Beth (00:01):

Hello and welcome to this episode of Changemaking Connections, where I'm thrilled to be joined by friends and colleagues, Niloufer Merchant at Devika Diba Choudhuri Dr. Niloufer Merchant is professor emeritus at St. Cloud State University and a licensed psychologist currently in private practice in Minneapolis, Minnesota. Her areas of specialization include working with complex trauma with a focus on trauma related to racial cultural issues. Throughout her career, Niloufer has advocated for creating safe spaces for people of color in schools, universities, and community settings, promoting anti-racism and systemic change. She's presented on the application of polyvagal theory and understanding and healing racial trauma, including a TED Talk which connects the principles of polyvagal theory to cultural practices and ancient wisdom. Presently, she serves on the editorial team and is a course partner for the Polyvagal Institute. Dr. Devika Dibya Choudhuri has over two decades of balancing academic and clinical experience working clinically with individual and group clients on issues of sexuality, trauma, violence, acculturation and grief, as well as training graduate students in counseling on these issues using a primarily qualitative research lens. Her scholarship and service has included looking at the experience of L-G-B-T-Q-I-A, collegians, BIPOC clients and counseling, historical and multi-generational trauma, gender and sexuality. And I am, I so admire you both and I'm so thrilled to be in space with you today. Thank you for joining me.

Dibya (01:35):

Right back at you. Thank you, Beth.

Beth (01:40):

So we have been in community and have worked together for many, many years off and on. And one of the things we noticed recently was, well, I mean we knew it before, but we came in conversation about recently our work with trauma and social justice and polyvagal theory, working with intergenerational trauma and what that means for the current world we're in. And given that that trauma has been ongoing and also heightened in recent years, I thought this conversation, we thought this conversation could be really helpful. So we have two experts here in some of this work, and I think this will be a really rich conversation, but I'm also aware that some of our listeners might not be as familiar with polyvagal theory as you two are. So perhaps you could start with a brief overview of polyvagal theory.

Niloufer (02:37):

Okay. So polyvagal theory actually is a theory that has been proposed by Dr. Steven Porges around the autonomic nervous system and really highlighting the role of the autonomic nervous system in its service of survival and that our autonomic nervous system is always out to protect us. And we are very familiar with, I believe, the fight or flight response as well as the freeze response. And one of the things the contributions of the polyvagal theory has been is to really highlight the role of social engagement and social connection and the role of the autonomic nervous system. So if we want to just think about it in one of the ways that polyvagal theory has been developed is to look at the phylogenetic evolutionary process and one of the most primitive ways of survival, which our autonomic nervous system picks up cues without us even being aware of it.

(03:52):

So that is important is even before our brain has a chance to process it and that our most primitive form is that is where we just sort of completely disengage shut down, you can see that in, for instance, in fish in the sea and the prehistoric forms of fish that just drop to the bottom of the sea and stay really still. And this is what happens when our nervous system experiences extreme threat. Next in the evolutionary process came the fight or flight response, which is when our nervous system experiences danger, we either fight or flee. And in the most recent, in the polyvagal theory, the most recent form of finding safety is for mammals is in our social engagement and our social connections with others. So I think the waal theory has really highlighted the role, the connection between connection and our social connections and how we deal with threat, how our autonomic nervous system deals with threat. And so I know Devika, you have a nice way of explaining it as well.

Dibya (05:20):

Okay. No, that was lovely. I think one of the things that makes it so important in today's period is how much because of, I mean we are doing this in virtual space, and so how do we connect? And so connection is, and that sense of isolation and marginalization I think is so much more profound and salient for so many people, loneliness, anxiety, feeling socially awkward, that they don't understand how to be around and with other people. And so other people, and I think it's not accidental that we went through a pandemic where we were taught that other people are dangerous to us in person, that we can be around someone else and they might breathe on you and kill you. I think children especially who grew up in that period and since then, so anxiety is huge and anxiety is essentially our sympathetic nervous system responding to threat,

(06:43):

And it's hardwired into us from so far way back long before there was an internet, if you sort of go back to, you are living in a little village in the forest and you decide, I'm going to go out and help out with the community larder by seeing if I can do some hunting and trapping going after some squirrels, that'll be great, or whatever I can get. So you take your sling and maybe short spear and you go out and you are sort of thinking about how it's going to be great when you come back laden with food and the community is going to be so healthy and you turn a corner and it takes your mind to process, but you recognize right in front of you is a lion and you are not equipped and your system shuts off this part which is a prefrontal cortex, which is where reason and all of that being reasonable and logical and all of that is, and our brain goes offline because it takes too long to process by reason and an immediate threat to the organism what Nfo was talking about, which is geared to survival.

(08:27):

We need to cut short that, not think about it, but go straight into, so what do I do? And your body readies itself, adrenaline, cortisol, all of that starts streaming through you and your sympathetic nervous system, which is reacting to threat gets engaged. Now hopefully you're smart. You might be like hormones rush through you and you want to prove something and you think, I'm going to take that short spear I have and I'm going to fight. But you realize this is a lion spears for little animals are not, and hopefully you use all that adrenaline and cortisol to power your system to run and running. Your system can then because of that actually do things that you might not otherwise be able to do When you're just running for fun, you might not have that same power because the sympathetic nervous system is getting you as ready as possible. And so you fight and maybe the lion was actually sleeping or it had just had a big meal and you get away.

(09:54):

So you are like, but your system is still upregulated hugely. So how do you calm down these days? Back then you'd get back to your village and people would come running and go, what happened? You looked terrible. And then you would say, this happened and the line, it was like the biggest line anyone's ever seen, and it was so huge and it opened its mouth and I could see down its color and you acted all out and everybody goes, oh, and you release all of that stuff that's streaming and their empathy and their attention regulates with you to calm you down. And your parasympathetic nervous system goes up and you're going to either feel really hungry and somebody will probably say, oh my gosh, after all that exercise, let me feed you. Or you're going to want to go to sleep to recoup, or you're going to, because maybe you are young, you're going to hang out with some really attractive other people of your age and see if you can impress them a little bit. And that's what comes back to us. I'm online, I see a news item that says that people I feel close to are suffering. I am activated. I want to do something I don't know. How do I understand a way of, and this was a critique of therapy in the eighties and nineties was that piece. Oh, so now then you make yourself feel better by explaining it away, but those people are still suffering

(12:10):

And polyvagal theory and the idea of social engagement is not to take care of yourself, it's to use social engagement and connection as the way to take care of us. And so I'm going to sort of give this back tofa in terms of global majorities and marginalized folks.

Niloufer (12:38):

Right. Well, I think Thank you. That was a really good explanation. And I just want to say that the co-regulation that we talk about in polyvagal theory is really not only are we self-regulating and working with our own body and physiology and learning ways to calm, but that we learn ways to connect and calm ourselves and by through co-regulation, which is connection. Now, co-regulation is not a new concept. It has existed ever since we have existed as human beings and mammals and especially I think both Dibya and I come from very collectivistic culture. So it's a very familiar concept for many of us to say. Of course, I know from my own personal experiences, I actually did grow up in a village, not in a village exactly a village, but in a community that felt like a village that took care of me. I had several mothers who took care of me, and I had several homes and several people that participated in my care.

(13:58):

So I know what that feels like in my body. I know how co-regulation works. And so that's one of the reasons why polyvagal theory really sort of resonated with me because what it got me thinking about is that now we have, science is sort of catching up to ancient wisdom, I would say. And it helps for us to have these explanations because now when I connect with people or when I am engaged in self-care, or if I am taking a walk in nature or if I'm looking at the sunset or if I'm cuddling my cat and soon I have a grandchild now. So looking forward to cuddling with that. But that sort of connection that we have where we feel safe in our connections with other, whether it is safe in connection with another person, with nature, with our environment, it is beyond just people.

(15:09):

We connect with a lot of things around us. And when we feel safe, our nervous system can be at rest, which is what people so well articulated as to how it goes from fight or flight to rest. But there's also a place of shutdown, which I think it is Dr. Porges talks about it as the vagal paradox. So the vagus nerve is

one of the longest nerves in our body that starts at the base of our neck and travels all the way through our body, and it has two branches and one branch goes to our face and our heart. So face heart connection, which enjoins other nerves, which is where we pick up cues, social cues, and social engagement. And there's another branch that goes down to our gut and all of the organs below, which is the one that protects us when our nervous system goes into severe threat.

(16:17):

And that is when dissociation or shut down where we feel like we cannot connect. So just going back to what Dibya was saying earlier about the news items that we are seeing right now, and sometimes it may feel so overwhelming that we just kind of like, I cannot deal with it. I just want to go back under my covers and not deal with it or binge on some silly TV shows so that I don't have to deal with it. But that's our protective mechanism that comes into place. But this is without our awareness, this is important that a lot of these things that are happening, the vagus nerve, which is a big part of our parasympathetic nervous system, is a sensory nerve and it picks up a lot of cues in our environment in terms of what is safe and what is danger. And this is, I think especially helpful for us to put in context of people who have been historically marginalized and disenfranchised, people in oppressive regimes, people who are dealing with war and life threat and constant stress as well as just through racism and homophobia and all of the different ways that we are oppressed, that our nervous systems are in constant threat.

(17:53):

And so that feels very familiar to many people who have experienced this for historically and intergenerationally.

Beth (18:12):

Yeah, thank you for that background and explanation that I know some listeners will know and many, many won't, and it's really helpful to have that context. I think when we were having lunch and chatting and then getting really excited about these conversations, one of the things that really emerged from our conversation was just both how valuable polyvagal and its approach is. And given that you both work with historically marginalized communities in the US and internationally that you work with people who have been colonized, who deal with transphobia, bipoc folk, and people of color around the world that are facing not just individual harm but systemic and structural and cultural harm. How might we rethink some of these approaches in ways that can help them apply to that kind of work and that reality?

Dibya (19:16):

Can I? Yeah. I think one of the things for me very specifically is that we've sort of applied the idea of trauma in particular cases like an EL and war. And so we sort of frame it there. And the truth is that its trauma is not rare. It's not that it's this significant experience, but that it is a terrible experience that the individual, the person finds terrible and historical trauma. Dr. Yellow Horse Brave Heart, who's Lakota was one of the first to came up with this definition that historical trauma is accumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma experiences, which may have happened once, say Armenian genocide or they may happen consistently and enslavement of African-Americans over a long period of time and it doesn't end. And so colonization, why does it continue if you can say, well, the colonizer left, what is your problem now?

(21:09):

Well, but they haven't left our group psyches and our collective experience and we are still wounded. We still carry those wounds unless they are addressed. And so I think that there are very few people in this world who don't, on some level have inherited, if not experienced directly intergenerational trauma. And I think knowing that some things that you worry about or are concerned about or react to is not because it's not ghosts in your head, it's ghosts in your body that live there and haunt you, haunt all of us. And if we don't in some way find, what I think that these body-based theories like polyvagal do is they offer us a way to address it where it's held.

Niloufer (22:31):

Yeah, I love that. And the more and more I'm convinced that it's important for us to know what's happening internally in our bodies. And polyvagal theory, as Dibya said, helps us to name it. So name the state that I'm in. Am I in my fight or flight state, which is the sympathetic nervous system that is activated and what is happening in my body in this moment that tells me that I'm all anxious or agitated or I'm fearful or I need to run or I need to fight in this moment? Or what's telling me in my body that I'm really in a shutdown place, I can't perform or I need to disconnect or dissociate because whatever is happening around me is just too much for me to deal with. Or when is it that can I name the state when I feel calm, when I feel connected, when I feel safe, when I feel like I can have fun, I can be curious, I can learn. And that is the state of social engagement and connection and being able to feel that things are okay. Okay.

Dibya (23:55):

Talk a bit about the neuroception and then your work with that.

Niloufer (24:01):

And so neuroception is a term that was coined by Stephen Porges, and it is how our nervous system is constantly scanning for cues in our environment to determine what feels safe and what is dangerous. So for instance, we are driving down the road or listening to music and everything's good, feeling really happy. And suddenly something you can see, somebody is trying to cross the road or right in front of you and before you know it, you've just slammed the brakes. I mean, you're just sort of immediately have a response and then you look to see what exactly was it? It's such an automatic response. And I think that's the part that neuroception highlights is that we have our nervous system has the capacity to scan and know what is dangerous to us, or at least it could be real threat or it could be perceived threat, but that it's dangerous to us. And so we respond and then it might send those cues up to the brain to say, oh yeah, okay. It was somebody trying to cross the road and realize that they couldn't and they stepped back.

(25:25):

Some of the concepts when we talk about it in terms of historically marginalized communities and world communities, that global communities that have dealt with the intergenerational trauma and of colonization of just poverty, of oppression in so many different ways that our nervous system is tuned in to threat in so many different ways that we are not only just that we are looking at all of the different threats in our environment. So a term that I'm using in addition to neuroception is culturoception where we are attuned to the sociocultural aspects in our environment and what we perceive as threatening or not. So sometimes just seeing a certain symbol can immediately put us into a threat mode and feel like

this doesn't feel safe to me to be in this space. And before you know it, even we are responding in a way that feels that this environment is so threatening that I need to leave.

(26:46):

So we pick up cues that are the different layers around us. And so as somebody who has experienced oppression or marginalization and colonization in many different ways, we're tuned into those cues. Our nervous system, our neuroception is highly acute. And so how do we address that? How do we deal with that? And I think neuro polyvagal theory and a lot of the other body-based theories, somatic approaches help us to understand that we can find ways to resource ourselves in that place. And these resourcing techniques, which is the other way that I feel very strongly about, is that we have a lot of ancient wisdom already in place, which helps us to regulate and co-regulate.

(27:55):

So let's reclaim some of that and to name it. And it is unfortunately, it has been co-opted in so many ways. And when I look at breathing techniques or co-regulation techniques, I think to myself, well, I already know this. I grew up in this way. I know this is pr, I am, I know this is what it feels like to be held in community and being raised by several mothers or to be held in a context where we feel that there's a community that is looking out for you. Now, I just want to add a caveat over here that I don't want to glorify collectivistic cultures over individualistic cultures because there can be a lot of harm in collectivistic cultures as well when there is force and when there's coercion and when we move from the zone of being safe and connected to being in a threat zone.

(29:08):

So though harm can take place in both places, but I really think that some of these practices are already in place. And so how can we reclaim that and to name it? So to give you an example, right, I'm raised in a Muslim traditions and right now it's Ramadan. And so there's fasting and we have suddenly discovered in the western world the benefits of fasting and intermittent fasting. And this has been a practice that has been utilized for Aons, and it is a practice that is collectively be done being done around the world at this time at the same time. So imagine the co-regulation aspect of that. So these are practices in place, and for instance, the prayers. So for many of the people in the Muslim community are engaging in prayers which not only throughout the year, but also especially during this year. And those are times that you are resetting your nervous system, but we've never named it as that.

(30:26):

And also I think the other part of it is that our cultural practices have become so ritualistic that we don't necessarily even recognize what it is doing for our nervous system. So I think we build on new knowledge each time, and I think knowing that if I can name the practice and name what's happening as a result of that practice in my nervous system, then I'm connecting the two together to say, okay, this is allowing me to slow down. This is allowing me to be more focused and more mindful of what's happening in the moment for me. How can I name it and feel it? So for the longest time I've engaged in meditation or yoga practices, but polyvagal theory, I have to say, help me connect what was actually happening. Because just the concept of mindfulness, which is again, but when we think about contemplative practices, it does something to our nervous system.

(31:44):

But being able to pay attention as to, oh, my nervous system is doing this in this moment and being able to name it as such helps us to connect the two. Or for instance, I'm going to the temple and I am

engaging in chanting, and what is chanting doing for me in this moment? We know it's coming, we know that we we're doing that in community, but the fact that it's actually doing something in my nervous system in this moment helps me to connect the two. Or if you're going to church and singing hymns together, or in some churches, especially in the African-American church for instance, the call and response, you're actively engaged with each other in that place and it feels good. So how can we know that we are already engaging? We don't even need to add a lot of things in our day. We just need to take a look at what we're already doing that's helping us to regulate and be able to be intentional in that moment.

Beth (32:58):

So much richness right there. A couple of things I want to uplift, and I'm just like, I'll just sit back and let these two talk because they're just brilliant and I learned so much. But a couple of things that really resonated with me when you were talking was the term ception, which I think you coined the luer, is that right? Okay, so shout out, give the luer credit if anybody uses it, but this idea that it isn't just an individual nervous system thing, it's a nervous system that is rooted in community, or I'm sorry, a nervous system that is rooted in a culture. It's surrounded by a context that impacts it and then may also be, I might be misspeaking, that shapes it, that shapes it and may also be informed by a culture that may be individualistic, may be collectivists, but if it's collectivists that there's more likelihood that there have been practices in place that help people co-regulate or support each other. If I miss speaking, jump in. And

(34:18):

That especially probably all the time bringing context in, but especially if we're working with historically marginalized communities who are coming from cultures that have often been, it's not just the individual, it's the group and the culture that has been targeted. So that means that that is part of the harm and trauma. We have to look at the bigger picture, not just its impact on the individual. And also that wider cultural context also provides a great deal of resourcing and support or could provide maybe not for everyone, but could provide a great deal of support. S on one of the light bulbs that went off in my head when I was reading my grandmother's hands was when he wrote that so many of these cultures have healing rituals embedded that often colonization severed people from. And so, oh, go ahead

Dibya (35:19):

And yes, but this is why Niloufer was like, we don't want to glorify and

(35:27):

Idealize

(35:29):

Our cultures because many, many people in those cultures will have difficulty. The culture doesn't accept anything but heterosexuality or those kinds of things. And Resmaa Menakem says that trauma decontextualized in a family looks like family traits, trauma, decon, contextualized in people looks like culture. And I want to just add to that Gabor Maté who does a lot of work with that addiction says, we don't know what culture would be in the absence or mitigation of trauma. We can only speculate on. So the work that people do and often feel discouraged from doing that, oh, you shouldn't speak, you shouldn't bring up negative things about a culture that's already been marginalized and oppressed. But

some of those things aren't original to the culture. They are not healing, they are hurting. Can I give an example?

Beth (36:50):

Yeah, yeah.

Dibya (36:51):

So for instance, when many African-American parents will very often speak about say their children publicly in ways that are minimizing negative, perhaps they will not talk about their virtues. They will talk about, oh, he doesn't do any work, he's just all about himself. And it sounds harsh, but it's a survival piece because you think back not so very long ago, you are sitting round in the plantation at the end of the day, often as a parent, whoever you are, whether the biological or just kin with a group of children and the overseer comes by and says, oh, that's a likely looking lad, are you going to say, oh, he's brilliant, he's so great, he can do anything. No, you're going to say, oh, he's so shiftless. I can barely get him to lift a finger and he's weak and he's this. And within the community everyone knows that for that parent, the sun shines out of their children, except the child doesn't know necessarily unless they've learned how to decode it. So you can have so much pain and suffering in response to what was a way to survive it that if I as a parent can harden you up now, then you can withstand what the world will do to you.

Niloufer (38:55):

And I would say that's very similar in our Asian culture as well because we often grew up with criticism and it was, if you ask our elders, why was that, it was to make you better because it is a harsh world out there. And by me constantly saying that you need to do better is a way to survive what's happening. However, we also know that as diva said, it can be very harmful because it affects our self-esteem and feel like the child doesn't know that. So yes, I think you addressed earlier the notion of culture percept. And I wanted to say that I have other colleagues that have participated in dialogue with me and Amber Gray is one of them as we were been developing some of these concepts. And my colleague Gina Kim is also one who that I recently offered, we recently offered together, we call it P-V-T-T-E-A, polyvagal TEA, as a way to invite communities of color locally and globally to have this conversation. Because what often tends to happen is that those aspects around cultural reception get either missed or dismissed in regular conversations when we talk about our nervous systems. And it's really critical that we name that because it feels very real

(40:45):

And it is real to a lot of us who know that we are scanning our environment for safety or danger on a constant basis on what is this going to mean to me in the sociocultural context that I'm in? And so how do we pay attention to it from an individual safe individualistic perspective of our nervous systems feeling safe or not safe? And also how do we address it in the sociopolitical, geo sociopolitical

(41:19):

Realm of understanding how this works from a larger context? And I don't know, all of you might be experiencing the same thing that as we are talking to different people and working with our clients, that layer of the sociocultural aspect is very prevalent, especially in today's world and how that is playing out in our bodies. And so we are feeling like we are in threat constantly without even actually knowing that we are right, we are feeling that pressure, we're feeling that stress, we are feeling that. So maybe we

want to talk a little bit about how do we resource ourselves in this place so that what do we do with this? Right?

Beth (42:14):

Absolutely.

Niloufer (42:15):

So I think as I mentioned earlier, and also I want to mention Deb Dana, who is the clinician who actually put a lot of the concepts into practice into clinical practice, which makes sense to us on a day-to-day basis. And the PVT program that we offered was through her platform that by understanding our state and by naming it and by what she refers to as befriending our nervous system, is that once I know what state I'm in, once I can tell, okay, I'm in this really anxious fight or flight state, or I'm feeling really agitated, what does that mean? What do I need to do? How might I touch that space where I can feel calm and regulated? And so what I might need to do in that moment is to say, okay, let me hold my cat for a while and just stroke my cat and feel the connection for pet lovers.

(43:23):

I recently joined the pet lovers of the world, so I have a lot of cat examples, but just feeling that connection or feeling that connection with somebody who you feel like you can be held in safety, that piece is important, that your nervous system needs to experience that as feeling safe. Just being in community or being connected to someone doesn't necessarily mean that our nervous system might feel safe. Our nervous system needs to feel we know it, we know it, our body knows it when we feel safe and we feel calm and we feel regulated in that place or I'm really anxious. And a lot of these techniques in terms of, again, these are ancient traditional techniques. For instance, we do the M practice and we know that humming for instance, helps to ease our nervous system. So can I in this moment take a big sigh, which is something that is our automatic nervous system response of regulating or resetting our nervous system, or maybe I want to hum atune for a little bit and just see how that feels.

(44:40):

Or maybe I want to move a little bit and see if I can shake off this anxiety. So if I'm feeling really anxious, I need to move, I need to discharge this energy. And if I can discharge it, can I then move to another space? Can I release that from my body? Or if I'm feeling really shut down and I'm feeling really immobilized, can I be kind to myself in that place and say, you know what? Maybe I do need to stay under the covers for another five minutes and just hold myself and maybe be in a fetal position or be in rock myself or find ways to soothe myself and then I might be able to be ready to face the world. So these are resourcing, these are little resourcing techniques that we can try as many times in a day to kind of reset our nervous system. And especially I also talk about social justice and social change work because I think that I know that you have engaged in all of this work for years together and some of the work we have been doing together that it can be exhausting and sometimes it just leads to burnout and it feels like no, no point, there's no use.

(46:07):

What I have learned from myself, I should say, is that how can I resource myself better to be able to engage in that fight? So the fight response can be from a much more resourced way of saying, I know how if I get to this stage, I know how to reset my nervous system and engage in some practices where I need to calm myself down. Maybe I need to do some breathing. Maybe I need to go for a walk. Maybe I

need to just listen to some music or dance and then come back to it again. Or maybe I need to play a game and have some fun and then come back to this hard work again. And so how do we stay grounded even in our fight or flight response or how do we stay grounded even in our disconnect in mobilized place and be able to respond?

Beth (47:03):

That's really helpful. Thank you. I know so many people listening to this podcast are in the social justice realm and exhausted even before the recent onslaught of things and how to do it in a way that isn't bypassing the hard work but is supporting the hard work. And I always think, and lots of social justice people have taught me this, that healing justice, liberation. I don't want it to have to come after we have won whatever the hell that means after all the work, then we can heal. It would be nice if we could at least factor in some practices as we go, right? I'm not saying we can heal while the systems of harm still exist, but it also feels very defeatist and a little bit of a how do we keep doing it then? So this kind of approach I think is really helpful

Dibya (48:06):

And it's so much part of therapy is that if a client who comes in is unable to see past the problem, how can you heal if you have no vision or understanding of what it needs to look like, if it's better, if this is not how your day-to-day reality is, not just, I just wanted to stop hurting, but more than that and social justice, I think it's particularly vulnerable because we do care. We want people to ease the distress, but it's not enough if we don't also build in joy. I wanted to go back to something Niloufer was saying about we know when we feel safe and I thinking about some clients I have and actually many who would say that they don't know what it's like to feel safe, that there's a exercise we do on creating a safe place where imaginally, you go to, you're asked to think about a place where you felt safe and to really sort of hold it as a touchstone that you can go to when you need to bring that back. And then there are clients who say, I don't know, no place is uncontaminated, and this comes out of EMDR, which is a kind of therapy that falls to practices, which says that, okay, let's create one.

(50:10):

What would safety feel like? Start with that. What do you want it to look like? And imaginally, you create a safe space that sits within you. And for people whom that's important, it can be a spiritual place, it can be a sacred space, it can be any of those things, or it can be none of those. For many people it's like I am completely alone on the beach sitting, hearing the waves or on the top of a mountain, and that's okay. We start with that. We are hardwired to want it and then build it and then we have it. And I think that's one of the things that we're not giving people. As Niloufer said, these remedies have been throughout human history. We are reminding people that the wisdom and that understanding doesn't have to be lost and they can bring it back. Take it back.

Beth (51:36):

I'm so inspired by you two. Thank you. I think we need this conversation in this world today. We are nearing the end of our time. Is there anything else you two would like to say? I know you both have a vast array of experience, but just in the few minutes that we have left, is there any lingering thoughts you want to share?

Dibya (52:02):

Can I make a suggestion? Niloufer, would you just walk all the listeners through a short somatically experiencing?

Niloufer (52:22):

Well, okay. I mean there are lots of different ways that we can do this, but I would say just take a moment to come into the present moment. And I know that we want to acknowledge that our environment that we might be currently in may not feel safe. And there's a lot going on in our world. And so we want to acknowledge and just acknowledge that we accept that that is also happening for us, and we can find our core within ourselves to know that we have found a place of survival. We know how to survive. Our nervous system is here to protect us. So let's take a moment to acknowledge our own wisdom and our own body's wisdom of knowing how we take care of ourselves on a day-to-day basis. And take a moment just to find a breath. And I really like the two breath exercise. And so I know that it's a paradigm technique. It's a technique that's been used also by lots of people. So let's take a moment as you just sort of take a moment to bring yourself into your body. Notice how you're feeling.

(53:58):

Just maybe take a moment. Just notice the temperature of your toes and how that feels on your toes to ground yourself in your feet. And then bring ourselves into awareness of our breath and how as we move up in our body, and take a moment to take one breath. So take a breath and then take a second breath and then release. So it's a two breath exercises. Just take a moment to breathe in, breathe in again, and breathe out. And so we're sort of giving the ourselves a second dose of oxygen and really giving it what it needs. So we'll add one more time. Breathing in. Breathing in again and out, and you can breathe out through your mouth or through your nose. And then coming back again into our bodies and just noticing how that feels. Just there was just a 1, 2, 3 second practice and we can find our way back into our bodies in that moment is thank you. Thank you.

(55:36):

That's

(55:37):

What you were referring to. There are many practices. This is what came to mind right now for me.

Beth (55:44):

Thank you. That was really beautiful. And I just want to let listeners know that the bio for both of my lovely guests will be in the show notes, and Niloufer does offer a program that expands on some of this with a colleague, and Dibya also does some really important work around trauma and intergenerational trauma. And we'll put some of those links in the show notes so you can learn more. Thank you both for your time and insights and wisdom, not just here, but in the work you do in the world and for your friendship, deeply value it.

Dibya (56:20):

Thank you. This was lovely.

Niloufer (56:22):

Thank it Was an absolute pleasure, especially to be in conversation with both of you today. Thank you. And talking about this stuff

(56:33):

In the world today.

Beth (56:34):

Yeah, absolutely. Thank you.