



Parenting Through the Lens of Polyvagal Theory: Safety, Connection, Co-regulation and the Nervous System

Amy Stenger-Sullivan

Interviewed by Dr. Laura Markham

Dr. Laura Markham (00:04):

This summit is brought to you with love by Peaceful Parent, Happy Kids. Welcome.

Hi there. I'm Dr. Laura Markham, founder of Peaceful Parent, Happy Kids and organizer of this online summit, Nurturing Hearts, Nurturing Minds and Neuroscience of Peaceful Parenting. Our guest today is Amy Stenger-Sullivan, MA, LPCCS, a licensed professional clinical counselor supervisor, speaker, writer and leading expert in the clinical application of polyvagal theory. Amy trained with Deb Dana, who is Stephen Porges' primary collaborator in developing polyvagal theory. She joined Dana's team in 2021 and is an international trainer for Dana's Foundations course. Amy is the founder of Rooted Compassion Counseling where she leads a team of seven therapists who offer counseling through the lens of polyvagal theory. Today we're talking with Amy Stenger-Sullivan about parenting through the lens of polyvagal theory, safety, connection, co-regulation and the nervous system. Amy, welcome to the summit.

Amy Stenger-Sullivan (01:16):

Thank you so much. Thank you.

Dr. Laura Markham ([01:19](#)):

I'm excited to speak with you about polyvagal theory because it sounds like such a mouthful. And for parents, why should they care about this?

Amy Stenger-Sullivan ([01:19](#)):

Right.

Dr. Laura Markham ([01:30](#)):

So maybe we could make this as basic, simple as possible, but just explain what it is and why it does have some relevance to parenting.

Amy Stenger-Sullivan ([01:44](#)):

Yeah. Yeah. I think it might be helpful for me to share how I came to know polyvagal theory. So before I became a mental health therapist, I was a massage therapist for 20 years, and in doing that, I became an infant massage instructor. So I learned to teach parents how to massage their babies. And within that course, they shared about the polyvagal theory, helping us to understand the way parents and babies, infants attach when the baby doesn't have language to do that. So we fall back to what is their body language? What is the rigidity or the relaxation in their body? And so I started to learn those concepts. I was having kids.

([02:39](#)):

It really impacted how we raised our kids. And then fast-forward a decade or more, and I dove even deeper into learning what Dr. Porges was teaching, this was around 2013, and began to use the different components in different ways in my life. And even though it is the framework from which I work as a therapist, the biggest impact it has had on me and my family is how we parent, because we understand the role of the nervous system in parenting so that I recognize my nervous system reactions and I'm able to help my kids recognize theirs.

([03:27](#)):

So polyvagal theory really helps us understand that our emotional reactions to feeling safe not only physically but emotionally, that lies in our nervous system, that the vagus nerve modulates something that Dr. Porges calls neuroception. And in case we haven't identified, Dr. Porges is the person who really discovered the polyvagal theory. So when I reference him, that's who that is. But we understand that the vagus nerve and the autonomic nervous system is modulating our system based on if we feel safe physically and emotionally. So traditionally, we're using flee, fight, freeze in terms of physical safety. That's how we all learned it in fourth grade or

whenever we learned it. And what we know now is that our body reacts in similar but not the same ways when we don't feel emotionally safe.

Dr. Laura Markham ([04:37](#)):

Beautiful, and of course, children like the rest of human beings have times when they don't feel emotionally safe.

Amy Stenger-Sullivan ([04:45](#)):

Yes.

Dr. Laura Markham ([04:46](#)):

So that would change the parent's response, it sounds like.

Amy Stenger-Sullivan ([04:49](#)):

Yes, and children don't have the cognitive ability or the language to put words on what they're experiencing, and that's why we see behaviors, because behavior is the language of a person who doesn't have language. And it doesn't mean they don't speak, it just means they can't formulate the concept, the sentence, the feeling. So our nervous system is constantly scanning the environment for safety. And so our children, their nervous systems are doing that too. But again, it's our job then as parents to help them understand what is happening in their system.

([05:37](#)):

And I think what happens so often, this has happened to me, I would bet a million dollars that it's happened to every parent, when we are getting reactive and our children are getting reactive, it doesn't match well. And since we are essentially the leaders, the coaches, the parent, it's our job to learn to regulate. I was walking with my son once, he was three years old, and he was mad, and he expressed his anger, and then I expressed my anger bigger. And then so he went bigger with his anger, and I was like, "Wait a minute. I am letting my anger feed into this situation. What if I could just step back and let him have all this space for his anger, and then he's going to move through it and we can come back and connect in a safe way again?"

Dr. Laura Markham ([06:39](#)):

Well, it makes sense that we always tell parents, "You need to calm down first." But it makes sense that if a child is with an adult, the adult is the bigger person. And if the adult's dysregulated, suddenly they become a little scary, right?

Amy Stenger-Sullivan ([06:57](#)):

Yeah.

Dr. Laura Markham ([06:57](#)):

We're dysregulated and we're not safe anymore. So the kid is already upset, and now they've got this adult who suddenly is not safe. And then of course, they're going to escalate because they feel more threat. Is that right?

Amy Stenger-Sullivan ([07:10](#)):

Yes. Yes. Yeah. And it's fascinating too, because I've even seen parents who try to go very neutral with their facial expression or their body. And when we are activated into a nervous system state where we're afraid, where there's a lot of energy and we're really afraid, we will read a neutral face as angry or scary-

Dr. Laura Markham ([07:37](#)):

Yes.

Amy Stenger-Sullivan ([07:37](#)):

... and so understanding even our facial expressions, our body language, sitting on the floor with them. In fact, if I work with couples and they talk about arguing, I say to them, "See if you can sit on the floor and argue," 'cause it's really hard. And so when I started really getting down on my kids' level and just sitting, if they were throwing a temper tantrum instead of trying to change it, yell at them, shame, whatever, I would just sit down next to them and just stay.

Dr. Laura Markham ([08:15](#)):

So what changes? And when we think of it from a polyvagal lens, when the child is having such a hard time, all these big feelings, obviously their nervous system is dysregulated, there's some sense of threat and they're grieving or they're disappointed, or whatever. The parent sits down next to the child, what changes? What happens?

Amy Stenger-Sullivan ([08:38](#)):

"Now, there's somebody who hears me, who is not judging me, is just being with me." Perhaps if we have words, or Deb Dana uses a term vocal burst, so you just did one, when I said that you went, "Hmm." And it's like, "Oh, she's getting it. She understands." So when we're able to give that to our kids, "Yeah, you're really unhappy about this." I think the hard thing for parents is it takes a lot of time and energy. It takes a lot of time to help some kids move through their big emotions.

Dr. Laura Markham ([09:16](#)):

Yes.

Amy Stenger-Sullivan ([09:17](#)):

And sometimes we feel like, "I don't have the time for it," or, "I got to get dinner on," and that's okay. And it's even okay to say, sometimes when my kids were little, I would say, "I want to hear all this, but can you come into the kitchen with me? Can I make a little spot for you to be near me while you're having these feelings?" Or sometimes it was, "Would you like some time apart?" But always checking back in, always checking back in and not putting them in their room, "Oh, they need some time to themselves." But that gives them the ability to experience self-regulation, knowing that I'm in a safe home with safe people and an experience of co-regulation if they want to be close, and both are valuable skills, but there should be some level of choice for the child.

Dr. Laura Markham ([10:14](#)):

Because sometimes they're not ready for the self-regulation. So co-regulation has become quite the buzzword-

Amy Stenger-Sullivan ([10:20](#)):

It is.

Dr. Laura Markham ([10:20](#)):

... ever since the public began to learn about polyvagal theory because-

Amy Stenger-Sullivan ([10:23](#)):

Yes.

Dr. Laura Markham ([10:24](#)):

... intuitively it makes a lot of sense. We realize-

Amy Stenger-Sullivan ([10:26](#)):

Sure.

Dr. Laura Markham ([10:26](#)):

... kids really need this to calm down. But tell us what co-regulation is.

Amy Stenger-Sullivan ([10:31](#)):

Yeah. I love this concept, and I love the idea Dr. Porges just says any mammal will do. So co-regulation can happen with other humans, but it can also happen with pets or even any mammal that we feel... I don't know if you've ever had those moments where you see a cat in the wild and they hold your eye contact for a minute or any kind of animal, you see a deer and you can hold eye contact, that's a moment of co-regulation as well. Polyvagal-

Dr. Laura Markham ([11:09](#)):

That's sounds like attunement. That sounds like attunement, like you're tuning into something in the same wavelength, but there's a connection that's a real connection is so far what I'm hearing?

Amy Stenger-Sullivan ([11:20](#)):

Yes.

Dr. Laura Markham ([11:21](#)):

Okay.

Amy Stenger-Sullivan ([11:21](#)):

So what polyvagal theory tells us is that we are biologically driven to co-regulate with other people or animals. And the way we know this, poly meaning more than one. So we used to understand the vagus nerve as just one nerve that went down, came back up. It regulated our lower torso, our digestion. And Dr. Porges discovered, hey, humans. And actually mammals have this second branch of the vagus nerve that modulates how we interact with each other. So we have the initial branch that goes down into our lower torso. We have a second branch that feeds the heart. So the vagus nerve regulates heart rate variability, which is important. When we get upset, we can typically feel our heart rate going up. And when we calm, it goes down. So that second branch modulates heart rate variability. It also modulates everything that happens in our face, our facial expression, especially around our eyes.

([12:35](#)):

It impacts how we hear different tones, and it impacts how our voice communicates. So I've heard Dr. Porges say that the voice is the tattletale of our emotional state. So I know if I'm upset with somebody and I start to talk like this because I don't want to cry and I'm just trying to get this message out and, "Okay, thanks, goodbye," as this quick piece. But when I'm feeling centered and calm, my voice is more regulated like this. If you were interviewing me and I showed up like this, "Hey, Dr. Laura. Yeah. Okay, let's do this." That leaves a whole different feel for the person listening, both you and

even over video, somebody else listening. So being aware of how we communicate, but also being aware of how others' communication impacts us.

(13:31):

And so when we're talking about our kids, they're typically going to come at us with big voices, some kids, big voices or really low voices, big emotions, maybe big behaviors. And we're then receiving that, it activates our nervous system. So to co-regulate, I oftentimes talk about it in terms of Dan Siegel's hand brain model. If this is a regulated brain and I'm here waiting to talk to my kids, and they come with some fingers offline and they're dysregulated, this is a mismatch of co-regulation. So what I learned is that my job is to come off just a little bit so they know I understand they're upset and then come back down to regulation and they're going to follow.

Dr. Laura Markham (14:31):

Beautiful.

Amy Stenger-Sullivan (14:32):

Not on the first time, by the way. This is a practice. It's an invitation and a continued practice.

Dr. Laura Markham (14:39):

Can you give an example of how that might work? Because I can hear a parent saying, "But I'm not going to get dysregulated am I?" So how do we meet that kid?

Amy Stenger-Sullivan (14:51):

Yeah.

Dr. Laura Markham (14:52):

Yeah.

Amy Stenger-Sullivan (14:52):

Yeah.

Dr. Laura Markham (14:53):

So give us an example of how this works?

Amy Stenger-Sullivan (14:55):

So I'll use an example with my daughter. So when she was younger, there was a lot of "Mom! Mom! Mom! And that's happening very frequently when we're in a conversation with somebody else. So one of the things I taught my kids to do instead of calling my name all the time, was to just rub my arm when they wanted my attention. So first the touch is calming me down, and then-

Dr. Laura Markham ([14:55](#)):

Nice.

Amy Stenger-Sullivan ([15:21](#)):

... I would put my hand on theirs and they would know that I heard them, and then I would move my hand with their hand. And so it was this way of mixing ways to co-regulate. We have appropriate touch to co-regulate. I finish my conversation, I can bring my attention to them. As my daughter got older, and she knows I've shared this story, she was going through puberty while I hit menopause. Well, both of us realized, 'cause not just the nervous system, our neurotransmitters and hormones impact our nervous system as well.

Dr. Laura Markham ([15:58](#)):

Sure.

Amy Stenger-Sullivan ([15:58](#)):

So we both noticed that we were... in hindsight, we could see, "I'm saying and doing things that I don't want to be saying or doing, and I am not sure how to stop myself." And we were using a tone with each other. So I grew up in a house where I was toned at a lot, meaning that people would speak to me like, "Why don't you go out and play in the street?" And then, of course, it didn't get healed so I brought it into my parenting, and so it would come back at me. Because what we give our kids is going to come back to us.

Dr. Laura Markham ([16:34](#)):

Yes.

Amy Stenger-Sullivan ([16:36](#)):

So we realized that we were both speaking to each other with a tone, and that would activate us. So we agreed that if I used a tone with her or she did with me, our word to each other would be "Ouch." And that was an indication of, "The way you're talking to me hurts." Well, then it was, "I'm not talking with a tone. What are you talking

about?" And we went through some times with that. And then we got to the point where we decided the listener gets to decide if there's a tone, not the speaker.

Dr. Laura Markham ([17:12](#)):

Right.

Amy Stenger-Sullivan ([17:13](#)):

And again, all of this is because she and I were so invested in our relationship with each other. She was a teenager by this point. She was able to make these decisions with me. And eventually, we got to the point where we could just say, "Hey, I'm having a hard time hearing you with that tone." And I will say I was really surprised at how soft she needed my tone to be. That's just the way her nervous system lives right now. So she would say, "Can you ask me in a softer tone?" And I would try it and she would say it didn't quite hit it, and then maybe I go to a whisper 'cause it's possible, but it's harder to have a tone in our voice when we're whispering. And so it took a long time for us to work with this, and it's a little different because she's older, so she was able to have some cognitive ability to be actively involved with this.

([18:16](#)):

But 100% these kinds of things can be done with little kids. Whispering was something I used a lot with my kids when they were little. I also put myself in timeout. So we didn't really frame it as a timeout, but I think that's the way the rest of the world would. We use that as, "Oh, it's time for us to settle in and take some time because we're having big feelings, which are turning into big behaviors." And we sat on the steps, and I would put myself on the steps. I would say, "Oh, mommy's feeling like she's getting a little aggravated. Hang on a minute. I'm going to go sit on the steps for a little bit." Which at first they thought was hilarious, and then it just got to be, "Oh, we settle down. When we get upset, we can look for a way to settle down so we can come back to connection."

Dr. Laura Markham ([19:15](#)):

So you're modeling self-regulation with a-

Amy Stenger-Sullivan ([19:15](#)):

Yes.

Dr. Laura Markham ([19:17](#)):

... calm down corner basically?

Amy Stenger-Sullivan ([19:19](#)):

Yes.

Dr. Laura Markham ([19:20](#)):

Yeah. Yeah.

Amy Stenger-Sullivan ([19:20](#)):

Yeah.

Dr. Laura Markham ([19:22](#)):

We talked about self-regulation and co-regulation. I know that self-regulation develops when we're babies and our parents [inaudible 00:19:32] us up and soothe us. And eventually, the neural networks grow that are associated with that good soothing feeling. And later in life we can access that to calm ourselves down if we were lucky enough to get that. We often hear kids don't have a prefrontal cortex that allows them to necessarily calm down if they're very upset unless they have some support from parents. So tell us, for parents who have young children, what do they need to know about co-regulation?

Amy Stenger-Sullivan ([20:05](#)):

Yeah, so first I want to say anybody's frontal cortex can go offline, not just kids, but adults, right?

Dr. Laura Markham ([20:12](#)):

Yep.

Amy Stenger-Sullivan ([20:12](#)):

So I think it's important for us to know that. A few things feel important for parents to know about little kids having big feelings. One is that every single nervous system is different. So I have two kids, and I know that my daughter needs softness and slowness, and my son, we do better if we're talking when we walk. Or when he used to play soccer, I knew we could have really good if they won. So I started to look for those patterns of when they were most open to connection and really move into offering that. And then just doing the stance of moving in and moving out with them, not away, but with proximity.

([21:09](#)):

Because the younger they are, the more they need us in close proximity. I also just want to note, having learned polyvagal in the lens of infant massage that the dorsal branch to the vagus nerve is slower to get myelinated, which is a process that actually supports our nervous system in working better. And that especially in the first year, a lot of physical touch with kids helps build that myelination of the nervous system, which allows it to work more clearly and more effectively.

Dr. Laura Markham ([21:52](#)):

Fascinating. I've never heard that. We all know about myelination of the nerves that are used a lot, so that as the nervous system rewires at age six or age 12 we're myelinating the things that are used a lot, so they become the superhighways and are more efficient.

Amy Stenger-Sullivan ([22:09](#)):

Yes.

Dr. Laura Markham ([22:10](#)):

But I've never heard what you just described that happens in babyhood as we have physical touch-

Amy Stenger-Sullivan ([22:16](#)):

Even in utero-

Dr. Laura Markham ([22:17](#)):

... the nervous system-

Amy Stenger-Sullivan ([22:17](#)):

... it's developing.

Dr. Laura Markham ([22:17](#)):

... even in utero?

Amy Stenger-Sullivan ([22:19](#)):

Yeah.

Dr. Laura Markham ([22:19](#)):

Okay. So in utero the nervous system is myelinating, but you're not touching your baby, so you're not-

Amy Stenger-Sullivan ([22:24](#)):

Well, they're being touched constantly.

Dr. Laura Markham ([22:26](#)):

Yes. Yes. You don't have control over-

Amy Stenger-Sullivan ([22:30](#)):

Yes.

Dr. Laura Markham ([22:31](#)):

... that. Whereas when you have an infant, if you're touching your baby in a soothing way, you're supporting myelination and more of it will happen then.

Amy Stenger-Sullivan ([22:41](#)):

Yes.

Dr. Laura Markham ([22:41](#)):

It's almost like the biology studies of the rats licking their babies.

Amy Stenger-Sullivan ([22:41](#)):

Yes.

Dr. Laura Markham ([22:46](#)):

Those are the babies that do better, right?

Amy Stenger-Sullivan ([22:48](#)):

Yeah. Yeah. So the first two things that develop in utero are the skin because that becomes the container of the body and the nervous system. Because that directs the development, and they both form from the same... Oh, man, I just lost the term.

Dr. Laura Markham ([23:11](#)):

It'll come back to you.

Amy Stenger-Sullivan ([23:12](#)):

Yeah. They both form from the same embryonic tissue. And so massaging a baby helps that myelination process, but also holding babies, rocking babies, having them

close to us, wearing them on a back, wearing them on the front really helps develop that myelination. And a myelinated nervous system is an efficient nervous system.

Dr. Laura Markham ([23:42](#)):

Does that equate to vagal tone which helps us to calm down more easily?

Amy Stenger-Sullivan ([23:48](#)):

It allows the vagus nerve to work more efficiently. Our vagal tone is something that we can develop. Obviously, if the physiology and the anatomy of the vagus nerve is solid, it's going to impact it. But I would say that the vagal tone comes really from experiences of regulation, co-regulation, interact, play, stillness, being reflective. One of the things I feel like is missing in our world is that time after dinner where we would be with our families and we would go for a walk or we would play cards after dinner or just sit and talk about our day.

Dr. Laura Markham ([24:34](#)):

I heard reflection. I heard stillness. What you've just described, that connection time, what does that have to do with the nervous system?

Amy Stenger-Sullivan ([24:43](#)):

So it creates a deeper connection, and when we have good solid connections where we feel safe, where we feel comfortable, our nervous system functions better. Safety is the key. And I don't just mean physical safety, I mean emotional safety. So any cues we can provide to our children that offer emotional safety, that's where we're going to benefit them. Where I got confused as a mom, as a parent is that I had a set of expectations about how children should be raised and that discipline is so important and that I'm the boss and that they should do what I say. And I think all of that is true. And when I learned to understand that these little people are humans too and that they deserved to be treated like I would treat any other adult that changed everything. So if I had you to my house for dinner, would I force you to eat broccoli? No, I would not.

Dr. Laura Markham ([26:05](#)):

Of course, you would not, not if I were an adult.

Amy Stenger-Sullivan ([26:06](#)):

Correct. Would I force you to, I don't know, go to bed, brush your teeth, all those things we still have to do with our kids? I think it's important to recognize that kids do well

when they have choice, when they have context for what's happening and when they're given that co-regulation. And I think a lot of parents know this now, would you like to put on your pajamas first or brush your teeth first? We use those kinds of contexts, but I think my attitude of, "You do it because I said so," missed a mark where I learned to say, these are the things that need to get done. How do we want to do these?

Dr. Laura Markham ([26:51](#)):

Sounds like what you're talking about is seeing the child. And until we feel seen, we can't feel safe.

Amy Stenger-Sullivan ([26:58](#)):

Yes.

Dr. Laura Markham ([26:59](#)):

But what this really brings us full circle to safety is everything. So how can parents create a sense of safety for their kids? And I heard the voice. I heard tone, that might be part of this.

Amy Stenger-Sullivan ([27:13](#)):

Yes.

Dr. Laura Markham ([27:14](#)):

I see some other things like stillness, which I think is really interesting, but I also heard touch. What would you say?

Amy Stenger-Sullivan ([27:22](#)):

Yes to all of those.

Dr. Laura Markham ([27:23](#)):

Okay. Great.

Amy Stenger-Sullivan ([27:25](#)):

And eye contact is really important. Being at a similar level is really important and moving-

Dr. Laura Markham ([27:34](#)):

Like get down on the floor-

Amy Stenger-Sullivan ([27:35](#)):

Yeah, or bring them up to us. "Come on, let's get on the chair together. Let's get on the couch together." And so yeah, touch, appropriate touch that they're allowed to decide about. And by the way, infants will tell us when they've had enough touch. They don't need words to tell us that, words and learning what words feel important to your child and recognizing that every child isn't the same. So again, my son wanted to be more active. My daughter, we were better when we move slower. He likes logic, so in order to have a good conversation with him, I had to have logic in there. She's more of a free thinker, so we're communicating differently. And I really, for some reason, just didn't think parenting would be like that. Like, "This is the way we parent and the kids better fall in line." And our relationships blossomed when I could see them for who they were and to communicate with them in a way that helped us develop our relationship.

Dr. Laura Markham ([28:54](#)):

So are there specific things that parents could just keep in mind as practices with kids? So I heard the being on the same level. I heard that. What would you say about prosody, about the voice? 'Cause I know this is so important in Stephen Porges' and Deb Dana's work-

Amy Stenger-Sullivan ([29:20](#)):

Yeah. Yeah.

Dr. Laura Markham ([29:21](#)):

Amy Stenger-Sullivan ([29:21](#)):

Yeah. It's interesting 'cause I go back and forth with Dr. Porges about this sometimes where he says it's middle C. Our ears are designed to hear middle C, two octaves above, two octaves below, and that's what feels safe. And I have said, "What if a child has two dads and their octaves are way down here? Can that child adjust to the safeness and that tone?"

Dr. Laura Markham ([29:46](#)):

Yes.

Amy Stenger-Sullivan ([29:48](#)):

And he says, "No, we always come back up here." He says we'll regulate back to that. But I believe maybe we regulate to what's being offered to us when we experience that secure attachment with no matter what the tone of voice is.

Dr. Laura Markham ([30:08](#)):

Yes.

Amy Stenger-Sullivan ([30:09](#)):

I remember choosing a kindergarten teacher and somebody saying, "Oh, you don't want that teacher because of the tone." And I'm like, "Why are they letting that person teach?" And then I would look at the kids in her room who flourished, for whatever reason, their nervous system appreciated her tone of voice and they blossomed in her classroom. So really understanding, again, individual nervous systems, tone of voice is important, and then knowing that different people want a different tone of voice, the words we choose, understanding our nervous system. So I definitely have hearing sensitivities. My kids, we just never bought them noisy toys.

([30:57](#)):

And I know that seems impossible, but we were able to communicate that to our families. For the most part, they respected that. And then if they did have a noisy toy and the battery ran out, we just said, "Oh, the noise went off," and we very rarely replaced batteries with noisy things. That was a way I regulated my nervous system because I knew I was sensitive to a lot of different sounds. And the kids are no worse because of that. They know what batteries are. They know how to use them. But it was a way to create more calm in our house in that way. Am I answering your question? I feel like you've asked me this same question-

Dr. Laura Markham ([31:42](#)):

I'm just looking for practical tools, and I wondered if sound was something that parents could work with. But I think the takeaway for me, the nugget I'm extracting here is despite my great respect for Dr. Porges, if an infant is crying and is picked up and soothed by a dad with a deep baritone voice, which isn't middle C-

Amy Stenger-Sullivan ([32:09](#)):

Right.

Dr. Laura Markham ([32:10](#)):

... but the neurons are firing that are saying, "Oh, I'm being taken care of. I'm soothed, I'm loved, I'm seen." And that neural network is associated with that voice. They're going to learn to love that voice and they're going to thrive with that voice.

Amy Stenger-Sullivan ([32:10](#)):

Yes.

Dr. Laura Markham ([32:26](#)):

I think it's really less about the specific register or the voice and more about our regulation. If that dad had picked up the baby and was dysregulated himself, which by the way, every one of us who had a crying baby was sometimes-

Amy Stenger-Sullivan ([32:41](#)):

Every one of us.

Dr. Laura Markham ([32:42](#)):

... dysregulated when we picked them up because we're like, "Oh, my goodness, I can't soothe my baby." So it's normal to feel that way. But if we can successfully soothe our baby, that's why it's so important that we be able to do that, that we get the support. If we have an infant to do that, that baby is going to associate us with that soothing, with that safe place. So I think that what I'm really hearing is it's all about connection and the relationship.

Amy Stenger-Sullivan ([33:10](#)):

It's all about the connection. So if that voice is, like you said, matched with this warm, comfortable swaying place, it is going to create a sense of safety. So tone of voice, words we use, eye contact, which I think is really, really important, touch and play-

Dr. Laura Markham ([33:31](#)):

I'll play. Let's talk about for a minute.

Amy Stenger-Sullivan ([33:33](#)):

Yeah.

Dr. Laura Markham ([33:34](#)):

I heard other people talking about play in the summit. But because play is something that I learned from Dr. Porges, we've been talking about play forever, right?

Amy Stenger-Sullivan ([33:34](#)):

Yeah.

Dr. Laura Markham ([33:43](#)):

But there's a reason for it. Tell us about that.

Amy Stenger-Sullivan ([33:46](#)):

Yeah. So play is when we are experiencing a decent amount of energy, which might be looked at as, "Oh, this is the energy I get in my body when I'm dysregulated." But if we have enough safe social connection, we can have that energy and use it playfully, and we do that in a variety of ways. So kids are great examples of how do we play? Do we play pretend? Do we throw a ball? Do we build with blocks? And the time we can spend with our kids playing, and it's different for every kid, but it builds that co-regulation and that social connection.

([34:30](#)):

So with my daughter, I could play with her for 15 minutes and then sneak into the kitchen or into the office to work or whatever and know that her nervous system would take that and she would happily play by herself for an hour. Not so much with my son's nervous system. And I just want to acknowledge that he was a twin and his twin didn't make it, and I often think that that has impacted his need to be in close proximity to me or to my husband or to his sister.

Dr. Laura Markham ([35:08](#)):

Yes.

Amy Stenger-Sullivan ([35:08](#)):

Right? And so just holding that knowledge of him. Listen, he went off to college. He's lived away from home for three years. He's okay. But I think to a certain extent it's because we did keep him as close as we could. And I also want to acknowledge that I had to work. I think he would've been best served if I could have stayed with him maybe even till first grade. I know we all think we should get them co-regulated as early as possible, but I honestly think if he could have stayed with me till he was five or six, his nervous system would've been different than it is.

([35:49](#)):

It's still okay. Right? There was a mismatch for us, and we did the best we could. No parent ever wakes up and thinks, "I wonder how I can mess up my kid's life today." We don't do that. We're all doing the best we can. Sometimes even when we recognize

what our kids need, we're not able to give it to them, but we give them the best that we got, and then they can grow up and be happy, productive members of society, which is our goal for them.

Dr. Laura Markham ([36:22](#)):

And really every one of us, our job in life from early on is to learn to manage ourselves. Are we learning to manage our regulation of our nervous system? Learning to notice the neuroception, the cues that I need to eat or sleep or use the bathroom, learning to notice the outside world and to feel safe in it and to connect with others, all of that stuff. And so what you're describing with your son seems to me that he maybe would've thrived if he'd gotten something a little different. Mom who was home, for instance, is certainly something, but if that's a mismatch that he still could learn to manage it if he had support from you in other ways.

Amy Stenger-Sullivan ([37:03](#)):

Yes.

Dr. Laura Markham ([37:03](#)):

I think that's really important for parents to hear that our kids can, if we give them support, they can rise to the occasion and we give them support in whatever ways we can.

Amy Stenger-Sullivan ([37:14](#)):

And it wasn't easy with him. A lot came back at me because of the ways that he missed me. As he grew up and was in grade school. My job was to do trainings on weekends for other massage therapists. And we started to notice that when I would come back on Sunday night, he was just so angry with me.

Dr. Laura Markham ([37:38](#)):

Yes.

Amy Stenger-Sullivan ([37:38](#)):

When I would take him to school or take him to the bus stop on Monday morning, he was, "I hate you," and blah, blah, blah, blah. And I was like, "Oh, this only happens when I've been away for the weekend."

Dr. Laura Markham ([37:50](#)):

Perfect.

Amy Stenger-Sullivan ([37:50](#)):

We notice that pattern, and then we start to interact differently around that. Let me just say, I still held the discipline, "You may not tell me you hate me. You may tell me you're angry with me and I can hold your anger for you, but let's not damage our relationship by saying hate when what we really are is angry," and helping them weave through what is this emotion really?

Dr. Laura Markham ([38:21](#)):

I think it's great for kids to start to tease out, "Actually, I'm hurt." It's not even anger. "I'm hurt. I miss you. I didn't feel safe in your absence. I'm not feeling safe emotionally because I'm at school all week and then you're gone on the weekend." So I think this is also an important thing. You and I are talking about connection-

Amy Stenger-Sullivan ([38:43](#)):

Yes.

Dr. Laura Markham ([38:44](#)):

... as opposed to coaching kids emotionally or handling their behaviors. But I think it's really useful to point out that when there's a disruption in connection, there will be a disruption in behavior. It's just going to happen because the child isn't feeling emotionally safe. And so if we can find ways to support the relationship, then things change and-

Amy Stenger-Sullivan ([39:08](#)):

Yeah, and I love the concepts of rupture and repair, and in every single relationship, we are going to have rupture. And the best thing we can do for anybody, our kids, anybody we're in relationship with is, how do we repair? And I'm sorry sometimes isn't enough of a repair.

Dr. Laura Markham ([39:29](#)):

Yes.

Amy Stenger-Sullivan ([39:29](#)):

So in some ways, emotionally, I was growing up with my kids while they were growing up, and I remember at one point finally saying to my daughter, "I don't know if you are, but I'm tired of hearing myself say I'm sorry. So I want you to know that I am sorry, and I'm putting myself back in therapy because I want to heal whatever is happening inside of me so that I'm not so reactive to you."

Dr. Laura Markham ([40:00](#)):

That's so great also for parents to hear, is that because I think parents often say that to me, "Well, I do make the repair. I do apologize, but they say to me, 'But mom, you always lose it again.'" And I think the answer to that is we all need support to work through whatever it is that's keeping us from being the parent we want to be. So that's a great wrap up to this, actually. We've all got nervous systems, we've all got histories, and we all want to be in connection with our kids.

Amy Stenger-Sullivan ([40:31](#)):

Yes.

Dr. Laura Markham ([40:32](#)):

And when we notice something that's stopping us, we can find the support to be able to heal that. I love that, role modeling. Thank you.

Amy Stenger-Sullivan ([40:40](#)):

Yeah, and your work in this summit is a part of that support. So I really appreciate you doing this and inviting me as well.

Dr. Laura Markham ([40:48](#)):

Yes. Well, thank you. This has been so interesting to hear about the biology of it and how that applies to the very everyday situations that every parent can relate to. So thank you.

Amy Stenger-Sullivan ([41:01](#)):

Yeah. Yeah. Yeah. For sure. I'm happy to do this.