

The Guts to Stand Up for Yourself

Presented by

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The enteric nervous system is the intrinsic neurological network of the gastrointestinal tract, extending all the way from the esophagus down to the rectum. The enteric nervous system is often called the 'second brain' because it can actually override instructions from the brain in your skull. Even though the enteric nervous system contains more neurons than the sympathetic and parasympathetic nervous systems combined, trauma models scarcely mention it. This is unfortunate because an optimally functioning 'second brain' is pivotal to breaking vicious cycles of trauma reenactment. It is often a gut-level awareness that provides the inspiration to take appropriate risks, to break away from the status quo, to change one's life for the better.

This workshop introduces the fundamental nature of the enteric nervous system, its role in trauma reenactment as well as practical exercises to make the 'gut brain' an invaluable resource in breaking trauma cycles – in truly providing the 'guts to stand up for yourself.'

Lee Cartwright, M.A., a SWC alumnus, developed Shifting Consciousness through Dimensions (SCtD), a neurological system for transforming trauma and personal limitations. He wrote three books on SCtD: *The Qi to Unlocking Trauma and Limiting Behaviors*; *Neurological Approaches to Dream Work*; and *The Body Evolving Spirit*.

Disclaimer:

All of the material in this presentation is provided for information purposes only and should not be construed in any way as medical or psychological advice or instruction. Anyone seeking the diagnosis and/or treatment of a physical and/or emotional condition should seek out an appropriately licensed health care practitioner. Further, we do not guarantee the Guts to Stand Up for Yourself process outlined in this presentation will work for you or your clients. Finally, we have not heard of any side of effects from the process, but we do not guarantee that you or your clients will not experience any side effects.

Introduction

The Enteric Nervous System (ENS) is Your Second Brain

- It is a mesh like system of neurons that governs the gastrointestinal tract.
- The ENS has more nerve cells than the sympathetic and parasympathetic nervous systems combined.
- The ENS can and does override instructions from the brain.
- 90% of vagus nerve fibers carry information from the gut to the brain rather than the other way around.
- The ENS can become just as addicted to opiates as the brain in your skull.
- 95% of your body's serotonin is located in your ENS.
- The gastrointestinal tract is the largest endocrine gland in the body.
- What you eat has a direct impact on your emotional state.
- There are at least as many cells of microbiota in your gut as there are cells in your entire body.
- The organs of the ENS act multi-dimensionally: the stomach not only digests the foods you eat, but it also helps you digest the challenges you face in life.

The Guts to Stand Up for Yourself – a strategy for

- Bringing your gut resources back online.
- Supporting optimum brain functioning.
- Rebooting your ability to stand up for yourself.

Workshop Outline

- A. Introduction to gut level trauma.
- B. The Guts to Stand Up for Yourself – theory.
- C. The Guts to Stand Up for Yourself – demonstration.
- D. The Guts to Stand Up for Yourself – practice.

Introduction to Gut Level Trauma

1. What is Gut Level Trauma?

The ENS feels that painful events from the past are still happening right now.

2. What are the implications of Gut Level Trauma?

- A tendency to give up on oneself or life in general.
- Passively accepting the unacceptable.
- Being a bystander of your own life.
- Feeling without purpose or direction.

3. What kinds of experiences can cause Gut Level Trauma?

- Public humiliation as a child.
- Birth trauma for infant and/or mother.
- Bacterial, viral or parasitic infections you never fully recover from.
- Concussions.
- Starting life on cow's milk formula rather than breastfeeding.
- Substance abuse.
- Unintended consequences of medical treatment.
- Abandonment by your culture, country and/or the world.
- Bullying.
- Oral trauma from accidents and/or bad dental care.

2. Is there hope?

Yes – trauma to the ENS can be resolved!!

3. What are the goals of the Guts to Stand Up for Yourself process?

a. Bring the ENS into present time!

b. It's not about venting your gut. Rather, it is about being rooted in your gut, trusting your gut, moving mountains from your gut.

The Guts to Stand Up for Yourself – Theory

1. The ENS is a network of neurons - running from the esophagus to the anus.

Its objectives include:

- a. Digesting, metabolizing and assimilating the food you eat.
- b. Eliminating everything you don't need in what you eat.
- c. Protecting you from anything toxic in what you eat.

To accomplish these objectives, all enteric neurons need to work together/cooperate with each other. The stomach, for example, needs to “tell” the small intestine how much and what kinds of foods are on the way. Similarly, the small intestine needs to inform the stomach if the foods that it delivers are adequately digested. This working together is called **resonance** and it must run from top-to-bottom as well as bottom-to-top.

Physiologically, resonance supports healthy digestion, good elimination and steady energy levels. Psychologically, resonance supports clear thinking, self-tracking and courage.

2. How do you establish enteric resonance? The answer – talk to your gut!

3. What do you say?

“ _____, please ask the Sun about your participation in enteric resonance after _____.”

For example:

Small Intestine, please ask the Sun about your participation in enteric resonance after the bullying stopped.

Esophagus, please ask the Sun about your participation in enteric resonance after I was born.

Why have the ENS talk to the Sun? Answer – a) since the ENS is in a trauma vortex, it is essential for it to have a clear *external* reference for the truth, b) wherever you are right now, ***all the matter you see*** came from a molecular cloud that formed the Sun 4.5 billion years ago. 99.8% of that molecular cloud is in the Sun – the rest is in you, the Earth, all life on the Earth and the planets.

Note: You do **not** need to believe your ENS can talk to the Sun. Just repeat the sentence – it will work anyway.

4. Who do you say it to? There are 11 components of the ENS (described on pages 13 - 16 below) you will work with. You do NOT need to remember their names nor know what their functions are. All you need to do is read their names from a sheet of paper. Each part of the ENS recognizes both a) your voice when you speak to it and b) its name when you say it. If you are a bodyworker and your client’s ENS feels safe, it will respond to your thoughts through your hands. This strategy is also effective for a) parents helping their prepubescent child’s ENS to heal and b) pet owner’s helping their animal’s ENS to heal.

5. How do you guide a client through the process?

a. Have the client say the sentence 6-8 times out loud for each

part of the ENS, then go on to the next. There is no right order to do the parts in. If one part feels particularly important, repeat the sentence for that part as long as it feels helpful.

b. What about the blank at the end of the sentence?

- 1) Place a brief, fact-based description of the event - ***without*** emotions.
- 2) The event must be over (my mother died) versus be an ongoing reality (my husband developed dementia).
- 3) There should be no evaluations/judgments in the description (my mother ostracized me vs. my satanic mother ostracized me).
- 4) The statement should not arouse anger. The process is about resolving trauma rather than fueling hatred.
- 5) If the same thing happened over and over again, sometimes all the events can be grouped together. For example - "after each time my brother hit me."
- 6) Sometimes naming and repeating the event is just too painful. In these situations, it is often helpful to just state the year in which the event happened - "after 2012."
- 7) The sentence represents a request, not an affirmation. It is about establishing a *relationship* with your ENS.

c. To set up the process with a client, explain:

- 1) The ENS monitors and guides the functioning of the gastrointestinal tract.
- 2) It runs from the esophagus to the rectum. It contains more nerves than the sympathetic and parasympathetic nervous systems combined.
- 3) The ENS is the source of gut feelings and the courage to stand up for yourself. Past trauma can take these pivotal resources offline.
- 4) By establishing resonance/cooperation between the various components of the ENS, this process updates your "gut" to the truth of who you are now.
- 5) It is not necessary to understand the nature/function of the parts of the ENS for the process to work.

- 6) If an emotion comes up, the goal is to allow the emotion and stay with the process. The goal is resolution!
- 7) The client can initiate a “break” at any time.
- 8) During the process, the client might notice:
 - a) Immediate relief.
 - b) Integration signs such as sadness, tears, body temperature changes, tingling, etc.
 - c) Difficulty saying the words.
 - d) Forgetting which part of ENS is being focused on.

Three unique situations:

- 1) The client gets a headache during the process. This is very rare – if it happens, simply support the blood flow from the brain down to the heart by repeating:

“Superior Vena Cava, please ask the Sun about the strength of your connection with the right atrium of the heart.”

- 2) The client gets queasy during the process. This is also very rare – if it happens, simply support the blood flow from the gut to the heart by repeating:

“Inferior Vena Cava, please ask the Sun about the strength of your connection with the right atrium of the heart.”

- 3) When working with recovered memories, use the following sentence:

“_____, please ask the Sun about your participation in enteric resonance after *I recovered the memories.*”

d. Your jobs once the process starts:

- 1) Be present, compassionate and neutral. Merging isn't helpful.

- 2) Help the client switch between various “parts of the ENS.”
- 3) Help the client stay with the process versus diving into the emotion.
- 4) If the client realizes other will-breaking events during the process, make note of them.
- 5) In the rare circumstance where a client goes into a reenactment, bring them out of it by helping them focus on current *sensory* reality.
- 6) Help the client track whether a “piece of work” is really done or not – i.e. the client is fully aware the event happened and no longer feels an emotional charge on it.
- 7) At the end of the session, it is often helpful to have the client do the following Brain Gym moves to help his/her brain catch up with the ENS.

Cross Crawl – walk in place, extending each hand to the opposite knee.

Self Worth – with the hands clasped behind the back, “draw” a front/back figure eight with the hips. Do it several times in one direction, then repeat the process in the opposite direction.

14. Can you do the process on your own? Yes – if you can stay with the process a) versus get flooded and b) through to completion.

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THE GUTS TO MAKE A CHANGE

_____, please ask the Sun about your participation in enteric resonance after _____.

Tongue and Taste Buds

Esophagus

Stomach

Small Intestine

Colon

GALT

Enteric Valves and Sphincters

UES

LES

Pyloric Valve

Ileocecal Valve

Anal Sphincters

Intestinofugal Neurons

Natural/Divine Enteric Microbiota

Enteric Interneurons

Enteric Glia

SUMMARY SHEET FOR BASIC PROCESS

Setup:

1. The ENS monitors and guides the functioning of the gastrointestinal tract. It runs from the esophagus to the rectum and contains more nerves than the sympathetic and parasympathetic nervous systems combined. It is the source of gut feelings and the courage to stand up for yourself. Past traumas can take these pivotal resources offline. By establishing resonance/cooperation between the various components of the ENS, this process updates your “gut” to the truth of who you are now.
2. The objective of the process is both gut knowing and courage. If an emotion comes up, the goal is to allow it and stay with the process. It is not necessary to understand the nature/function of the parts of the ENS for the process to work.
3. During the process you might experience a) immediate relief, b) integration signs such as sadness, crying, tingling, changes in body temperature, c) difficulty saying the words and/or d) forgetting where we are in the process. You can initiate a break in the process at any time.
4. In the rare event you get a headache or feel queasy, let me know and we will modify the process. If you happen to get flooded, I will help bring you back to present time.

What Goes at the End of the Sentence:

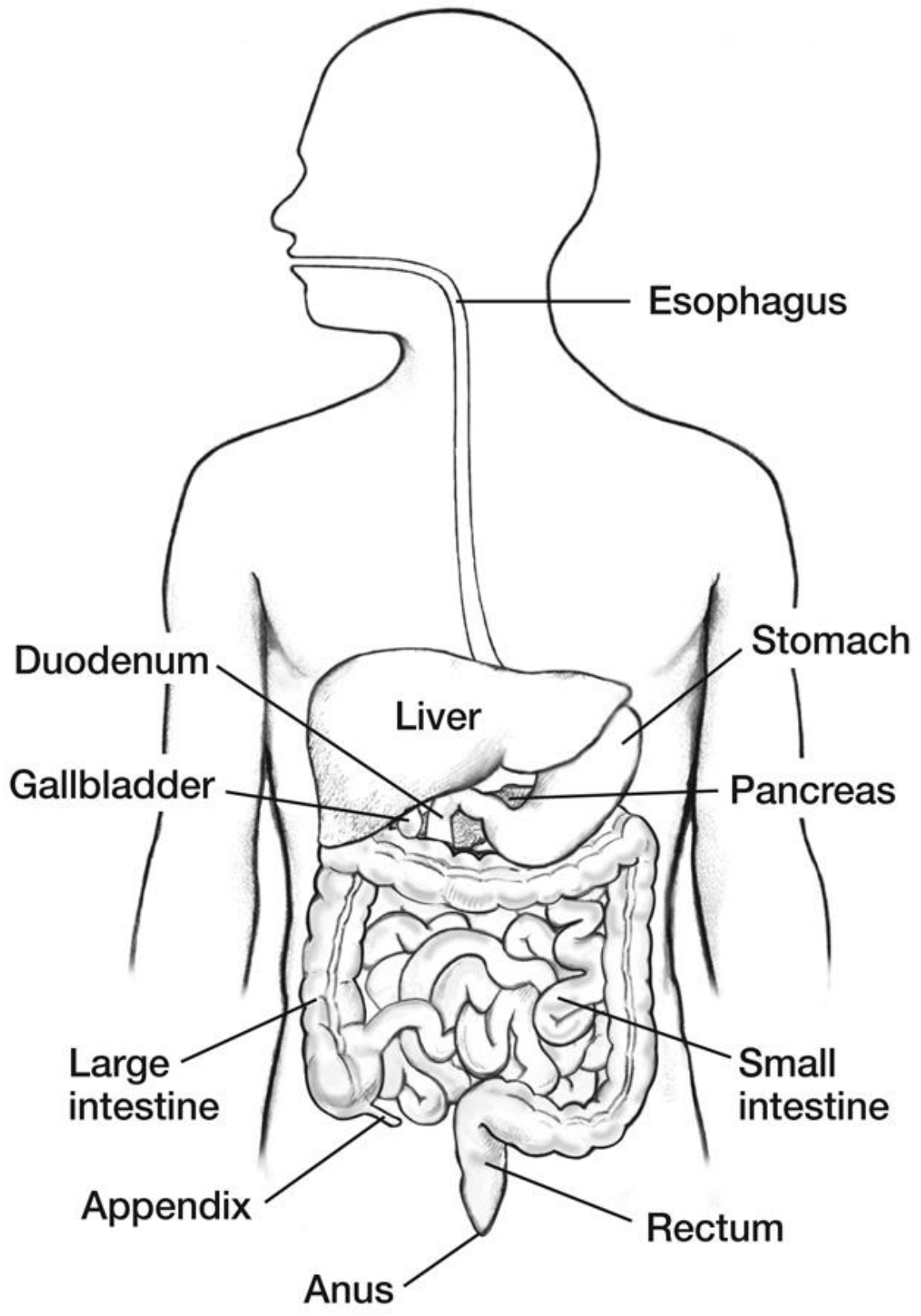
1. A brief, fact based description of the event.
2. It should not contain a) emotional content or b) evaluations/judgments. It should not arouse anger.
3. If the same thing happened over and over again, sometimes the events can be grouped – “after each time dad left us.”
4. When naming the event is too painful, just use the calendar year in which it happened – “after 2011.”

Your Job Once the Process Starts:

1. Be present, compassionate and neutral.
2. Have the client repeat the sentence 6 – 8 times for each part of the ENS, then go on to the next. If one part of the ENS feels particularly important, have them repeat the sentence as often as it is helpful.
3. Gently help the client stay with the process versus diving into the emotion.
4. Make note of any will-breaking events the client recalls.
5. If the client becomes flooded, bring them “back to reality” by helping them focus on current sensory experience.
6. Have the client finish with Cross Crawl (walking in place) and Self Worth (drawing a front/back figure eight with the hips).

Exceptions to the Basic Process:

1. For headaches: “Superior Vena Cava, please ask the Sun about the strength of your connection to the right atrium of the heart.”
2. For queasiness: “Inferior Vena Cava, please ask the Sun about the strength of your connection to the right atrium of the heart.”
3. For recovered memories: “_____, please ask the Sun about your participation in enteric resonance after I recovered the memories.”



THE 11 PARTS OF THE ENS

Tongue and Taste Buds

The tongue is a muscular organ that manipulates food during chewing and is used in swallowing. Further, there are on average 2,000-8,000 taste buds located on the surface of the tongue. Although the tongue and taste buds are not “officially” part of the ENS, they are so profoundly *reflexively interwoven* with the ENS that they **have to be included** in this process.

Esophagus

A muscular tube that transmits food from the mouth to the stomach. The esophagus is located just behind the heart and in front of the spine. Peristaltic contractions of its muscles move the food into the stomach.

Stomach

The stomach is a muscular organ that secretes acids and enzymes to digest (break down) food. Peristaltic contractions of the stomach’s 3 layers of muscles mix the food during the digestion process.

Small Intestine

The small intestine (10-15 feet long in an adult) has 3 segments: the duodenum, jejunum and ileum. The duodenum (about 1 foot long) is where food is metabolized/transformed into a useable state. Most of the nutrients available in food are assimilated (taken into the body) in the jejunum and ileum.

Colon

The colon is about 5 feet long and is responsible for eliminating the waste that remains at the end of the digestive process. Vitamin K, B1, B2 and B12 are also absorbed by the colon.

GALT

GALT (gut associated lymphoid tissue) is the body's defense mechanism against any pathogens taken in through the mouth. GALT, which takes a variety of forms throughout the digestive tract, contains around **70%** of all the immune cells of the body.

Enteric Valves and Sphincters

The 6 enteric valves and sphincters are circular arrangements of muscle fibers that control the timing and direction of the flow of food through the digestive tract.

UES = upper esophageal sphincter.

LES = lower esophageal sphincter. Located between the esophagus and stomach - particularly important for individuals suffering from reflux.

Pyloric Valve = between the esophagus and stomach - particularly important for individuals suffering from reflux.

Ileocecal Valve = between the small intestine and colon - particularly important after parasites &/or appendectomy.

Anal Sphincters = internal and external.

Intestinofugal Neurons

Intestinofugal neurons transmit data in **one** direction - from the ENS to the sympathetic nervous system. As such, they provide the ENS with the capacity to mobilize the fight or flight resources of the body.

Natural/Divine Enteric Microbiota

Although some reputable sources (NIH for example) say there are 10 times as many microbiota cells in the digestive tract as the total number of cells in the human body, it appears it is more likely a 1:1 relationship. Regardless, microbiota enters the digestive tract during the birthing process and is *essential* to the production, digestion and assimilation of many key nutrients throughout our life. Many studies show that enteric microbiota directly impact our emotional state.

Enteric Interneurons

Enteric interneurons provide the communication link both within and between each of the segments of the ENS. The duodenum also has its own “personal” interneuron connections to the pancreas and gall bladder for requesting pancreatic enzymes and bile to aid in metabolism.

Enteric Glia

Enteric glia cells are non-neuronal cells that provide support and protection for the ENS. Many specialized forms of enteric glia cells exist throughout the digestive tract.