



Conscious Life presents

Applied Polyvagal Theory for Anxiety Healing

Guest - Dr Arielle Schwartz

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[00:00:09] Alex Howard

Welcome everyone to this interview, where I'm super-excited to be talking with my good friend, Dr Arielle Schwartz. We're going to be talking about applied polyvagal theory and anxiety. We're going to talk about the impacts of childhood trauma, of attachment wounds, how they're held in the body, and the importance of self-compassion to support healing.

To give a little bit of Arielle's background, Dr Arielle Schwartz is a clinical psychologist, internationally sought-out teacher, and leading voice in the healing of PTSD and complex trauma. She's the author of seven books, including *The Complex PTSD Workbook*, *The Post-Traumatic Growth Guidebook*, and her latest, *Applied Polyvagal Theory in Yoga*.

As the founder of the Center for Resilience-Informed Therapy, she is dedicated to offering informational mental health and wellness updates through her writing, public speaking, social media presence, and blog. She believes that the journey of trauma recovery is an awakening of the spiritual heart. So firstly, Arielle, welcome, and thank you for joining me.

Dr Arielle Schwartz

Thank you for having me. It's always such a joy to talk to you.

Alex Howard

Yeah. Likewise. We're going to be talking about applied polyvagal theory and anxiety. I was thinking maybe just a good starting point is just to explain a little bit... I think people might hear the term "applied polyvagal theory" and start to think that sounds a bit scary. So should we give a little bit of context of what we're talking about, and then we can make that bridge to how it relates to anxiety?

[00:01:53] Dr Arielle Schwartz

That sounds great. Before your eyes glaze over at the term, let's make this really, really relatable. Polyvagal theory is a fancy term that basically is looking at the relationship between your vagus nerve and your autonomic nervous system.

And that for hundreds of years, centuries, perhaps, there has been this understanding that our autonomic nervous system has two primary branches. A sympathetic system that's our fight/flight system and our parasympathetic system that's our rest and digest system. And that story is partially true.

But what polyvagal theory illuminates is that if we really start to study the vagus nerve, and the vagus nerve is always part of that parasympathetic system... That "poly" means multiple, "vagal" is referring to that vagal pathway. And so now we're starting to look at the nuance of actually there's multiple vagal pathways.

And there's two primary vagal pathways, one that goes in an upward direction. The vagus nerve comes out of the brainstem and resides primarily above the diaphragm, moving into the face, your ears, larynx and pharynx in your throat, around your heart, around your lungs.

Then there's an older vagal pathway that goes below the diaphragm and descends into your digestive organs and your reproductive organs.

We can think in general that the vagus nerve is like this mind-body communication superhighway. It really helps your brain register what's happening in your heart, relationship to heart rate and blood pressure. What's happening in your lungs with your breath. What's happening in your gut with that instinctual response to the world and the gut microbiome.

And all of these things that's really important for our health and well-being, and that the vagus nerve is going to communicate up to your brainstem what's happening in your body so that your brain can then really work with your body in concert.

It's like this orchestra and the conductor, and helps with managing our breath rate and our heart rate to navigate the stressors and also the safety of the world around us. This upper pathway, Dr Stephen Porges, who developed the polyvagal theory, refers to this as the social engagement system.

Our social engagement system utilizes this upper path of the vagus nerve to down-regulate our defensive system. Basically to come out of fight/flight, come out of the sympathetic system for the purpose of resting in safety in connection. It's what allows a baby to nurse. It's what allows us to procreate and be intimate and close to each other.

We need to be able to down-regulate our defenses in order to seek that biological connection for attachment and for caring for our youth and for bonding with our partners.

So one last thing I'll say, and then, of course, we can continue to unpack it. But one more thing that I'll say is that the polyvagal theory also illuminated around that balance of sympathetic and parasympathetic is that the sympathetic, which always got coined that fight/flight system, actually

also has an expression when we're safe, and we call that play. It allows us to feel excited and joyful and do all the fun things.

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Then we also have a parasympathetic system that's not always rest and digest, but that that parasympathetic system can actually bring us into more of a defensive or survival state, which we would call collapse or the urge to hide or a feigned death response. Getting smaller and withdrawing from the world.

It gives us a whole lot more nuance, and then it just expands from there. What I love about the Applied Polyvagal Theory model is that it takes some of the pathology that we often identify with a diagnosis, let's say, anxiety, panic disorder, generalized anxiety, OCD, that whole category. Even PTSD is a form of an anxiety disorder.

It helps us step back and say, oh, if I can understand this through the lens of the nervous system, then I can actually work to learn how to readjust my nervous system in a way that can help me with the symptoms of those diagnoses, but to really see them as nervous system states.

Alex Howard

Yeah, one of the things that I've personally found very helpful, and I think you're speaking to it very well here, is in a way, it gives a map to the biology of what we're experiencing in ourselves.

And so if one is in a state of anxiety, that can feel like anxiety is just in the mind, or it can feel like anxiety is just in the body. But there is an underlying series of connections, let's say, which are bringing all of this together. If we can understand that, that can also help direct us in terms of where we're going to address it.

Dr Arielle Schwartz

Yes. I think that looking at how we are working with states of mind is such a key component of addressing anxiety. How are we working with our breath? Such a key way of intervening with anxiety. How are we breathing? Are we breathing? How are we turning towards our emotions? Can we make space?

I often use this metaphor, and I may have shared this with you before, that I think of anxiety as this catch-all. It's like the big net that we throw into the ocean, and then we're catching everything in the net. We've got a tuna, a swordfish, and whatever we've gathered, an old shoe.

But basically, anxiety is very non-descriptive of what it is that we're feeling. And so we actually need to parse out all of the unexpressed emotions that are building up in us. If we don't have space to attend to grief, to attend to anger, to attend to fear, to attend to pure sadness...

And if we don't have space to be with our emotions, it becomes this pressure cooker inside, and then that builds, and then we feel it as anxiety. But again, it's like the big net.

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And so we want to... Let's go back to our pressure cooker metaphor, but we want to basically start to let out the pressure. And I think that's a big part of what therapy does.

For me, that's my primary wheelhouse. I'm a psychologist. And we create these safe spaces to let the pressure out, or let's go to another metaphor, unpack the suitcase, right? Like, oh, do I really need to be carrying that around?

Alex Howard

Can you say a little bit about how childhood experiences and attachment dynamics also feed into this? Because I think, in a way, understanding polyvagal theory is a helpful way of understanding how what happened in the past is held in our body now.

Dr Arielle Schwartz

Yes, for sure. So if we really look at the way that our nervous systems get conditioned by life experience. And what I mean by that is that the nervous system gets shaped.

We have certain sets of life moments and experiences and relational interactions, and it begins to shape us, whether we're getting shaped in a context of safety and connection and bonding and co-regulation, another key polyvagal term.

If we're getting shaped in that direction, we have actually an increased measure of vagal tone. We have more heart rate variability. These things are measurable when we have what we would call secure attachment.

There's also some studies that show the vagal tone or that easeful flexibility of the autonomic nervous system. When that is higher in the mother, and this is where most of the research lies, we'll actually see a corresponding higher vagal tone in the infant.

So attachment. When we look at secure attachment, it requires things like reliability and consistency and an attuned parent. A parent who is gathering a sense of what that infant needs and is responsive and doesn't have to be perfect, but is "good enough" as Winnicott, a good Brit, would say.

Then we also see that there's certain forms of attachment wounds. Sometimes even the "good enough" parenting can lead to certain disruptions and attachment. Disruptions might be that you missed a call. You missed the distress call of the infant, or you misread what the need was. I thought you were hungry, but you were tired.

Those are really typical moments. Ideally, those ruptures get attended to through a repair process, so that we actually need there to be a certain degree of rupture in healthy parenting. Because ruptures followed by repair actually give us a felt experience that we can have distress, and it can resolve into connection, ease, and okay-ness.

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We actually want to watch for... We don't want to be over-protective or perfect as parents. And of course, we don't want to be neglectful or abusive or intrusive as parents. There's actually a pretty wide berth of what is tolerable. But let's talk about some of the attachment wounds.

They typically fall into two/three categories. One of them is when we have a parent that is unreliable, inconsistent, sometimes really available, and sometimes not, and sometimes intrusive in nature. They're going to overstep the bounds. They want to make sure that everything's okay.

Maybe it's in that over-protective category. There's an anxiety that might be driving that process. That can transfer into what we typically call as an anxious ambivalence in a child of like, I'm not sure when you're going to come, and I'm not sure what's going to come. And a bit of that.

If you get the feeling for it as I'm describing it, you can actually feel a flavor of the sympathetic system in there. There's an on-guard, there's a vigilance, there's perhaps even a flight or a fight response that comes in around that intrusiveness.

Let's look at another one of the common attachment wounds. This is the avoidant attachment. When we have the avoidant attachment other, there is really not someone that is available. The avoidantly attached child doesn't know if anyone's really out there for me. It's akin to neglect. It's this void.

There's a way in which... Again, this is all preverbal. It's getting wired into the nervous system very young. There's a quality of, what is the point of reaching out? What is the point of crying or calling? I'll self-soothe. And I will become, as a result, kind of self-reliant.

But neglect is incredibly painful. When nobody comes to soothe, that is a terrible feeling inside. One of the coping mechanisms of that self-soothing is, I'm not going to feel at all. I'm going to disconnect from my body, from my emotions, from my sensations.

So rather than feeling anxious and flooded by feelings, as we might see with anxious ambivalence, the avoidant is more shut down, disconnected from the body, disconnected from emotions, having a harder time sensing what's happening.

We can actually start to see that that's a little bit more of that parasympathetic shutdown. I've withdrawn from connection. I've resorted to, what's the point of trying?

The third wound of attachment is what we would call the disorganized. That disorganized attachment is in response to an environment that is, yes, unpredictable. I don't know when I'm going to get my needs met, and intrusive, but to the point of abusive.

To the point of, I now don't know when I'm going to get my needs met. Maybe there's neglect in there, but there's also times in which I might actually be in danger from the other. We have to remember that attachment is what we call a biological imperative. You are hardwired to attach.

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We still have this need to attach, but now we're in a dilemma. I need to attach to someone that's hurting me. We start to see these push-pull dynamics of I need you, but you're not safe for me, and so I'm going to push you away.

Then if you start to go away, don't leave me. Of course, we can see what that looks like in adulthood in our attachment dynamics as well. We carry these conditioned experiences, the ways that our attachment has shaped us into adulthood.

If we look at the disorganized attachment through that lens of the polyvagal theory, what we see is that there isn't a single nervous system strategy. We're actually watching someone bounce between sympathetic, anxiety and shutdown and withdrawal and none of it is really working to achieve my needs, and it's exhausting.

Alex Howard

What I think is a really important bridge that you're making here as well is that these experiences that we have in childhood, these attachment wounds, are setting up not just habits and patterns of thinking and behavior, but also they're wiring our nervous system.

Putting it in this context of anxiety, that sometimes people will say, "Well, I just feel like I'm an anxious person", or "Why am I always more anxious than other people?" I think, particularly, that can become marked when one's external life becomes quite well-ordered.

And there's not lots of chaos and lots of ongoing issues that may have been one's experience in childhood, but they still feel this anxiety. Their nervous system is still dysregulated. So it feels like a really helpful way of connecting up those pieces.

Dr Arielle Schwartz

Yes. And I think it's partially why if we just go with skills to treat anxiety... And I'm not knocking cognitive behavioral work. Actually, I integrate it a tremendous amount into how I work with anxiety.

But if we're only treating this at the skills level without the insight level of those origins of why we feel the way we feel...

I've just had so many conversations with people that say, "Well, ultimately, the skills are like throwing a band-aid on, and then the next time I have the panic attack, the band-aid has been ripped open, and that gaping wound is still underneath there."

And so when we really understand, this will tie into the deeper work. For example, parts work comes into this. That we're all carrying that baby self inside of us. We talk a lot about the inner child, but we also have that inner infant that experienced the kinds of attachments that we had or didn't have.

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We ultimately have to learn how to recognize when that attachment part is activated. I've seen so many variants of this. For example, people who describe that as soon as they enter into a new relationship, their anxiety spikes because the attachment system is now activated.

And I'm terrified they're going to leave me for somebody else. I'm having a worst case scenario thinking. I'm attacking myself because I think that I'm not lovable because all of those old layers are now surfacing inside of this new relationship.

And if I'm feeling so much distress inside and I don't know how to hold the baby self, guess what I do? I either toss the baby self to you. Like you're going to take care of my baby self, right? And it's not the other person's job. And then inevitably, they're going to drop the baby, and then you're going to feel abandoned again.

So that's one possibility, or the other is that you basically don't want to bring the baby self at all into the room because you've already experienced that that one got hurt or was unlovable or was uncared for, and so you wall yourself off.

I'm not going to show you what's in here. And then there's not enough juice to foster attachment. So it's about knowing your internal makeup and being able to become self-responsible enough to benefit from the co-regulation of a healthy relationship.

Alex Howard

I'd love you to also speak to... I'm slightly going down a rabbit hole of personal reflection. I'll get us back on track if we go too far. But one of the things that's in my mind a lot at the moment is that when it comes to healing events of the past... So looking at the attachment wounds, for example.

There's obviously a whole bunch of different therapeutic schools of how we can approach that. You mentioned, for example, more cognitive approaches where one is more focused on what one's learned in terms of beliefs, ideas, and thoughts, and so on.

There are other approaches which will quickly make the focus to go back to those past events, either whether that's talking about them, be that doing tapping work or EMDR or whatever it may be.

But one of the things that I've noticed is that when we take our dysregulated self back to the past and go basically too quick to trying to heal that stuff, talk about that stuff.

It's like a dysregulated child going to a dysregulated parent trying to get healing, as opposed to actually working on one's nervous system now and creating that stabilization and gathering those resources.

I'd love you to speak a little bit to that sequencing and that balancing of working with the past versus actually working with the nervous system in the now.

[00:22:31] Dr Arielle Schwartz

Beautiful, beautiful question. I always like your rabbit holes that you take me down with you.

Alex Howard

Well, what I do is there's questions that I ask for the audience. There's questions that I hope are helpful to the audience, but they're also the stuff that I'm thinking about myself.

Dr Arielle Schwartz

Yeah, it's brilliant. I mean, is it trauma-informed care basic? My work is called Resilience Informed Care and Resilience Informed Therapy, and what we're really attending to is that we don't want to jump into the deep end of our trauma-related material until we've learned how to swim. Otherwise, we're just going to be floundering around in there.

Another way to think about it is that when we're opening up a trauma-related memory, even if it's a preverbal memory that lives more in the felt sense or in that attachment system, the only reason why we ultimately open up a trauma memory to rework it is to be able to link it with some new resources now.

I loved the metaphor that you gave of, well, why would we try to attend to the dysregulated baby with the dysregulated adult? So we do really need to find what Dick Schwartz might refer to as that healthy adult. Capital S, Self. That present day is oriented to resource Self.

If we don't have that yet and we go too quickly to attend to the wounds of the past, we can end up recapitulating or retraumatizing the people that we're serving or ourselves if we're in that journey.

We really want to learn how to build more of a resourced self that then becomes that nourishment for the dysregulated young part. This might sound like you're talking about a unicorn. I don't even know what you're talking about, Arielle. How do we get to that resourced self?

This is what I love also about polyvagal theory, is that it actually gives us some tools to work with your nervous system to come into that healthy vagal tone.

To actually facilitate a felt experience in the here and now of enough ease, enough orientation to safety. A soft, even breath. A way to actually hold yourself here and now in a loving way, in a felt experience so that there are actually some tools.

I refer to this a lot as embodied self-compassion. Sometimes we think of self-compassion, and it's a concept, and it feels hard to grasp. Or it's a mental visualization. We bring in an ideal nurturer for that young self, or we allow ourselves to visualize holding that baby part.

But for someone who didn't have that, doesn't have a reference point, and also maybe can't even visualize. We need to anchor the experience of self through embodiment.

We can... Even just subtle things like, what is it like to notice how it feels to find a length in the spine and place your hands over your heart, or to hold your very own face in the most loving way.

To smooth your brow and your cheeks just the way that you would hold a child. Maybe that sad child, and I'm right here for you. To give yourself a hug, to rock yourself.

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These are subtle, simple, yet powerful tools to embody a little bit of self-compassion. When we do this held within a safe enough relationship... Whether that's a therapeutic relationship, whether that's with a partner. We can actually start to explore what it is like to hold yourself while you're also being held.

I often say, I'm right here with you as you're holding yourself, so that there's those concentric circles. The reason why that's so important is that... Especially for someone who had to raise themselves, had to hold themselves from a very young age.

Having to hold yourself again now. I've done that my whole life. I've raised myself. I don't want to have to do this again. And so we're finding these layers of, I'm right here with you. Can you sense the care that's available? Can you sense that my warmth and care is accessible right here? And you're going to really tune into yourself.

Alex Howard

One of the things that was in my mind as you were talking about self-compassion... This is a mini rabbit hole. It's not a whole warren, I don't think. But there's another point that comes to my mind, which is that one of the things that I realize that often we do is we become aware of what we didn't have... Particularly those of us that become parents.

We become aware of what we didn't have in childhood, and we cultivate that quality in our life, often to give to other people. For example, if we didn't have compassion and kindness and softness in childhood, often that can produce parents that are very kind and soft and loving towards their own children because they realize the impact of the deficit of that.

But often we don't actually give that to ourselves. It's like we're giving everyone else the thing that we didn't get. But it's another step, isn't it? To actually find the pathway to actually give ourselves those qualities.

Dr Arielle Schwartz

Yeah, that's a beautiful frame there. I agree with you that parenthood is sometimes a place where that really surfaces itself. Then the next thing you know, you've emptied out. You're depleted because you made sure that everybody else had their needs met.

But at the end of the day, you can't even find yourself. Where am I in there? There's a few things that I think are really sweet about this repair that happens across generations. I'm going to give you what I didn't get.

One thing that you can imagine is that your young self is actually piggybacking on that. Kind of watching like, "Oh, wow, that's what that could look like. That's what that could feel like."

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And so there is a benefit. And if you can just even remember to tune back in or to journal with or dialog with that young part of you that's watching what you give to your kids.

Another thing... This is a very personal story, but I always love bringing a little personal element. I really struggled when I first became a mom. I had anxiety out the roof. I've been prone to anxiety much of my life, certainly as a young child, as a teenager, young adult, and I became a mom at the age of 30.

The combination of not sleeping and caring for the infant, surfacing my attachment stuff, all of that. Oh, my gosh. I would say that for me, the postpartum phase was primarily postpartum anxiety, and it was almost debilitating.

I have a phone ringing. All the things we try and turn off, right?

When I became that young parent, the experience for me... One of the ways that that would surface is I would watch my husband care for my daughter, and some part of me showed up that was jealous. How can she get what I didn't have? And I actually had a relatively positive experience.

Even with that, it was just pulling up these really profound depths of my own abandonment and my own self-sufficiency and all of those wounds that I carried. Thankfully, I also had therapy through that time to really be able to work with what was coming to the surface for me through that process.

To help me have a tremendous amount of compassion. This was all before I'd ever learned about the polyvagal theory. Now I have umpteen gazillion tools and I go, "Oh, man, if only I'd had those 22 years ago." But so be it.

Alex Howard

One of the other things I think often can come up is it's like we give to those that we love what we didn't get because we see that it's important.

But somehow, because we didn't get it, there are these beliefs around, "I'm not worthy" or "I don't deserve it" or "I'm not good enough." And it's almost like they become the blockers to actually be able to give ourselves that self-compassion.

Dr Arielle Schwartz

Totally. And that's where working with the mind, working with our emotions, working with our inner parts. Where it's like, oh, gosh, it feels so much. But they're all connected.

You know I'm a yoga teacher, and one of the ways that I love yoga for anxiety... That I love applying that for anxiety, is actually working with what we might call the subtle bodies. In the yogic system, we refer to these as the koshas. They're the layers of self, the sheaths of self.

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You can think of these layers of self. I'll just name them. We've got our physical body, we've got our mental body, we've got our wisdom body. Mental includes our emotions in this one. We've got our breath body, the pranamaya kosha. We've got the breath. So we've got physical, breath, mental, wisdom...

Then we have one that really resides at the level of the soul. When we look at the more gross to subtle in terms of these bodies from physical through breath, through mental and emotions, we start to recognize that these sheaths of consciousness are like sticky webs, and that sometimes we get caught in the web, and we can't therefore see through it.

When we're working in the yogic system, we're actually starting to identify what got sticky on that web. What is it in the felt sense in my body that doesn't allow me to receive love or feel at ease? How can I work with that by scanning the body, by yogic movement, by asana, by freeing up some of those layers of tension.

In what way does my breath restrict my access to love? Am I holding my breath? Am I breathing shallowly? Can I actually open my breath? Which begins to open the heart center.

Then we work with the mind and our emotions. When we carry those beliefs that you're naming. "I'm not good enough. I'm unworthy. I'm not lovable."

We have words for them, but at their core, when they develop in that early attachment, that belief is "who I am." It's this overarching experience, and we can't even see that it's a belief because it is so core to our identity.

A friend of mine used this metaphor recently, and I loved it. He said that our beliefs are like a poker hand that you hold so close to your chest that you can't even see what you're holding anymore.

Alex Howard

That's good.

Dr Arielle Schwartz

Isn't that good? It was a yoga teacher friend of mine, and I was just like, "Ah, yeah."

So what we're trying to do is be able to see what's caught in the web. What are we carrying? What have we internalized? Because once we are aware of it, we can do something with it.

And those earliest beliefs, not lovable, not enough, not worthy, et cetera, they are very sticky, and they're persistent. And so we do need to have new experiences that allow us to have something dramatically different.

Something really profound that lets us go, oh, wait a second. I had a moment, an hour, a day, where I felt free of that. If that's possible, that I could feel free of that over here, then that actually

forces me to question whether this is 100% real. So we're constantly looking for, where can we find those access points to freedom?

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And this is why I call my work Resilience Informed Therapy, Alex, because if we are always looking at what is wrong, and we're only putting the lens on the problematic belief, the problematic emotion, the anxiety itself, the cause of the anxiety, it becomes all we can see.

We need to find contrast points. We need to have a felt sense of okayness or the fact that you're looking at me so lovingly. We have this other experience and how could this coexist with this belief that I'm not lovable?

We need to be able to open up that I can carry the belief in that felt sense that I'm not lovable, and I can also open myself up to the possibility that maybe that's not wholly accurate. Maybe I can open myself up to the possibility that I could be loved even though I also feel unlovable.

This is what I call a pairing practice. It's the ability to hold both, and. We're not going to reject the unlovable baby part, the part that internalized that. But we're going to build a greater capacity to hold that part.

Alex Howard

Then as we get towards the end, going back to where you started with polyvagal theory and how attachment wounds are held in the body, maybe you can say a few words about how... As this healing work happens, how we can change what's wired into the body.

Dr Arielle Schwartz

Yeah. So when we are working towards creating nervous system change, we have to trust in the science of neuroplasticity. So we look at the science that teaches us that those experiences from early childhood, yes, they're wired in. Yes, there's strong conditioning.

But we can actually build new experiences that create a different felt sense of yourself in the world, different core beliefs, a different way of carrying yourself through the world, a different way of being open to new experiences.

Neuroplasticity recognizes that we get to change throughout our entire lifespan. It used to be thought that what was wired in that attachment phase was more hardwired. It is changeable, but here's the thing.

Think about all of the minutes, all of the hours, all of the years that wired your nervous system toward anxiety or toward that not lovable or towards the next shoe is going to drop. Something bad is going to happen. I never know what's going to...

All of those things. That was so many hours, so many years. So when we look at rewiring the nervous system towards a felt sense of safety and connection and love and ease and peace, and all of that yumminess, we need to do so on a regular basis.

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You're going to brush your teeth every day. You're going to shower every day. You're going to tone your vagus nerve every day. Or thereabouts. And you're going to devote wiring in states of love, care, ease, embodied self-compassion, working with your breath, as a daily practice to start to build in a new foundation of nervous system okayness, of what love feels like from the inside out.

It's yours. And what I always want to say is that it's your birthright. Yes, you didn't have it at childhood, or maybe you didn't have it all the way until you were in your 20s. That doesn't mean you didn't deserve it. And would you be willing to allow yourself to have that now?

Alex Howard

Beautiful. For people that want to find out more about you, and about your work, tell us the best place to go and also some of what you have to offer.

Dr Arielle Schwartz

Yeah, that sounds great. So you can always find me at drarielleschwartz.com. It's D-R-arielleschwartz.com. You also can find me at resilienceinformedtherapy.com. So I have two websites out there.

If you look on YouTube, you'll find me at Dr Arielle Schwartz. If you look on Facebook, you'll find me at Dr Arielle Schwartz. There's lots of ways to find me. On Insta, I'm [@arielleschwartzboulder](https://www.instagram.com/arielleschwartzboulder).

And what I have to offer, and one of the things that I've been doing lately is these vagal toning practice groups. And I also have my therapeutic yoga for trauma that are all on Zoom. And I typically put them in time zones that are available, at least for the European and US time zones. So you can come in at a time that works for you.

And I think that being able to practice toning your vagus nerve... These vagal toning groups with other people who are also healing from attachment, who are also healing from grief and trauma, and all of those things are working with their anxiety.

And to feel that co-regulation in a community space. I mean, it's great when we have in-person opportunities, and it works so beautifully in our Zoom settings as well.

And I just love being able to offer those. So you can find out about my vagal toning groups from both websites, you can access it and the yoga classes and lots of books and all of that stuff.

Alex Howard

Wonderful. Arielle, thank you so much. I really appreciate you. I appreciate your time.

Dr Arielle Schwartz

Thank you.