



EFT, Polyvagal Theory and the Mind-Body Connection

Craig Weiner, DC

Dr. Eva Detko: Hello and welcome. Thank you for joining me for the Mind Body & the Vagus Nerve Connection Summit. I'm your host, Dr. Eva Detko, and my guest for this session is Dr. Craig Weiner.

Dr. Craig is the co-founder and director of the EFT Tapping Training Institute, along with his wife, Alina Frank. They are the producers of the widely acclaimed film *The Science of Tapping*, which highlights the existing science and the research that supports the efficacy of tapping. Dr. Craig is an international lecturer and mentor, teaching trauma-informed and resiliency approaches like EFT and Matrix Reimprinting. He also co-developed the most successful online program for integrating trauma-informed knowledge, along with EFT, called *Tapping Out of Trauma*. Dr. Craig happens to be a huge fan of Stephen Porges and his work in developing the Polyvagal Theory, which is actually the subject of this session. So Dr. Craig, welcome to the summit!

Dr. Craig Weiner: Hi, thank you Eva.

Dr. Eva Detko: Always fantastic to speak to you because you are so super knowledgeable on the subject of mind-body and you've got wonderful insights to share. Today we're going to be talking about the efficacy of EFT, or tapping. But we will also connect it to the Polyvagal Theory and we'll explain how this whole mind-body connection comes together. So why don't we get started? I know you've got a little presentation for us. So

let's start with that, and there's obviously a lot of fantastic information in that already, and then we will continue and talk a little bit more about EFT afterwards. So take it away.

Dr. Craig Weiner: Sure, okay. I'm going to go ahead. I'll start some slides that we'll use. So I love this picture, and I'm just going to explain it a little bit. We're going to be talking about the EFT, many people know it as tapping or Emotional Freedom Techniques. And with regard to the vagus, we're going to be talking about Polyvagal Theory. And of course, the creator of the Polyvagal Theory is Dr. Steven Porges, whose picture is here, and I was lucky enough to meet. And there's his book, which was a thick one. There is, and I do recommend it, there is a handbook, an abbreviated version that it's easier to read. I do hope that Dr. Porges, I believe that the nature of his work is worthy of the Nobel Prize. So that was a comment there.

What I want to say is, that having been in the health field for 30 plus years as a chiropractor, as an EFT trainer, as a mind-body specialist, that one of the key moments that came true for me through the work of Dr. Porges, and also Bessel van der Kolk, etc., was the importance of safety. I was reading Dr. Porges's work one day on a plane, and it was one of those seminal moments when all the pieces of your life kind of line up and come together, and somehow your life, and the journey, and the trajectory that you walk makes total sense. And for me, it was a moment



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in which I realized that safety is everything. That the felt sense of feeling safe in one's body was an absolute requirement for health and well-being, and the ability to heal.

So it was through Dr. Porges, that I started to understand that concept from a more scientific perspective. And his work focuses on the vagus nerve. And through his understanding of how it works, that for us to be connected, for us to heal, our relationship with others through the vagus nerve, allows us the possibility of feeling safe, and then healing, and then being at our most full sense of self. And Dr. Porges, as you could just see in his picture right there, so much embodies that sense of joy and safety, and connection.

But we're going to go ahead, move on. What is the vagus nerve? So much of this summit, you're hearing different, the viewers are, watching and hearing different perspectives about the vagus nerve. I thought I'd just show a few pictures first, for those that are more visual learners. And for anybody that studies anatomy and physiology, there are the 12th cranial nerves.

There are the nerves that basically originate within the brain. And if you look at the bottom left of the square, you're going to see the tenth cranial nerve, which is the vagus nerve. And you could see all the other ones show very distinct areas of the eye, of the face, of the inner ear, etc., that the other cranial nerves specifically innervate and work with.

But when you go to that bottom left, that tenth cranial nerve, the vagus nerve, you go: "Wait a minute. I see it's going to the ear, into the intestines, and organs, and heart, and lungs." And so there is this massive amount of innervation that the vagus nerve, as part of the parasympathetic, the rest and restore, and regeneration part of our nervous system, is a part of. And let's go ahead and take a look just at the

vagus nerve for a moment.

So if we look here and we look at all the internal organs of the body, and you can see the yellow. The yellow is the vagus nerve and you can start to see just how much the vagus nerve is connected to neurologically, through all the organs of digestion, and respiration, and the heart, and also we'll be talking about around the face. And I think that the visual just helps you to see the incredible power of this one, quote unquote, nerve, or nerve bundle or nerve trajectory.

And when we talk about top-down and bottom-up, for those of you that are familiar with those terms, we're talking about from top-down, how the vagus nerve affects through what we call efferent nerves that are going from the top down, and affecting where they're going to. And bottom-up is information that's coming in from lower in their body and coming up and receiving information. And the vagus nerve actually is 80 percent sensory. So most of the work, information that it's transmitting, is coming from the gut, from the heart, from our lungs, from all those tissues, bringing information about our internal system. But the vagus nerve also brings information from the external world, because the vagus nerve is a balancer.

The vagus nerve just is so incredibly interwoven with so many aspects of health. And this is the non-disputable anatomy of the vagus nerve. But I want to take it further into functionality. I want to go ahead and say that the vagus nerve, and especially as we move into the Polyvagal Theory, allows for two primary ways in which we interact with others in the world. And so the vagus nerve, when it's working well, when we're feeling safe, when we're in a balanced state, allows us to easily, and promotes the ability for us, to connect with others. Which of courses is healing and heartfelt, and moving toward wholeness. But it also allows for a mechanism in which it allows us to defend



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and protect ourselves. Which is important sometimes, but when overdone, can also keep us apart.

And so I want to go ahead and talk a little bit about how Dr. Porges's Polyvagal theory helps to explain that. What I want to say is first, when we talk about the Polyvagal Theory, what it really is, it helps to explain, what I would say the hierarchy of how we react to the world, given the evolution of our neural circuitry of our nervous systems. So this theory helps to explain how the vagus nerve is part of, in addition to other parts of the nervous system, it's all about our interactions with the world, and it's all about how we can best respond appropriately to the current circumstances of things that are happening. So Polyvagal Theory helps us to make sense of why our bodies respond the way they do in different circumstances.

So when we look at the development of our nervous system evolutionarily over time, when we look at the oldest parts of our brain, the oldest part evolutionarily, we talk about the reptilian part of our brain, brain stem, that's all about survival. So the hierarchy that Dr. Porges talks about is a three step evolution. He divides the vagus into what we call the old vagus or the dorsal vagus, and the newer vagus. So there's two parts and it'll make more sense as I go over it. So let's just say that all of a sudden somebody walks in, you're at a party, you're in a room, somebody walks in, and all of a sudden you're starting to talk with them, and you start noticing yourself getting defensive, reactive, shutting down, protective. You're not sure why. The person reminds you of something, somebody, you don't even know why.

And the first response coming from the newer vagus is: "How do I kind of befriend them?" How do I use my body, my voice, my eyes, my language, my smile, all of those things to take down this feeling of "this isn't good"? Maybe

even a little bit threatening, a little bit scary. Can I interact with another person using that newest part of my vagus nerve to take things down a notch and go: "Oh, OK, sorry I thought you were somebody else." And all of a sudden we're in a place of balance again.

So our first attempt using Polyvagal Theory is this idea of using our social engagement system, of trying to connect, of trying to orient to the present moment by being grounded. The newer part of our vagus innervates so many of the muscles around our face and our throat, and voice box. So the tone of our voice, the look, the sparkle in our eyes, the way we smile. Think about the way a mother interacts with a child and how she uses those kinds of tools to make a baby calm down. But in a threatening situation, that's gonna be our first go-to.

If that doesn't work or we're unable to access that, or it's not functioning correctly, then the next thing that happens is our body then goes into that sympathetic nervous system fight-or-flight response. Now, all of a sudden, the danger is still there, there's still a threat to our well-being or it feels that way. And so we either move in one of two directions, which means we have the resources to move forward and fight this thing off, like it says there with rage, with anger, or something that's forward moving to try to neutralize the event. Or we start to move into a more fear, panic kind of place, and we're able to just get out of the room, and we flee. If we're able to do, and have the resources to do, either one of those two, great, the situation gets resolved, and the threat is gone.

If we are unable to do that, any of those, then it moves on to the third way of responding, and that's the freeze response. That's the shutdown response. That's the part that's run by the old vagus. So if you think about, for example, the possum, when somebody talks about playing



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possum, the nervous system goes into a place that it shuts down, it goes into freeze, respiration slows. All of a sudden our body is moving toward a place of being numbed, because it's like the idea we're about to be eaten by a tiger, an alligator, or something else. We don't want to not feel the pain of that. We want to be able to almost go into a place of complete shutdown where we slow things so far down that it's almost like our body is feigning death.

So just a quick review. We're in a place of threat, our body perceives that, we try to use our social engagement system first. If that doesn't work, we move into fight-or-flight. If that doesn't work, we move into freeze. So what I want to also say about this that's so important, is that Dr. Porges also created a term that he refers to as neuroception. So really neuroception is our bodies, nervous system's detection of risk. So it's the way that our nervous system detects risk in our environment. And it makes automatic decisions based on its detection of: "Is this a threat or is this not a threat?" Now, in a clear world, so to speak, I see a tiger coming close to me. It's a threat, right? There's no gate in between. There's nothing in between to protect me. It's a true threat.

However, when we have a history of adverse experiences and trauma earlier in life, many things feel like a threat, seem like a threat, our body's determined it's a threat, because of the way that somebody sounded, or looked at me, or said something, the words they used, the look they gave, etc. And all of a sudden my body goes into a hyper-alert response, the whole response of the amygdala, the hippocampus, our nervous system. I then go on high alert, even if it's not truly a threat. So the neuroception of our bodies is determined by our past experiences. And it's where often people feel like they've been hijacked by their body. Even though they know this isn't a threat, even though they intellectually know one thing, their body is responding differently.

And now all those internal signals of the vagus nerve that are getting information from the body, from the bottom up are saying: high alert, threat, we need to do one of these things, in this stepwise process that we're talking about. So when we look at Polyvagal Theory, what it does is it helps us to understand why our bodies and brains react in the way that it does in different situations. And also why, when somebody has been through trauma, it affects the clarity of how they react, and how they perceive others as well. But you can see as you look even in the bottom of the slide, and probably other presenters have talked about it, how when the system isn't functioning optimally, it affects everything from digestion, insulin activity, our immune response, even chronic pain, etc.

So what I want to say is, Polyvagal Theory helps us to understand that our vagus nerve and our body adapts to stress, and adapts to trauma. So these over-reactions, or these shut down reactions, in which we disconnect from ourselves and disconnect from feelings is an adaptation to be able to survive. So it's not wrong, it's just how it's adapted given the circumstances that we've lived through. Since the vagus nerve either allows us to create connection, or protects us and defends us, we want to see what are the steps and what are the interventions that helps us move toward the ability to connect to others, since that's so critical. And so if we look at, for example, what he says is that the body experiences almost all evaluation as threat.

Now, that's interesting because anybody that's been a student in a classroom, anybody that's been around, anybody that judges them or evaluates them, feels threatening to the body. The body responds by protecting and defending, which sends information up, which then causes us to react and defend in certain ways. So evaluation, which we all have, our fears of judgment, our fears of criticism, the way that people evaluate



it, is often felt neuroceptively as a threat. He also says our biological imperative is to connect.

So as mammals, the connection between people is so critical. One of the most primary ways that we can cause trauma is by creating isolation. When we start to look at isolation or separateness with the child from a parent, or from others in their community, that disconnection is so critically important neurologically because there's this interaction that happens. In other words, we need others to help self-regulate ourselves.

So here I am, and I am feeling vulnerable and feeling not so safe, or something's going on within myself. But when I look to another person and I see the twinkling in their eyes, and I see their smile, my ability to detect safety here, is read through my vagus nerve. So I'm looking at another person and I'm determining: "Do I feel safe in this moment?" Well, what we know is that people that have been traumatized, studies with people that have been through PTSD, they can very accurately, for example, read and detect even subtle tones of anger in another person accurately, because they learned that that was an important survival skill. But they cannot as clearly register and read signs of sadness, or signs of grief, or signs of other types of emotions that aren't as important for their survival.

So trauma affects this nervous system in a way that makes it not as clear in reading other people's emotions. Not only that, but trauma also affects my ability to use the vagus nerve around my face to be able to promote feelings of safety and connection. So people with a lot of trauma have often a flatter affect and a more monotone voice. So trauma affects my ability both to interact with another in the information I'm giving off, as well as detecting and reading.

And therefore situations can get complicated, can get intensified, can become hyper-aroused or

disconnected, and shut down much more easily when there's a history of trauma. It's also why we often say, we'll be talking more about EFT, why there is much we can do for self-regulation with EFT and tapping when I'm upset to be able to use a regular self-regulation technique like tapping to do that.

But when working with somebody that's experienced trauma, I always recommend that they work with a trained, skilled, certified practitioner. Because what I say is, when we're dealing with something intense, it's almost like this person fell out of the lifeboat but this person is holding the lifeboat steady, so that this person can stop splashing around, and find a place to be able to go into this more stable place again. So it's this interconnection between mammals that's so critical for regulation. Other points, the essence of safety is a visceral, body-based response, not just a cognitive one.

Because I can think: "Oh, I should be safe here. I've known this person for years" but my body's informing that "I don't know, but it just doesn't feel right". It's a gut response, so to speak, which is critical. That that neuroception, that sense of as soon as I walk in a room my radar is telling me "I don't like this here", I may not sense it as not feeling safe, that might not be my cognitive thought, but it doesn't feel right.

And we're not often making the connections why it doesn't feel right. It's the way somebody looks, it's the color of their clothes, it's the size of their body. Somehow it's making a connection with something that doesn't feel safe or feels threatened. And as Dr. Porges says, "feeling safe is the prescription." So we have to start to re-prioritize our relationships, how we are in our relationships, the healing work that we do. So that we really put an emphasis on safety for healing. And that's such a big part of any kind of therapeutic intervention. And I know that to be



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true personally, having lived through times in my childhood that did not feel safe, as a child growing up in many different circumstances.

And so therefore often felt vulnerable, often felt unable to speak up, often felt shy. And even in early pictures, I would have pictures taken of my eyes almost tearing and crying because it felt like I was being seen by the camera, which felt far too invasive. Early in my life, I would often have the arousals, the sense of hypervigilance where I'm always unconsciously looking around, kind of scanning for danger. So all these things get embedded into the body, read by the vagus nerve, lift it up to the brain, where it then connects it to feelings, sensations, emotions, thoughts, beliefs, experiences. And all of that is happening below the level of our awareness.

When we talk about trauma, many people used to think about like the trauma of a car accident and the trauma of a fire, which of course are traumas. But fortunately, as we become more trauma-informed in the last 5 to 10 years, we can start to look at a much larger body of things that, when we understand Polyvagal Theory and neuroception, even things that aren't the big fire, and aren't the mugging, and aren't the attack, and aren't the break in, and aren't those things, the earthquake, other things get experienced as trauma because they feel and are perceived neuroceptively as threatening to my well-being.

So somebody that has experienced a lot of trauma has so many of these, not necessarily everyone or every person, a loss of sense of safety, the world becomes a dangerous place. And I make choices about my life, my career, my relationships based on trying to avoid things that feel not safe. We also lose our clarity of what are danger cues.

Dr. Porges will call this system our internal TSA agent. So in the US, the TSA is like the security at

the airport. And imagine somebody that's been through a lot of trauma, acting is a TSA agent says: "No, you can't come on this plane. No, you can't come on this plane. You can't come on this plane because you look like this. You look like this," etc. And all of a sudden there is a plane, but there's nobody on it. Because that hyper-alertness of that exaggeration of our safety system is on such high alert that nothing is perceived safe.

So it's a loss of clarity of both cues. Loss of trust for people, you can't trust, a sense of shame about one's experiences, a loss of ability to truly connect with others, so a loss of intimacy. We lose the ability to feel things deeply because they feel dangerous from our bodies internally, so we move toward dissociation and disconnection from one's sensations, emotions and feelings, a loss of connection to one's body.

So often a person with a lot of trauma continues to get injured and not able to feel things as much, a loss of sense of self, loss of self-worth. And also this continued fascinating topic that we won't go into deeply here, the tendency to re-enact the traumas we've been through, almost out of an attempt to overcome and heal those things that we weren't able to overcome the first time. So this kind of gives an insight to the impacts that trauma have on us. And neuroceptively, how we can misread our environment so that everything feels not safe, and we act out of survival, and we act out of staying safe, and defending, or reacting, or overreacting in a wide variety of circumstances.

So now let's move to the other side of the equation. When we look at the science of social safety, when we are able to live a life that's more engaged in the ventral vagal state, in the newer vagus, that part when we talked about that social engagement system. When we are able to live more of our life in that state, then, this is a nice graphic that shows, we're able to embrace connection, we're able to breathe more fully, we're



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able to feel what we feel, we're able to observe without reaction, we're able to be more mindful. One of the things that I see so much is people that have been through a lot of trauma will often say: "I don't like to meditate", or "I can't meditate." And there's a really good reason for that.

People that have experienced a lot of trauma often have that because when you become still, when you start to shut off the outside sensory environment, and you start to turn internally, the body often starts to feel those states of vulnerability and threat and not say: "Who knows where it's going to go? Who knows what I'm going to remember? I don't know what's going to happen if I go here." And so it just starts to shut down. The mind starts to race and they just feel, I can't go in that direction, it doesn't work for me. That's why this Polyvagal Theory so helps us to understand: "That's why I can't receive, that's why I have problems with stillness, that's why I have problems with feeling things deeply, or feeling emotions deeply", etc.

People that try things like Qigong or other things that are more subtle in sensation, they just say: "I can't do that." And that was me for a long time. I remember when I tried to do Qigong in my 20s, I was like: "I don't feel anything, I don't feel energy, I don't feel." And it would be very frustrating. Came back to it 20 years later after a lot of personal work, I was like: "Wow, now I'm feeling things I never felt before." And that makes perfect sense when aligned with this work. So as we start to find ways to heal our trauma like EFT, we start to find ways and relationships, and people to feel safe.

I think also one misnomer often is, and I know I had experienced this in relationship, was that: "I have to find my own safety first before I find it in another". And I want to say that's not true at all. It's actually often in relationship, in non-judgmental relationships, that healing and safety within oneself could be found, in that

interpersonal safe relationship that fosters feelings of safety, physical sensations of safety. This is what we're working towards. We're trying to move towards the central vagal state of interaction that feel safe with others, and within ourselves as a result. But trauma gets in the way of that. So we have to find ways to overcome this sense of trauma.

So when we practice with ourselves or our practitioners, with other people, the science of social safety, then we become the people who know how those over-activations of the sympathetic nervous system, how those fight-or-flight responses happen, and the way that that old, dorsal shutdown, freeze response happens. We understand how they activate in people, the threat detection network. We understand how people get defensive and protective in their behaviors where they shut down. And for me, that's what being trauma-informed is.

Being trauma-informed is knowing people are doing the best they can in the moment or situation, given their history and given what their bodies are telling them, if this feels safe or not. So when we start to really get that in any situation, then we can start to have appreciation, empathy. It doesn't mean that we don't get triggered. But what we're trying to do with this work is to capture perhaps what triggers us quickly, be able to understand that, and have methods for then reducing that triggering response so we can then proceed. And as we'll talk about next, one of the many ways to do that is through tapping, or EFT.

Even as I look at this picture. I look at it and you can feel a sense of connection here. And this is a friend, and this is what's happening as we're tapping, there is this back and forth, the facial connection, the wrinkling around the eyes, the smile, the lines. And you could see this back and forth connection and kind of intimate social engagement that's happening here. It makes me



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even smile, I feel relaxed just even looking at the picture. So we're gonna talk about EFTs role. I'm going to go ahead and get rid of the slides. But I thought that was a good foundation for where we were going to go.

Dr. Eva Detko: That was an excellent foundation indeed. I love that. That so well explains the relationship between those different systems. And I just wanted to stress once again that when we're talking about improving vagal tone, when we're talking about vagus nerve stimulation, it's all about getting that ventral vagus complex to work better, because that's the only time, it's when that part of our nervous system is activated that we can heal. We cannot heal in fight-or-flight. We cannot heal in the freeze response. We can only heal when this social nervous system, that is the vagus, the ventral vagus complex, is activated. And so that obviously is the connection that so many people don't quite appreciate. That is the connection between the emotional states, and what we're describing here, the safety aspect, and the physical healing. And it's so, so impactful and quite simply, we cannot heal in any other state.

Dr. Craig Weiner: It's so important. However, we also need to be careful with that, of understanding that when we move into fight-or-flight and when we move into freeze, it's an adaptive response. I want to be careful, and not that you did, but the judgment of that, we have to be careful of. That if we feel incapable of being in a ventral vagal state and then we move into those other states, it's because given our history, that is what our body, the best it can do in that moment. So I often have people that say: "Oh, my God, why did I do that? Why did I react that way? Why?" And they often self-criticize and self-judge. Well, if you had the ability at that moment to have resourced your ventral vagal, you would have.

So I think that the understanding of this, that for me gets ever deeper, is it moves us more toward a

state of self-compassion and empathy for others. It moves us more into understanding of: "Okay, well that was the best I could do then, because that's what I did. And right now, I'm doing the best I can. And as I heal and move in a different state, then there'll be ways I act differently in the future." But you're right. Healing requires safety. And healing requires us being in the ventral vagal state to be able to heal from those kinds of adverse or traumatic experiences. You're absolutely right.

Dr. Eva Detko: Yes, absolutely. It's not beating yourself up because you access you to fight-or-flight. Absolutely right. And that's why we offering all those different strategies, EFT being one of them, so we can actually develop a more effective way of coping with our environment and with people around us. I think you did say, even if we do a lot of the self-development work that we do, it's not about never ever getting triggered by anything again. Of course, we'll still get triggered, but it is about understanding our own responses and appreciating how we can shift from those perhaps less desirable states, to the states that actually are more conducive to healing and happiness.

Dr. Craig Weiner: Totally agree. And one of the things that I think assists that is to move into a curious place. For ourselves and for those working with others it's like: "Why was it in that circumstance, what was it about that moment that got me so triggered or reactive or defensive, or shutting down in whatever way? What caused me to just freeze in place?" Because often we think explicitly to that one circumstance. But it doesn't. The brain-body learns by association.

So somehow there's something about this moment, whether it's something external, the way the person looks, said it, the situation, etc., as an external cue. Or there was an internal cue that what was happening in this moment had my body feel a certain way. And other times that



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my body felt this way was something bad. And the vagus nerve, remember 80 percent sensory, it's saying "unsafe," whether it's coming from my digestive system, my liver, etc. Somehow the body is informing from bottom up: "This does not feel okay." And so now I'm going to react and what I say, or behave, or how I choose to act, or how I act, is based on that.

Dr. Eva Detko: Yeah, absolutely. And so we did say that EFT is one of those wonderful tools that can help rebalance the autonomic nervous system, and tap into more of the vagus potential that we're discussing here, and help us self-regulate better, and help us be a little bit more effective at correctly judging what's going on in our environment. By now, I think most people have heard of tapping and EFT, but still, I don't want to assume. So just give a little bit of a description of what the modality is about and maybe you could also talk about how EFT affects electromagnetic, electrical information, flow in the body, because obviously it does that also. So that's another reason why it's so effective.

Dr. Craig Weiner: Yeah. So for those people that don't know much about Emotional Freedom Techniques, EFT, tapping. It's called tapping because the primary way that we are working with the body in EFT is through stimulating percussive tapping. So we're gently stimulating different acupoints on, now this is interesting given Polyvagal Theory, literally on the head and upper body, of what we call above the diaphragm has so much to do with face, points around the eyes, acupoints, which are very much related to what we're talking about here.

So you can actually, if you want to find out more there's research there, scienceoftapping.org. You can look at that and start to find out that there's a tremendous body of research. There's been over one hundred published studies. We've got over 50 randomized controlled clinical trials. We've

got three meta-analysis on EFT's effectiveness for PTSD, anxiety, depression. Clinical trials on chronic pain and a variety of other things. And when we start to look at this cognitive, energetic, somatic, modality, we're looking at the balance of thoughts and beliefs that we have about things. We're dealing with the emotions, we're dealing with how the sensation and how it feels in the body, as well as stimulating the energetic meridian acupoints on the body.

So it really is a beautiful integration of mind and body as a healing technique. Now, I'll be the first one to say, is it the only one? No. There are tremendous techniques that are out there in addition to EFT. Matrix re-imprinting is another one we teach, there's Peter Levine's work in Somatic Experiencing, there's sensorimotor psychotherapies, there's so many.

The leading trauma techniques are finding ways to use Polyvagal Theory, to use body, energy, mind, thought, emotion, in a more comprehensive way than just thought alone, because thought alone has limitations. And I guess, very simple, because often we know what to do, but we feel unable to do that. I see that every day in clients: "I know I should be doing this. I know I shouldn't be doing this. I know I should stop doing that." But that in itself doesn't usually equal success. So by working with a technique like EFT, we were able to use it in a few different ways.

So one of them, as we start to look at how do we decrease, for example, a sympathetic fight-or-flight response, and even just tapping on the points without even knowing the exact words to say, can start to decrease our sympathetic arousal response and increase our sympathetic parasympathetic balance. So often I teach my clients just to use the points. We'll have a short video also that I'll be sharing, that you'll be able to share, that just shows how to tap on the points.



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And we have growing studies that show EFT to be very quickly reducing cortisol levels, for example, so we can see that reducing, and having that evidence of reducing the stress response actually very, very quickly. So in a moment, I'm about to go out on stage and give a presentation, I'm about to have a conversation to try to repair an argument with my spouse, I'm in a moment where I'm feeling vulnerable and unsafe and feeling, call it anxious, scared, doubting, fearful, etc., I can use tapping to dampen.

So as I dampen the sympathetic response, that balance of the parasympathetic then becomes more available to me. And now all of a sudden I can start to see the people in the crowd smiling. Whereas when I was in the sympathetic response, I'd looked out, and all I see is people staring at me and judging me, which is not an accurate cue necessarily. And now I start to go: "Oh, look, there's my friend" and "oh, look, they're laughing and smiling."

So as this happens, I am more able to perceive more accurately, which then has me feel differently, which has me have a different response, which then has them have a different response. And so we can use tapping, we can use EFT in an acute or immediate situation where we're feeling some of those negative emotions of anxious fear, doubt, judgment, etc.

Dr. Eva Detko: You can get on that upward spiral with this, exactly right. Fantastic. And also because of this, it also links to the brainwave activity, EFT, doesn't it?

Dr. Craig Weiner: Sure. There's recently another study with a magnetoencephalogram. Peter Stapleton right now is doing EEG testing. And we're seeing that as we look at tapping occurring, we're starting to see changes. So we now have two studies that are showing epigenetic changes as a result of tapping that says now we're

producing different gene-related proteins that move us toward or away from inflammation, that move us toward immune enhancement.

So we're looking at epigenetic changes. We're looking at brainwave changes where the brainwaves are going from alpha, high beta, into slower brainwave states. That then allow our bodies to feel and respond differently. So we're looking at brainwave changes, epigenetic changes, neuroendocrine changes with cortisol. So we've even had our first beginning functional MRI changes, with regard to those done, at Bond University.

So we're looking at the objective evidence of how we believe the body is responding. We're still understanding how it all works, let's be honest. But the physiological changes that we're seeing are supporting EFT in explaining how it works so quickly. So I just mentioned the first one was kind of in the immediate and the immediacy of a moment. But then as we're talking about trying to move toward living in a more ventral vagal state, then we have this body of stuff that's happened to us in our past and especially important is the ones that's happened to us in our childhood. Because the power of trauma that happens when we're young, while our nervous systems are wiring, has even more duration and tensile strength, so to speak, and harder to break apart because it's how we were wired from early on, and can keep being that way throughout our lifetime.

So the most likely way to project our future is to look to our past, because that's what we're used to. So when using EFT and Matrix Re-imprinting, and other what are called energy psychology, or tapping modalities, is when we're looking at those, is how do we start to use those to heal the adversity of our past, where we learned that the world isn't safe, where we learned that you can't trust people, where we learned that it's not safe to



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be me, where we learned that I can't speak up, all of those things. So we can use EFT.

And ideally, while there are ways you can do this yourself, especially with trauma, I'm always going to recommend working with a skilled trauma-informed tapping practitioner, to help guide and facilitate, and hold the safe space while we visit those past experiences, and work with the examples of unraveling those. Because I can know my mom did her best but doesn't feel that way. Or I can know that that person didn't mean to do that, but it still feels a different way. So there are ways that we are using the tapping, and phrases, and self-acceptance, and full awareness, and felt sense, tuning into our bodies, to combine those into a rich broth in which we're starting to go: "You know what? Now, I can think about that and it doesn't bother me anymore.

And in fact, I could see how life can be other than that now where I could never have imagined it otherwise." And so I see that every day with clients. I see that with the practitioners that I train that have done years and years of working therapeutically with clients. And they add EFT and they just find, wow, it just accelerates the pace of healing those parts of their past. So it's truly amazing. When we start to look at Polyvagal Theory as well, I think it informs us that there are other tools that he talks about. So think about, for example, he does a lot of work with the use of sound, especially with, for example, autistic children he's done a lot of research with. He speaks a lot about the prosody of our voice.

So when we start to look evolutionarily at the way sound was used to determine something being safe or not. That when we're able to use our voice in a melodic way, when we're able to use the prosody of our voice that has a lilting story-like variations, that that tends to induce in the other person a response that induces their ventral vagal response. It's why when we talk to a puppy and

a child, we automatically go into talking more like this, it's just natural. And I just watch your response as soon as I do that. So when we're more conscious of the use of safety inducing features, when we can use things where we can accelerate and use, for example, the lengthening of our exhales.

All these things also have those physiological unconscious responses in ourselves that tend to induce a more ventral vagal state. So there are tools that we can also add and learn, no matter what the technique that we're doing, to be able to use those cues of safety. Spatial distance. Our use of how we use our face and our voice, etc. to help to induce in another person a sense of them feeling safe, which then allows them to access their ventral vagal state, which allows them to be able to use a more integrated and whole-brain, whole-body approach in responding and feeling like they can be able to connect, rather than defend or react.

Dr. Eva Detko: This has been a really wonderful presentation and interview and a session. So before we end, is there anything else that you think you may want to add to what you've already covered that still may be of value to the listeners?

Dr. Craig Weiner: For a long time I thought that feeling safe was pandering, was kind of a soft, not so important thing that you needed to learn to buck up and be strong. Especially in the culture here in the US, it seems as if the movement toward making oneself improved or better is by being harsher with oneself: "and now I've got to start doing this", and I've never seen anybody truly make huge healing steps in their life, or describe it as that, with that behavior and that attitude.

And it's when people become more loving, more self-accepting, which is a big part of even the verbiage in EFT is: "Even though I'm angry about the situation, I still accept myself." So we start to



have more self-compassion, more loving feelings for ourselves.

Things then start to bubble up that are ready to heal. We can then move through them. So safety again, I just want to re-emphasize the importance of. So that's what I want to end with, is that making it a priority that you have the right to feel safe in any circumstance and situation, and especially in a chosen relationship. It's okay to make that a priority. And then once there, then to do whatever healing you need to do and find the place that feels safe for the person, or the way, or the method that feels safe to be able to do that. I think we owe that to ourselves.

Dr. Eva Detko: Want a wonderful message to end on. And I think ultimately when people crack the whip, and when they think that they should be doing this and the next thing, and the next thing, what they're actually doing is, they're again, activating their stress response by doing that. So that's probably why we never see particularly

good results with that sort of approach to healing. Whereas when you're kinder and gentler, and more gentle towards yourself, more understanding, you're giving your body space to heal, you're being patient with your body, because at the end of the day the body is designed to heal. We need to get out of the way and let it do it.

And so when we calm down and we're more patient, and we're more relaxed about it, that is when the magic happens. So fantastic, that's absolutely true. I noticed that in my clients also. Wonderful, again, fantastic information. I think you really pitched it perfectly. A lot of in-depth information but presented in such a way that I really do hope that now people get those connections because they're so, so important. So, Dr. Craig, thank you so much yet again from myself and everybody else here.

Dr. Craig Weiner: It's been my pleasure and honor, and joy. I love this work so thank you.