

Speaker 1 ([00:00:08](#)):

You're listening to the journey on podcast with Warwick Schiller. Warwick is a horseman trainer, international clinician and author, whose mission is to help people achieve a deeper connection with their horses through his transformational training program.

Warwick ([00:00:34](#)):

And welcome back to the journey on podcast. I'm your host Warwick Schiller. And this week we've got a special guest that I met at a Clinic one time, and I'm lucky, you know,

Warwick ([00:00:46](#)):

And when I do clinics, I get to meet some pretty interesting people. And I met this lady, her name's Sukie Baxter, and I met her at a clinic in Washington state for you. You guys aren't good at us geography. That's the upper left-hand corner of the U S border in Canada. And Sukie was some sort of she told me that she is some sort of a therapist and I actually thought she was a mental therapist, you know, like a psychiatrist, psychologist, something like that. Because a lot of the, a lot of the work I do with the horses I get told is a lot like trauma work in humans. And I assume that's what Sukie was. And Oh, probably six months later, she contacted me by email and said, she felt the need to have a chat, like a zoom chat. And so we organized the time to have a chat and we chatted for about two hours.

Warwick ([00:01:41](#)):

And I wished I had it recorded that whole conversation because it could have been an amazing podcast. But what, what I found out about Sukie was she, wasn't a, you know, a mental therapist and I'm gonna read you her bio here. It says silky Baxter is a high-performance coach who teaches mind, body practice and nervous system level healing to optimize health and performance in all areas of life. She's traveled the world to study with masters in mindful movement, integrated bodywork, trauma, healing, strengthen conditioning, shamanism, and energy medicine, blending elements for her study. She's developed her signature nerve method, trademark to heal stress and anxiety at the nervous system level so that you can experience greater presence, joy connection, and a liveliness. And yeah, when I, I learned all that stuff about Sukie when I, when I chatted with her. So I was going to actually have her on the podcast and interview or myself, but my wife has taken a bit of a deep dive into the whole nervous system of the body and the nervous system resets and stuff. And so I said to Robin, why don't you interview Suki, you and her would have probably a great deal to talk about. So recently Robin got Sukie on the line and they had a pretty good conversation from what I hear. I haven't listened to it yet. So I'm excited to hopefully you're as excited to listen to this upcoming interview as I was. So he's Robin and [inaudible].

Robyn ([00:03:26](#)):

So this is Robyn taking over Warwick's journey on podcast this week. And the reason that I did that is because Sukiee Baxter is doing some super cool stuff and it really resonates with me. And so I asked work if he would mind if I took over the microphone to talk with Sukie. And so she's here today and I will let her explain kind of who she is and what she's up to. So welcome Sookie.

Sukie ([00:03:59](#)):

Hi, thanks so much for having me. No worries. I'm so excited. You agree to talk to me? Yeah, I'm really looking forward to it. So in terms of who I am and what I'm up to basically my name is Sukie and I have

been working with people and working with nervous systems for over 15 years now. And I started my journey in manual therapy. So working in a clinical practice, one-on-one doing hands on body work with people.

Sukie ([00:04:31](#)):

And I got into that. Having experienced it myself, which was a very transformative for me in many ways, both physically, mentally, emotionally. And so I decided to pursue it as a career. And so I practice that for a long time. And while I was doing that work, I saw many people transform in amazing ways on many levels, just like I had. So I saw lots of changes to people's physical bodies, but also their mental well-being, their emotional wellbeing. And I even saw people just completely changed their lives, get different careers, leave relationships to start new relationships because they were in this different place. And I always was very curious about why and being a voracious learner. I continued my studies taking various trainings, traveling, working with other mentors and teachers and different different realms with different philosophies and doing a lot of my own self study.

Sukie ([00:05:26](#)):

And all roads always led me back to the nervous system. And that's kind of where I've landed now.

Robyn ([00:05:33](#)):

And what was the first modality that you were working with?

Sukie ([00:05:37](#)):

The first modality that I practiced was something called Rolfing, which not a lot of people have heard of. It has sort of a grassroots following it's been around for a long time, but it's, hands-on it typically hands on therapy. There is a movement component, but hands-on posture and movement therapy. And we used to say that we were working with fascia or realigning fascia, but I think that the the dialogue around that may have changed with some of the more modern research. I think there's definitely a nervous system component in there.

Robyn ([00:06:09](#)):

Right. I, you know, in Australia when we lived there, we lived there in 2000, from 2006 to 2010. And I remember people talking about it there and I, I remember thinking this must be Australian.

Sukie ([00:06:23](#)):

Oh, that's funny. Yeah. I think there used to be actually an Australian branch of the organization that controlled, you know, that does the training and the, the licensure and all of that. And I'm not sure if they're still around actually, And it doesn't it cross over to the horses too.

Sukie ([00:06:40](#)):

So yeah. So the whole time that I've been working with people, I've actually worked with horses as well, which your audience I'm sure will totally understand. When I talked to, I think when I talk to non horse people about that, they're like how, why, what but yeah, the same principles that we use for working with people and helping people move better and feel better and have less friction in their physical, mental, and emotional selves, it also works with the horses. So out of the gate, I was already working with horses about as much as I was working with people to help them with a lot of, you know, pain and

movement disorders and you know, stress and anxiety on their levels as well. And so you, you did the paint and then you had some other things and it's all come back to the nervous system piece.

Robyn ([00:07:26](#)):

So I don't think Warrick has talked much on the podcast and I'm going to put you on the spot about, about the nervous system. Can you like give us, I, well, I don't care as long as you want really, but you know, kind of maybe give us a mini explanation of, of the nervous system and

Sukie ([00:07:47](#)):

Yeah, I mean, we could definitely do like nervous system one Oh one or like neurobiology one Oh one essentially your nervous system is distributed throughout your body. So your brain is part of your nervous system. Your spinal cord is also part of your nervous system. And then it, your spinal cord branches out into all of these little nerve endings that terminate in your muscles and your organs and, and all over your body. And so we can look at this as your nervous system, being your brain distributed throughout your body. And there is obviously when you want to move, you send a signal from your brain to some part of your body and that triggers muscle movement. And then, you know, you get up and walk across the room or do whatever you're going to do. But there's also sensory nerves that are sending information from your body to your brain.

Sukie ([00:08:40](#)):

So there's this two directional pathway where your brain is communicating, you know, your, your, your command center of your brain is communicating down to your body. Your body's sending information back to your brain, which your brain then assimilates and then responds and sends more information back down. So it's a bit of a call and response, and there is a branch of your nervous system called your autonomic nervous system that controls the subconscious or the non-conscious functions in your body. Things like your heart rate and your digestion and your breathing, which we can take conscious control over. We can override our natural breathing pattern and do breathing practices, but you don't have to, which is a really good thing because if we had to remember to breathe, breathe, we would all probably suffocate. So these things are happening without the need for us to intervene on a conscious level.

Sukie ([00:09:33](#)):

And that autonomic nervous system is also responsible for how we process and store stress in our bodies. And so that's the, that aspect of the nervous system that I really look into that I research and that I've worked with with people. And that comes down to something called polyvagal theory, which Warwick may have talked about on the podcast. I'm not sure. I know he has a video on polyvagal theory. But polyvagal theory essentially is a theory for how we experience process and store stress. And it was developed by a gentleman by the name of Stephen porches. And it comes down to one single nerve, which is part of your autonomic nervous system. So it's related to those non-conscious functions and that nervous called the vagus nerve. And the vagus nerve is a very, very long nerve. It starts up in your cranial area.

Sukie ([00:10:30](#)):

It's a cranial nerve and it wanders down through your upper torso and down through your diaphragm and below, and is connected to your internal organs. So your organs of digestion that are in your stomach. And I believe it's called the vagus nerve from the Latin word for wander. Like I imagine vagabond is probably from the same Latin root. And so that vagus nerve, it turns out has two different

branches, which is where the polyvagal theory idea comes from. So poly meaning many, and then bagel from the vagus nerve. And this gentleman, Stephen Porges notice that there's actually two ways that this Vegas nerve gets triggered. And the first way is in something called social engagement. And social engagement is a nervous system state where things are pretty good, where we're rested, happy, connected, we're present. We're able to be present with ourselves with other people.

Sukie ([00:11:32](#)):

And we have access to things like joy and playfulness and compassion and empathy, and a lot of the more pleasant aspects of life. And that's a really great centered regulated state. There's another aspect of the vagus nerve, the dorsal branch, which is responsible for more of like a shutdown state. And it's kind of like the emergency break state. So this is where we get that polyvagal theory is these two States in the dorsal vagal shutdown state that can be related to collapse. So fear States like playing possum. It can be related to emotions like depression. It can be related to feelings of overwhelm a lack of motivation and many other things. And then you also have a whole other branch of your nervous system that kind of runs along the spinal chain called your sympathetic nervous system. And this is usually the one people are the most familiar with when they hear about stress.

Sukie ([00:12:39](#)):

This is your fight or flight nervous system. This is the one that when it gets triggered you are motivated. You're motivated to run to move, to fight, to escape, to get yourself out of a situation that feels really dangerous. And so there's kind of three different areas that we can be in. And what happens in cases where a person has experienced a trauma and we can talk about what trauma actually is, cause it's kind of a loaded word, but when a person has experienced trauma or is holding onto trauma in their body and in their nervous system, they can kind of chronically be in an activated state. So in that sympathetic state, I call it sympathetic overdrive, or you're just kinda revving your engine all the time, or they can chronically be in a bit of a shutdown state. And, and there can be movement between these two are sort of both are active at the same time, but this this dance of being sort of almost anesthetized, almost feeling like paralyzed, like everything feels hard to do, or you feel stuck or feel trapped coupled with a sense of agitation.

Sukie ([00:13:46](#)):

And so the work that I do with people and also with horses is to help them to discharge stored nervous system stress that is triggering these States and causing them to essentially get locked into a survival state or a, a way of living where they're constantly in a survival mode.

Robyn ([00:14:07](#)):

Right. And we see that with the horses a lot.

Sukie ([00:14:11](#)):

Yes, yes we do. I, I agree the horses you know, unfortunately a lot of what we do in our human world gets put on horses too. And a lot of the ways that we see things for ourself we th they become infused in the way that we treat animals, horses, and all other animals too, because we project.

Robyn ([00:14:32](#)):

So I have a question right away. I mean, you answered one of them. So the, the point that you said that you can, you can dance, like there's this dance between being in sympathetic overdrive and shut down. So my question that was great. Cause I, I was going to ask you that can, can it, can, it all happen? Can it all happen? But I think with the shutdown horses, what question I see get asked a lot on the group is that when people start bringing their horses out of the shutdown, when they start, you know, when they start letting them, letting those horses know that they have a voice and that they're being listened to and they're getting gotten, and all those things, the attunement, they get worse or worse in, you know, air quotes, because it's my understanding, then they're coming up to that sympathetic overdrive, right. So they're like, it's, it is discharging some of that pent up stored stress. Is that, do I have that kind of right?

Sukie ([00:15:36](#)):

Yeah, you do. So there's a woman by the name of Deb Dana, and she has a wonderful book called the polyvagal theory in therapy, which is a very accessible book. Stephen Porges, his book, the polyvagal theory is much more dense. And so if anyone is more looking for more of a lay person guided, do you recommend that book

Robyn ([00:15:56](#)):

So Polyvagal theory in therapy? Deb Dana?

Sukie ([00:15:57](#)):

Exactly. Yeah. And she, she talks about something called the polyvagal ladder, which is a great way to visualize it that, you know, ventral, vagal, she puts at the top. So the ventral vagal is the state of social engagement, the state of happy connectedness and, and being able to play games and do fun stuff. And so that's, you know, that's a place where you and your horse are hanging out in your buddies and you're having fun together. If we go down one rung, then that's where she locates sympathetic activation, which is your fight or flight. And then below sympathetic activation. So another rung down would be your dorsal vagal shutdown. So in essence you can, you can imagine that you get triggered for some survival thing, but is, you know, induces fear, some circumstance induces fear, and you go into sympathetic, but you don't have the resources to handle it, or it's prolonged.

Sukie ([00:16:52](#)):

So on, you know, chronic long-term stress, right? So you, you can't tolerate that over a long, over the long-term your body almost uses dorsal, vagal shutdown, like an emergency break, like, okay, we can't handle this sympathetic. We've been in it for too long and it's dangerous because you know, our heart's gonna explode and we're gonna, we're going to die of a heart attack. So we're gonna pull this emergency brake. So it doesn't resolve the sympathetic. It just drops you down one wrong. So it sort of freezes you, it sort of holds you in place. And then you're right. When you come out of that shutdown, there's still that sympathetic activation that's underlying it. And that has to be discharged too. So a lot of times when we're working with people, you know, they start to come out of the shutdown and there's a lot of like anger or anxiety there. And I, I imagine we can't talk to our horses and find out if that's what they're feeling, but by observation, we can absolutely that as they come out of the shutdown, if they're getting more agitated, they're probably experiencing that underlying sympathetic activation. Yes.

Robyn ([00:17:58](#)):

That is exactly what we see. And, and, you know, the words that people use on on the group or it's getting worse and, and it's work has to reassure them that yes it is. And that's great because now you can see their anxiety, you know, and it, you know, typically it is anxiety, but it can, it can be, I guess it could be anger. You know, you, you get those comments about that, your opinion and being aggressive. But yeah, we it's been our experience with both of the T the shutdown horses that we've had that once you bring them out into the open boy, it's, it's fun. You have to, you have to wrap your head around it and, and have the, you know, not think of it as they're getting worse. And you have to really think about now, you have now, you know, what was under there really now, you know, what you could have encountered, you know, on the trail or somewhere where it is in a controlled environment.

Sukie ([00:18:59](#)):

Exactly. And, you know, if we think about like if you're a small child and you're in a bad situation, so say you're a small child, and there's a lot of like discord in your parents' relationship, and maybe it isn't even directed at you, or maybe some of it is, but there's a lot of like scary stuff going on and maybe yelling and screaming or anger or passive aggressiveness or whatever it looks like. As a small child, you have no resources, right? Like you can't run away because you're not going to is if you're five or six, you can't run away and make it on your own. And you can't fight. So even if someone's attacking you specifically, like, there's not a lot of that you can do to fight an adult when you're that young. So this is kind of how things happen for human kids.

Sukie ([00:19:46](#)):

So a lot of times there's that sympathetic activation, but because the child can't act in any way to preserve their, you know, their safety, the way they preserve their safety is by shutting down. Right. So just cutting themselves off, maybe dissociating from their physical self, you know, kind of numbing, anesthetizing themselves, maybe becoming really permeable and passive. So where they don't have a lot of agency those kinds of behaviors. Well, if you think about it for the horses, we don't give horses a lot of outs. Right. I can't tell you how many times when I was growing up and I look back and I think, Oh my gosh, I would never do this. And we just, we didn't know any better back then, but there was this thing where it was like, if the horse doesn't want to do the thing, you make them, you make them make her do it.

Sukie ([00:20:28](#)):

It was like something, my trainer would say a lot when I was a teenager, you know, you asked for, and if she doesn't do it, you make her do it. Well, if you make the horse, do everything you asked for, the only thing they can do is like stop feeling their emotions and shut down and control any fear or aggression or, or discomfort might've come up. They can only dissociate from it. Cause they don't, they literally don't have any other option. So all of that stuff is still in there. It's just been bottled up.

Robyn ([00:20:57](#)):

Yeah. It's, it's very interesting to watch that come about. We, my, my most recent well, not most recent, but a recent course that we purchased the stallion. He was, he was so shut down and luckily he only came through that and anxious like that only lasted about, I don't know, 10 days to two weeks, but it was interesting in the meantime. I'm glad it didn't last any longer.

Sukie ([00:21:27](#)):

Yeah. Well, and you and Warwick are very experienced at this. I think for someone who hasn't seen this before, it can be a bit alarming when you see a horse's personality change. But yeah, it's probably, it's probably a good thing. And kind of as like a little add on there, something that I you know, mentally exploring and some discussions that I'm having with some of my friends and friends who were trainers and other horse people is around the concept of horses and pain. And we know, you know, I, I come from a background in pain science, a lot of what I treated when I was in manual therapy was physical pain because that's when people come to a body practitioner, it's not the only thing that can be worked on through the body, but it's what most people associate with bodywork. So I've worked with a ton of different stuff with people and horses, and we know that high anxiety, so anxiety being a state, right.

Sukie ([00:22:21](#)):

Anxiety is, is not something that's wrong with you. Anxiety is simply a state of activation in your nervous system. And there may or may not be a reason for it. But if you're in an anxious state, it causes your brain to be in a level where sensory input. So that's things that are in your environment. So things you see and perceive around you, but also your body's own sensations, your body's own sense of movement and sense of self it. Your, your brain is sensitized to that. And so those sensations start to seem really dangerous. And I, I think we need to start talking about how we are treating horses physically for pain, and we're not looking at their emotional stress levels. And you know, all these horses that are having arthritis and joint injections, I'm sure there is some pathology to that, but I think there's also a lot of pressure that's being put on these horses where they're becoming highly stressed, highly anxious, highly shut down.

Sukie ([00:23:16](#)):

And eventually they become you know, horses who are experiencing pain. And I don't know if you're aware of this, but pain actually. Isn't something that happens in your body. It's a sensation that's generated by your brain. So that's people usually get that wrong. They start to think like you're making up the pain and that's not it at all. You're not hallucinating it. It's not that it isn't there. And you believe it is it's really there, but you can have pain in the absence of some sort of painful stimulus from your body. Amputees have Phantom limb pain. There's literally no limb to cause pain, but your brain generates a sense of pain, largely because it can't feel the limb. And that's a very dangerous situation. So if you can think about horses who are super, super shut down, because they have no other option to the point where they're probably disassociated, that's a real thing from psychology for people I imagine horses to associate as well. Then they're probably not feeling their bodies, which probably worsens their sense of threat, which probably increases pain levels.

Robyn ([00:24:20](#)):

That's fascinating. I hadn't thought about that. And it's interesting you say that because we'll all get a little personal, I guess, you know, I have a selfish reason for looking at all of this stuff. You know, I, I had suffered with anxiety for a long time and thought I had my handle on it. And then we get locked down with coronavirus and it just seems like, I dunno, this last couple of months has been, I've been battling it again. And, you know, yes, all this nervous system stuff is really, really helpful and it's really helping. But that's interesting about the pain, because that just makes a lot of sense. I, I, where you can like, feel something in your body and your body, your brain thinks that it's more than it is that's. Yeah.

Sukie ([00:25:16](#)):

Yeah. It's really interesting. There's a surgeon by the name of David Hanscom. He's a spinal surgeon who, I don't think he does any spinal operations anymore. And he puts his patients through a lifestyle program and he has seen people with it. And this is the other interesting thing is, you know, when they look at people under imaging, there's the same, essentially the same prevalence of structural degeneration and people who are asymptomatic as people who have symptoms. So this surgeon has actually seen people with really bad. X-Rays like really bad imaging where you look at their x-rays and you grow that's, that's ugly like that. No wonder you're in pain, but he's seen those people be able to become pain-free with practices that regulate their nervous system and decrease anxiety and keep them, you know, he doesn't talk about polyvagal theory, I don't think specifically, but I imagine that, you know, what it's doing is helping them to access that more ventral vagal state.

Robyn ([00:26:14](#)):

That's awesome. So how do you, so how, where do you come in? So how do you help people? Let's talk about people and then we can touch on the horses if we want. But yeah,

Sukie ([00:26:27](#)):

So currently I work with people through a 12 12 steps, but 12 modules program that is progressive. And what it is designed to do is to teach people the tools, the philosophy behind nervous system regulation so that they can start to recognize how these forces are influencing them. Start to get a really solid understanding for, for the, the, the elements that are shaping them and the ways in which they're responding to them and also to learn the skills and the tools to be able to perform something that I call nervous system hygiene, for lack of a better term. And I call it that because it is a bit of a practice. So similar to any other thing, like, you know, yes, you take a shower today and then you get sweaty and you, you take another shower because eventually you get stinky again, we don't take one shower and check it off.

Sukie ([00:27:27](#)):

And then we're done for the rest of our lives. That would, that would be awkward. And, and, or, you know, food, right? Like we don't eat nutritious. Life-Giving amazing nourishing food once and, you know, one day, and then we're like, Nope, it's donuts for them for the rest of my life. We're good. I did my one day, and this is the same. So I teach these nervous system practices so that by the time people have gone through all of the 12 modules, they have the skills and the ability to attend to their own biology and to be able to bring themselves into a place of regulation and be able to apply the tools that are really effective for them.

Robyn ([00:28:08](#)):

And you have, you have a really good YouTube channel as well. Right?

Sukie ([00:28:12](#)):

I do. Yes. And so anyone who wants to kind of get an idea of what I teach, that I have a YouTube channel where they can pop on there. And I have lots of free videos with exercises and practices and some somatic meditations. And also if anyone wants to learn more about polyvagal theory, I do have a video on polyvagal theory. I also have a video on how trauma is stored in the body and the people find those to be pretty helpful.

Robyn ([00:28:38](#)):

So if you had to, if you had to, if somebody said, look, I just want, just give him, I want the, I want the quick and dirty, like, what is the one exercise that if a person said, I will commit to one, one exercise, what would you tell them to do?

Sukie ([00:28:55](#)):

I'd probably give them an eye movement, orientation exercise, which is, it sounds much more complicated than it is. It's simply looking around your environment and noticing where you are. And this is one of the first things that I share with people inside of my program as well, is to start to connect to your external environment. So in cases of prolonged activation in cases where you are traumatized or in a trauma state holding onto some sort of trauma in your body, there can be sort of a disconnection from the environment. There's also a hyper-focus that happens. And what, you know, what tends to happen is that you become really fixated almost like you get tunnel vision, and you're not to perceive the full Panorama of everything that's around you. So one of the ways that we can start to shift ourselves out of that nervous system arousal, or that activated state is to start to pay attention to our environment. So letting your eyes wander around the space that you're in and allowing them to land on any objects and any colors and any shapes that are very attractive and what a lot of people notice when they start to do this, is that their eyes jump and skip and that they don't move very slowly. So they kind of dart around The room and

Sukie ([00:30:20](#)):

They you know, they, they tend to get a lot of skipping, you know, where their eyes will kind of wiggle when they're moving from here to there. So what you're looking for with a practice like this, and I should say to, you know, while this is a very simple practice, and you're just looking around the room, use your good judgment. And you know, if you have any concerns, if you have any pre-existing health conditions that could be triggered or aggravated by anything that is eye movement oriented, definitely check with your doctor first. And if you start to feel really dizzy, Take a break, that's not a

Sukie ([00:30:50](#)):

Good sign. So generally when this practice is working for you you'll start to notice your eye movements slow down. You'll start to notice your breathing will deepen. You'll get little size. You might start to yawn. You might start to feel your shoulders drop colors may start to look brighter. You may start to notice things in the room that you weren't aware of before. Like you never realized there was a, you know, a certain picture on the wall, or you never realized there was pink in your curtains or something like that. But things start to become more more available to your visual field and you should feel ideally a sense of calming and a sense of relaxation. And so why does that work? It works for a couple of reasons. Your eyes are part of your nervous system. So embryologically speaking at a certain point in development, and I'm not an embryology experts.

Sukie ([00:31:47](#)):

I don't know exactly which phase, but at a certain point, your brain essentially pushes your retina out of your brain. So your eyes are neural tissue. So we're talking directly to your nervous system with this. And it, the second reason is that it stimulates that peripheral vision. So when you're in nervous system arousal, like I said, you get that really focused vision. There's a really great neuroscientist by the name of Andrew Huberman. And he studies vision in his lab. He's a neuroscientist at Stanford. And he talks about it as being like your, your vision goes into portrait mode on your, on your iPhone. You know, when you're in portrait mode. And like, has that, that object that it's focused on is in really sharp focus and

everything else is diffuse. That's what happens when we're activated. And we can really only see kind of what's right in front of us.

Sukie ([00:32:37](#)):

And I would add to that, that we really only see the problem because we're sensitized to threat. And so we're like, we're looking for dangerous stimulation. So by forcing yourself to start to look around it, reorients you to the whole environment it stimulates your peripheral vision and it provides more more sensory input, more novel sensory input. So this is, this is a thing that we use with pain too, right? When someone has pain in order to get their nervous system to calm down. And I'm saying, I'm saying pain, like you're not dealing with a broken leg, or you're not dealing with an actual acute injury when a person has pain. That seems to have no origin, which is usually called like non-specific pain, which just means we can't find the source. We don't know why. So in that case, a lot of what we do to help the system calm and to diffuse that feeling of pain is to provide new novel sensory input that is broad in nature.

Sukie ([00:33:34](#)):

So the more data we can send to the brain and the more we can say, Hey, actually, you're really safe here. And there's lots that feels really positive, and you can move here. The pain goes away. Well, the same is true with your visual field. As you start to look around, it provides more data, more broad data. It provides a sense of safety because you're actually connecting to the present moment environment when you're in a stress or a trauma state. A lot of times your biology sort of stuck, you know, 20 years ago when you had a car accident or when you were seven and you got bullied on the playground or whatever thing there's like a part of you that's sort of frozen in time. It brings all of you into the here and now and connects you to the real present moment.

Robyn ([00:34:17](#)):

Yeah. I when you were, when you were explaining it, and you said that a lot of times peoples will find that they, their eyes are darting, that would make sense that they're like activated, right. Because they're looking for danger.

Sukie ([00:34:33](#)):

Yeah. And I see this with the horses too. I see. I'm sure you notice that their eyes change as they start to shift out of these, like shut down States and activated States. And I E do you ever see like, horses that just look like their eyes are almost like popping out of their heads? Yeah.

Robyn ([00:34:48](#)):

And then those are fixated. I wrote down when you said something about about it. I in prolonged activation and you, we were talking, I forget what you were talking about now, a disconnection and I I'm writing notes. You said something about being fixated and how, if you can get them out of that. Well, that's the horse, the horses, that's the focus work, right? Like some of the focus work is, is helping with that from being fixated on something. Yeah,

Sukie ([00:35:19](#)):

Yeah, exactly. Exactly. And I, you know, I have a mayor who is she's really highly distractible. And, and so a lot of what we do with her is like, Hey, can you, you know, the focus, where can you bring your thoughts back here, please? Because her brain is like 50 feet away doing something. And, and she's a

high anxiety type, but she's not a shutdown type. She's a busy type, a, it needs to move, needs to move her feet. And it's amazing when you just work with her vision and just say, Hey, come, you know, Hey, over here that watching her go from this, like jitterbug who can't stand still to this totally calm, you know, horse that would stand at the mounting block for the next hour and not have a problem with it.

Robyn ([00:36:03](#)):

So I have a question about, okay, so say that, okay, let me back up. How would a person know if they're in one of these States?

Sukie ([00:36:16](#)):

A really good question. So we kind of know that we're in these States by the symptoms that we are experiencing. So these nervous system States are interesting because they underlie a lot of health conditions. So things like well, you know, feelings of anxiety, feelings of depression also things like fibromyalgia chronic pain, all of those things will come back to nervous system dysregulation. So if you look at your symptoms, if you add up all of the symptoms that you are experiencing and they don't, there's no reason for them. So a lot of the people that I talked to they've been through sort of the health rigmarole, and they've been to a lot of doctors and a lot of practitioners. And, you know, haven't gotten a lot of answers because they're their symptoms kind of there's no, cause there's nothing that can be like, you know, that we can point to on an x-ray or that we can look at in blood work or whatever, where the doctor is able to say, this is the cause of your symptoms.

Sukie ([00:37:19](#)):

So a lot of, if you have a lot of random health symptoms, that's definitely a potential indicator that nervous system dysregulation could be happening for you. If you feel stressed and anxious and overwhelmed all the time yeah, a lot, you know, probably some nervous system activation going on there. Also relationship issues, because remember a ventral vagal social engagement is social engagement. So if you're constantly struggling in friendships or romantic relationships or having fights with people all the time or relationships of any kind seem very challenging or they're kind of like the spot in your life that you're not able to get together, that could be another nervous system thing because we really can't connect to people and be present with them. If we're not able to access this ventral vagal social engagement. I tend to work with a lot of ambitious people who are, you know, they're, they're in all kinds of fields, but many are entrepreneurs or you know, coaches, artists, people who were up to things we're trying to accomplish or produce something in their lives.

Sukie ([00:38:32](#)):

And a lot of times there's a creative because if you are, if you're in a threat state, if you're in an activated state where essentially your biology believes that you are trying to escape from a tiger, that has its jaws around your heel, you're not going to be real creative. You just don't have access to the full bandwidth of creativity. So creative block patterns of self sabotage, where they keep kind of cycling through the same issues all the time, or patterns of being really stuck, like not being able to get out of situations or feeling like they don't have any options feeling kind of imprisoned feeling unsupported. That kind of thing is where that shows up for that group of people.

Robyn ([00:39:16](#)):

And so when I was researching this stuff, one of the things that I, I came across was, I guess at the beginning, I'm just like, okay, well, we need to do these, you know, we need to retrain the nervous

system and, and, you know, and meditation's good. And, and I read somewhere where if you're in the shutdown, meditation might not be like, you almost need to activate yourself, not calm yourself. You're already at the very lowest of calm. Does that, is that, did I get that kind of right. To, does that make sense?

Sukie ([00:39:55](#)):

Yeah. And I think meditation is an interesting one because, you know, it's well-researched and the benefits are, are very you know, proven. And I would also say that particularly in our Western culture, we're so mentally focused so mentally, like our lens is everything, cognition, everything grain, like mind over matter brain over body. And, you know, we acknowledge the mind-body connection, but we always talk about it as in like the mind healing, the body or the mind influencing the body. And what I have observed with meditation is that many people who do it meditate for a very long time, but they're, they're doing mindful work, but in a disembodied way, like they're still kind of stuck in that you know, executive function type processing. And they're not really getting into some of the deeper somatic processes. And it's not to say that meditation isn't beneficial, but adding in some somatic work may, you know, may be helpful for some of those people.

Sukie ([00:40:56](#)):

Who've been meditating for a long time with not really any change in terms of where people are on the you know, kind of, if you, if you look at the polyvagal ladder. Yeah. You know, I, if someone's in a shutdown, I probably wouldn't recommend that they, that they meditate when I work with people, I start them with awareness of sensory input. So one of the early things we do in my program is developing sensory skills, which is not something we typically have in our culture. Everything we do is, again, mind over matter from a very young age, we're told to sit still and, you know, we have to ask permission to eat and go to the bathroom. And, you know, we don't get to like listen to our urges to run and jump and play and express ourselves at least physically. And so we start getting into that sensory the sensory skills and the sensory connection.

Sukie ([00:41:55](#)):

And just that can be really powerful for someone who is in a shutdown state because often shut down, comes along with dissociation. So we look at shutdown as a compensation for too much sympathetic activation, too much overwhelm. There's a very loud set of information like your, your body's probably got a lot going on in there that you've disconnected from because it's overwhelming to be in there. So we can start with some safe sensory connection, usually the external environment and slowly move into, can we just even touch our awareness on sensations that we feel inside of our body. And that's a really powerful place to start, but I would caution anyone who does feel like they're in that shutdown stage that it's always safest to start with external stimulus and going, you know, they might, might not want to start doing any practices for the inside until they have some support with that, because it can be overwhelming and triggering.

Robyn ([00:42:54](#)):

Yeah. I've bought, I bought the rings that you have on YouTube, but the acupressure rings. I love them. Oh, aren't those great, great, super cool. Well, why don't do you want to touch on trauma? Do you have, do you have something that you like to say, like, I know that trauma and in this, in the course that I'm making I'm made sure to, you know, trauma, you can define it so many ways. Right. So it's not that you

had to have had a big thing. It could be, I mean, just being born was a trauma. So if you wanted to talk a little bit about that and maybe how the body stores it. Yeah.

Sukie ([00:43:39](#)):

Yeah. I would love to actually, because I think this is a conversation that needs to be happening in, in more realms. So I really I've studied Peter Levine's work. He's the creator of something called somatic experiencing. And I really like his definition of trauma, which is the trauma is in the nervous system and not the event. So if we shift from looking at trauma as something that happened to you, a thing that happened to you to a state that you are in, then it becomes this plastic thing that we can kind of work with and discharge. And it doesn't define you any longer. I think the conversation around trauma, when we talk about childhood trauma or PTSD it, it seems to me that for a lot of people that feels almost like, Oh gosh, this thing has happened to me and I'm broken forever.

Sukie ([00:44:27](#)):

Like I'm never going to be whole. So I really liked the shift in perspective, looking at it, not as the thing, but as the state you're in and whether or not an event or an experience was traumatizing to you to an individual, it depends really on how resourced you are. So for example, as a child, you don't have as many resources, both biologically and physically. So when we're very young between like zero and three, we're starting to develop our social engagement. Our, our nervous system's ability to have social engagement. We're not inherently born with that. We pattern it on our caregivers. So we don't have a lot of resources to self-soothe when we're that age. And if we don't receive that for whatever reason, and there is no blame to parents or caregivers here, because oftentimes they also did not receive you know, good early life conditioning on how to self-sooth.

Sukie ([00:45:26](#)):

So these get, you know, there's patterns get passed through generations. So if you don't get that patterning, when you're very young then stimulus that is fairly benign for, you know, someone who can sell sooth can be traumatizing. And, and that's, that's true. Like, you know, big events are traumatizing because we don't have the resources to allow ourselves to feel safe inside of them because we pattern our nervous systems on our caregivers to some traumas are, or trauma States, I should say, trauma States can be inherited and passed down through generations. So if your parents, you know, if your say your mother is in a high sympathetic activation and has been for her whole life, and you're a little tiny baby, you're going to pattern on that. It worked for her, she survived she's alive. She had a baby, she was able to procreate.

Sukie ([00:46:18](#)):

So it works. So your nervous systems we'd be like this, person's got it together. I'm going to do what she's doing, you know, so we can just sort of set out in life from these, these activated States and not have any idea. We can have had really beautiful lives with loving parents. And, you know, all the stuff provided to us. We can have a good education and a safe household and plenty to eat, and all of the basic needs met, but because of trauma, state was prevalent in our family circle it, you know, it's something that we took on and we don't even know we're operating from this. So trauma is a much broader conversation than just like, you know, the, the big things that, the big events that we classically would label as trauma.

Robyn ([00:47:02](#)):

Right. Right. We maybe I'm sharing too much, but Warwick we've come to find out work was hospitalized like three times before he was five years old once before he was even one for like a week. And you know, he's done therapy and we've gotten to this place where we're like, wow, that's very interesting. It makes some sense now. Yeah, yeah, yeah. Absolutely.

Sukie ([00:47:32](#)):

Medical trauma is, is a really big deal. And especially for young children, if you think about young children particularly, you know, in previous generations, I don't know what it's like right now, but like, you know, back in the day they were like, we're just going to fix this kid's body, you know? And they didn't really care if the kid was scared or unhappy or anything like that. I also had a similar thing. I broke my leg when I was two and I was taken to the doctor and I was scared. I was in a lot of pain and I was really scared. And the doctors took me away from my mom and I was T I remember being terrified. And then they put me in a cast that immobilized me, you know, first of all, they put me under anesthesia in the middle of having, you know, of being terrified. So that locks in that trauma state. And then they put me in a cast and immobilize me. So I physically couldn't move to like discharge the stress of a trauma. And I have met other people throughout my practice that have had similar types of of experiences. So medical trauma is definitely part of it.

Sukie ([00:48:36](#)):

And so how does it, how does it stay in your body? What, what does that look like?

Sukie ([00:48:42](#)):

That heightened state of stress, that nervous system activation. So there's, there's something called a window of tolerance. And I, the name of the person who developed it as escaping me, I, I apologize. I don't recall, but it's basically, or a window of tolerance or zone of tolerance. And it's like this zone within which you can cope. You have the resources to cope with stimulus. And what happens when someone has these elevated stress States in their body is that they get pushed up towards the top of that zone. So they're, they're like closer to their upper limit then, you know, if they were able to regulate and self-sooth, and kind of come back to a more centered state, I mean, we're supposed to get activated. That's the other thing that's important. And that was it's supposed to happen. We're not supposed to be Zen all the time.

Sukie ([00:49:28](#)):

Right. But we're supposed to be able to return to that regulated state after being activated. In these States of trauma, we get pushed up really high and we, we don't we don't come down to a regulated state. We might then plumb it into shutdown because we can't sustain being up there for a long time. But again, but essentially your nervous system becomes really, really sensitized. And on a biological level, there's a lack of safety, your biology sort of believes that it's being attacked all the time. And so what that shows up as, as healthcare, you know, chronic health conditions often and it can show up as the world just being a very prickly and unfriendly place. When you're in some of these different nervous system States, there's actually shifts in your perception like neurological shifts where neutral facial expressions start to look dangerous, your hearing will start to shift. And so it sounds like you're like tuning into the low growling sounds of a predator, you know, like low frequency sounds. So your lens on the world actually becomes, this is a dangerous and unsafe place, which then results in feelings of stress, anxiety, depression you know, all of the types of emotions that are associated either with high sympathetic activation or the dorsal vagal shutdown.

Robyn ([00:50:53](#)):

Yeah. When I read that about the ears that, that freaks me out it, so what I read and correct me if I'm wrong, but when you are in the social engagement state, it's easier for, there's like little ear muscles that actually allow you to hear the human voice easier than if you are activated. And then that's when you're tuning into those higher frequency. Sounds, I thought that was fascinating. Yeah,

Sukie ([00:51:25](#)):

That's correct. And I've heard that it has to do, and I'm, I'm not, you know, I, this is just something I've heard. I haven't seen any, like really in-depth research papers on it. I've heard that it has to do with your, the crinkling of your eyes to that, something about the crinkling of your eyes. Like when you look at a person and you're smiling and you get those eye crinkles in the corners that, that does something to the ear muscles that then kind of shifts your hearing. So I know that there's something with the muscles of the ears that changes. Yeah, That's crazy.

Robyn ([00:51:53](#)):

So the other thing that I don't think I understand as well is that if you have two people in a room and one is activated, what does that do to the other person?

Sukie ([00:52:12](#)):

It makes that person feel unsafe unless they're extremely well-resourced. And I would say, even then it, it creates some discord. So, and this is where I think it applies to the horses with, you know, when you talk about the human factor, if you have two people who are relating, if one of those people is, or actually let's say organisms really to two creatures who are relating to mammals who have these you know, this type of autonomic nervous system, if one of them is in a stress state, you know, biologically speaking, we're supposed to respond to that because if Joe over there saw the bushes rustling and, and thinks that the tiger might be jumping out and he suddenly is activated and you don't react to his reaction, you're probably going to get eaten. Cause Joe went running. And so, so we're supposed to respond to the nervous systems that are around us and in train.

Sukie ([00:53:10](#)):

Also humans and horses are very, very social creatures. We both depend on the dynamics of a herd in order to keep us safe. We don't farewell on our own. So if you have two people or two in a room or in a space and they're relating to one another, and one is activated, the other one is going to feel that and resonate with it. So there's something called co-regulation. Now there might be a balancing effect. So if one of those creatures is very well-resourced and very well you know, regulated and able to self-soothe, then they may be able to hold that, that I think of it as like a vibration or like the attunement. Although I don't know that that's a highly technical term, but essentially that vibration and the other person may come more towards that. So that's ideally what's happening in a therapeutic setting, right?

Sukie ([00:54:04](#)):

When you go and you work with someone who's helping you to, to deal with anxiety or stress or depression or whatever things, ideally, that person is holding space for you. And they're holding security and safety and all of those things and your nervous system is learning that from them. That's part of therapy. It's not just talking about things. So when we're talking about us getting in front of our horses, if we're bringing a lifetime of, of being in an activated or a trauma state, your horse is going to feel that.

And, you know, we don't know this consciously when we're around each other. We don't think, Hmm, that person seems really activated unless you're like me and you, you know, specifically try to pay attention to this stuff. And even, I, you know, I don't notice it all the time, but, you know, I can, I can see like, Oh, there is something going on there, but I don't think our horses look at us and go, Oh, that person looks really activated, but on some very deep level I suspect that they get a little bit of like what we might call a gut feeling that things are not all well and good and okay.

Sukie ([00:55:11](#)):

And so, you know, that's going to affect them. And if we're talking about trying to help horses who are shut down, or who are, you know, stressed or anxious or activated if we're bringing our own trauma and our own activation into it, that doesn't create that container for them, the way that we potentially could, if we worked to discharge our own stress and work to bring ourselves into regulation, or at least to have the tools to, to start to move in that direction.

Robyn ([00:55:41](#)):

That's awesome. That's I really wanted to get to that point. I think that's that might be a good place to segue into some of the questions since we've been going for almost an hour. Now I know work does like three hour long podcasts, but we'll go ahead and go to the questions, unless there's anything I haven't asked you that you really want to share, like the trauma, you said that we need to be having conversations. Is there anything else that you think that we should be having conversations about?

Sukie ([00:56:14](#)):

I think we've touched on a lot of things that are really important. I think any one of those can be, you know, another hour, but I think we've done a good job of covering all the, yeah. Cool.

Robyn ([00:56:25](#)):

All right. Well then I'm going to get to the questions. So I, I have I gave Sukie the list of 20 questions that work also asks people and she did choose she did choose five of them. So we'll go ahead. And I think the first one, we'll probably link most of what we've talked to. That's just my guess, but we'll, we'll get to your answer. So the question is what is the most worthwhile thing that you have put your time into something that you've done that changed the course of your life?

Sukie ([00:56:59](#)):

I know I picked these questions and they're still hard. I think that the most worthwhile thing that I have ever put my time into has been to grow my own self, my own knowledge and awareness and you know, to, to really be kind of self-actualized in the space of learning and development, because that has gotten me so many rewards in many areas of my life, you know, with you know, personally, professionally with, you know, relationships with horses, with my work. I am very grateful that I was able to find a path towards that early in my life.

Robyn ([00:57:45](#)):

So was when you were, when you were on your path, was there a degree that you went that you did or was it just gathering information from, you know, was there a course you took was, what's been that kind of, what's been the education.

Sukie ([00:58:02](#)):

There have been so many pieces of education and this would probably even get into some of the, and one of the other questions that I know, but but I, you know, I have taken from a lot of different realms and put pieces together, which really was essential, particularly you know, I started down this path probably 20 years ago and back then this, the, the information on the nervous system and polyvagal theory and, and all of these things was not readily available. And it really wasn't even part of the conversation, even at professional levels, you know, even in the courses and the trainings that I was taking. So I followed my thread of curiosity. So I guess I could say that, you know, that's probably the thing that I'm most proud of is following that thread of curiosity, which started with training in the manual therapy and the Rolfing when I experienced the Rolfing, it was like, okay, there's something here. Like I was able to recognize that there's something really special here. And I followed that. And then at every point, along the way I would follow the next trail of something that was really special in some of them kind of led me full circle or wound up being a dead end. But it was definitely not a linear path. But I, but I continue follow that curiosity. And I'm really glad that I did

Robyn ([00:59:26](#)):

Me too. Okay. I think that leads, that leads into this next one. What advice would you give people who are about to enter your occupation?

Sukie ([00:59:38](#)):

Yeah, so, and, and that's actually, it, I would say follow your curiosity. That's the big one. And the second one is to have a healthy dose of skepticism about your own work. I think that that's one of the things that has served me well is sort of not necessarily always believing that what I believed was true, which sounds like really weird. There's a lot. I think there's a lot of rhetoric in, particularly in personal development spheres, which I love all things, personal development, but there's also many things that are problematic inside of it. And there's a lot of rhetoric that you have to be like the most sure you have to be like a hundred percent confident, a hundred percent sure. And I think it's more important to have a bit of an experimental mindset when you go into something and say like, well, I think there's something here, right?

Sukie ([01:00:33](#)):

Like I think there's, there's some magic here. I think there's something special, but let's see what happens with this. And maybe don't be too eager to see the outcome that you want to see, you know, be a little bit open-minded and be a little bit skeptical. Particularly with my manual therapy, this was always one of the best practices that I had and I, I would laugh, but, you know, after sessions with clients or after sessions with horses and people would report like you know, this, this happened you know, my back pain is completely gone or my horses moving amazing, or, you know, whatever thing is happening. I used to joke that like, no one was more surprised than me. I'd be like, really, because I just, I just was always like, well, I don't know what the end result is going to be. I can tell you what's worked in the past. And I can tell you, I have a very positive outlook for this, but I don't know because I don't have a crystal ball. And I think that that, that helps with the curiosity piece, because you uncover some interesting little tidbits and little facts and little phenomenon that you start to observe if you're not too convinced of what you already know.

Robyn ([01:01:40](#)):

Yeah. That's been a big thing for, for work's journey anyway. That's been, that's been good. That's great. Okay. I'm going to jump, I'm going to jump around a little because I think I know what I want the last question to be. So what do you have a favorite horse?

Sukie ([01:01:57](#)):

I do. I love, I have loved all my horses right now. I have two horses and I, you know, I do love my mayor, but anyone who knows me knows my two horses in those bins, that my favorite horse is my gelding. His name is Shelby. I've had him, Oh my gosh, he's going to be nine in April. I've had him for like almost four and a half years. And he is a red dun Kiker Mustang. So he's from Southeastern Oregon. And he has been my masterclass and all things nervous system. So he is highly, I call him my highly sensitive pony. So I don't know if you've ever heard of highly sensitive people, but he's my highly sensitive pony. We think he might have autism or like be on the spectrum or something he's super, super literal, super literal extremely sensitive and very person specific.

Sukie ([01:02:54](#)):

So he was my first Mustang and I'm really glad because I had no expectations. And I would get, you know, I would get things done with him. I would be able to pick his feet and put a saddle on him or whatever. And you assume that once you can do these things, that they know what it is and like anyone could do it, but no, no, he lets me halter him. He lets me saddle him. He lets me pick up his feet, you know, he'll let me do a ton of stuff that if anyone else walked up to him and tried to do he would be, he book it, he'd be gone. And yeah, he's, he's been amazing. We've been working on right now, both my horses are actually standing out in the middle of about 20 acres with a herd.

Sukie ([01:03:37](#)):

So they're not doing anything, but but with him, the project has been to desensitize him and he's, like I said, he's super literal. So like changing the color of the saddle pad from blue to black. He's like, no, I have never seen that before. Or like going from a Western saddle to an English saddle. He, Nope. He has never seen a saddle before. Wow. So yeah, he's super, super, super sensitive and super literal. And so and because he's so person specific whenever whenever he lets me do stuff I, it makes me feel really special and it makes me feel really proud because I know that it means that I've done a really good job building his trust and his confidence. And that's a real honor because he's very focused on his survival.

Robyn ([01:04:24](#)):

Yeah, yeah. As he should be. Yeah. Awesome. Okay. So what do you think it means to be a leader and a follower? What does leadership and followership look like to you?

Sukie ([01:04:39](#)):

That's a great segue because I think leadership is building trust and confidence in, in another person. I think leadership is it should be founded on trust. And I think that when a leader is a good leader, they are attending not only to themselves, which is important as a leader, you need to be attending to what's going on with, with you. And I think you also need to be attending to what's going on in people. And again, I think this is another sphere or realm in our modern culture that could use some shaking up because a lot of our leadership is built on hierarchical control where it's like you follow because I'm I rank above you. And so therefore you do what I say. But you know, the horses have taught me this too, and I'm sure Warwick would agree with this with like, if you don't have your, your horses trust and they

don't have confidence in you, then if something bigger and scarier than you comes along, they're going to take off.

Sukie ([01:05:33](#)):

They're not going to be waiting around to hear what you have to say. Whereas you know, for example, with Shelby, he at a certain point is probably, I don't know, two, two and a half years into our relationship as I, as I figured him out. I, I noticed that something scary would happen and instead of immediately booking it, which he would go from zero to like on a scale of one to 10, he was like zero to 50. And like, before you get blank instead of doing that, he would actually turn to me and say, Hey, like, is it okay? And that I think shows that you're a true leader because they, the, I don't even really love the term follower, but the people that you are leading or the, the Oregon or organisms that, you know, cause horses I think are being led to are turning to you for direction because there's trust and confidence there. I also think that there's an element of empowerment. I think a really good leader builds confidence in another person and, and builds like it helps another person to, or person or horse to be self authenticated or, you know, to give them their own power, their own agency.

Robyn ([01:06:46](#)):

Right. Yes, for sure. Okay. The last one, what do you feel is your true purpose in this, in this world? I have really always felt for

Sukie ([01:07:01](#)):

A very long time that the reason I'm here and what I really want to do is to explore and to help others, to explore the depth of the human experience. And I think that that shows up in a lot of ways right now it's showing up very much as this nervous system work. But I also think it's, you know, and encompassed in that is like connection, right? Cause that's part of the nervous system work, but yeah, the connection that we have with each other and the connection that we have with the environment and with our horses and all of the ways in which we experience life.

Robyn ([01:07:37](#)):

That's awesome. Yeah. The connection you were talking about, trust and connection, and that's what we have found with the horses that once you can build that they'll do anything for you. It's pretty, pretty cool to see. Well, this has been so awesome. I have learned even more than I had been before and I'm excited to have people for your work. And so if they wanted to do that, where were they? Where would they find you?

Sukie ([01:08:10](#)):

Yeah, they can find me@wholebodyrevolution.com. That's fine. And on youtube@youtube.com forward slash Sukie Baxter. And that's S U K I E. You gotta get the in there. That's awesome. Well, thank you so much for agreeing to talk to me and hopefully this is all recorded perfectly, and we'll be able to get this up very soon for a video to listen to. And I hope that you, your website confidence because so many people come to check you out. I hope so too. I'm looking forward to meeting you.

Speaker 1 ([01:08:48](#)):

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