Jan Winhall Episode 192 - Transcripts

[00:00:22] **Sue Marriott:** Welcome to the show. We're very excited to have you. We are bringing you Jan Winhall.
[00:00:32] **Jan Winhall:** Thanks so much, Sue. Thanks for having me. It's a real pleasure to be here. I love doing these interviews. I wrote a book last year called Treating Trauma and Addiction with a Felt Sense Polyvagal Model. And that book came from 40 years of doing this work. Hard to believe now, but it's really true. And I started off as a very young therapist fresh out of graduate school working with a group of young women who were incest survivors and living in a very challenging neighborhood outside of the city of Toronto.It was really through doing that work and listening and being with these women that I learned really the basis of everything that I've developed and in the model that I created. I sensed and I just knew from listening, truly listening to them without pathologizing them, their experiences are as incredibly painful as that was what I was hearing, really didn't match what I'd been taught in terms of these women having borderline personality disorder and being highly manipulative and really pathologizing them, and downright treating them with contempt.
[00:01:58] **Sue Marriott:** So as you listened closely that the kind of current psychological models where that there was this interpretations that were like, like putting resistances as pathology. Yeah. Oh man, for sure. The borderline was used to be used as a throwaway diagnosis of it means that I can't help.
[00:02:20] **Jan Winhall:** Yes. That I can't help them and a lot of other things that are very disrespectful to the person's dignity and really not understanding the behaviors that and this is what I began to unravel. It's like why Bessel VanDerKolk asked this question too because he also can really listen. Like why was it that people were hurting themselves? But Sue really clear that something about the way that these behaviors were functioning in their bodies while they hurt them, they also helped them - and that piece wasn't explored well. Back then I was in a feminist Therapist group and then Judith Herman's wonderful book Trauma and Recovery came out and we all were like, it was like candy, honestly.
[00:03:16] **Sue Marriott:** Totally. I remember that. Do you?
[00:03:21] **Jan Winhall:** Yes. I went back when I was writing my book and I read Judith Herman's book again and now with the latest edition. And I realized, wow. She talked about the autonomic nervous system back then. She tied addiction to it. But she didn't have the dorsal branch that Steve Porches brought to us. We knew back then what we called this the beautiful language of the sympathetic branch of the nervous system. We called flooding, and then the dorsal branch we called numbing. And the shutting down. And it was, that's where I knew it was through that system of the autonomic nervous system. We didn't talk about that then, but Judith Herman did, cause she was an MD so she was trained and she, in that aspect of the autonomic nervous system,
[00:04:22] **Sue Marriott:** So she recognized it, but just didn't have the language that we have today.
[00:04:28] **Jan Winhall:** To understand addiction occurred, and that's really the heart of my message. And so then when I have this incredible fortune to be able to meet with Steve Porges and talk with him about, I think addictions are like these state shifters. I called them propellers. That shift the body from this overactive flight/fight, horrible, flooding, intense either anxiety or rage or both, and then shifts the body into this shutting down what he called the dorsal branch, the dissociation, or vice versa. And he said, I've always thought about addictions as state regulation strategies. I was like yes, okay. This is now really starting to make sense.
[00:05:27] **Sue Marriott:** That's great. Yeah. So one of the things certainly that we're a huge proponent of is this notion of bottom up processing. And I know that this is something that you cover there. How about we start there as far as what that, what does that mean? Bottom up processing.
[00:05:43] **Jan Winhall:** What it means really is that we've forgotten. We live in our bodies but our bodies haven't forgotten us. Our bodies speak to us through tremendous kinds of messages through the vagus nerve, through what Steve was so able to really capture for us as trauma therapists. 80% of the information that comes up into the brain stem is through the body. In our Western culture, we've disembodied ourselves, white supremacy, culture, values, cognition, and really denigrates the body. And we're in the polyvagal world and the feminist world. And we're really in somatics bringing the body back and saying, wait a minute, what we've done here is really skewed. We've gone off into celebrating cognitive behavior therapy and body processes. So my model brings together two embodied processes. One is interception and that's where I went searching back there 40 years ago. It's like, how am I going to help these women in work in their bodies? Cause that's where trauma lives. If you open your eyes and you sit with your client, it's all their in.
[00:07:06] **Sue Marriott:** That's how trauma is experienced. It's not narrative memory, it's physiological experience.
[00:07:13] **Jan Winhall:** Yeah. And the vagus nerve is that through, Steve's term, neuroception, that process of neuroception, of noticing unconsciously how safe we are, and then the process of interception working with the felt sense through lived subjective experiencing. And those two embodied processes are what the model is about.

[00:07:40] **Sue Marriott:** So let's break that apart just a little bit more, Interception and neuroception. So can you say that again as far as the difference between the two and how they go together?
[00:07:49] **Jan Winhall:** Yeah. So the first piece that I found as I went searching was really this process of introception called the felt sense, and what the felt sense is all about this capacity in the body to notice what we're experiencing and to carry us forward to the right direction of healing and growth. So what we found in doing a lot of research with clients and therapists who reported really positive outcomes was essentially that these clients were integrated. They lived in their bodies, and they listened to their bodies. If their bodies were tight in their neck or their shoulders they listened to them. And then as the Therapist was able to, in a very deep, pathologizing way, just follow the body with compassion and curiosity, as we know now the body starts to shift and you start to feel better. It's like pausing and yeah, I really do need to get back to dealing with that moment, with that person that bugged me. And that doesn't come if we go 50 miles an hour.
[00:09:17] **Sue Marriott:** It absolutely doesn't. So what happens? So listeners are tuning in and I loved, your pace slowed down. If you're not visually seeing this, her eyes closed for a minute and it changed actually the tone, right? Iif there was a vibration it slowed it down, which is beautiful. And so as a listener, as you follow along and begin to move more internal in your awareness and you your attention as it moves inward. Some people will say, I feel nothing.
[00:09:50] **Jan Winhall:** Yeah. And that tells you a lot, right? Some people are afraid to do that. And that's because with a trauma response, we've learned to move out of the body because it's frighten. And really that's what our whole culture teaches us to do it. White body supremacy teaches us don't go into the body. It's dangerous in there. You might feel something. And when we've been hurt in relationship deeply, it is dangerous to stay connected. So we want to go to that dissociated place because it's adaptive, it's not pathologizing, it's adaptive because there's not enough safety.
[00:10:32] **Sue Marriott:** That is very interesting. And putting it in the trauma lens. I also think about developmental trauma, just, small t developmental trauma where It's not that you were connected with your body and you had to cut it off. No. That you were never directed inward. So really literally don't have that muscle of the internal attention being able to put the internal attention in. Yeah. It just isn't there.
[00:10:57] **Jan Winhall:** Yes. It's frightening. It's threatening for all of us in the culture. And Judith Herman talked about this too, right? And it's particularly non-adaptive if you are living in a way that the culture doesn't accept. Racialized people or trans people, if you're living in a way that the culture says is wrong. And so we as trauma therapists, this was such an important gift that, that Steve gave us in recognizing that dorsal branch, because a lot of us knew that and we had some of the language but really recognizing that state in the nervous system helps to really. make our way of understanding it just more sophisticated. It's just a deeper level of understanding how bodies work. This is just how bodies work. They shift into dorsal and addictions help you to do that very efficiently.
[00:12:03] **Sue Marriott:** That's right. And it's not positive or negative. No, but I really to highlight something that you just mentioned. So for those that are rejected, actively rejected, or even persecuted in a dominant culture, to be connected to your feelings around that can be very dangerous and highly threatening. So that's what you were saying is so that it's adaptive to not notice. Yes. That just feels so, so important. Yes.
[00:12:31] **Jan Winhall:** This is what I call moments of real liberation in the therapy. When people ask me, how can you do that work? And they get off in this kind of disgusted look on their faces. It's very disturbing. But that's what our culture does. It's ooh, how could you touch into that? Especially addiction. Ooh, and sex addiction. Ooh, there's so much fear and contempt around it. And of course we then incorporate that when we're struggling with it. So to the gift of being able to give this to people to say, addiction is just how the body propels itself from one state to another to try to survive and adapt and it's worked for you in many ways. Eventually it doesn't. Hopefully if you're here in my office, some part wants to shift. But it's, there's nothing it is completely amoral. It's just a function of the body. Just that's what your body, what everybody's body does to survive.
[00:13:32] **Sue Marriott:** So you mentioned the term sex addiction and I want to reference Doug Braun Harvey's work. And we're gonna link that in the show notes. It's really fantastic. Sex positive LGBTQ+ Friendly, all that. And so can you tell us a little bit more about what you mean when you say sex addiction?
[00:13:49] **Jan Winhall:** Yeah. So the way that I think about addiction, the is very simple kind of definition that. Helps us to cut through all of that. So I just think of it as a behavior that helps you in the short term, right? It brings relief and it begins to harm you and the people around you in the long term, and you can't stop doing it even though you want. So if people say to me: I like having lots of sex anonymously in the park. What, Is there something about that's not working for you? Yeah. I've met somebody and they don't really want that kind of lifestyle. I'm not sure what to do about all that. Is that something that you want to look at and change? Nobody's saying it's wrong, but did it help you? Or it was okay for you in one context? Now your life's shifting and changing it, and you actually wanna stop doing it.

You wanna try something new, but you can't and you don't understand what that's about. So it's very, again, it's amoral.
[00:15:04] **Sue Marriott:** Yeah, that's good. And because you know for sure "I want to have sex and with whoever, and I'm in, I'm in a throuple" and I'm calling something like that compulsive or dysfunctional is the same thing as the old stuff that you were describing. Pathologizing it. Yeah. But so the way that you're incorporating it is, you mean that if it is so driven that it is causing harm and the person themselves wants to change it?
[00:15:36] **Jan Winhall:** Yeah. It comes back to your own experience, your own lived experience. If it's not working for. If it's hurting you, it's hurting the people around you, or you just wanna make a change, and that's hard to do. Once you're into that neuroplasticity, you know that world of understanding it through those neuro pathways that have become rigid.
[00:15:59] **Sue Marriott:** Yep, That's right. Cause neuroplasticity - It works both ways. Unfortunately.
[00:16:07] **Jan Winhall:** Exactly.
[00:16:08] **Sue Marriott:** So at the very beginning, I had said we had started off with interception and neuroception, and you did such a beautiful job of talking about interception. I just wanna loop back around and make sure that we get in the
[00:16:19] **Jan Winhall:** neurosection? Yeah. So that was the first piece that I brought into the model was this, the felt sense of all the beautiful world of ETG was a genius and he was my teacher for many years. I was so lucky. And he developed a whole philosophy that was based on embodiment. Bringing concepts into the body, and that's how I wrote my book. Every concept that we used, including neuroception, I brought into - What's your felt sense of the word neuroception, or what's your felt sense of the word addiction? And taking it down into the body. So there's the interceptive piece. It's about feeling sensing and how bodies carry meaning in our lives and how bodies know how to carry us forward until we get trapped in that trauma feedback loop of flight, fight, freeze, and then folding in, I call it, or shutting. Now Neuroception I then discovered, polyvagal theory, I guess it was back in about 2012 when I heard Steve Porges speak, and that's where I then started to think, okay, so this is really about the autonomic nervous system. And so Steve's word for that process of unconsciously knowing to shift us into these different autonomic states to adapt to survive. Just like with temperature, that's how I think about it. If you're sick and your temperature raises, it's not like we say to ourselves, Oh, I'm getting sick. I better raise my temperature, the body just knows how to do that, so it's if you to think bodies aren't smart, think about that.
[00:18:13] **Sue Marriott:** That's great.
[00:18:15] **Jan Winhall:** I'm trying to find an example to explain. So it's the same with neuroception. In our body, a loud sound occurs. We don't think to ourselves, Oh geez, I better jump. Yeah, my heart rate better go into flight fight. It just happens. It's just a natural response. And so that's the process of neuroception. And so then I brought those two things together, the felt sense of interception and neuroception through a polyvagal lens. And that's the model. And when we work with those two processes in the body, there it is. We've got it. It's what's going on? In terms of our neuro physiology, what state am I in? Because that state is going to determine how we experience our lives. That brings us to the intervening variable.
[00:19:07] **Sue Marriott:** Yeah. And I want to hear what you mean by that. But also, that's definitely the way that we talk about it here too. We describe Neuroception as this little inner scanner. Yeah. And that's just going on all the time. All the time. And this notion. By practicing state awareness. There's the state and trait being more of described before as attachment patterns. Yes. So that's more where you hang out, where you live versus state, which is what you're describing right now. Yes. So what is the intervening variable?
[00:19:41] **Jan Winhall:** The intervening variable iis a Porges term for understanding the power of the autonomic nervous system. Traditionally what we're taught in Western psychology is that there's in behaviorism is there's a stimulus and there's a response. And what Steve is saying is in between the stimulus and the response is the autonomic nervous system state. Because if there's a stimulus of say I'm walking down the street and you bump into me. And it, depending on what state I'm in, in my nervous system, if I'm living in a very vental, calm kind of place and you bump into me, my response is gonna be, Oh, that's okay. Don't worry about it. Let's dance. She wasn't looking. Or let's dance. Yeah, Social engagement. But I forgive you easily. It's all good. If the state that I'm in is fight. In a sympathetic branch and you bump into me on the street I'm liable to take you, tell you to just you know what the hell you doing? Watch where you're going. We know people like that. Their background is always a bit angry or always a bit afraid, or always numb and dull in the senses and not really there. And those are the autonomic. And depending on what state we are in, our response will be flavored by that. And to me that's just crucial because it tells you, first of all that how your client is responding to the world, we need to know where are they in the nervous system.We need to make it conscious cause our bodies no right when I'm sitting with you, even when it's online. I can feel it through my

neuroception where you are in your body cuz we co-regulate. And if you are in this, if we feel in the people that we're working with or in the group, cuz I work with groups all the time now the sense of, panic or whatever, then we know that their responses are gonna be flavored by that. And that our job is to help them moment by moment to slow things. if it's safe enough. We don't start with that, but slowly to begin to do that, to bring in enough safety and dignity and respect. That people will come with us cuz a lot of addiction work, it's like coaxing. It really is. It's hard work and it is like coaxing. It's I remember, I always remember Bessel saying, if a traumatized person is in the back of a cage and if you stand at the front of the cage and say, Oh, come on out, it's really great out. Do you really think that's gonna work? No. You have to be willing to go inside and slowly through sensing into interception too, right? Where is this person in their body? Where am I in mine? And inviting the possibility of collaborating with the body, the person's autonomic nervous system to invite. The shift slowly to come over time. And then as that happens, over years of moving into ventral addictions stop because their function is no longer needed.So we don't live in fear. There's no devil in the corner doing pushups waiting, that just, it really brings in that sympathetic. In the body. You might be a dry drunk. You might have stopped, but you're scared. That's not healing.
[00:23:50] **Sue Marriott:** Yeah. No, I really love what you are describing. And this is part of why that insight alone is not enough. No. Stopping the addictive behavior is not enough, like really getting into the limbic unconscious implicit. Yes. And the path to do that is the automatic autonomic nervous system. For sure. I love that you mentioned groups. I do a ton of groups. I'm a group Therapist. I absolutely love it. And just super value it. Can you like, walk us through, just to give a example of how let's imagine. Made up group of maybe women, traumatized women that may would've traditionally been described as borderline. Which by the way for the listener really means that the nervous system is very, like the amygdala you might think about that, goes up and down very quickly. There's a dysregulation there. That isn't a moral thing. It really is a physiological problem. Yeah. But but it looks, it can look very stimulating and be very difficult to work with. Alright. I'm putting you in a group. You've got exactly, you've got some traumatized women. Now, describe how this model would look.
[00:25:03] **Jan Winhall:** TI'm a very visual person, so I've developed two visual graphic models. One is a model of the nervous system. And I use that with the group in addiction as well. Very much and also a model that is drawn from Patrick Karen's work called the Three Circle Practice. So I don't really agree with a lot of Karen's model cause he uses a whole sort of pathologizing brain disease notion of addiction. But I love this three circle practice. So what we do is we use both of those graphics as practice. So in the six Fs we have the Vental branch we call Flock. We have the sympathetic branch that we call Flight Fight. We have the dorsal branch that we call Fold. They're just simple ways of be remembering. Then we have blended states. So the blended state between the grounded Vental branch and sympathetic we call fun. Or play or fired up. So fired up is like a lot of what I'm doing right now. I feel fired up. I feel grounded, but it's exciting. To be with you and to do this work. And then on the other side of the model is this blending of fog and ventral and dorsal. So you get these beautiful places of flow. The felt sense, practicing the meditation, practice, love making nursing, sometimes breastfeeding. Is this it's where the body feels safe to be still. To be immobilized. Such a gift when you're traumatized. And then the third blended state I named as fixate, and this is the blending of the sympathetic flight fight and the folding dorsal and that addictions live in this fixate freeze state. And they propel us back and forth to function to be able to shift states when we need to because there's no vental available. And so we use this and we call it orienting to the model, orienting to the success, and my clients know where they are. We do a practice called the felt sense, polyvagal grounding practice. We go inside. We first notice how the body's carrying itself so that they learn to identify what state they're in through the feelings in the body, either of constriction with sympathetic or a kind of collapsing with fold and dorsal or a nice calm kind of feeling in the belly, in the center of the body in vent. So people know when they work with me, they know the state they're in. And then we also use then we go into kind of felt sensing into what's going on in your life, what wants your attention right now? Where's there an issue that's calling to you? And then we work with a focusing practice in the group. And people learn how to listen to each other and we share listening along, which is really powerful. Focusing is done in partnerships, which is so beautiful. Help each other in the group to heal, and then everybody has a partnership outside of the group as well. It's so beautiful. It's so empowering. Jenen wrote a paper called The Politics of Giving Therapy. His vision was that it, when we can teach people to listen to what's happening inside another person in their body and to be with each other with compassion and skill, then we're not gonna need therapists nearly as much as we do now, cause we're gonna live in a more grounded, regulated space.
[00:29:04] **Sue Marriott:** I love that. I absolutely love that. That's amazing. They're talking about the mental health crisis and things like that, and not enough therapists, but yeah, you don't have to have letters behind your name to be a powerful healer. And also, all the therapy in the world isn't gonna solve systematic racism and, violence against trans people, especially here in Texas. These poor families that that literally can be investigated by Child Protective

Services. If their child is in treatment related to gender identity, it is insane. And so describing, trying to get them into Ventre vagal doesn't make any sense.
[00:29:44] **Jan Winhall:** No, it doesn't. However, we do, I do believe, and I learned this from Sandra Butler, who 40 years ago, who wrote one of the first books on incest called The Conspiracy of Silence. And one of the women in the group asked her is like, How do we adjust what we're talking about now? And I remember Sandra saying there are little moments that we can create. Right now, right here, as far as we know in this moment, we can create enough safety together to begin to settle. And she said that's very important for me and I learned a lot from that.
[00:30:34] **Sue Marriott:** I really love that, especially in the context of the acknowledgement of the larger abuse violation, the systematic problem, the climate change. Like these big things that are impacting our nervous system. Yet at the same time, I totally agree and love how you said that. I think that was really wonderful. It's still the solution, if you will, inside ourselves is still finding this vental space. Yes. Going to this body moment. Yes, that's right. Cuz it's from there that we can make decisions and respond in the most mindful and effective and maybe powerful fiery way.
[00:31:09] **Jan Winhall:** Because if we're all in flight, we're not gonna be able to help each other to feel safe cuz we haven't got enough of it inside. This is again, so Steve's message, right? It's like we must find these places of enough cues of safety that we can give each other. That we can make these little pools, these little, what I call safeness, where we come together. And then in the three circle practice that we use around addictions or just any kind of self-harming behavior, a bad habit that you wanna stop doing. We work very collaborative. With the body. It's not a fight. It's not a power struggle to stop anything. It's a recognition. Oh, I fell back into that neural pathway again. I was at the fridge eating instead of feeling again. And then It's being curious about that. What was going on for you that.
[00:32:10] **Jan Winhall:** What really activated that place that your body felt it had to go back to, to keep you safe, right? It's like that. It's a gentle invitation to work with the body to make those changes. It's not a fight, it's not a power struggle. It's not any of those. That it's all about adapting. So something through neuroception, your body said, I'm not safe. I need to go back to that again. I need to shut down, I need to eat a lot to shut down and, such a common one. And and we really honor that. It's okay, what happens is a kind of faulty neuroception, right? It's like the trauma feedback loop we get stuck there in this plastic paradox, right? So it was adaptive when there was no place of safety at all. But then it becomes just the pathway in the brain. This is the, this is Mark Lewis's beautiful work. You know that the learning model of addiction, this is just what happens. The brain lays down these neural pathways. It's like walking in the park. Eventually you see a path, and then eventually you get stuck and it's like a rut that you're in and that's the paradox, right? Sure, brains can change and make new pathways, but if you go down that road too often, which is what addiction is, cause you're searching for that little pump of dopamine or whatever, then you're going to get into a rut and then you can change it, but it is a lot of work, but you can change it. And when you understand that level of sophistication around what addiction really looks like, then it really empowers people. It's okay, you fell down that rut again. And you went to the fridge, or you went to whatever it is that you do, whatever it is, that you learn to do.
[00:34:26] **Sue Marriott:** And the screen.
[00:34:31] **Jan Winhall:** Or masturbating or all those things that are just bring pleasure to the body. Of course they do. And they develop very early on when you need them because they're accessible. You know they're accessible, you can use them quickly, and they are powerful. Orgasm is a powerful way to. And sucking your thumb. That's what I did. I realized just a while ago, my first addiction was to suck my thumb. And boy, do we shame kids for that, eh? I stopped sucking my thumb. Do you know how I did that? I was eight years old and my grade two teacher made me stand in front of the class. And I still have that embodied memory.
[00:35:15] **Sue Marriott:** Of course. How terrible.
[00:35:17] **Jan Winhall:** I realized, like when I was giving birth, I sucked my thumb.
[00:35:22] **Sue Marriott:** And it wasn't, but it's still there, that pathway.
[00:35:24] **Jan Winhall:** Yeah. And even as I talk to you about it, I can feel it on the roof of my mouth. And it feels good. That's what addiction, that's the pathway. And it's, there's nothing it's just how bodies work. There's nothing shameful about it at all.
[00:35:38] **Sue Marriott:** I love that example.
[00:35:39] **Jan Winhall:** Yeah. Not to say that it isn't hurt. And not to say that we don't hurt the people around us because we do.
[00:35:47] **Jan Winhall:** And that's the biggest challenge. When people come to me, and they're older, and they have this pathway, they have this history of behaviors that they're so deeply ashamed of and they've hurt people and that becomes the hardest thing to heal.

[00:36:09] **Sue Marriott:** Waking up in your body to the have to bear the impact of some of your behaviors from before. That's very powerful. But also, again, the solution is the same. It's like learning to just have the feeling and stay with it and not move out of it, out of, not being able to tolerate.
[00:36:31] **Jan Winhall:** Yeah. Learning how to be with it and to understand, that's just how bodies work. And also compassion. The other piece that's hugely important here is to learn about, the prefrontal cortex. So in the addictive state that flight, fight, freeze and fold, state of dorsal, the prefrontal cortex is not functioning well. And that's the part of us that is really concerned with values and morality and it's just gone to sleep. Yep. And when you explain that to folks that are really deeply addicted, that is incredibly liberating, right? So it's of course it feels like it's a not you, part of you because you, in full Vental grounded, integrated felt sense. You wouldn't do that. You wouldn't choose to do that. It violates who you know yourself to be. Yeah, but that isn't the you that did that. The you that did that was in the autonomic nervous system states of the trauma feedback loop. And in those states, we don't learn well and we're not present with what we know is the right choice for us in terms of our value system and that's how we hurt other people and ourselves. That is incredibly liberating.
[00:37:52] **Sue Marriott:** Absolutely. And this is so valuable. I love the way, I especially love the way that you've simplified some of these complex ideas. Again, that's something that Ann and I work really hard to try to. Translate this science and make it accessible to yes, everybody in the world that is interested for free, that's what the podcast is about. But how if people are interested in hearing more actually I want you to answer that in just one second, that I wanted to, just very briefly, for those folks that are interested in some of the pushback that Polyvagal Theory has gotten, can you just very briefly, say your perspective on that.
[00:38:31] **Jan Winhall:** Yeah I've talked about that with Steve and I've read his his responses to that. And the, in a very simple kind of way, how I understand it is that Steve's way of measuring heart rate variability is not the same as the traditional way, and the critique is coming through, not understanding. That his way of really doing the work that he's done with heart rate variability, which is a, a major source of his research isn't by the critics. It's not accurate. It's not what he has actually done in the research. And so that's a really big source of the problem.
[00:39:07] **Sue Marriott:** That's great. And my perspective on it too, just from reading and trying to understand Yeah. Is just the same thing. It's there's. The ideas that he has, it's like arguing about angels on the head of a pen, that as it gets so deep into the actual neuroscience, my eyes cross. I have no idea about that stuff, but what I do know, but what I do know is that he's onto something and that it's valuable and that clinically that this is a very important idea. We'll, my perspective is let's let them work that part out. Yes. But but that we're gonna hang onto it as a valuable clinical tool.
[00:40:33] **Jan Winhall:** The first group live meetup starts November 5th. So very excited about that. Certification in Polyvagal Institute through my book, Treating Trauma and Addiction, and also a certification through the International Focusing Institute in focusing pro.
[00:40:52] **Sue Marriott:** Wow. Those are a lot of opportunities. Yeah. That's great.
[00:40:58] **Jan Winhall:** In October the Polyvagal Institute is having, its gathering, its symposium in Florida. The live one is sold out. But you can come livestream for four days. It's gonna be an amazing event. Jan Fisher's coming and Sonya Gomez and also that we're doing two days of the safe and sound protocol, Linda Tys coming, really trying to bring in that cultural lens, the anti-oppressive lens, and working with safety.
[00:41:30] **Sue Marriott:** That's great. So we will list all these things in the show notes, which you can find at Therapist Uncensored.com. Or you can just go to the website and there's a search function and you can search for Jan Winhall and you will find all of these resources for sure. And if you've enjoyed and would like to hear more. Certainly we have a deep library of including interviews with Steve Porges himself and Deb Dana, of course in our catalog for free. And we would love for you to go check those things out so that you can deep dive into these concepts. Thank you so much for joining us and this has been really helpful. Ann and I have been learning and articulating and translating and this is a really beautiful example of it coming together in a way that is really understandable. So I'm so glad.
[00:42:34] **Jan Winhall:** Thank you so much.