

**David Van Nuys**

Deb Dana LCSW, Welcome to Shrink Wrap radio.

**Deb Dana**

Thank you. It's really it's a delight to be here with you.

**David Van Nuys**

Well, thank you. It's really good to have you on the show. We're going to be discussing your 2018 book, *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation*. And who did you write this book for? Who's the audience that you had in your mind?

**Deb Dana**

I wrote this book for my fellow clinicians and colleagues all over the world, because I teach workshops on polyvagal theory, bringing it into therapy and everybody wanted to know a little bit more and how do you do this and what would you do this and so how have those workshops came the idea to put it in book form so that I could reach more people and people would have it as a as a resource. So it really is aimed at the clinician and then for the clinician to understand polyvagal theory and user friendly way so that they can then bring that to their clients. I have always been a neuroscience geek. So have always been reading the neuroscience. And I'm fortunate. My office here is located near a medical school that has a neuroscience department. And so we have collaborated with the researchers there to put on programs and go into the lab and actually spent a couple of evenings in the histology lab, and sectioning human brains, which was a fascinating experience for those of us who are therapists and work with this organ all the time. It's fascinating to see and then hold it. But so when I read Steve's book, it was as if, oh, there's the missing piece for me. No, it did. It made sense. All of a sudden, the rest of what I was seeing my clients,

**David Van Nuys**

So, you were already a therapist when you discovered his work. What was the work that you were doing then?

**Deb Dana**

So I'm trained in sensory motor psychotherapy as well as internal family systems and tapping acupuncture techniques. So, those were my models of therapy and, you know, always teaching my clients about their brain systems on top of that, so that was my, my way of working with clients. I had a specialty and working with sexual abuse treatment. My group worked with sexual abuse and family systems. And so we worked with the survivors of abuse as well as the people who had offended because it usually happens in a family system. So we had created a model of working with that. And again when we found polyvagal theory it was one of those aha moments like, Oh, this is really going to help us understand client responses and, and how to create more safety in family systems. So...

**David Van Nuys**

So you were working in the general field of trauma then and then you discovered polyvagal theory. I actually interviewed Stephen Porges just about his polyvagal theory back in 2011

**Deb Dana**

Yes just after his book came out. Yes,

**David Van Nuys**

yeah, that's been some time ago, maybe you can refresh my memory and that of my listeners by taking us through the broad outlines of the polyvagal theory.

**Deb Dana**

Sure. So the polyvagal theory supports Steve's brilliant work outlines the three states of the autonomic nervous system and the hierarchy that we travel all the time through those states. So what I like to say is the three organizing principles of polyvagal theory are hierarchy, neuroception, and co-regulation. And hierarchy is that ventral vagal at the top of the hierarchy that helps us do this be in connection, safe and social. And then the sympathetic nervous system is the next step backwards on the hierarchy, which brings fight or flight mobilization. And then finally, the earliest step on the evolutionary hierarchy is the dorsal vagal system, which takes us into collapse, conservation, dissociation,

numbing, disconnection. So we have those three states. And what I love about the nervous system is, it's the common denominator for all of us. We all have a nervous system that moves through those three states all the time, so that, you know, understanding where you are on that hierarchy is an important piece of understanding behaviors and beliefs. And what I did was take Steve's work and put it on the, my foundation metaphor is a ladder, so I put it on the autonomic ladder. So at the bottom of the ladder is dorsal, if you move up to the middle of sympathetic, and then at the top of the ladder is ventral vagal. So the question for clients becomes, where are you on the ladder, and it's a very easy way for them to identify, oh, I'm, I'm in sympathetic right now, which means I have too much energy flooding my system, and I really need to do something to bring myself back to ventral.

So that's hierarchy. And then neuroception, which is the second organizing principle is the way that our nervous system detects cues of safety and danger without awareness. So it's running in the background all the time. It's sub-cortical, so it doesn't involve our thinking brain. So neuroception, which is the word Steve coined for this process, is taking in cues in what I say is inside, outside, in between, so cues from inside my body cues from outside and environment and cues from between two people. So that is always happening. So you can begin to see we have a lot going on that's, that's running in the background moving us either towards or away from connection with people. And then the third co-regulation is that sense that need that biological imperative. We all have to be safely connected with another human, we come into the world with that with that need become into the world wired for that and that need never goes wait until the day we die. So finding others to feel safe and connected with is an important part of our human living, and is also a part that many of our clients have such difficulty.

### **David Van Nuys**

Yeah, you've mentioned a bunch of terms here that we may revisit. So it's a lot about safety, right?

### **Deb Dana**

It's all about safety. Yes, really. Steve says, safety is the treatment, which is a lovely way of thinking about it. And the other day, he told me the body will reorganize, when it feels safe. It really is all about bringing that embodied sense of safety. Because safety is not about thinking I'm safe. Safety is about an embodied center, my nervous system, bringing me that sense of safety, which is that ventral vagal experience.

### **David Van Nuys**

Yeah. And you're working with trauma. And it seems to me the trauma that the concept of trauma has gotten broadened over the years, because I think when I first encountered it, trauma was about returning veterans who had suffered horrible things in one war or another, victims of accidents, like automobile accidents, and so on. And, and sexual trauma, sexual abuse. It seems like it as time has gone on, it's gotten expanded to where are we all victims of trauma now?

### **Deb Dana**

Well, as a trauma therapist, I look at the world through that lens, that trauma is an experience that overwhelms your physiology it overwhelms your nervous system's ability to regulate and then the definition of trauma really has expanded to include acts of commission, which are things that are done to us, but also acts of omission. So when we have a neglectful caregiver or an absent parent, that's also traumatic. So we have loss of loved ones, we have loss of safe places to live, we have war trauma we have so much now that that if we look at trauma simply through the lens of 'is it overwhelming my ability to regulate?' Is it overwhelming my physiology, and then that creates limiting beliefs and distressing behaviors, then we all experienced some sort of trauma throughout our lifetime. So I do think Yeah,

### **David Van Nuys**

Yeah, of course, Otto Rank, going way back believed that in the act of being born, we all suffer a kind of birth trauma there. So it's interesting how our, our understanding of trauma keeps developing it and I'm struck by for a long time we've had a lot of people writing significantly about trauma so that our understanding of it seems to me is becoming more nuanced and polyvagal theory I don't think it overturned anything but more sharpened our understanding .

### **Deb Dana**

And added the piece that that had been missing for trauma clinicians was an understanding of the dorsal vehicle immobilization and dissociation response because trauma had been thought of as being responsive the sympathetic nervous system and the parasympathetic system was thought to be the rest and digest system. So Steve's work really identified that there are two parts to the parasympathetic nervous system, there is the ventral which helps us connect and be in safety and with others, but there's also this very old ancient part of the same vagus nerve that takes us out of connection into isolation and disconnection into shut down. So understanding that is incredibly helpful as a trauma clinician because sympathetic response and dorsal vagal are very different.

### **David Van Nuys**

So you talk about dorsal vagal and ventral vagal and I think of dorsal as meaning behind or at the bottom of and ventral is more of the front. So does this relate somehow to the anatomy of the dorsal nerve?

### **Deb Dana**

So the vagus nerve, cranial nerve 10 begins in your medulla and then travels a wandering route throughout your body down to your digestive system and why it's dorsal and ventral... the two nuclei where the vagus nerve begins, the dorsal nuclei was the first and then as we evolved, as evolution came along. So if the dorsal vagus was around 500 million years ago, and then the sympathetic nervous system around 400 million years ago, and then around 200 million years ago, the ventral vagus came into being and the nuclei of that part of the vagus was just in front of the dorsal vagus. So that's how it got to be ventral. So it's where the nuclei enter the brainstem that became the ventral and dorsal.

### **David Van Nuys**

So it's interesting that you can talk about the age of the system. So I assume that's from comparative studies of different animals, and that we begin to see the appearance of these features as we move up the space to move up the timeline.

### **Deb Dana**

Yes, so as the timeline it also created this hierarchy because one system just got built on top of the other and the vagus seen in its total is comprised of both the ventral and the dorsal mostly from the diaphragm, upward is the realm of the ventral and from the diaphragm downward is the realm of the dorsal so it helps us to understand issues our clients have with irritable bowel and digestion and all of that because it's a dorsal vagal experience. The dorsal vagus runs our digestive system ...

### **David Van Nuys**

fascinating and you point out that the vagus nerve is the longest nerve in the body

### **Deb Dana**

yeah definitely aptly named to vagus because it's the wanderer in Latin and wanders throughout our body. It's a lovely

### **David Van Nuys**

I had an experience with a friend that I will share here. A really wonderful friend and in the mental health field, and we were smoking pot. We don't get to see each other very often and we're not big druggies, but we were smoking and just having a wonderful time singing old folk songs. And he and he was also drinking some red wine. And at one point, I didn't know what was happening. But his eyes rolled back in his head. And I thought he was having a stroke and I kind of froze up. I like to think of myself as heroic but I didn't know what to do. And then his wife happened to come in and she said, Oh my god, and she called for emergency help and they laid him out on the floor gradually he kind of came to. So later he told me after he had the medical workup that he had a vagal attack. What was that?!

### **Deb Dana**

Well we have a lovely word for fainting, vasovagal syncope which really is fainting which means that that your dorsal vagus system has taken control of your physiology and puts you into conservation mode so shuts everything down, shuts your systems down. Now when you said you'd like to think you were heroic, your nervous system acted in its own heroic way by bringing you into a freeze response. We don't get to choose.

### **David Van Nuys**

I really strongly relate to that freeze response to share more of my person here. There have been a few times when I was one time in particular in a kind of romantic relationship with a woman and she's pressing me and she wants more from this relationship and she's hammering on me about this and I've got a PhD in psychology and I can't think of a word to say. I can't come up with any defense which only makes her more frustrated, and more angry. I think this is an archetypal experience.

### **Deb Dana**

Yeah, you begin to see the way your two nervous systems were dancing together. Right? Her system was getting more sympathetically charged, wanting more and more and more and your nervous system was going more into freeze, freeze, freeze!

### **David Van Nuys**

I was like that little animal that's playing dead somehow inside

**Deb Dana**

Yeah, She's sympathetic, you're dorsal and nobody's central. There's no ventral energy in the room. And we need we have to have ventral energy in the room in order to find our way out of things together. Right?

**David Van Nuys**

When you talk about the ventral energy it's reminding me of the hormone that's associated with the vagal system, oxytocin, and they called that the compassion hormone or the love hormone. Tell us a bit about that.

**Deb Dana**

You know that really is Sue Carter's area of expertise, She is Steve Porges' wife

**David Van Nuys**

Oh, I didn't know that! Sue Carter is in positive psychology, right?

**Deb Dana**

No. She's now the director of the Kinsey Institute. And she was the one who discovered the role of oxytocin in pair bonding in prairie voles. So she was the original really researcher around oxytocin and, and connection. So they make quite the wonderful couple, don't they? So, I think Steve would say there are lots of oxytocin receptors in the dorsal vagal system because again, in order to be intimate, we need to come into that immobilization state, which is dorsal vagal, but do it without fear. So it's as if our ventral vagal and our dorsal vagal or in connection at that point because ventral brings the ability to be safe. And dorsal brings that ability to immobilize. So that's a lovely combined state.

**David Van Nuys**

By the way, I hope you'll throw in any case examples that come to mind. I've given as an example twice now.

### **Deb Dana**

One of the things I love most about Polyvagal theory is helping clients understand the power of their ventral vagal system and understanding how they move through their states. I was working with a woman this morning, we've been working together for many years, and, and she's just ... some good things have just happened in her life. And we were celebrating, we were taking the time to, to really savor the experiences and really bring that ventral vagal state alive. And, and, and make a memory of it so she could bring it alive again, later, when, of course, down the road, they're going to be moments when there are challenges to the good things that are happening. But what she said to me, which I thought was interesting, was you I think you've had more faith in my abilities than anyone else in my life. And I said, well, because I know the power of ventral vagal that exists in all of us and I truly could feel that your system was alive and well, and just needed support to help you move through the difficult times you were in and I think as someone who really understands polyvagal and can help their clients understand that's a powerful message to send to our trauma survivor clients. You know that there is this biological resource that exists inside you. And we can help bring it to life so that when you are in the ventral vagal, or have enough of a tone to be in ventral vagal, you can then start to see options and start to make moves in ways that are going to be healthy for you.

### **David Van Nuys**

Seems like a lot of your work is teaching the client, partly teaching a vocabulary for understanding what's going on in their body and teaching them to monitor it and be aware of it. And in ways that they haven't been because they didn't have the vocabulary. And I hadn't really turned inward enough to have that experience.

### **Deb Dana**

Yes, so my work begins with teaching the basics of polyvagal. And then we move into a mapping process where each client maps their particular nervous system and gets to know their three states. Because the process around using polyvagal is really the ability to notice the name and you can't notice and name until you start to befriend your nervous system. So we get to know their three states. And then the guiding question becomes what does your nervous system need in this moment to help you feel safe and to help you be in contact with your central vagal system?



### **David Van Nuys**

So when we're interacting with the world, interacting with other people, we're our constant. What I get from your book is that we are constantly in flux of moving toward, moving away, of degrees of safety. Degrees of safety.. So that's really very interesting. And it's and it's a new vocabulary. I'm almost thinking of other systems, you know, that people have invoked for understanding ourselves as far out as whether it be astrology or the Tarot or some other system.

### **Deb Dana**

Yes, yeah. And then really finding a common language is the basis of how we communicate. And so yes, I teach my clients and they teach their families. And oftentimes clients will say, Can I bring my my husband or my partner and my child with me and said, Sure, bring them in and we'll all map and because it's creating a shared language that is the starting point, you know, so, and... We were just talking about this moving towards or away... the nuance of that, it reminded me of the other concept that is so important and often hard to understand about the vagal brake which is the way the ventral vagal system relaxes a little bit so that we allow more sympathetic energy to be felt in our system but doesn't give up control to the sympathetic nervous system. So we feel a little more energized, mobilized when the vagal brake releases, and then when it really engages me feel a little more calm. So that is always going on as well.

### **David Van Nuys**

I'm trying to get a picture of this vagal brake. The idea of a break is that it slows something down. And if you press on the brake, it slows it down. If you let up, you're going faster.

### **Deb Dana**

Yep!, That sounds good. So I often use them, I use the handbrake on a bicycle to have my clients get a feeling for it. So, when we're start going down the hill. And we want to go a little faster. Release the break a little bit down and if it feels like it's just a bit too dangerous, we put the brakes back on a little bit, and then we can release to go a little faster and put them back on. And that's the role of the vagal brake, to keep you within your ventral vagal window. But to allow you to have more energy and come back to come back to calm when you need. we can make.

### **David Van Nuys**

So something that we have some control over

**Deb Dana**

Yes, we can. It works in the background. But we can actively engage release and reengage the vagal brake. Yeah, and we do it in many ways. One of the easiest ways to change your state through your breath. So your breath is acting and is engaging or disengaging your vagal brake. And in fact, every time you breathe in your vagal brake releases just a little bit and your heart rate speeds up and every time you exhale, the vagal brake re-engages a bit and your heart rate slows down. So I had a client who told me she thought her vagal brake was broken. And I said, it's really not because every breath cycle it's working for you.

**David Van Nuys**

Because for years, I think therapists have called the clients attention to their breath. If they're starting to get kind of panicky, then let's pause a second here and have you take some deep breaths,

**Deb Dana**

right.

**David Van Nuys**

So this gives us a neurological for understanding of what's going on there?

**Deb Dana**

Yes, I think that's the gift of polyvagal theory. It's not a replacement for any of the modes of therapy that we're using. It's a platform that sits underneath them, because it gives the scientific explanation for many of the things that we're already doing. And clients find it incredibly helpful to understand their physiology, to know that Oh, so my system is working in a way it's supposed to. It was shaped this way from my experience, and we can reshape it. Yes, that's a that's a hopeful understanding to your clients.

**David Van Nuys**

Sure. And I've heard that said about neuro psychotherapy in general, that a lot of people doing neuro psychotherapy now that may not be talking about the vagal system, but they're talking about other brain systems and helping people to understand what's going on.

**Deb Dana**

Right. And so we'd like them to add the autonomic nervous system to that, right?

**David Van Nuys**

Going back to the breath, that's very interesting to me, because I used to do yoga and they teach you the breath is very important there. And I'm remembering the early days of biofeedback as well, that before biofeedback, the thought was that autonomic nervous system was beyond our control. And then it turns out that the breath is that doorway between the two. And that, with biofeedback training, people can learn to exert some control over parts of the system that previously they didn't think people could control

**Deb Dana**

Exactly, exactly. And then we can resource ways to bring more ventral vagal energy into our systems through connection with safe others, through experiences in nature. There are lots of ways and each person finds their own to bring more of that regulation into the system so we can actively look for those opportunities and understand that connection with another safe person is one of the most direct ways to get there, that interactive regulation that would come into the world needing and, and learn how to do hopefully, in our own life. Many trauma survivors don't and have to move instead to self-regulation, right? So we have to remember that the co-regulation is often a missing piece and is a piece that has to be there in order for life be full.

**David Van Nuys**

So that's getting into the area of friendship, of romantic attachment.

**Deb Dana**

Yeah,

**David Van Nuys**

understanding the neural substrate

**Deb Dana**

The research on loneliness is pretty incredible, and shows that perceived loneliness, not even actual loneliness, but perceived loneliness has physical and psychological consequences. And so again, talking about an autonomic nervous system is longing to be in connection with another nervous system and for many clients for whom relationships have been dangerous, saying, it is a physiological need to connect with another physiological mammal begins to help them see it, and, and perhaps a slightly different way.

**David Van Nuys**

I'm thinking of attachment theory now too and it interlocks nicely with what you're saying, Neither one supplants the other, but it gives us a basis for understanding how that attachment is working. Well, I'm very interested in the topic of loneliness, because I think we're both in that age group where loneliness looms.

**Deb Dana**

right, right.

**David Van Nuys**

One of the things I'm noticing is that it's more difficult to form deep relationships at this point in life than earlier. Why is that and what can we do about it?

**Deb Dana**

I don't know why that is. Think about when you're around other people and your nervous system is this internal surveillance system, and it's looking around to see what might, who might I want to approach and who doesn't feel so safe. It's really about safety, or danger. And it's picking up cues from people's tone of voice from your, your eyes, from your head gestures. That's what the nervous system is looking for. And it makes this unconscious decision. And sometimes we don't even understand why, oh, I don't, I don't like that you can bring some thought to it later. But your

nervous system is really guiding you and making these choices. And your nervous system has been shaped by your life history. So it's making choices based on your history.

### **David Van Nuys**

I think it may be different for males than females because my sense of that is, as males, we've had to gird our loins, so to speak, for battle. For women, too, I guess in a different way that women have reasons to be fearful of men. Men have reasons to be fearful of men because, you know, we see it in nature. Bulls butting heads and so on. So there's always that kind of scanning as a male going on. Is the safe? Is this person safe?

### **Deb Dana**

That scanning is going on for every human and your nervous system is asking that question. Is this person safe in this moment? Yeah, so, you know, to bring some awareness to that is helpful. Right?

### **David Van Nuys**

Now, your work has focused on trauma. I know that you've co-edited another book with Steven Porges that is a collection of papers, I gather, from a variety of therapists who are maybe working in areas not directly related to trauma?

### **Deb Dana**

Steve asked me if I would co-edit a book with him. And I, of course, said yes, not knowing at all what I was getting into. And then we found a group of people around the world who were polyvagal-informed in the work they were doing. Steve met them in his talks or came across them in in conversations and invited them to write a chapter for a book. And so we then set about trying to add the more explicit polyvagal theory language to what they were doing so that people could really see that the work they were doing was using the theory and the specific ways. So, yeah, we have people from all sorts of clinical disciplines. We have nurses, and doctors, and we have a veterinarian, we have a neonatologist, we have people talking about grief, about working to torture survivors, all sorts of people who really are bringing the theory to life, which is what Steve has always wanted. He created a theory not a model and really has invited people everywhere to take the theory and create with it.

**David Van Nuys**

Now one of the things that you touch on in your book is the relationship of the autonomic nervous system to sound, the sounds we hear around us and somehow in my interview with Steve we got around to discussing the fact that we both have tinnitus.

**Deb Dana**

Well, I listened to your interview and he said afterwards he was going to talk to you. Did he?

**David Van Nuys**

he said, what?

**Deb Dana**

He said after you were done with the interview, he was going to talk to you about tinnitus.

**David Van Nuys**

Oh yes, that's right. So we did talk about it and I see he's developed something, a whole program that relates to sound although and what I found it I didn't see any mention of tinnitus. So maybe you can give me an update on his tinnitus whether or not he found something that worked for him?

**Deb Dana**

That I don't know, I can't give you that update. But the Safe and Sound listening protocol that he developed in is now out there in the world, for clinicians to be trained in and used is quite wonderful. And he has remastered music, five hours of music so that you listen to it in a sequence and it exercises your auditory pathways, it brings alive your social engagement system, which is the eyes, the face, the connection here to those auditory pathways in a gentle exercising, a stretching so, that at first it may be melodic, and then it's a higher frequency and a lower frequency. It's quite amazing. They're there 700 or 800 clinicians around the world who

are now trained in it and using it. And we're starting to get more research on outcomes with trauma survivors. So yeah

### **David Van Nuys**

Using it for what?

### **Deb Dana**

Well, when he began, it was focused on working with children who were on the spectrum. So he had some great results with helping kids with autism reduce some of their behaviors and be able to be engaged with parents and teachers. So that's where it started. But then, of course, because we therapists want to try everything, people started using it with just their regular old clients. And we all tried it ourselves and said, Oh, this is this is interesting. So now, it's really being used for a number of different issues. And we should have more data around it in a while. Actually, my husband is using it just 15 minutes a day. And we noticed that he's more able to maintain eye contact, and how to have a smile and social engagement. So it's acting on his social engagement system in the same way as it does for kids with autism, or trauma survivors.

### **David Van Nuys**

You shared with me that your husband had a stroke. So you're saying this is helpful in rebuilding?

### **Deb Dana**

It seems to be. So, I can't tell you how it's working yet. But it's nice that that it's working because one of the things the social engagement system looks for, our nervous system looks for, is a face that is mobile. Right? And so a flat face is an automatic queue of danger to your nervous system. So if you think about people who have more of a neutral face, it's really a queue of danger. And a voice that does not have prosody and frequency and music to it is a queue of danger. These are just wired in cues of danger for our nervous system. So, you begin to think about some of the people in your life who may have trouble maintaining relationships. And you might think, Oh, I see that they really don't have much expression in their face. And that causes other nervous systems to feel danger and people to move away without them ever knowing why.

### **David Van Nuys**

Yeah, again, I'm coming back to that gender difference. Women are very expressive in their faces, and voices, much more expressive than on average, than men on average, and I'm aware, sometimes I feel badly that my face is way too static. Let's see, where else do you want to go here? I had a whole bunch of questions written out but it's more fun being the wandering vagal nerve.

**Deb Dana**

I agree!

**David Van Nuys**

There were some phrases that I particularly like . For example you talk about “patterns of connection versus patterns of protection.”

**Deb Dana**

Yeah, I like that phrase too have my clients really respond to that, because those patterns of connection get created when we are with a safe other, usually from our early experience on up. So in therapy, what we're helping to do with our clients is, is to help them create new patterns of connection in the therapy relationship, and to then begin to explore outside of therapy, where some other places we can find some patterns of connection. And in order to be in patterns of connection, we have to relax our survival responses, right? So we can't be in both. So in order to come into connection, I have to relax my survival responses. And that's pretty scary for many people in the beginning of therapy, for many people in daily living. Oh, I have to relax. And what I like to tell people is you can be regulated, you can be in connection, and be alert. Those go together beautifully. But you can't be in connection and have that sympathetic alarm bell going off, right? So you can be alert but not alarmed. And there's a subtle nuance difference there. When I when I'm alert, I'm still with you. And I'm still thinking clearly, and I can take action and I'm organized. But when I'm alarmed and the sympathetic nervous system is taking control, then I'm in fight or flight.

**David Van Nuys**

Now you're doing workshops, training workshops with therapists in different parts of the world. You just came back from France where you were doing one. How do you focus on training therapists to come across less threatening?

**Deb Dana**

Yeah, yes. Good. Great question. So my workshops, the first thing I tell my participants is you thought you were going to come here to learn about how to work with your clients. But you're really going to learn about your own nervous system, because it starts with answering the



question what my nervous system needs in this moment, right? So it's an inside out learning. We have to know our own nervous system intimately, in order to be safe for our clients. So you know, we talked about long ago. We think long ago clinicians were taught to have a neutral face, right? Very dangerous to a client's nervous system. Neutral is often perceived as dangerous, because there aren't enough cues for the nervous system to know what's going on. Right? So even someone who has a threatening face is easier for the nervous system to deal with because I know that's dangerous, but neutral is confusing. So, we want to be extending the cues of safety to our clients through our look, through our voice, through proximity, through the environment. So I like doing long trainings because it really gives clinicians a chance to settle into the work and try it out and come back. So I have a 52 hour training program that I run for clinicians that really helps them become polyvagal-informed therapists. And then the shorter ones I tell them are immersions. And you're going to change state many, many times in two days, and get the flavor of what it's like to be a client who can't stay in ventral and can't find the cues of safety and that experience is profound.

### **David Van Nuys**

Do you have them pair up and give each other feedback?

### **Deb Dana**

Yes, yes. Yeah, yeah, yeah, because it's really about co-regulation. So we do a lot of work in in dyads because that's really that's what the nervous system wants. It wants to be paired up with another nervous system, and then experiment with what feels safe and what feels dangerous. One of the exercises I have a worksheet that is the Goldilocks Map, and we're looking for what's too much for the nervous system, what's not enough for the nervous system, what's just right. And that changes from person to person. And it changes from day to day, because one day, this may feel just right to me. And the next day, it may feel too much. So it's a moving target. I think that's the piece, we want people to remember.

### **David Van Nuys**

Earlier, you were talking about getting people to, to build a map, draw a map. I know in the book you mentioned, there are three kinds of maps that each person does. And I should mention before I forget that your book is full of exercises and sort of exercises, meditations. There's lots to do

### **Deb Dana**

Lots to do to get to know your nervous system. And so yes, three maps. The first map is the personal profile map where you get to know your three states and it answers the question Where am I? So that's the basic one. I can then say, Where am I on this map. And then the second map

is the triggers and glimmers map and the triggers are those things that take us into sympathetic or dorsal and glimmers I love the glimmers. Glimmers are those little micro moments that bring us to ventral. So important in our work with clients to help them notice the glimmers, too. So that second map answers the question, What brings me here? So the first is where am I? The second is what brings me here? And the third is the regulating resources map which answers the question how do I get back to ventral? And so regulating resources has both interactive resources and self resources because we need both.

### **David Van Nuys**

So how do how do people make this map? Is it a pencil and paper exercise?

### **Deb Dana**

It's colorful because I think color is a lovely thing add. So the map template, all the templates are available when you buy the book that I have my website you can download the template and it's a ladder down the left hand side with the three states listed and then divided and people, I take them through the process of each state then we bring that state alive Just a little bit for sympathetic and dorsal and then we begin to say... so we could we could play with yours for a moment if you want? Okay. Let's try that. So let's think about a time recently where you felt a little bit of that sympathetic mobilizing fight-flight energy in your system.

### **David Van Nuys**

Fight-flight

### **Deb Dana**

Yeah, mobilizing ... overwhelmed... too much energy flooding your system

### **David Van Nuys**

Okay, this is going to be a real trivial one. But I was at the movies and there's a guy roughly around my age eating a huge amount of popcorn and he was in the seat in front of me. So I couldn't help but see him and his white-haired head and so and he's eating the popcorn like

this, with this huge handfuls going into his mouth. I'm trying to pay attention to the movie, to get into the plot and doing this distracting eating.

**Deb Dana**

Yes, Yes, I can. I can feel it in my system

**David Van Nuys**

And I'm having all these judgments are coming up and I'd like to box him on the ears or say something to him. But don't because there's a possibility of male aggression.

**Deb Dana**

So there was some wise part that said, don't do that. But when you were in that state, notice what was happening in your body. What did you feel in your body?

**David Van Nuys**

Agitated. Distracted. Hoping that I could ignore it, forget about it and really get into the movie.

**Deb Dana**

Yes, yes. And then what were some of your emotions?

**David Van Nuys**

Uh, irritation, you know, something just pretty close to anger, but sort of sub-anger.

**Deb Dana**

Yes, yes. And then what were some of your beliefs? What were some of your thoughts?

**David Van Nuys**

Um, that he's an asshole. [laughter]

**Deb Dana**

Yeah, Yeah. And already you can see how when we're in a sympathetic state connection and compassion and curiosity about the other is not possible, right? Because your physiology does not support it. And that's what we want to help people understand that the emergent properties of sympathetic or dorsal do not support connection and curiosity. They support survival responses.

**David Van Nuys**

Some part of my mind was trying to... Would this be an example of the dorsal bake? Some part of my mind was trying to remind me to take a larger view I need to take a larger view.

**Deb Dana**

Yes, you had a toehold in ventral vagal

**David Van Nuys**

And also I was reminded of accounts of meditation retreats, multi-day meditation retreats, where were some person, some fellow meditator in the group has some supremely annoying thing that just get bigger and bigger and bigger because there's not that much else going on...

**Deb Dana**

Right, right. Yes, yeah. So and then the, the two statements that that we at from each state, so when you were in that sympathetic, charged place, irritated, frustrated, couldn't get away from that guy. How would you fill in the sentence, The world is...

**David Van Nuys**

full of people like that! [laughter]

**Deb Dana**

Yeah and the second sentence is, I am...

**David Van Nuys**

I am... I'm not sure where I'm supposed to go with that.

**Deb Dana**

Just let your nervous system fill that in for you. You're in that place, you're sitting there, you're frustrated, you're annoyed. And then follow that with I am...

**David Van Nuys**

I am judgmental and irritable. Not how I like to present myself,

**Deb Dana**

Right. But when your sympathetic nervous system gets over, we just started to get an understanding of what happens for you. This is what we do with clients for sympathetic and dorsal so that they get a flavor of what is happening, what is being pulled up, and what is being shut down when they're in those states. And then for ventral, we really bring a ventral vagal moment to life and let it fully fill the body and begin to get to know Oh, what is it like when I'm in ventral? And those two statements... I'm just going to ask you to imagine or remember a moment when you're in ventral and that's probably pretty easy to do. You don't even have to tell me about it...

**David Van Nuys**

Ventral is when you're feeling blissful, right?

**Deb Dana**

Yeah. Connected. You know for our clients, our trauma-survivor clients, ventral is simply the world's okay right enough. It doesn't have to be Nirvana, but the world's okay and I can make my way through it, safely. Right? That's a huge thing for most people, right? To have that belief

that wow it's okay and I can make my way safely and so from that place the world is what? How would you feel then from ventral place? the world is

**David Van Nuys**

the world as well safe and beautiful and flowering

**Deb Dana**

And I am...

**David Van Nuys**

I am at peace

**Deb Dana**

Yeah. I've done thousands of maps now over the course of doing this and then everybody has very similar experiences in the three states. You know we are we are very much alike. We humans in the way that we respond to those three states. So in ventral... Steve once named it benevolence. And I really do love that term. It is the active ongoing use of ventral vagal energy in service of healing and that I think that is possible for all of us to bring our ventral vagal state in service of healing to others and then the world can be your beautiful place. So, again, this is our biology either helping us create connection or taking us into survival.

**David Van Nuys**

And I think the biggest takeaway for me from all of this is that sense of the ladder and that we're constantly going up and down the ladder fully yet so that there's no stasis from moment to moment. You know it reminds me of the micro expressions...

**Deb Dana**

Yeah and our goal is not to always be in ventral. That's not a reasonable goal but our goal is to know when we've left ventral and have ways to get back and transition flexibly back into

eventually the vagal state, to make our moments of sympathetic in the sympathetic storm or in dorsal vagal despair, as my clients call it, not as intense, not as frequent, and not as long. Right?

### **David Van Nuys**

The word authenticity is coming up, that being authentic would be to accept that about oneself and being able to be free to express it in one way or another.

### **Deb Dana**

Yes, there's a process I do with couples but I also do it with therapists because these little ruptures happen all the time. These autonomic ruptures happen and how do we make a repair and so it's that process of noticing ahh I've just acted from my sympathetic dorsal. That's a rupture and now I need to make a repair. And how do I make a repair that is felt by that other autonomic nervous system as being authentic and truly freely offered. So even in those moments our autonomic nervous system is a great guide for us. So you go through your day and you probably notice many moments where there's a sense of falling out of connection with someone. That's that moment when two nervous system had a rupture and not that we have to notice every single minute one but it's nice to pay attention and say to someone, I'm sorry for what just happened to work with clients. It's especially important because these many moments of either looking away and getting distracted and then we come back the client's nervous system has noticed that and because 80% of the information comes from the body and then goes to the brain. And then because we're meaning-making creatures, the brain that makes a story. So in that moment of distraction when I might just have been distracted by something in behind the client and then I come back if I don't name that and say, here's what happened for me, my clients, nervous system dysregulates, feels the rupture and makes a story about it. And the story is likely not Deb just got distracted and now she's back. Right? The story is likely I'm too much for her, I'm too toxic, I'm boring her any of those stories. So it's incumbent on me to notice when that happens and to offer the correct information to my client.

### **David Van Nuys**

You're reminding me that you describe a three part process where re-story is the third part. To tell yourself a different story.

### **Deb Dana**

Right. And we can only re- story when we've come back into regulation, Right? So, we recognize where we are and we regulate or co-regulate back to ventral and then the story can

change because to take your example of a movie theater while you're still in that sympathetic place, feeling irritated, becoming angry, the story can't change. It's only when you have some ventral vagal energy in choosing your system that the story can change.

**David Van Nuys**

And I suppose that's also what goes by the name of reframing, that we can reframe things.

**Deb Dana**

Yeah, A really lovely exercise I do with my clients is to take an experience and it could be a simple experience that doesn't have a lot of charge and simply look at it through your sympathetic nervous system. And then look at it through your dorsal vagal system and then look at it through your ventral vagal eyes and the story is very different in each of those.

**David Van Nuys**

Rashomon.

**Deb Dana**

Yeah, yeah, and that's simply your biology working in service of your survival. Right? Yeah, because the nervous system doesn't make a judgment about good or bad. It simply acts in the service of survival.

David Van Nuys

So again, going back to the safety versus danger.

**Deb Dana**

Yeah, yeah. Yeah. So, yes, the more we can offer cues to safety to the people around us, the more they can then come into their own sense of safety. And where then we can be in connection. Yeah.

**David Van Nuys**

Well, I have to say, you're very good at this. I felt safe with you from the very beginning. Okay, you've got a great smile on a warm presence. And so you found your work, definitely! [laughter]



**Deb Dana**

It is my passion. I am loving being able to teach polyvagal to so many different places, people and then hearing stories from those people who email me all the time and say, oh, here's what I did. And I took it to my husband's work. And I took it to my child's school. So it's like just rippling out into the world.

**David Van Nuys**

That must be very gratifying. Well, maybe we're at the place to wind down. Is there anything that we haven't said, you know, talked about here that you were hoping to get out?

**Deb Dana**

I think we had a lovely wandering conversation, didn't we?

**David Van Nuys**

Yeah, I think so. I feel energized and uh...

**Deb Dana**

Yeah, I'm just going to invite anyone who listens to your wonderful Shrink Rap Radio to bring their ventral and I what I love to tell my clients and people I teach and they say they're going to make t-shirts or coffee mugs. I say, beam benevolence. So it's that beaming ventral they go out into the world. Okay,

**David Van Nuys**

Deb Dana, thank you for bringing your beaming ventral self to Shrink Rap Radio!

**Deb Dana**

It was such a joy. Thank you.

