CASAT Podcast Network

Welcome to season two of CASAT Conversations.

I am your host Heather Haslem.

This season we will explore the timely and complex topic of resilience for healthcare providers.

Within each conversation you will hear from experts, clinicians and providers who will explore and share the latest research, best practices and applications for how to be resilient.

Please enjoy today's conversation.

Alaine Duncan is a licensed acupuncturist and certified somatic experiencing practitioner.

She graduated from Maryland University of Integrative Health program with a master's degree in acupuncture and she's completed somatic experiencing practitioner training.

Her research background includes serving on studies assessing the impact of integrative medicine on compassion, fatigue and military caregivers, the use of acupuncture for the treatment of combat related traumatic stress, the treatment of chronic headaches in current conflict veterans with traumatic brain injuries and for gulf war illness.

She was a founding director of Crossings Healing & Wellness in Silver Spring, Maryland and was a charter member of the Integrative Health and Wellness program at the D.C. Veterans Administration Medical Center serving as a contractor there from 2007-2017.

She is the co-founder of Integrative Healing with a mission to integrate the wisdom of Chinese medicine with the study of neurobiology and traumatic stress in both the classroom and the treatment room.

She is adjunct faculty member at Maryland, University of Integrative Health.

Her book the Tao of Trauma is an East meets west exploration of traumatic stress.

It provides a basis for continuing education classes she offers for acupuncturists and mental health providers on best practices for the treatment of traumatic stress.

So welcome.

Alaine, we're so happy to have you on the show today.

I'm really glad to be here as we get started.

Um How did you get into this work?

Well, there's sort of layers and layers of getting into this work that I can tell you about.

Um I went to acupuncture school uh in 1988 and finished in 1990s, so I'm now over 30 years in practice.

Um and that was out of my personal experience with hepatitis C where at that time Western medicine couldn't offer treatment or cure.

And I sought out acupuncture and and was so moved by my own experience that I wanted to give it away to other people.

So that's what inspired my going to acupuncture school.

And then um I had been in practice, you know, 15 years or so in in 2003 and was a, you know, as an established practitioner in the silver spring Washington D.C. area.

Um And I heard the parents of uh Lance corporal Jeffrey Lucey on the radio and um he had come home from Fallujah, um unable to live with what he had seen and what he had been as to do and had committed suicide in his parents basement.

And I was I was just so moved by these lovely, lovely parents.

Uh His dad was a nurse, his mom was a social worker and they they did everything for their son.

He sat in their laps and wept and they held him.

I mean there was nothing that they more that they could have done and of a kind of dropped the ball on them, they should have, they should have held him in a in a locked ward and under protection and um they released him from the hospital and and he hung himself in his parents basement.

So I was kind of filled with this thought, this feeling that I didn't have to be this way, you know that acupuncture could have made um a transformative difference both in Jeffrey and and in his parents experience and that um you know, we needed to bring Integrative medicine into these settings in order to save people's lives.

Just the thought of young people unable to live with their experience was was just too much for me.

So um I sought out additional training in understanding trauma and working with trauma and the somatic experiencing institute was glad to come to our area um and they would work with not just mental health providers but also with body workers and acupuncturists to train them in trauma resolution and um you know, I kind of fell in love from the first class.

You know, they they said well there's these two branches of the nervous system, there's the sympathetic branch and the parasympathetic branch and I thought well that sounds like yin and yang, I mean I'm an acupuncturist I understand through chinese medicine and here was neurobiology, talking my language.

Um so um I kind of I kind of you know, just jumped in with both feet and um was able to feel very much at home and um I think by bringing chinese medicine and integrating it with neurobiology, I was able to find some new ways to approach trauma survivors, new ways to access the trauma that's held in the tissues of people.

That it became very clear to me early on that um we can't just change our minds about what happened to us.

We have to change our physiology.

Um and how we've um moved into either embrace or a collapse response in response to the circumstances that that we faced in response to how our biology helped us navigate a certain experience that was helpful and useful at the time.

But as time goes on it becomes less helpful of us less useful in in new circumstances.

Mm I'm really struck by how, you know, driving listening to this story on the radio um just opened up this whole world for you in supporting the healing of veterans.

Yeah.

Um I actually had that thought and then it faded away like, like a lot of thoughts and a couple months later I heard them again on the radio and I recognized kevin lucy, I recognized his dad's voice before he identified himself and I said, oh well, time to listen now.

So we brought the somatic experiencing institute to begin training clinicians in the area.

And I was able to, um, that may during national nurses week, we went to the group of us, went to the walter reed army medical center and offered a wellness care, compassion fatigue clinic for the nurses um, during national nurses week.

And of course we invited other clinicians and other and administrators and volunteers there too.

We were not allowed to treat soldiers in patients, but we could treat staff.

And then a year later we came back again each time.

We were there for three days during national nurses week, 12 hour days and treated 1000 over 1000 people in those three days.

And the second time we came, the second year we saw some of the same people, but they look positively gray.

They looked haggard, fatigued, exhausted, brittle, you name it.

And that's when we said it's not enough to be here once a, once a year for a few days.

We need to be here every week.

So we were very fortunate.

We were all volunteers those first two times.

But I didn't feel like we could ask professionals to volunteer on a weekly basis.

Um, that, that I wanted people who, you know, were skilled, you know, competent and capable and had funds to pay for continuing education and, you know, all of that.

So we were fortunate to get some funding And able to offer a yearlong clinic.

We were there every Wednesday.

We saw between 60 and 80 people most every week.

Um And we had the chief of the nursing research service um as our principal investigator and we're able to to collect data and publish a paper and um learn something about the impact of caring for the caregivers on there, ability to act in a compassionate way.

Um Our our goal kind of in alignment with the people who do the heart math institute work.

That's heart heart math dot dot com dot org.

Um was to impact the experience of being at walter reed.

So our thesis was that if enough people left our clinic feeling more regulated, experiencing more cardiac coherence That that vibration which extends from our hearts according to the heart math people a minimum of 6-8 ft.

That when they went to a bedside of a patient, that coherence would influence the patient.

That when they were behind the nurses station with their their pals and co workers that their regulation would influence the regulation of their coworkers.

Now we have no way of knowing whether that's true or not.

But we do know that we treated about 15% of the staff of the hospital over the course of that year And that of those who attended 12 or more times 77% of them said they had more compassion for their patients as which they ascribed to attending our clinic.

So you know, no, every nurse wants to feel more compassionate.

That's the nature that's their nature, right?

And um that that number of percentage of people who felt more compassionate increased with the number of visits.

So we can at least say that the more they came the better they got.

Um And there were also unsolicited comments about Um health habits, exercise diet, um better able to resolve conflicts at home and at work.

Um you know, things like that, that it um it was one of the more satisfying years of of my now 30 plus year clinical clinical life.

It was really a wonderful experience to to serve there and feel like we made a difference.

That's incredible.

I think about, you know what you saw in the first time you went to nurse's week and then um what you described when you went back a year later and that impact of the fatigue, the burnout.

Um and then how can we support our caregivers who are on the front lines on a daily basis and the importance of regulation, right?

And how me showing up as a provider, even if I think I'm holding it together well, and if I have a lot going on under the surface that has an impact on my colleagues, it has an impact on my patients.

So how can we support ourselves in regulation?

There's an interesting statistic that just came to me um it's within military circles, the higher rates of traumatic stress actually belonged to military caregivers rather than infantry.

Mhm.

We would think that being in battle would b a you know, a higher risk for for trauma, but actually the day to day to day to day caring for highly wounded young people is at least as stressful or at least results in, you know, more compromised regulation than than being on the front lines of battle.

What are some of the factors that you think contribute to that?

Well, I think in battle there's a there's um there's a sense of cohesion, you know, your your with your group, your with your team And there's nothing that a human being wants more than to feel like they're part of a tribe, that part of a group that's working together the the awareness.

I remember asking one vet, I would often ask um what helped you cope, this is jumping forward to when I then went to work at the veterans administration and worked there for 10 years and I would often ask, you know, what helped you cope and they would university, you know, so often say it was the other was the other people in my unit, I knew they were taking care of their quadrant and I was taking care of mine, we could trust each other, we knew we, you know, we knew we could trust each other and that actually the spirituality of military culture and the ability to connect with others and trust others and be, you know, in partnership with others was um, just a remarkable experience for me.

I think it was, I think was transforming to me.

I had no experience with military culture.

Um, before, before this and I had my own prejudices I confess.

And what I found was the quality of human being that was, you know, pretty special.

Mm hmm.

I'm struck by as we have um, different conversations with researchers.

You know, there's this notion in our world about resilience and what that means.

And oftentimes it's focused on the individual and like the stories around it.

Like I pulled myself up, but as we know from the research at this point that it really is about resources and people and connection more than anything else and that we really do need community.

Absolutely.

There's a book called Tribe by a fellow named Sebastian Younger and he did some observation of World World War Two era in England and the Children who were scurried off to the countryside while London was being bombed actually in adulthood fared less well than the Children who were subjected to scurrying into bomb shelters but stayed with their families and and and stayed with their, their neighborhood and their community as they went together into the bomb shelter and cared for each other.

Um, but the ones that were taken off to the countryside in spite of being physically safer on the, on the level of their morbidity and mortality related to stress response, they did worse, wow, that's incredible.

Tribe makes all the difference.

You know earlier you talked about um it's not enough to change your mind.

We have to change our physiology.

So in your practice I'm curious if you will share with us um what that looks like as an acupuncture and Chinese medicine practitioner.

Right, right, right, right.

So there's this concept in neurobiology called into reception.

It's basically like body awareness, embodied awareness.

And my sense when I translate that through my Chinese medicine mind is that when when people experience an overwhelming sense of threat, their ki their energy body kinda disperses.

It kind of leaves their body in mental health terms, they call that dissociation or fragmentation.

And when when we um asked people for their entire receptive awareness, like what do you notice as I have my hand under your kidney and I'm giving it an opportunity to rest into my hand or what do you notice after I needle that point?

Or if I palpate this point and that point, which one feels better, which one should I needle?

Like I'm asking them to make their own inner assessment based on their into reception.

And every time they notice they're into reception, they're bringing their chi and their awareness back to their body.

So we know from Chinese medicine that the functions of chi include warming, energizing, holding, transforming transporting all these different functions.

And really all we have to do is bring kai back to the body and then people will get well.

So um for instance I always start my sessions with well in in I usually start my sessions and chairs so that we're at the same level of each other.

I'm not towering above them.

And I'll ask how is this distance between us?

So I'm asking for there and tear reception of the degree of closeness that they want.

Well you can come closer and then I might come a little bit too close and and and watch them go and I go okay I'm gonna step back just a little bit, let's find the sweet spot or I'll go far back, oh no that's too far you know.

So I I'm working within to reception all the time.

We have our little conversation a little update about what's what's going on and then we'll move on to the table and I'll start my conversation with let's give yourself a minute to wiggle shift and adjust and and find find just just one or 2% more comfort.

And then when I see them take a nice big breath and say oh I see you got it, you got a nice breath there, tell me what's happening with my body feels heavier ah notice that and I might even say let's let your bones be heavy and your muscles be soft.

So I'm asking them for body awareness.

Not not cognitive awareness but body awareness of their physical state And what I found and this was pretty fascinating to me.

What I found when I was at the Veterans Administration.

This was very poignant that some people will respond to to traumatic stress with embracing in their muscles and they'll become very tight.

They're muscular is tight, they're braced there.

They often will look like tight.

And if I was to place a needle into that tight body type, the needle will hurt and the key, the energy will not move with the stimulation of my needle because the the the trajectory is all clamped down.

Similarly, if the person responds to stress with a flaccid or a collapsed body state, I can needle and needle and needle and there's not enough tone to carry the key.

So I had to develop some approaches that would help a person move towards regulation, like away from their braced state or away from there or bring some tone into their collapse state before I could needle in order for my needle to have effectiveness.

So things like bringing awareness to body sensation.

Um some some touch work, like holding the kidney adrenal system or or um helping them choose which side they'd like me to stand on and notice comfort with that.

Like that would help them coming to just move in a direction towards regulation so that my needle could be more effective.

And and it was those kinds of things that over time kind of led me to codify an integrative approach to working with trauma survivors.

That's a kind of an East meets west that I could study neurobiology, Western neurobiology and political theory and the the self protective response mostly through the lens of the somatic experiencing institute and and Stephen Porges.

And then I could filter that through uh my Chinese medicine mind.

Um and the five elements and uh Chinese physiology.

And I could come up with approaches to working with people that could more um in a more focused or tailored way access these hidden away places where we tend to store our our trauma experiences.

I could get access to what is so easily hidden by trauma survivors because we all want to you want to present as you like competent put together people.

Um and it does help to be able to read pulses and diagnosed tongues and and palpate and all of that.

But then there's another dimension that if I also take neurobiology in place that I can I can see even more clearly how to access these these places that want want either uh to be to be more toned or to be less braced.

I love your approach really about um pointing people back to their body as you know, they are the expert of their own body and getting them to pay attention to how how am I reacting or responding to, you know even just the distance or what side of the body that you're on.

Um and then how you reflect back what you're seeing in the body um as a way to increase that interception.

That's right.

And the uncanny thing is as people um release um like a brace that's in their musculature it will frequently as it um releases down a limb an arm or leg, it will release along a meridian release along a Chinese meridian energy pathway.

So that will also give me clues about where might I want to place a needle to facilitate that release to be more more complete or more more helpful.

It's it's really crazy to watch.

It's just great to watch Chinese medicine come alive before your eyes you know?

And and in this work.

Yeah that's incredible.

Um So you wrote the book The Tao of Trauma.

Can you tell us about the key elements of the book?

Yeah sure.

Um So early in my somatic experiencing training, they taught us um uh about the work of Peter Levine who founded somatic experiencing and he's an ethnobiologist.

He went out into nature and studied predator prey relationships And over time he was able to codify five steps that he calls the self protective response um that all animals including two legged animals human beings, primates um go through as we navigate danger and navigate life threat.

Now here's the curious thing, those five steps are mirrored In the five elements of Chinese medicine.

So Chinese stages three, years ago also knew about these five steps.

They didn't speak about them in the exact same way.

Um, but when I speak about them and integrate, um, uh, Dr. Levine's work with Chinese medicine, they come alive.

Um, The so I'll name the five steps the way I've named them the first and I think of them as um, capacities for survival, capacities for life.

So the first one is awakened arousal, but we need to notice that there's a pothole in the street that wasn't there before or we're gonna trip and break your ankle.

So we need capacity for mindfulness and awaken with arousal belongs to the metal element which is the organs, the lung and the colon, the emotion of grief and also inspiration.

The next step is uh, signal threat.

So we need to have capacity to recognize threat, but also to recognize safety and to make that distinction.

So the kidney and the and the adrenal gland sits right on top of the kidney belongs to the water element.

And its job is to get afraid is to get afraid and to notice when we don't need to be afraid so that we can appropriately signal threat.

And also discern the difference between I'm uncomfortable and I'm unsafe because if we make a mistake in that we can make, we can make sometimes deadly mistakes, we can react in a way we don't need to.

So signal threat is the second, the third is mobilize a response, mobilize a response that's commensurate with the level of threat.

So, uh, we need that capacity to fight in flight in order to protect ourselves.

But we don't want to use a cannon when a fly swatter would be adequate.

So mobilize a response belongs to the wood element.

Um, it's always on, it's also reflected in our sympathetic nervous system.

So it's always on and available to protect and defend.

That's the wood element.

And the mobilized response.

And the 4th step is called, I call it restore coherence.

And it's basically the function of the heart and the fire element to come back to regulation once the threat is over.

So, um, the, the heart's job in the, in the threat response is to signal arousal in the whole body, like the, the kidney signals a threat.

But the heart commands a response.

So the heart says, okay, kingdom of the body, every all hands on deck with, you know, life threat, we need to respond.

So the heart commands that response.

But when the threat is over, the heart returns to equanimity, it returns to a regulated, easy beat.

And we know it's over.

When I was at the Veterans Administration, there were hundreds of veterans Vietnam era veterans who wore a ball cap with, uh, where they served across the brim and they would sit in the coffee shop and talk with each other about their, their wartime experiences as if they were yesterday.

And the issue was that their heart hadn't caught up with.

That's then this is now I wasn't safe then I'm safe now that's over.

So someone who doesn't know that they're safe now and that the threat is over.

That's kind of emblematic of needing treatment in in their heart.

Meridians then the last step belongs to the earth element, the spleen and the stomach.

I call it digest the gristle.

So what happens is we make our way through all of these five steps is no matter how successful we are in each of those steps, there's still going to be a little bit of gristle for us to process that's the nature of trauma.

It's there's hard stuff in it.

So what Levine says, Peter Levine says is that if we make it through all those five steps successfully we're gonna be less likely to have trauma symptoms.

So if we can um our job as clinicians is to sort out which step got thwarted in that cycle of five and how can I access what's stored in the body?

Because it got thwarted it got stopped up.

How can I access that location and help it resolve and complete.

So the wonderful thing about Chinese medicine is that they codified these um resident tissues and organs and and and and and emotions with each of those five elements.

So for example when I was at the V.A.

A fellow I was coming to pick up a fellow from the desk for the first visit and he, I go to shake his hand.

He says, I don't press flesh with women and his jaw is really tight and his body is tight and were struck down the hall and everything's tight and and he's angry and he's in pain down the side of his leg and he shows me and he's got a headache.

And um like I do my diagnosis like on the spot, this is a wood element type.

He's stuck in his fight mobilization response and um, we need to and we need to lessen his brace state so that I can get a needle in it.

So we come to the door of my office and he sees flowers on the on the stand and his face starts to soften.

And I said, I think I noticed your face softening.

Is that, is that true?

Well yeah, my, I used to garden with my grandfather.

So seeing the flowers reminds, okay, let's bring your grandfather here, what happens?

And you can just see his body lighting and, and as I saw his face soften, his body light.

And I said, so tell me what percentage of you feel safe right now.

And he said, he looked at me with these amazing eyes and he said, damn, no one has ever asked me to feel safe.

It's not safe to feel safe when you're in battle.

You need to be in constant alert.

So he got up on the table, I did a very simple treatment, two points, two pairs of points on his would pathways his liver and his gallbladder.

And when he got off the table I asked him, I often ask people for for one word for how they feel different now because I want them to really embody a different state of being.

He said ebullient, I feel a brilliant.

And he put his ankle over his knee to tie his shoe and said, damn, I haven't been able to bend my me like that since I got home from Iraq.

So his tendons and ligaments had become more flexible as well as his emotional state was more flexible because when we went back up to the desk to schedule another appointment, he picked me up off my, he's a big guy, I'm fairly small and planted a kiss on my cheek and put me back down on the ground so that like Chinese medicine knows that the tendons and ligaments are associated with the wood element.

So although I wasn't specifically treating his tendons and ligaments, the regulation that he found in his wood element helped his tendons and ligaments be more flexible and helped him move out of that that locked in angry state into a more flexible and relational one.

So when the wood went into more regulation it then in turn fed the fire his heart and he was able to be in connection with me.

So in Western terms we'd say his ventral vagus nerve which allows us to be in relationship and to solve conflicts in the context of relationship.

Had been tonified that it was working better because of the capacity of he and I to find relationship with with a little more regulation in his system.

That's a great story, isn't it?

Oh my gosh, it's a wonderful story.

And I'm again just struck by um these doorways into the body that help with regulation or help the chi flow again and um how remarkable it is Right in this one session to see such a huge, such a big shift.

Yeah.

Yeah.

That's incredible.

Yeah.

Um I am curious what role does integrative medicine have in supporting a person's resilience?

Well, you know I think of um like another name that I like to use for.

Integrative medicine is vibrational medicine.

You know that Western medicine is more biochemical medicine.

You know it looks at blood values and it and it offers um pharmaceutical interventions largely.

Um I mean there are fizzy interests and physical therapists who also use touch techniques but largely we could categorize Western medicine as biochemical and um Chinese medicine isn't the only vibrational medicine.

Cranial sacral work is vibrational depending on how it's done, massage can be vibrational medicine.

Um You know, lots of, lots of art therapy, music therapy etcetera are meeting people at the level of vibration of their vibration and trauma is vibrational illness.

You know, it's an impulse that affects our tissues.

That that's that stays with us.

You know, like, like when for example, when a soldier this is a little bit old fashioned now.

But when a soldier leaves, Iraq gets to Kuwait, like their trauma response goes with them to Kuwait, it goes with them when they come back home, you don't get to check your trauma at the door.

Um of of time.

Geography.

Um experience it comes with you and it will also vibrational, the impact the people who love you.

Mhm.

So we can um we can interject regulation anywhere into that vibrational container and make an impact.

So for example, if I treat um anytime I treat someone and they leave my office in a more regulated state.

If they have a sleeping partner, that sleeping partner will lie next to a more regulated energy body for eight hours that night, hopefully.

And they will get a treatment because they're lying next to a more regulated person.

So we don't have to treat everyone in the world.

We just need to treat a critical mass of people so that our world can be more regulated and people will make fewer, fewer errors around recognizing when I'm safe and when I'm when I'm uncomfortable and when I'm unsafe because that that that moment of I think I'm unsafe is always the excuse that people who shoot other people use.

I didn't feel safe.

So I shot him?

Well, maybe you need to take responsibility for your anxiety and not blow your anxiety through that other person's body.

So the more that we can help people be regulated and make those distinctions of interception.

My stomach's gurgling, my stomach feels tight.

I don't feel comfortable, you know?

But am I safe?

Yeah, I think I'm safe, but I do recognize that I'm coming.

I'm uncomfortable.

I live in America where where white supremacy and misogyny and capitalism has affected my worldview and I need to have more mindfulness about that so that I don't act out of those really contracted negative states.

I need to I need to I need to grow up, I need to mature, I need to digest the gristle.

Mhm.

And find, find a way to recognize the humanity and another person who's different than me.

Maybe they dress different.

Maybe they speak a different language.

Maybe they, you know, they're a different race or nationality or sexual preference or whatever they are.

I need to transcend my my my knee jerk reaction of I'm uncomfortable and translating that into unsafe and instead say I'm uncomfortable.

I'm uncomfortable.

I'm gonna own my discomfort, but I'm not gonna put it on them.

Mhm.

And I'm curious about, you know, that distinction between I am safe and uncomfortable requires a pause a conscious pause.

Exactly.

And um I think, you know, as human beings, We don't always like to be uncomfortable either.

And so I do you have any recommendations for how do I sit with the discomfort?

Yeah.

Would you like another story?

Great story?

Yeah.

Okay.

So this fellow who's a veteran um was um got on a subway train and the train got over full and he started feeling anxious every other time.

He had felt this love of anxiety.

He's come to out of a blackout with bloody fists.

And this time he had a few sessions with me at the v a few acupuncture treatments.

The door opened to the train and he got off the train.

So he had that moment of time to recognize, I'm anxious, I'm uncomfortable.

Oh, let me get off the train and the next train came by, it wasn't so full.

He got on the train and everything was fine.

Mhm.

So in that moment he found that moment of time, that moment of mindfulness, I suspect that he had cultivates some capacity for mindfulness, in having the few acupuncture treatments he had had.

And um the New York, the transit police got a treatment, the other writers and the train got a treatment his daughter who he was going to visit, You know, said daddy, you're cool.

You know, she got a treatment like no, no one had to suffer because he found that that gift of mindfulness, that moment of mindfulness that allowed time between stimulus and response.

Well, I'm just so aware of that ability to regulate in the moment and then the ripple effects that that can have.

That's right.

So that's another example of vibrational medicine.

You see what I'm saying?

Like that vibration mhm.

Traveled all over because someone walks into the room who is angry or frustrated.

Um people feel that and um it has an impact on the room when someone is, you know anxious or actively engaged in some way.

So so so let's look at that because there's an interesting phenomenon um in terms of workplaces that um and proximity to other people that a regulated nervous system actually speaks louder and more commanding than a dis regulated one.

So if if there's this um this angry, dis regulated, rigid person walks into the the Q.

And everyone around them is more regulated and able to say, hey pal, can I help?

What's happening?

We're here for you instead of going clumped up and retreating to the corner and leaving them alone and all that kind of stuff that the nature of the workplace can actually transform, which is huge.

Yeah, especially as we, you know, talk about health care providers and behavioral health professionals and the importance of how how can I show up in a regulated state.

Um as we were talking, you were talking about the five steps and really looking at um threat and safety and these places that we get stuck in In that five steps.

I'm curious.

You talked about the nurses and what you saw there and we know that the health care system is a very stressful place to work and um I think there's many clinicians who may be living in that chronic stress cycle.

So what is some advice that you have for a clinician who may feel stuck?

Right, Right, right.

Well self care is really critical and, and I think having a practice of um ensuring good sleep, ensuring good food.

You know, sometimes when we feel hyper stressed, we feel more interested in eating, you know, sugar and junk food, but the more that we can eat a good healthy diet, the more regulated our body is going to be um taking time in nature.

Um, and you know, different ones of us based on those five elements are going to find um different aspects of nature to be helpful.

Like if we're struggling in our uh metal element in our awakened arousal place going and walking on mountains or staring at mountains and breathing clean air will help regulate that because the lung is the organ associated.

If if we're, if we're challenging the signal threat and the water element, go walk along a stream or go for a swim.

If we're a wood type and that mobilization response were just quick to mobilize or we find we can't mobilize, we can't protect and defend, go climb a tree or go hug a tree or go hold a wooden block in your pocket, you know, and if we're a fire type, you know spend time in the sun, spend time in the sun, go dancing with with another person.

Um And if we're an earth type, you know find comfort, Find caring, find find comfort.

Um And I think for all of the types that the critical thing is cultivating the ventral vagus nerve, which is the fire element in Chinese medicine.

It's what responds to that sense of threat with with a capacity to resolve the threat through relationship.

So things that cultivate the ventral vagus are um go dancing, play play play ball with other with your kids or anybody go down to the park and and shoot some baskets.

Um Get involved in a choir or a singing group where you're exchanging a vibration with other people.

Do line dancing, where you're you're coordinating with other people.

Um uh take you know at work.

If people took two minutes and went back to back with each other and hummed, created a vibrational hum that went down into their guts and experience that With another person they would find themselves more regulated.

It would take two minutes.

Like every staff meeting could start with humming together and the shift would be different.

We need to create these regulating vibrations in um And you know Western medicine calls it ventral vagus Chinese medicine, calls it the heart.

And in Chinese medicine the heart is known as the supreme controller.

Its job is to beat out a regular rhythm that gives, that informs every other organ of the body about how to be more regulated and coherent with everybody else with all the other organs in the body.

So giving ourselves opportunities even taking a moment to look in someone else's eyes and have them receive your eyes and you give them your eyes.

You're you're you're creating you're creating a connection in the heart that will help regulate the whole kingdom of the body.

Mhm.

I I used to run chronic disease self management workshops and we did this brainstorming session with the participants of the workshop and it was things I don't remember the exact brainstorming question but it was like basically things that bother me about my health care provider.

Um And one of the number one things that I heard in every group that I facilitated was they don't look at me in the ice.

Yeah.

They're looking at their computer as if you are your blood values instead of instead of you are a person.

And so just that shift to taking the you know minute or the moment to really look deeply in someone's eyes and how that can regulate myself as a practitioner and helped to co regulate my patient is fascinating.

And increasingly they also don't touch us.

They rely on blood values rather than palpitation and um we, we long to be touched.

Mhm.

Physical touch that's safe, safe physical touch that has an element of caring in it is profoundly healing.

And you know, Western medicine has largely made it very medicinal, very clinical and and less compassionate.

And you know, we could do well to to touch each other in safe and compassionate ways.

Um You know, it's a great um great example.

I just read about this when you invite someone over for dinner.

If you spend when they arrived, if you spent 30 seconds now, 30 seconds can be a long time hugging them, like take three breaths and hug them that you'll move regulation into um from their ventral vagus into their viscera into their guts in a way that will help them digest their food better and engage in more thoughtful and meaningful conversation over dinner.

I love that Isn't that great.

It's so great.

I actually, I've read the same thing and so I've tried this with my husband, you know, at the end of the day and you can really feel the body and it I tried it for 20 seconds.

Um but you can feel the body relax yes.

Self and other.

And so it's fascinating to pause and pay attention to that, right?

And when couples do that as a practice, they can actually help each other repair attachment wounds to go back to childhood go back to infancy.

That that time too, as soon as we get home to take time to hold each other until we sink into that relax state with each other.

It can repair those those old brace or collapse states left from uh, you know, not getting the, you know, quite quite best attachment experiences as, as infants.

That's incredible.

And it is a long time is what I learned.

It's much longer than we generally hug people.

And so I was surprised to peck on the cheek and move on.

And he's like, what are you doing?

Nothing.

I didn't even tell him what I was doing.

Hopefully he doesn't listen to this episode.

Strange.

Great.

So Alaine as we wrap up here, um how can people who are listening learn more about your work?

Yeah.

Thanks.

Um I have a website, it's called Integrative Healing Works dot net.

Um I'm starting a a new cohort this fall for a yearlong course based on my book, The Tao of Trauma.

It means five times once in every season of the year.

Once for every step of the self protective response.

And we explore touch skills.

We actually explore mm hmm, relationship, um, observation and touch skills um in each of the five elements um in their season.

Um And uh it's available for uh not just for acupuncturists but also for mental health providers and body workers.

And um we're gonna have a cohort in Ojai, California.

And another cohort cohort in silver spring Maryland.

And a third cohort online.

Uh This past year we learned a lot about how to be flexible and and how to work with people virtually through the screen.

So that online course will be a lot about virtual touch and virtual engagement.

Um but you can register for bi-monthly newsletter which I call news and views on Integrative healing or register for that class or explore information about that class at Integrative Healing Works dot net.

And I also have a Facebook page by that same name and you can look me up there.

That's wonderful.

Thank you.

I'm very curious about virtual touch and how that works.

Yeah, it's it's pretty magical.

Um It's pretty magical.

The power of intention and attention two to move the energy body is profound.

Wonderful.

Well, thank you for sharing your wisdom with us today.

It's a delight to talk with you.

It's great to talk with you as well.

Take good care of you too.

Thank you for listening to CASAT Conversations.

Your resource for exploring behavioral health topics.

We hope you found today's conversation timely and meaningful.

Please share this podcast with your friends and colleagues.

If you want to learn more, visit us at our blog at CASATondemand.org

CASAT Podcast Network

This podcast has been brought to you by the CASAT Podcast Network located within the Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno.

For more podcasts information and resources visit CASAT.org.