



## Reset Your Nervous System and Support Healing

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C  
Interviewing **Alex Howard**



### **Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Welcome back to the Reverse Autoimmune Disease Summit: Healing Your Energy Body. I'm Dr. Keesha Ewers, and I'm really delighted to bring you a colleague who is doing some great work in the world of healing your energy body. Alex Howard is founder and chairman of the Optimum Health Clinic, one of the world's leading integrative medicine clinics, specializing in fatigue. He's published academic research in publications such as the "British Medical Journal Open" and "Psychology and Health", and is the author of "Why Me?: My Journey From ME "to Health and Happiness", and, "Decode Your Fatigue: "A Clinically Proven 12-Step Plan to Increase Your Energy, "Heal Your Body, and Transform Your Life." Alex's creator of the Therapeutic Coaching Methodology, and since March of 2020 has been documenting his therapeutic work with real life patients via his in therapy with Alex Howard YouTube series. In the last few years, he's created some of the largest online conferences in the health, mind, body markets, including the Fatigue Super Conference and the Trauma Super Conference. Welcome to the summit, Alex.

### **Alex Howard**

Thank you so much for having, Keesha. I'm really happy to be here.

### **Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

So always I start off these interviews with asking how you came to specialize in what you do in the world. These days, we all have a story and I would love to hear yours and have you share it with our audience?

### **Alex Howard**

Well, I think like a lot of people, this wasn't my original life I had. I think my parents' aspiration was probably that I'd become an accountant, and my aspiration was to become a rockstar, and



we both failed. I found myself around the time I turned 16 years old suffering from quite suddenly quite severely debilitating fatigue symptoms. And when like, of course, anyone does in that situation, went and saw my general practitioner, general physician, and was told, You probably have a virus. This may take a month or two. And at the time it was super frustrating. I just finished a big set of exams that you do when you're 16 here in the UK, and I had all kinds of ambitions of things that I wanted to do that summer. And I spent pretty much the whole summer in bed resting. And a few months became a few more months. And I then went back to the doctor. And my grandmother who knew more than I did ended up saying, do you think this could be ME or chronic fatigue syndrome? And I was told that it may be, and it may be six months to get back to recovery.

And I remember at the time, six months sounded like a life sentence. Six months ended up being a seven year journey. And the first couple of years of that was being dragged around to see various experts, some medical, some non-medical, some genius, some crazy, some I wasn't quite sure which they were, but there wasn't really any fundamental answers. And as probably we'll get into in this conversation, I wasn't anxious. It wasn't that the anxiety, depression, and overwhelming my nervous system necessarily was the cause of the symptoms I was experiencing. But the symptoms I was experiencing were certainly causing those things, because when you don't know what's wrong with you, why it's wrong with you, there's no therefore pathway to treatment. You don't know if you should rest or you try and push through, and then you become even more severely depleted through doing that, in of itself is a highly nervous system dysregulating experience to go through.

And after a couple of years, I basically reached the point that it wasn't so much that I was actively suicidal. It was just, I couldn't see a way of continuing my life the way that it was. And to cut a long story short, I had a conversation with my uncle, which basically went along the lines of, if you want the circumstances of your life to be different, you could wait another two years, you could wait 20 years and the chances are they won't change, or you can become captain of the ship of your own healing journey, and become proactive, become the person which is doing everything you can to turn around the situation you're in. And so for the next five years, I read hundreds of books. I saw I think 35 different practitioners. One point I was taking, I think it was 70 supplements a day, not something I'd recommend. I was doing everything I possibly could. I was meditating every day, I was doing yoga, I was doing psychological work, and there was no one



answer. It wasn't like, I wish I could see it here and say, Keesha, I found the answer and ideally I've patented it, and it's like, it's become, what I found was that--

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

And I put it in a bottle and I can sell it to you.

**Alex Howard**

Exactly. My accountant would be much happier.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Right?

**Alex Howard**

What I found was that recovery from chronic illness, particularly fatigue related conditions, but I think it's also true of autoimmune conditions, I think it's also true of many, many conditions, is it's like a puzzle and we have to find the different pieces. And it's a jigsaw, the different pieces to that jigsaw. And which is why I ended up calling the book that I wrote around recovering from fatigue, "Decode Your Fatigue". Because to be able to map the path to recovery, we first have to map the different factors and variables that cause someone to become ill in the first place. And so after going on this journey, finding the different pieces to decode my fatigue and recover, I then realized I wasn't gonna become the rock star that I wanted to be, and accountancy definitely wasn't something that was appealing. I'd studied psychology at university, and ultimately I set up the clinic nearly 20 years ago now, which was the organization that I'd wanted to exist in the years that I'd been ill. And the Optimum Health Clinic now has 25 full-time practitioners and patients in over 50 countries around the world and doesn't have all the answers. But we've certainly found a lot of pieces of the jigsaw, and I think what we do particularly well is help people map the pathways and the elements that have caused them to become unwell and using that then to map and build pathways towards recovery.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

We are definitely in alignment. The name of my first book was, "Solving the Autoimmune Puzzle".



**Alex Howard**

There you go.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Yeah, there's not one answer that got you there, and there's not one answer that gets you out in terms of the same thing for every single person. And so mapping your own individual puzzle's such an important, probably the exercise of life, right?

**Alex Howard**

Yeah, and journalists hate me for it, because they say, great, can you give me a couple of soundbites?

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Exactly.

**Alex Howard**

Really, no. I can give you a really long, nuanced, complicated answer, that's gonna make your readers really, not so very excited. But my thing has always been to be a truth seeker and to focus on what's true, not what's convenient and to feed into that a bit. We'll talk, I'm sure, around the role of our mind and our emotions in physical conditions, particularly in autoimmune conditions. And one of the few things that would've given me a rush of energy in the years that I had no energy was somebody telling me that my physical symptoms were caused by my mind, because what it would've felt like was that someone fundamentally misunderstood the lived experience that I was having.

And often, the time we most want to be seen and we most want to be supported by the people around us if what we feel is we are being judged or we're being told that we're making up what's happening for us. And I think the distinction that's really important to make is that a physical reality can be impacted by our minds and our emotions. Doesn't mean we're making it up. It doesn't mean they're not real physical symptoms. It doesn't mean there's not measurable, real biological change of what's happening in our body. And it also doesn't mean that our mind and our emotions are the only piece of that puzzle or the only piece of that jigsaw. And the reality is as we can get into, there's a lot of evidence and research that demonstrates that when our



nervous system is dysregulated, it impacts our body, and when we calm that dysregulation, it impacts our healing.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

10,000 years ago, Ayurvedic medicine, the sister science of yoga said that the body is the canvas of the mind. And I think that's such a simple, very elegant way of saying that. And this idea that we keep creating mind, body complex, this separation that we're trying to put back together, it doesn't even, like it's a paradigm that doesn't even exist. They are not separate. And so you're telling me, I'm just making this up. It's like, well, that's inside that same paradigm of here's your mind and here's your body. They emerge together. So this is such an important conversation to be having. So how does your nervous system affect the immune system?

**Alex Howard**

Well, let's talk about a few of the studies that have been done just to look at it from a research point of view, and then let's look at it from a more layman's terms, what are some of the actual mechanisms and things that are actually happening? So a lot of the original research on psychoneuroimmunology, which is really the impact of our minds on our nervous system and our immune system on our body is being done on students at exam time, which is for the very simple reason that there's lots of students in universities and lots of research happens in universities. So a lot of the recruitment in studies tends to happen with students. And there's been a whole, there's been tons and tons and tons of these studies. One of the original ones was back in 1986, which was published in the "Journal of Behavioral Medicine". And they took blood samples from 34 medical students a month before exams and on the second day of exams starting. And it's no surprise on the day of examinations, cause by the way, anyone that's been to university remembers everyone gets at exam time, on the day of examinations or the day after, a significant decline in multiple measures in the immune system, particularly natural killer cells, which is the part of our immune system which is effectively responding to threats and invasion. And so we can just see on a very simple level looking at that, when the nervous system is dysregulated and when we're under a state of stress, it's impacting the nervous, impacting on the immune system. We can then, I think one of the most interesting studies, cause I think it brings a lot more elements together was a study back in 2012 in immunology and allergy clinics in North America. They did punch biopsies like muscle biopsies on people, 3 1/2 millimeter biopsy



on the forearm of people. And they looked to 13 women in a control group and 13 women who were caregivers of relatives who had Alzheimer's or dementia. So obviously in a situation where there's lots of ongoing stress. Those in the caregiving roles, those muscle biopsies took 24% longer to heal than the control group. So what we can see is when we're under stress, our body's ability to heal is directly impacted. What does all this mean in terms of autoimmune conditions? Well, another way of looking at this in a more kinda layman's terms example, I remember on the London underground, pre the bombings, the terrorist bombings back in 2007, so was that 15 or so years ago, and people would regularly, people would forget their gym bag or they'd leave their kind of shopping, whatever on the underground cause they forget about it and people go, oh, someone's left their bag or whatever.

After the bombings, the level of alert in London was like super amplified. Everyone's constantly understandably terrified there's gonna be another bomb that's gonna be left on a bus or the London underground or whatever. So the whole network kept being shut down over these really small things of someone forgetting their tennis issues on the Northern Line, for example, because the hyper alert means that the system is responding in a hypersensitive way to things that are actually not a threat and not a danger. So we know what's happening in our nervous system is impacting our immune system. The example I gave around exam times, that's an acute short term stress. That's something that's super stressful for a period of time, and then that stress goes away. The real challenge is when we start to live in states of chronic stress, when our nervous system normalizes to being in a state of dysregulation.

Now, why may that be? Well, if you think about one of the brilliancies of the human body is we have all of these different homeostatic balances. We have these very sometimes narrow ranges of reference within which parts of our system learn to have their state of balance. So that could be anything from blood sugar, to blood pressure, to blood temperature, to circadian rhythms, to hormone levels, and what helps our system to function in a consistent way is to learn what is normal, what is a baseline, and then to work to keep the system at that level. If we have stress of exams, we're super stressed, and then the exams are finished and we calm down again. But when we live in a state of chronic ongoing stress, now that may be something like we're in a super stressful job that doesn't end. We might be in an abusive relationship. We might have ongoing financial stress. It might just be that from the minute we wake up to the minute we go



to be in a constant state of being on in our system. Maybe that's triggered by trauma and our response to that trauma is to be in a constantly busy and avoidant state. But the impact of that is we train our nervous system to be in a state of what I call a maladaptive stress response. So a healthy stress response, exams get stressed, it's over. Or you and I are walking down the street in London, we're not paying attention, we don't see the big red London bus thundering down the street towards us. We both get a big hit of adrenaline, we leap onto the pavement or sidewalk to escape the bus, and then we know we're safe and our system calms down. Thousands of years ago, that might have been a saber-toothed tiger that was chasing us.

But those short term stresses, our system is used to. It's when we live in a state of chronic ongoing stress that our nervous system gets, the new homeostatic balance becomes a maladaptive stress response. Now our response to stress is not a healthy response. We've become maladaptive. We've learnt to live in that heightened state of arousal. What that then means is it's not just our nervous system that's impacted. It's all of our bodily systems that are impacted. So our digestion's often impacted and our heart rate often is impacted, but particularly, our immune system is impacted. And so one of the things that we see a lot, at any one time, we have about a thousand patients with chronic fatigue or fibromyalgia or ME that we are working with at the clinic.

One of the things that we see fairly consistently is when someone has this maladaptive stress response, their immune system starts to respond in maladaptive ways. People can have sensitivities, for example, multiple chemical sensitivities. They can start to have sensitivities to chemicals that are not what other people might experience. They can have food sensitivities that other people might not experience. They can have autoimmune conditions where the system is effectively in overdrive and attacking itself because that is the program of the nervous system being in that dysregulated state. And so there's lots of different frames and ways that we can look at this, but fundamentally, if our system, and we can maybe talk about why this might happen, but if our system has learned to be in a maladaptive stress response, it is therefore directly impacting upon autoimmune conditions.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

In the study that I did called the Healing Unresolved Trauma Study back in 2013, I have two places where from initial trauma, we bifurcate in adulthood to maladaptive stress responses,



which is how we've done it always, which leads to disease and then adaptive processing. And in the middle of each of those circles, in the maladaptive one, there's an unwillingness to self confront, and then the other one, there's a willingness to self confront. And so I think the call here is to be willing to curiously and compassionately ask the right questions, to drop into that space of, all right, so what is it, I always think the human body has the job that has the least gratitude shown toward it in the entire existence on the planet.

### Alex Howard

It does like 99% of things perfectly, but it gets no gratitude.

### Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

Exactly. We wake up in the morning with the miracle of sight, and then get up and say, how come I'm tired? And so it's pretty interesting, the way that I think this journey goes is, with that curious, compassionate inquiry, that also includes appreciation and gratitude, which ultimately relaxes that nervous system. It draws it out of hyper-vigilance into this collaborative alliance between all the parts instead of combative, which is where the illness is a combative relationship with self.

### Alex Howard

I think a big part of this is that we learn these responses in, often as coping and survival strategies in various ways in our lives. But then we normalize to them, and then we normalize to them, and then we become resentful towards them because we recognize them as, we see them as the architects of the problem or the suffering. And so often what can happen is when people start to understand the relationship between their nervous system and their immune system and the rest of their bodily systems, it's like, oh, it's the fault of my nervous system, and it becomes almost like a fight to get their nervous system to shift. But one of the ways that I think--

### Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

It doesn't work very well by the way.

### Alex Howard

It doesn't work very well, no. But part of the antidote to it, I think, is to actually see it in the lens of the brilliance of our system. Often we found ourselves in situations and circumstances where a



dysregulated nervous system was not only the only choice available to us, but it was also the best choice available to us.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

It was the wise mind of the child figuring out how to survive, did a great job.

**Alex Howard**

It's like, one of the ways that I talk about emotional defense is that we often build walls to protect us, emotional walls to protect us, and there's a brilliance because they protect us and we survive. But the problem is the walls that protect us also prison us. And so they might keep the world out, but they also keep us trapped in. That doesn't mean that the wall is wrong. It just means that it's not necessary in every situation. And it might be that we go and spend some time around people that were quite toxic to be around 20, 30, 40, 50 years ago, and they may be that way now, and constructing that wall may be an appropriate defense in that moment.

But it's being able to, in a sense, develop the flexibility, to be able to respond in a way that's appropriate to the situation that we find ourselves in. And so that's why I particularly talking about it as a maladaptive stress response. It's not that a stress response is wrong. A stress response saves our life numerous times in our lives. It's the fact that it becomes maladaptive, and then is, as you were touching on, it's meeting that from a place of real interest and curiosity, of, I wonder why my system has learned to respond in these ways. What was the brilliance in that, and recognizing that, is it necessary now and what do I need to learn to do to be able to construct and train myself to have more appropriate ways to respond.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Ultimately what this boils down to, in Buddhist thought, there's this understanding that it takes, there's 17 different steps to perceiving any piece of information. So when I--

**Alex Howard**

You mean not just I'm right and you are wrong.



### **Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

So I'll note that your walls are green. I've gone through 17 different steps to get to green, and in my perceptual field of eye mind, you know, and so it's a really fascinating way of mapping how we bring in information, synthesize it, and then how we then trigger our nervous system from that perception, that perceiving. And they document that in that 17 steps, there's a midway point. They call it the doorway to karma. And they're saying how however you've always done it is how you're going to do it forever more unless you can open that little gap ever so wider and start to perhaps perceived differently. And so ultimately I think what gets lost a lot in the vagal nerve stimulation and nervous system retraining and all of the things that, methodologies and tools and technologies, is this really basic understanding that our pattern of perceiving is what sets the whole thing off. That's what sets our adrenals off. That's what releases cortisol, the cortisol that breaks down the gut wall. The whole thing happens really right here first. And the habit of how we perceive is ultimately the cure to all of this.

### **Alex Howard**

Well, a lot of my work these days is around understanding, mapping and working with trauma. And I think one of the things that people often don't realize with trauma is it's not actually the events that cause trauma. The events might be unpleasant and might be very difficult experiences, but you can have 10 different people go through the same event and have different experiences of that event. The resources that we have to meet that event and the resources of the people around us to meet that event has a very big impact in terms of what the impact is in a sense. So if our core emotional needs are being met, so for example, the need for boundaries to be able to say, yes, that's okay, no, that's not okay, the emotional need to have an inner sense of safety, which is a young child is gonna need to be through co-regulation with people around us, as we get older, we learn to hopefully co-regulate for ourselves or self-regulate our nervous system, the need to feel loved and held and emotionally nourished by the people around us. So we can go through a difficult experience, have those needs met, and it won't necessarily have the same impact as it would for somebody else, even if the experience was a very unpleasant experience. But then how does that impact our nervous system? Because if we don't get those needs met, the trauma's happened. The thing that's causing suffering in our lives now is not the thing that happened decades ago. It's how our nervous system has been patterned and trained as a result of that experience, which is now perpetuating a cycle of suffering in our lives. But the



thing that really causes the issue is the habits and behaviors that we create to try and deal with this dysregulation in our nervous system and those core emotional needs that weren't met. And so for example, we start to develop ways of being in our life that if, for example, we didn't have those boundaries, we weren't taught to be able to have our yes and no, our whole life might be becoming about pushing everyone away because we're now trying to establish that boundary that wasn't in place, or we didn't have that sense of safety, or what we learned is the way to feel safe is by thinking your way to safety. So you run lots of scenarios in your mind: If this happens, I'll do that, but what if this... The only way to feel safe is to have a racing mind, planning everything. A whole life now is a mind that's over-activated.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

That's the figure-outer. That's what I call that one.

**Alex Howard**

Say that again?

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

That's the figure-outer.

**Alex Howard**

Right, yeah. And so the impact of the trauma's not the event, it's how it's dysregulated our nervous system and we're now trying to deal with that by being this figure-outer. Or it might be that we've learned that that need for love is met by being a super achiever, or it's met by putting everyone else's needs before our own. So our life becomes about maybe constantly pushing ourselves or our life becomes about being this pathological unhealthy helper that's just trying to rescue and save everyone else around us. So I think it's really important to remember, cause what made me think of it was your comment around perception, it's not what happens, it's the perception around it. But it's also not the events. It's how we respond to them and how we then become wired and set up in our lives, which is often an attempt to meet those needs that weren't met or to manage this dysregulated nervous system in all the different ways we do in our lives. And so the reason why I was think this is very important is that it concerns me somewhat that, so on one hand, I think the raising of awareness around adverse childhood



experiences, or the ACEs as we talk about, is really important. It is really important. But the concern for me is that a lot of the conversation is about, I experience these events and therefore I have trauma, as opposed to these events happened, and then it sets certain things up in my life, and it's those things that cause my suffering, not actually the event that happened. The message of hope in that is if the only way to heal trauma is to undo the event that happened, no one's gonna heal from trauma cause I haven't yet found the methodology that, I know there's ways of working with the unconscious and dealing with traumatic memories and so on, but we can't actually change the event.

What we can do is we can change the ways we've learned to live in our lives, like building up these walls, building these habits and behaviors that were set up by the event. And so to bring this back to working with autoimmune conditions, part of what is really important is, yes, sort of decoding or solving the puzzle of what are the experiences that have led to this dysregulated nervous system. But our healing should be less focused on the past and more focused on the present and the future. Yes, we need to understand how the past has shaped us, but the change can't happen for something that's already happened. The change has to happen in how our system is running now and how we move into the future from that place.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

In the HURT model, you have the event, you have the feeling, you have the nervous system go off in response to the feeling, and then in a nanosecond you have a belief and a meaning you attach to it, and then an adaptive behavior response that goes with that. And that runs you for the rest of your life until such time that you go into that place where you go, hmm, every time I suffer, I'm present. Maybe it isn't about everything around me and circumstances and people in my past. Maybe this is a really beautiful opportunity, Joseph Campbell style, to really say, oh, there's a belief and a meaning in here that I can go heal in the present, which will affect my future. So there's a saying I really love that the child is the parent of the adult. So you really wanna take those beliefs that the child created if you want your older, wiser self to be able to make it into their true wisdom potential, and I love that idea of non-linearity, like we have all of them available to us in the cell of time, and so we can work with that and it does affect your so-called future self in a very profound way.



### Alex Howard

Yeah, I think that's right. And I also think that raising awareness around the impacts of trauma on our nervous system, on our nervous system on our immune system, I think is really helpful and important. I think what's related to that though is one of the things that I observe that I also, I find myself concerned about is we have this recognition that I have this trauma and I have this trauma because of these experiences that I had, and those experiences are very difficult and painful. And because I have this trauma, I need you, or I need the environment around me to adapt and change so I can then feel safe. So in a sense, we are continuing the narrative that the external event caused my trauma, therefore the external environment has to adapt and change to rescue me from my trauma.

Now I'm the first one to say that I think we should all treat each other with as much kindness, care and compassion as we can. And so for example, as an employer, I'm always very keen to create a culture and environment where my teams feel respected and cared and safe, and equally, I am not responsible for their inner sense of safety, and I'm also not responsible for causing significant kind of harmony for others in the environment, that everyone has to constantly adapt to respond to someone, to make them feel safe internally. But that responsibility for our own nervous system and responsibility for our own healing, I think, is really important because otherwise, the essence of it is still a pattern of the victim. It's the, this thing happened to me and I was the victim of it and I'm still a victim, so you have to change so I--

### Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

I'm a highly sensitive person and therefore you need to adjust everything so that I can be with you. Yeah, I'm seeing that too, Alex, and it's very concerning to me that, yes, there's highly sensitive people come from this environment of trauma, and the resilience building is what's so important instead of just resting at here's where I'm at and I need you to adjust yourself to me. That just keeps you trapped in your own stuff.

### Alex Howard

And that's the bit that I think is important, right?

### Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

Yeah.



### Alex Howard

To put it aside, I always like to come at things from multiple angles as, I'm almost deliberately contradicting myself, so I'm gonna deliberately contradict myself. But one of the other things that I find myself becoming increasingly educated about, I think in a very valuable way is around neurodiversity and the recognition that we don't all need the world in the same way. We don't all process things in the same way. And I think it really is my responsibility, as an employer, for example, to create a culture that respects and empowers neurodiversity and different ways of being. And so these are all always delicate things around where does responsibility lie? The thing though that I would ultimately say is the gift that we can all take is if I can be responsible for my healing, and of course I'm gonna be need to recruit, takes a village sometimes, I'm gonna need help and support and I'm gonna need to be vulnerable and ask for help, and I'm gonna need to open up to practitioners in ways that may be really challenging and really vulnerable sometimes to do that. But ultimately the message of hope is that I'm gonna do my healing with all the help I can muster, and then I'm not, I'm no longer then going to be a victim of the experiences that happen to me as opposed to continuing that narrative.

### Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

And inside of a culture that used to be more tribal and is little more isolated, you know, had mentioned earlier with the punch biopsy study, caregivers of people with Alzheimer's. It struck me that we used to be in a village with each other. There didn't used to have to be one caregiver for a family member who was struggling with whatever kind of challenge they had. And so we really have painted ourselves into this very interesting corner, so to speak, of not having the village. So I appreciate the conversation today and I would encourage people to really look for ways that you can be in healthy community with others so that you aren't carrying the burden of caregiving if that's part of your reality right now.

### Alex Howard

Yeah, and I also would say with, what is it now, almost two and a half years since the start of a pandemic, that the way we were, the response to that was one of isolating. And one of the things that I'm noticing is that, a bit like I was saying about homeostasis in the body, that people have normalized to a level of isolation that I'm not sure is healthy. And I see this, for example, in teams at work, of I'm being quite firm about getting people back into the office, for example. Because what I noticed is that they're often more comfortable at home in the short term, but when



they're around other people, they gotta commute and all that, the hassle that might be, something happens when people are together, and they feel part of not just the idea of being in a team, but the lived experience of sharing ideas and being around people and having a chat over the water cooler or a chat over having a cup of tea, or it's very English, saying a cup of tea, but it's like that community is so important. And going back to what we were saying earlier around this maladaptive stress response, that one of the elements that will help the nervous system calm and to come back to a healthier place of balance is that contact with other people. And of course, if the reasons why we've pulled away is because of traumatic experiences with others and we've built those walls up, we also have to learn to bring those walls down again and certainly be intelligent of who we invite into our emotional space, but to recognize the gift and the healing power of that contact with other people.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Co-regulation.

**Alex Howard**

Exactly right.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

So important. I think this is a good place to end. Co-regulation. Thank you so much for spending this time with us, Alex. Is there anything that we haven't covered that you feel really needs to come out?

**Alex Howard**

So if we'd have more time, what I'd love for us to go into would be more of the things we can do to really to switch and reset this. And if I can be forgiven a moment of self promotion, what maybe I'd recommend is that I have a free three part video series, which goes into a lot more of the science of what we've talked about, but also the framework and methodology to reset the nervous system. And people can just go to my website, alexhoward.com. They'll find at the top of that a link to that series. And that's a great way of giving more time and space to it. But I really enjoy these conversations where we can just spend time together and not be too sort of syllabus driven. So I really enjoyed our time. Thank you.



**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Thank you, and I think you have a free gift for our audience too, the fatigue ebook.

**Alex Howard**

Yeah, exactly, which is 12 stories of people who have recovered from fatigue conditions, fibromyalgia, ME, Lyme disease with our frameworks and approach. So it's a nice way to hear some really uplifting and inspiring stories.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

Nice, thank you so much.

**Alex Howard**

Thank you, Keesha. It's been a joy, thank you.

**Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C**

All right, everybody, until next time be well.