "OK, I understand." And if I look back, and we all want to look back, you might think about your parents or caregivers, whoever you had caring for you growing up and look at their nervous systems. Because their nervous systems were more what was running the show for them and making them act in certain ways, that their biology was doing that.

I grew up in a house with a brother who was sympathetically huge, acting out, and two adults who were both very dorsal reserved. And so it's interesting for me to, instead of thinking about all the ways I could give story to who they were and why didn't they do this, but to look at their nervous system, so now I get it. Because that's what their nervous system supported them in doing. They didn't have the capacity to come to this place of ventral and offer what I would have wanted. So it's helpful for me to look back and say, "Oh, I get it now. That was their nervous system." So that's one of the things that I think is helpful.

TS: A nervous system biography, if you will.

DD: Yes. Yes.

TS: Now, one of the things I read in *Anchored* that I thought was so interesting was that when we're in these protective states of sympathetic, fight or flight, or dorsal collapse, that's when we're also in self-criticism and blame, and that in order to be in a state of self-compassion, we actually have to get our anchor back. And I wonder if you can explain that. And does practicing self-compassion—is that actually a method for reestablishing more ventral regulation?

DD: Yes.

TS: Am I talking the talk now?

DD: You are.

TS: That's right.

DD: You are doing it. You are becoming fluent. I love it. Yes. And yes, to both of those. Compassion is what we call an emergent property of ventral. It's something that emerges, arises when you are in a ventral state. And there's beautiful research on that around compassion. Dacher Keltner's work out of the Greater Good Science Center talks about compassion and vagal activity. So it's really lovely to think that your biology is the basis of compassion.

And it also means that, as you said, when we're in a survival state, we don't have access to compassion or self-compassion. And compassion practices, self-compassion practices especially, help us have a stronger anchor and help us come back to that place. And Kristin Neff and Chris Germer's beautiful self-compassion practice, that three-step self-compassion practice, that brings awareness to, "This is a moment of suffering. Suffering is common. May I be kind."

And I took those and rewrote those for the nervous system and say, "So this is a moment of dysregulation," and just acknowledging that. And "Oh, everybody dysregulates sometimes." And then, "Oh, may I find my way back to my anchor." For me, that simple practice then brings me back because it brings that recognition. Oh right, dysregulated, everybody does, I know the way back. And I come back quicker, and I stay there longer. That's the practice. So any of these practices are going to increase your capacity to be in ventral and help you come back more quickly, which is really what we're wanting to do.

Yes.

TS: Now, you write that, sometimes, the vagus nerve is actually called the compassion nerve. Can you just make that explicit why the nerve itself is sometimes called the compassion nerve?

DD: Yes. It's fascinating that we named nerves in this way. I was kind of fascinated that we talked about the nervous system in this way. You were saying, "Oh, my nervous system and me." It's a part of our biology, and yet, we have brought it alive in this way, which I really do love, and we call it the compassion nerve as a reminder that it is this ventral vagal pathway of this nerve that brings the capacity for compassion. That is where it's located.

And when that ventral vagal pathway is active alive, when we're anchored there, have a strong enough anchor there—we don't have to be fully immersed in ventral in order to feel our anchor there, but when we have a critical mass of ventral, then we can see another with compassion. If I can be anchored in my ventral, I can look at this other person who is totally dysregulated, and rather than thinking up a story about who they are from that behavior they're doing, I can look and go, "Oh, dysregulated. What does that nervous system need to feel a bit more safe in this moment?" That's compassion in action for me.

TS: Now, Deb, let me ask you what's maybe a little bit of an odd question. Let's say someone's listening to this and they're not very scientifically oriented. And they say, "OK, is it worth it for me to put all this energy in to understand the basic Polyvagal Theory, to understand more about my nervous system?" Or isn't it just, "OK, I kind of know what makes me feel sane and whole and reasonable and good. Can't I just do that?" Is there really any reason to bother to learn the basics of Polyvagal Theory? How does it help us if we didn't learn it, we'd be really missing out.

DD: I would say, yes, if we don't learn it, we're missing out on important information that is available to us. I think if you think, "Oh, I know. I know how to ground myself, how to feel OK in the world." To me, I want to invite you to go deeper. I truly want to invite you to understand how this system that is inside you works so that you really can fully appreciate both of the adaptive survival energies and the regulating energies.

And so that you can look, you can reflect on an experience with compassion and self-compassion instead of going to that self-critical, "Why do I always do this?" place. We understand that when we understand how the system works. We understand, oh, this is the pattern of protection that has been wired in. And because I know how the system works, I can shape a pattern of connection instead. These I think are the benefits that we get from really understanding our human biology. Yes.

TS: And then finally, Deb, I'd love if you could just share with us why you decided to call your new book *Anchored* and use this metaphor of an anchor.

DD: Yes, yes, "anchored," "anchoring," and "being anchored in" are words I use all the time. So then when we were looking for a title for the book, it just sort of became *Anchored*. And I'll tell you my own personal history. I'm a Mainer, born and bred, many generations Mainer, and I grew up in the water, on the water, around the water. And anchors are incredibly important pieces of equipment when you are on a boat on the water.

And the thing I love about an anchor and what I hope really comes alive in this book is that an anchor is dug deeply into the ocean floor. And so it holds you safely in that place. And between the anchor and the boat is what's called anchor rode, which is the line that holds it. And you let out enough line so that you can move, so that you're not just held in this one tiny place with your anchor. You can move around the anchor. And there's this lovely swaying and rhythm that happens.

And for me, that's the experience of anchoring and ventral, is that when I'm anchored there, I then have the ability to move around, to dip into sympathetic, to dip into dorsal, knowing that I can come back and be held in that anchor of ventral.

TS: Well, I have to say, talking to you is a delight. It's a co-regulating delight. So thank you so very much.

DD: It is exactly that for me as well. I just have loved this.

TS: And my understanding of the nervous system and Polyvagal Theory increases every time we talk. So thank you.

DD: You are a member of the polyvagal family, and you are speaking the language now. So thank you.

TS: I've been speaking with Deb Dana. With Sounds True, she's created an original audio series, *Befriending Your Nervous System*, that then grew into a new book, and that book is called *Anchored: How to Befriend Your Nervous System Using Polyvagal Theory*. Deb Dana is also a featured teacher in a new program from Sounds True that's called *The Healing Trauma Certificate Program: A Nine-Month Training to Regulate Your Nervous System, Embody Safety, and Become a Healing Presence*. You can learn more at [SoundsTrue.com](https://www.soundstrue.com).

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