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Hello everyone. It is Irene. We have got our third training call. It is the 8th of October, 2024, and this is a natural progression from the last two calls where we were... Remember, first one, just a quick review, capacity containment, flow, coherence. I went over the swimming pool and beach ball analogy, and just why building capacity, building capacity, making our capacity really big is the key to this work at the beginning, more so than directly working with certain traumas. So that's the first thing I want to remind everybody of, is do not underestimate what happens when we grow capacity and we start to bring our higher brain more online with what we're feeling, what we're sensing. This is the human gift, but it also can be our curse, this higher brain of ours. It can allow us to pause, look around, stop our behaviors if they're not good, shift our impulses, but it also enables us to suppress a lot.

And while that is still autonomic and often unconscious, we also can feel tears, for instance, come up and we can consciously shut them down. So this higher brain, we want to get better at using. The second call, I went into one of my favorite concepts. Who remembers the four whens? When we might orient, when we might not orient, when to take a deep breath, when not to take a deep breath, resourcing, these sorts of things. As you learn more and as your journey grows and as your capacity and regulation grows, usually what we find, and some of the alumni can back me up on this, you find that you don't need to manage the sensations as much. You don't need to resource as much. You can be with what's happening in your physiology way more, which is exactly what we want. It's what we want. And then today we are talking about... I'm just going to read this out here.

I need a little more light in my room. Let me put this on. There we go. The importance of regulation. So I'm reading right from the handout for number three, the importance of regulation in restoring somatic safety, feeling shock trauma and early trauma. So some of this is going to be a review from the biology of stress videos, but just as an overarching definition, shock traumas, I like to define as the car accident, the broken bone, the physical attack, hearing something that we don't want to hear. Things that are a direct acute shock to the system. That typically happens after age three-ish. And I say age three because we would typically define early in developmental trauma... It's not like the moment you turn three everything is shock trauma, that's not the case. But typically we'll say that early developmental trauma is preverbal, so it's before we can talk. And that's sort of under the age of three and also in utero.

So a lot of what happens to us when we're young and under the age of three, we don't have a very good working memory of what happened. Now, there are some people who remember

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things when they're really young. So this doesn't mean that you might not remember something when you were two or three. I know Seth, whom you all know, he has a very distinct memory when he was three. And I have no memories of when I was three. So I think my first memory was when I was five years old. And so everyone's going to be different. Some of us will have a soul memory of being in mom's tummy and her womb. Some people will have memories of our ancestors. So we're all a bit different in how we remember things. But for the sake of a simple definition, shock trauma is usually something that occurs after those preverbal years.

So falling off your bike would be a shock trauma. Not liking school and not having a good time at school. Of course, shock traumas can also persist and be chronic. Being in a violent household, being in a school system that we don't like and we don't connect with, which I think many of us might've been in that boat. I know I was. So is that shock? We could say it's also chronic stress. Even when you're five you can be under chronic stress and then that creates more dysregulation, etc. So I just wanted to define those. So the first thing here on the handout is the seven steps. And I have it as a question. "Do you know about the seven steps?" This is one of the first eBooks I ever wrote. It's on the additional resources page in SBSM. It's all under there. And I'm just going to move through them as an exercise. So I'm going to play with them as I teach them and talk them out. So I invite all of you who want to play along and sense, please do.

So the first one is to pause, which is just to pause. And in that pause, you can do whatever you wish based on what you've been learning in the course. So just to pause. And then feel. And feel can mean a lot. So feel, I have it as it, feel the body, feel... I'm going to interchange that with the word sense. What's around you? Maybe it's the chair under you, maybe it's the temperature. Maybe you need to shift how you're sitting. Maybe there is a desire to notice, next one, sensations in your body. I'm feeling a little warmer this morning. So my system has a little more heat to it. It's probably because I had a hot bath. I like having baths in the morning. I'm a strange one. Maybe other people here like to have baths in the morning too. So these seven steps are on the first page and it's part of just sort of a general way to move through some real basic details of noticing the system, pausing, feeling, sensing, and being self-aware. Can you notice your breath?

So what is your breath doing? Can it just be easy? And when you notice it, do you change it? And then as you notice that breath, just pause again. So it's really just this way of slowing down, as someone said, de-stressing. Simplifying de-stress. We're not going to necessarily get

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rid of all the stressors, but to just slow down and to notice what is happening in the body. And then the final one there, engage. So that could be engaging with what you're doing, it could be engaging with the environment, it could be engaging with the person you're talking to.

Has anybody ever found themselves, when they're talking to someone, they have to say, "Can you just pause for a second? I just need a second to sense what's just happened?" Or, "I can't get the words out. Just give me a moment?" You ever have that? You're missing a word and someone tries to, "Is it this word? Is it this word?" Or you had something on the tip of your tongue and it's like, "Just give me a moment." And then often when you stop thinking about the thing you're trying to remember, it can come in. So it's really this ability, and it doesn't have to be seven steps. It could be three steps, it could be four steps. This is what self-awareness is. This is what regulation is. Once we gain more capacity and foundation, this just naturally occurs. We don't have to use our higher brain and say to it, "I need to pause."

It just happens. I know for many of us that are learning this for the first time that could seem like a foreign language, to use my language analogy, but it does come on board because it is how we're supposed to be when we're in regulation, this ability to pause, orient, sense, feel the insides, engage with people. So I wanted to start with that today. So the next line, "Chicken or the egg." Who knows that analogy? What came first, the chicken or the egg? Not sure if we've ever figured out the answer to that. So chicken or egg, what do we work with first? So this is in reference to, do we work specifically with shock trauma first, or do we work with early developmental trauma first? Now for the context of "smart body, smart mind," as you'll learn for everyone new here, there's nowhere in our curriculum, in our lessons where we actively say, "I need you to write out all the shock traumas or all the early developmental traumas that you've lived with, survived through."

We don't do that. So the reason I'm bringing this in is because we do know that many of us have had shock traumas and early traumas. And this is very much in reference to... One might wonder, "Why am I not getting any shaking releases when I do this? Why am I not having a memory fly through of this thing that happened? Why am I not finding emotion coming up and through?" And so those are all very good questions, and it comes back to really trusting this process of building our capacity and foundation. And from all the years of experience, and again, alumni, you guys know this, guys and gals, as that capacity is built and regulation is formed, the things that are meant to come up will present themselves on a silver platter. And typically they present themselves when the system is ready for that processing.

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Now sometimes something might come through and we're not ready, and this is where we would call it maybe a flashback, or we get re-traumatized. But even with the information you already have, where we are right now in the first four or so weeks of SBSM, you've got enough to know how to, "Okay, let's just step back for a moment. This is something really big. Do I need to resource? Yeah, do I need to go to that resource to help contain this big thing that I'm feeling?" And this is where our mind, our thoughts can be useful for us or not useful. That's where we want to catch what the mind, the monkey mind starts to do with these sensations. So back to shock trauma and early developmental trauma, we're going to get into this right now.

So sometimes... And no, the one other thing I was going to say, if you are working with say a therapist or a practitioner, and I know many of you might be, or you're working with a body worker, maybe you have an old bone break or an old spinal injury or an old concussion or something like that. Sometimes we want to wait to work with those specific shocks until we have more capacity. And so this is good information to know if you're having a dialogue with said therapist or practitioner. And there's nothing wrong with educating because a lot of our practitioners don't understand the nervous system stuff and it's not their fault. It just hasn't been taught to them. So this is where you know it's going to be a good therapist or a good practitioner if they're interested, if they're interested in learning more. If they toss this idea out the window and go, "No, we need to go to that broken bone," and if you're saying, "You know what? I just really need some work today on my feet..." Maybe the broken bone is your arm.

And if they say, "Nope, we have to go to that," that's a good indication that that person is maybe not the right person because they're not listening to what your needs are. But a good practitioner, they are the ones that will work on the wrist when you have a pelvis problem, for example. That's just an example. They'll have a spidey sense, "I've got to work more on the outside first because that's safer than going right to the core." So I use this example from, say, injury. Let's say you injured your pelvis, but the wrist connects to the pelvis. And as we get into later lessons, you're going to do a beautiful lesson called the bell hand, which is a movement with the hand. It's Feldenkrais based, but it changes the whole tone in the nervous system by working with the hand. So I just give you that example that sometimes we want to work from the outside in, and other times we might need to work from the inside out. And it all depends on our situation, our capacity, time of day, our energy, all these things.

So back to the chicken or the egg, what do we work with first? First line, so get your pens ready. "Sometimes if there is old..." That's the first word, old. "Old charge in the system..." And

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I mean the entire system, your whole body system, your nervous system. "Sometimes if there is old charge in the system from shock trauma, we need to release..." And then the next word is de-activate. It's one word, but there's a dash there. "De-activate the trauma first before we can work on forming new nervous system pathways that are regulated." That's the next word, regulated.

De-activated is just a fancy word for coming out of that high, high sympathetic fight/flight charge that sometimes within that also has our shutdown and collapse and freeze energy. I use that word because that's a word that's quite common in the somatic experiencing language. So sometimes if there's an old charge in the system, like let's say you had a terrible car accident, but you also know you have a lot of early trauma, for some, we might actually have to work on that shock from the car accident first because the system is just so rattled from that that there's no way in hell we're going to get safety at that core early level until this older... I shouldn't say older. Shock trauma that occurred when we were older, that's what I mean. That sometimes needs to come out before we can do anything else.

Next line, "But sometimes we just need to work on getting oriented." That's the next word, oriented. "To the body and environment first and being embodied." "So sometimes we need to work on just getting oriented to the body and environment first and becoming embodied." So what this means, if we've never considered that we have a body and that there's a body here and we have sensations, which for many is the case when we start this work, it actually isn't possible to work with those shock traumas because we're not sensing what's inside. So sometimes we've got to start with the basics. This comes back to those ABCs and one, two, threes. Can you even feel your pelvis on the chair? Do you even know that you have organs...? Organs, not Oregon. Organs in your system? Do you know that there's a world out there that you can engage with and see? These are questions that often are never asked for the most part of us unless we are really on some kind of path. When we were younger, we had aware parents, that kind of thing.

Next line down. So this again comes back to, what do we work with first. "Sometimes we need to work at the stress organ." That's the first two words there, stress organ. "And somatic levels." Somatic levels. "And work towards establishing connection to self." Those are the next three words, connection to self. "And/or a sense of a secure base." That's the next two words. I'll read this again. "Secure base and also known as a safe haven." A safe haven. And this could be done internally or externally. So I'll read it one more time. "Sometimes we need to work at the stress organ and somatic levels and work towards establishing connection to self and/or a



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sense of a secure base, also known as a safe haven." Now, the stress organ work, we will get into more in the next upcoming labs. This is working with the kidneys, the adrenals.

I know we're just into that. Working with the brainstem, working with the gut, connecting to the brainstem, the diaphragms. I know joints were already done in lab three, but the organs that really mount a stress response when we've had a lot of chronic stress, a lot of early developmental trauma, a lot of constant fear, we need to sometimes work with those first.

Next line down. Sometimes we need to just disconnect from it all and take a break. So you might be wondering, "What?" But this is true. Again, because of this higher brain of ours, we can become almost obsessed and survival based in doing healing work, and that does not serve if the work we're trying to do is putting more chronic stress onto us. I see this with people who are trying to say, clean up their diets, you have to cut out all these things, and it sends them into stress because they don't know how to do that. They don't know what to replace it with. So there's also an importance of taking a pause, right? That's why we have two rest weeks in the 12-week curriculum, so that there's just a little bit of a settling, and you can use that time to review, to work on materials that you haven't gotten to or you can just use that time to integrate and see what you're noticing naturally without being prompted. That's another key is, what are you starting to pick up on without me or the lessons prompting you.

Sometimes, next line down, we need to blend, that's that word there, blend bits and pieces together. So this comes back to why it is so hard and impossible for me to give you a 10 point or 20 point or 5 point list of this is what you do when, and I know I just did the seven steps, but to me the seven steps is still one big step, but it's broken down, right? It doesn't have to go in that order. But when it comes to this bullet point below, sometimes we need to blend a really good nervous system practice when it's all said and done, knowing that it might be needing... We might need to sense one day and be more internal, and other days we might need to just go for a walk, watch a show, eat a cheeseburger, and not worry about much, right? Just be chill.

Other times, yeah, we might need to sense our kidneys and our adrenals and do a little bit more movement. Everyone is different, and how we engage with all these pieces is also different based on our situation, our energy level, et cetera, time of year. So the next line down, following the lead. Following the lead of the nervous system physiology. Being smart, that's the next word, smart. Hence smart body, smart mind, with our body and mind using our resources and so on all leads to greater, that's the final word of the page, greater regulation within the autonomic nervous system.

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Page two. Take a second to reconnect to things. Let your eyes have a rest from the screen, from the paper. Tune in with your posture, see if you need to shift anything. So number two, back to the swimming pool and beach balls, right? So that first analogy that I brought up in training call number one. So this analogy completely coincides with what I just mentioned in this first page, this ability of capacity and the stressors that are already in our system, or the stressors that might come in and might come out. So first line there, sometimes we need to let some of the balls out, let out some of the balls to make space so a person can feel, sense and be able to orient to their body and environment. This is often what's happening when processing and working with shock trauma, that's the first word.

So this concept of taking a ball out of the physiology, out of the nervous system, out of the tissues, right? So we're making space because that ball, that trauma is just overtaking the system. This would be that example of the car accident example I made. It's just all we can see. It's all we feel. We dream about it. We can't get in a vehicle anymore. We're afraid of crossing the street, these sorts of things. That is a very good indication that there needs to be a very specific piece of work worked on with that shock trauma. That's where it would make sense to work with a practitioner one-on-one to help move that out and have some support with that.

What you will find as you become more skilled and more growing in your capacity, a lot of our SBSMers start to work on this stuff on their own, right? They can actually track the memories of these accidents, and track the sensation and the need to hold the breath and the need to cry and the need to move those stored procedural memories out that didn't get to complete. This was covered in biology of stress video number five. This will become, from what I've seen, from many people telling me, second nature because it's in us to do this. We've just been anesthetized in a way from feeling this capacity. So sometimes we need to let a ball out.

Next line down. Sometimes we need to make the swimming pool bigger. This is improving coherence, that flow, AKA flow, that's the word, and enhancing our capacity. So again, if you use that example of the pool, even if we don't take any of the balls out and we just make it bigger, there's more room in the pool for those balls to move around. So sometimes we just need to make the pool bigger, and this is improving our coherence, also known as flow, and enhancing our capacity.

Next line down. Sometimes we just replace the pool and fill it up with new water. Now this isn't something that happens overnight, right? This is building up the foundations of the nervous system. So that first word, this is building up the foundations of the nervous system.

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Getting regulation back into the picture. So in some ways the growing of capacity and the rebuilding, there's an interchange there. It isn't build capacity and then we rebuild the pool. It's kind of like multi-level architecture, engineering, building all at the same time. We also know the human system, and I don't know if this is an accurate stat, but I've heard it long enough, enough times. It takes about seven years for our entire cellular makeup as humans to be replaced, our hair, our skin, our bone, our organs, our nerves, our cells, everything gets repaired and regenerated.

You can see someone seven years later and they look younger than they were seven years before, and some people you see them seven years later and they look much older, right? This is indicative of what we are doing to take care of our body and to build up capacity. Now there are some elements of age that I don't think we fully cracked yet, like the gray hair and stuff like that. But I have met people who look way different and way younger as they get older because they're taking the balls out of their pool. They're not constantly and chronically stressed and the system is regenerating in a way that is giving them youth and vitality back. So this does happen. The organs take a lot less time to regenerate. That tissue goes over much quicker, right? It lays down a lot faster. I'm missing the word, but we know that the organ systems, they regenerate a lot faster than this entire body of ours.

Next line down. There is no strict method. There is no strict method or protocol, for example, to this work, which makes it sometimes a little more elusive, because it's not this protocol. It's not like getting a teeth cleaning. It's not like getting a teeth cleaning. When you go in and get a teeth cleaning, you kind of know what happens every time. It's always the same thing, right? This is a little different. This nervous system regeneration, regulation, building up capacity. Because our systems are so unique in history, what we've encountered, what we've survived, it is never just a method that we follow, but, next line down, but there are fundamental principles on how to approach the system. So the way in which you connect to said stressor, said old trauma, the sensations you feel in your body, the emotions you feel in your body. All of that becomes different as you gain more capacity, regulation, understanding, knowledge about what's occurring inside.

All right, next line down, the big pink sentence. So moving towards more regulation and therefore greater safety is the goal. That is our goal, more regulation, more safety. But sometimes we need to work on a specific procedural memory that is hindering our capacity to feel safe. I just realized that I should probably say specific incomplete procedural memory. Susan, can you make a note of that? We'll fix that one. Sometimes you just see the mistakes a



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fifth time around. So really that should be a specific incomplete procedural memory that is hindering our capacity to feel safe. So what that means, so procedural memory is, remember, you might not remember, but you know how to tie your shoelaces, right? You know how to maybe ride a bike, you know how to get into the water and maybe some of us know how to swim, how to cut, how to use a fork and knife, or a spoon and a fork.

These are things that we typically learn when we're really young and they become procedures. We don't want to relearn those every day. That would take a lot of time. Then there's procedures that occur when we need to thwart or protect ourselves from a stress. So my classic example, a ball is about to hit you in the head. You're on a field and you do this. There's an automatic, you don't think about it. That is a procedure to protect your brain and your eyes, essentially, your senses, right? It's why we always protect our head when we fall. We'll risk something else, but it's always how do we protect the brain. If you can't get your hands up because maybe they are in your pockets or something like that, there is a procedure that didn't get to happen, so it's incomplete.

If I use the car example as another example, and I covered this a little bit in biology of stress video number five, let's say you're driving and you want to screech on the brakes because you see something that you need to stop for, but then you see something else and you have to decide, do I brake or do I turn, and you've got to make a decision, there will be in your system, maybe, usually an incomplete procedure to keep you safe that is stored in the physiology, in the nervous system, in the muscles. When that does not complete, we can hold tension in that area, right? Maybe we wanted to scream at someone when we were young, maybe we wanted to talk back and we couldn't, and we held it in our jaw and in our throat, right? All of this is in service of protecting ourselves. But in doing that, we store up these muscle actions and that holds a lot of energy.

This is like a ball in the pool, all these balls in our pools. So that's what an incomplete procedural memory is. So sometimes we need to work on this because that is taking up so much energy in the system to stay stored inside. So next line down, we need to listen to what the system needs and follow the impulse. So we need to listen to what the system needs and follow the impulse. As we get more practiced in sensing our interception, our body, all these things, it becomes clear what we hear. But at the beginning it can feel a bit fuzzy. It's kind of like, I think about the televisions that some of us grew up with where you're trying to get the channel, or the radio station, and it's fuzzy, and then you dial it right in. It's like, "Ah, that's it." It's so funny. I have to explain to some people what that is.

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So it's like, "There it is," right? Oh, it's static, static. When we're learning this for the first time, there might be some static. They're like, "I'm not sure if this sensation is to kick my leg, or is it to cry?" I don't know. Well, try one of them. Or maybe it's both. This becomes easier with time. It becomes more wired and like that second language. And then the next line, adapt as necessary. Adapt as necessary. This is just an overarching concept, adapt as necessary. Like, "Oh, I tried that. Not so sure. Let's just go back to something simple like feeling the ground under me. Let's just notice the breath. Let's just orient. Maybe grab a resource." This comes back to trial and error and just getting to know your body a lot, lot better.

Because I like to always bring this back to the baby and the infant as our kind of gold standard of what we want to happen. When that little one is first there with mom or caregiver, even when attunement is there, it takes a little bit to go, "Okay, that's a cry of hunger, that's a cry of temperature, that's a whimper of fever, that's a sound of gas in the intestines, that's a sign over tiredness." So even with infants, we've got to get dialed in on what those very specific tones mean, and then when you get it, it's just you soothe them faster, because you know exactly what they need. This is what we're working with right now. This is how rudimentary it is, but it just takes a lot more to explain it because we're adults, and we have to get over some of the conditioning that says it isn't enough to just sense the simple things and be with them and follow them, right? Comes back to attuning with our own bodies.

Final word, bottom line, or final sentence I should say. We need to bring as much regulation and safety as we can back to the nervous system. We need to bring as much regulation and safety, and this comes with capacity and building foundation, taking out the balls as we need to, and by the way, don't forget, not letting new balls stick, because that's what we can work with now. I always use the classic, you stub your toe on the coffee table. I don't want you to celebrate that you just hurt yourself, but it's an opportunity to practice. Everyone should practice when they have a hurt or a pain. I'm going to sit down. I'm going to pause. I'm going to feel, I'm going to wait and see, are there tears? Is there anger? Don't kick the coffee table. See if there's an impulse to do that.

See if there's an impulse to get pissed at yourself, "Where did that come from," right? And come back to, "I'm just going to sit here and resource what I need." So I'm going to finish this line because I did not finish it. So again, we need to bring as much regulation and safety as we can back to the nervous system and not overload, that's the word, overload the system while doing this. So by overload, I mean this comes back to sometimes we need to take a break. We can't force ourselves to get more safe. So by this, I mean again, this is this adaptation, this trial

and error, and we can do too much shock trauma work. I've seen this where people just are like, "I'm going to clean out everything in my system, everything in the kitchen sink, because I want to get my stuff out so I can live my life." But the processing of old balls takes energy.

To really get an old sticky ball out of our system, like a shock trauma, like a car accident or an old broken bone or a surgical trauma or a wound, an emotional wound, we have to feel the fight often and the flight and the freeze and the disorientation and the dissociation. We're going to notice our heart rate go really low, maybe, or really high. We might have temperature shifts and we might shake, we might sweat. This all takes a lot of energy. So this is why I also say when we do do this work, when we are working with our shock traumas, it is not suggested to try to do five therapy sessions in a week unless you're working with someone who really knows how to titrate and really knows how to do just little bits of work, right? It's very important to not overload the system. One example that is kind of in regards to this, if you've ever cut your finger or got a cut, I got a paper cut the other day, it's amazing how those things hurt, right? And for whatever reason, I was silly and I didn't put a band-aid on it because I thought it was not as bad, and it actually woke me up in the night throbbing a little bit. And so I got up and put a band-aid on it.

So when we're working with wounds that are old or new, we really want to treat them, even if they're small, like a cut, very precious. We want to clean, and care, and keep it protected until that initial wound closes up. So this is in reference to if you really do cut yourself, or it's an actual traumatic shock trauma wound and you've worked through it, when you work through something that's been stored inside, it can feel like it just happened again. Yeah?

I just worked with one of our students in the other training I'm doing right now for SPT. The details are not important. It was a very big shock trauma. We went through this whole process of activation, deactivation. The person was shivering, the person went into high tone dorsal shutdown. In the current moment, they were shaking all these things. Tears, grief, feeling of being alone, not being able to reach out. And it took them a good couple of weeks to get back to baseline, but it was this massive boulder that we chucked out of the system in a very titrated way. But their system needed to recover. They felt tons of the whiplash that they never felt when they had this accident happen. It was a pretty big spinal head trauma injury. They felt no pain. There was no pain. The person fell out of a two-story window and survived, and pretended everything was fine.

So as we worked on that, it was so sore, headache-y, a little nausea, feverish, and I just said, "You just got to chill out. No more stuff. Do nurturing stuff. Have baths. Some acupuncture to calm the system down, but no more trauma work around this. Just let it go and let that wound heal and recover."

So I really want to hit that home, pun intended, because we forget and we don't even realize how these old shock traumas were actually probably pretty bad. But the reason we shut it down is they were that bad. We shut it down. And so as we work on them as adults with consciousness and a wanting, we also have to think, "Okay, if this occurred to me, I would need to take time off of work. I would probably need to be in bed for a day or two. I would need to do all these things differently." So I just really want to remind everybody that it is not a bad thing if you feel that you need to take some time off, a day off, an afternoon off to process something that is really old, it's completely normal. Completely normal.

All right, page three. Let's have a little break, a little water, and let yourself move a little bit. So the next page, number three, quoting some of my teachers here, from Kathy Kain and Stephen Terrell, regulation, regulation, regulation. Everyone, even though I can't hear you, say this with me, regulation, regulation, regulation. That's the name of the game. This is less about trying to... It is about getting rid of the traumas, but we want the goal to be regulation, because we will continue to have traumas happen to us. It's inevitable, right? You're going to see things you don't like. Bad things are going to happen. We're going to lose loved ones. We're going to maybe have a broken bone. I hope nobody does, but this stuff happens. And the more regulated we can become and are, the easier the system will recover. You will know exactly what to do, and you won't keep those balls attached in your pool.

And as a reminder, Steve and Kathy, they're the ones who really taught myself, and many of my colleagues, the early trauma work, working with the somatic system, working with the stress organs, the kidneys, the adrenals, the brainstem, the gut. They're the ones who have really accurately taught about the polyvagal theory via Stephen Porges' work. And both of them are also ES practitioners. Kathy was an advanced teacher for quite a bit. She does her own thing. Steve also does his own thing. And they co-teach. So just want to give them credit because they're fantastic teachers in these methodologies of what we would call the new traumatology and really working with this polyvagal theory in a deep way, which is what you all are doing with all the lessons.

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So I'm going to read this out. This is from one of their books. Well, their book, their one and only book, Nurturing Resilience. This is a great book. It isn't filled with exercises and practices. It is purely theoretical. But it is a great book for those of you who are a bit more geeky, and want to understand some of the complexities of the nervous system at a deeper level. So they write, "Regulation is the term used to describe our ability to manage our emotional state, to calm ourselves during times of heightened emotion when we become fearful, deeply sad, angry, or frustrated. Regulation is a learned process. It is a learned process, when we integrate into our lives by observing others, and importantly through the attachment phases with our early caregivers."

So they're really speaking from the lens of an infant in this paragraph. Regulation is learned. It is not wired into us from the start the way our primitive responses like fight, flight, freeze, and collapse are. This is very much mammalian, this ability to build regulation, to get that social engagement, to learn how to self-soothe. And we're just starting to understand that those first three years of life, super important for building regulation.

Of course, the good news is because of this higher brain, so you've got to thank this higher brain, because of this higher brain, we can learn regulation as adults. Animals in the wild often can't. If they are neglected and not connected with, as pups, as kittens, wild animals, they really don't survive. And it's very hard to rehabilitate a mammal that hasn't been treated well from the beginning. It can be done, but it is not easy. With humans, we have this upper hand because we can really work with our thoughts. We can think about what we're feeling. We can think about the future, we can think about the past. And we can shift how we respond, how we react, how we visualize our insides. So it's a really cool skill that we have, this ability.

So the next line, "We want to establish regulation for many reasons." This is probably going to be a bit of a review, but a review is good. "So regulation gives us more capacity. "That's the first word, "gives us more capacity to be in and stay in the body when stressful, even joyful events occur." So reminder, we suppress, and repress, and disconnect, and numb out because we can't stay present to what's happening inside. This was what we went into if we didn't have good self-regulation as a little one through co-regulation with our adult caregivers. Their job should be, and our job raising little humans, is to help them build their ability to sense the inside feelings, the inside sensations in a connected, calm, engaging, safe way. So as we build more regulation, it also gives us more capacity to stay with the real difficult things.



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I have joy in there, even joyful, because for many of us, happiness and joy can feel like stress because it has more energy, it can have more of that sympathetic energy that's good. But if we haven't learned to differentiate between fight-flight energy and sympathetic energy that's a little better, versus terror and fear, we're just going to think any heart rate increase is bad. But that's not the case, right? You go for a walk, your heart rate goes up, you go up your stairs with a load of laundry, your heart rate goes up. You're out for a dance with your friends, your heart rate goes up. But a lot of times, people will negate and not do these things because heart rate up just equals bad. It means a stress response. Which is true in some cases. So this is where we need to really learn how to differentiate just the heart rate going up versus the heart rate going up because I truly am scared and there really is a threat.

Someone just said, romantic. Yeah, romance, falling in love. Those sparks. Those are big energies. And for some of us, it's wonderful and euphoric, almost to the point where it can actually become addictive. And for others, it's like, "This is terrifying. I've got to run away from it." And so again, it's being able to really discern, is this good? Is this not good? And this is where even titrating our relationships and how we get to know people can be very useful too.

All right, next line down. So again, this is in service of why we want to establish regulation. "Greater opportunity to feel and be with our internal self." Those are the two words, internal self. That concept of interoception, that's the word interoception, that internal perception of our environment.

Again, I always like to bridge this back to the baby. When we have good attunement with a caregiver, when we are hungry and we're fed, when we're fearful or cold, something's not right, and we're connected with and we're soothed, that creates this, okay, this tightness in my tummy that's hunger isn't bad. It's just hunger. And now I've been given food. The feeling of, I'm alone, I need connection. Oh, someone's there. Okay, I just needed connection and now I got it, and I can soothe. I co-regulate. That's the world that we want for our children is that when they feel their insides, they're met with a, "This is normal. Let me give you what you need, let me be with you." But if we didn't get that, which again, many of us did not get due to archaic child-rearing practices of not holding babies when they need to be held, not feeding them when they're hungry, their internal state gets confusing.

And one of the things that they start to do is they shut down and they stop listening to the internal. And this is why, for many of us, this feels like reading a foreign language. It's like I'm trying to figure this out. This is also why one of our first lessons is to learn how to follow your

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biological impulses more and more, when you're hungry, when you're tired, when you need water, when you're cold, when you're warm, and attune to those things in yourself.

All right, next line down. So again, this is in service of why we want regulation. "We also want regulation if old procedural," and in this case incomplete procedural memories, these implicit ones, these internal ones, "and declarative, explicit memory surfaces, then we can handle them a bit more. They won't overwhelm or dissociate us." So they won't overwhelm or dissociate us. Those are the next two words.

So let's say, again, remembering this incomplete procedural memory, that is the, I need to push the person away. I need to protect my head from the ball. I need to slam on the brakes, but I couldn't because of whatever reason. These are these old incomplete memories that if we don't have that capacity to sense, we might not know what to do with them. So again, as we have more capacity, more regulation, we're like, "Oh, I know what this strong feeling is in my legs. I think this is a desire to kick, or this is a desire to punch, or this is a desire to cover my ears and not hear the things that I didn't want to hear when I was young." This desire to just scream out, "Stop," or "No." This makes complete sense knowing my history.

So again, when we have more regulation, we can sense these things and we can know what to do with them. We don't get confused by them. Whereas when we were maybe younger or even when we were adults, but we didn't have this information, we got confused. We're like, "I'm not so sure why I'm feeling this impulse to do this." And then you go, "Oh, that's why." It's because I was trying to protect myself, I was trying to preserve my safety, or the safety of my children, or the safety of my home, or whatever it might be.

Next line down. Oh, and I just wanted to, again, covered this already in biology of stress number five, but declarative memories. Those are memories of, oh, it was a sunny day, it was raining. There was a wedding that I was at, and there was all this music and this thing. And it's that remembering, declaring what we see. So it's a very different kind of memory than these procedural memories. But even for some, declarative memories can amount to a flashback where we see that scene and then it activates, it overwhelms, it dissociates us. So we also want to have the capacity to remember these old memories with full open ears and eyes and senses, because that can also spark up and activate sensation. Feeling emotional behavior.

Next line down. "Regulation means that the autonomic nervous system is functioning smoothly." That's the word. Again, this comes back to this ability for it to have good flow,

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smooth functioning. And of course, that translates to not just our threat responses, having accurate fight-flight mechanisms, but our gut, our immune system, our temperature regulation, our heart rate coming up and down in a nice smooth way. Next line. So it's kind of a continuation, "meaning the nervous system is not staying stuck in survival stress for too long." Stuck is the word.

So what those two sentences mean, those last two there, not last two, the second and third from the bottom is again, when we have regulation on board and we have a stressor that occurs moving forward, we feel the activation. We feel the mounting stress response. You want that. It prepares you to protect, it prepares you to fight. Even if it's something like, "Oh, I think I'm feeling a little bit of a bug coming on. I feel like I've got a cold." You know you feel a little hot, right? Something goes off. That's an indication, take care, rest a bit more. Don't have bad food that's not good for the immune system. Have a little less activity that day. Slow things down so that we don't get stuck in an immune system response, to use that example, it's a good example because for many of us, fall and autumn is often the time when we get more flus and colds.

So this ability to listen and then not get stuck in that sensation, but be active and proactive and go, "I'm going to take care of myself. I'm not going to get stuck in this survival stress of getting sick for whatever period of time." Or if it's even something that is more cognitive, you're ruminating over something, a decision, a conversation you have to have. Has anybody here found that they're really dreading having a conversation with someone and they're just in so much stress, your gut goes off, you're worried, you can't sleep, and then you have the conversation and then you're like, "That wasn't that bad. I actually feel a lot better." Now, of course, these conversations always don't go that way, but often they do. It's like, "Oh." And if you're with a person that's pretty reasonable and pretty human and not a psychopath, they'll take it in and be like, "Oh, I'm so glad you told me that. I needed to know."

So again, this comes back to an autonomic nervous system, feeling safe to have those conversations. And also knowing when it is safe, because sometimes we will have those conversations, and we've misjudged the accuracy of that safety. And then that can throw us into another bit of a dysregulated trauma response.

Okay, final one. "With early trauma or developmental trauma, it is possible that this regulation that we've been talking about did not happen. That's just the truth." Those are the words. It just maybe didn't happen. That was true for me. That was true for my husband, Seth. That was

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true for many of us here. I know a lot of our moderators could say, "Yep, didn't have that full regulation growing up, and that's okay." That's just how it was. And we are all here still standing and contributing to society, and doing our thing, and working on our stuff. So it's very important to have this acceptance and knowledge of, yep, I didn't get that regulation, that's why I'm here, and we're building it, and it's my choice to build it. And if anything, you're building it on your terms now, which is great.

Page four, page four. Let me have a little water here. So I've got a lot of reading, so this is where you can sit back and relax and just listen, or you can take notes as I move through this. But the first one, this is something I have already taught in the Healing Trauma video series, that is an additional resource on the site. It's a classic scenario that I call person A compared to person B. Who remembers this scenario from some of the talks? Some of you might. It's a very simple scenario, but it explains what we might consider to be symptoms, syndromes, chronic illness, that comes out of nowhere, but in essence, it actually has come from somewhere, it's come from the autonomic nervous system not being regulated. So I'll read this out.

So this is an example of one person, person A, having solid co-regulation on board from the start, so they had that good attunement, that good security, connection, safety, compared to person B, not having received solid co-regulation from the start. So person A, who had the solid co-regulation, is more able to withstand the stress of a shock trauma and bounce back fairly quickly, and I'll give some examples in a second, whereas person B's capacity to contain and process a shock trauma is limited as a result of their existing dysregulation. While this example is an oversimplification, it is a great example that can be extrapolated to many different scenarios, as well as different types of early and developmental trauma.

So I'm thinking about a client I worked with well over 14 years ago, and this is a very common thing in the car accident world, so I'm sure wherever you live, you have a system where if there's a car accident, you've got to go to the insurance company and do all the things, and if you have an injury, you might get some compensation, and then there's doctors and therapists that are involved in these cases. And I was working with a really young woman, she was probably no more than 25 or 28, definitely not in her 30s yet, she had two very little kids, and she had a car accident that wasn't that bad. It wasn't the type of accident where the car was totaled and that, but it was enough of a shock that she had some pain and couldn't work.

And she had gone through all these different places and spaces to try to get better, and for some reason, she found my work, might've been even her lawyer that found me, I can't

remember, but it didn't make sense, the level of chronic pain, the level of myofascial tension, the amount of fear this woman had, it was unbelievable how much terror and shock she would have when we would just do the tiniest little bit of things. And it turned out, we believe, and of course, it was unfortunate, because the money couldn't come in, because she only had 10 sessions, and this was like, I need to work with this woman for three years. And this was before I had any courses or anything like that, so the littlest amount of work was a tiny drop in the bucket, and then an hour would be done and I wouldn't know if I would see her again.

But eventually, I learned as we would talk, she grew up in a household where her parents, I think the mother was an alcoholic, I don't know where dad was, she had two older siblings, and for whatever reason, she was the responsible one. She cooked, she cleaned, she got straight As, she made sure her siblings, even though she was the younger one, were in check, and we're pretty sure that there was some sexual abuse that happened when she was younger, but nobody knew about it. And so, this lovely young woman, who was a mother of two little kiddos, had so many balls in her pool, to go back to that, she didn't have any idea, then she has this car accident and everything just shatters.

She ended up getting what's called thoracic outlet syndrome, where the shoulders and this, it just gets so hard to move. It wasn't frozen shoulder, but she was in a lot of chronic pain. My sense is she had a lot of incomplete procedural memory in her upper body from years of abuse, I think, I'm speculating. But then I asked her, I said, "Well, how about your siblings?" And she goes, "Oh, my siblings are doing great." And I said, "Well, tell me about them." And she goes, "Well, my older brother was the nuisance. He was off having parties and being reckless and he wasn't the good kid."

And so, you'll see this in households with siblings, where the good one often is the one that ends up sick, and the reckless one, who didn't get good grades, was partying, not going to school, they were actually exerting a bit of healthy aggression from a very young age. And this girl was the good girl, she did everything right, and her system was just in so much dysregulation. I knew that there was more than the car accident, because the trauma, the horror, the terror that would come over her eyes when we would tune into her body, didn't match up to the accident. I hope this is making sense.

So this comes back to, whether this is you or you work with people, or you're on a team of medical professionals and someone presents with these symptoms that don't match up to this little accident, or maybe they just twisted their ankle and now their entire body is in a flare of



autoimmune and they can't sleep, it's very important to be like, we need to just work at building this person's capacity. Let's not worry about the injury. Yes, it's debilitating, but there's something not making sense here.

So this is the car accident scenario, person A versus person B, and I like to bring this up because, back to the purpose of this call, do we work with shock trauma first or early trauma? If I could have kept working with that woman, I would've just done nothing but early trauma work with her, lots of kidney adrenals, lots of touch, letting her cry, letting her start to feel her anger, her healthy aggression, all these things, and just putting the car accident aside, because we couldn't even talk about the car accident without her just breaking down in tears, and so we couldn't even get to the shock trauma of the car accident.

So I hope that serves those of you here who might work with people, or maybe you're in that situation, know that there is no shame in spending a lot of time building and building and building your capacity. And this is also sadly why it's tough to work with some of these insurance companies, because they don't understand this, and they're like, well, it was a whiplash, so treat the neck. It's like, well, the neck is important, but there's this nervous system that also needs to be addressed.

Okay, final piece here. I'll have a little sip of liquid. How's everyone doing? It's a lot of detail today. Someone said, "It's all very similar to what I've been through, makes so much sense." Yeah, yep. So this is an interesting one, who here has heard of window of tolerance, window of tolerance? So window of tolerance is a concept that was originally coined by Dan Siegel, so I'll read this, I've got this written here. So window of tolerance is a theory about a person's capacity which is based on nervous system development that is safe, secure, and filled with good co-regulation. Dan Siegel originally coined this term. He's a pretty prominent medical doctor in the world of mind-body, he's got some good books, actually.

Now, I really want to stress, highlight, it's a theory about a person's capacity based on good nervous system regulation. So when we have his theory of a window of tolerance, I'm going to use my hands here. There'll be this window, it's not really a window, I think of it as a column that's on its side, and you've got this up and downness. So remember the graph of the sympathetic up and down, up, down, activation, deactivation? So you live through life, and you have this window where you can go up and down and be still in good regulation.

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You stub your toe, it hurts, I feel it, I deal with it, I come down. I'm rushing around the house, preparing things, doing things, I'm going into a little bit of activation, but then I sit down and I have my cup of tea before dinner starts or whatever, and it comes down. Or I'm driving through traffic and it's super stressful and I've got to get to all these things and I'm late, your heart rate goes up, but then you get to your destination, or you get home, and you come down, and you have no trouble sleeping, everything is great. That would be a healthy window of tolerance. Make sense?

Now, this is a different kind, Kathy Kain and Stephen Terrell coined what's called the faux, it's like faux fur, it's French for fake, or the fake window of tolerance. And fake window of tolerance is where you are driving in traffic, you're getting activated, you are making the things at the house, cleaning up things, cooking things, hearing the bad conversation, you can still do this, you are in your window of tolerance, but there isn't regulation driving it, it's dysregulation. And so, this false window of tolerance is such that, yep, you can do all these things, but you're actually never coming out of activation, you're never coming out of freeze, you're never coming out of the shutdown. This is the functional freeze, so you're functioning, but the function is driven by survival, stress, physiology.

This was my life, this was many of our lives, many people I know were in this false window of tolerance. And so, in many ways, you have this different window of tolerance, where you are going up and down, but the down never actually brings you to real regulation, because it doesn't exist there in the first place. So as we build our capacity, as we build our regulation, we start to lower the false window of tolerance, and we start to get a thin line of window of tolerance. So now, think about a line, and what does that mean when you have a line? It just means you can do a little bit, and then it's like, okay, that's enough.

And then, as you build more capacity, the line becomes a millimeter, and then you live at that level, and then it gets to be a centimeter, and an inch, and before you know it, it's a kilometer. This is how we need to rebuild the nervous system. It isn't about just throwing lots and lots at it and white-knuckling our way to regulation, it is really this laying down of layers of a real window of tolerance while we're starting to move out of the false dysregulated window of tolerance.

So I'm going to read some of the bullet points here. So the false or the faux window of tolerance is a term coined by Kathy and Steve to describe something different, as I just mentioned. It is a window of tolerance that is not regulated and is false, meaning, next line

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down, and there's no fill in the blanks, these next two bullet points, one is able to be in the world, function, often high functioning for many. I know we have a bunch of recovering functional freezers probably here, where you did everything and you had no idea that you were on survival stress drive. So high functioning, you could create, you could think, you could work, you could have families, so on, but it is being done with nervous system dysregulation underneath, and so the system will eventually crash.

One of the bigger examples I think of when I read this is the history that we've seen of rock stars and artists. They have this insane creativity and larger-than-life personality, and they're living out of dysregulation. It's often why there's a ton of drugs, a ton of drinking, a lot of reckless behavior. And for many, with the exception of Mick Jagger, for some reason, a lot of these people, they don't survive. They don't survive because it's just too much for the system. So we can create a lot in this false sense of tolerance, in this dysregulation, but it often doesn't end pretty for many. And then, that entertainment world just compounds it, because there's a lot more going on, typically.

Of course, the general population, us folk who live lives and work and have families and interactions, we're living in a world where we have to do a lot to survive, and that energy has kept us alive, doing, doing, doing. But as we've seen, it's really catching up with many of us, and especially our kids. They can't keep living in this high stress, high paced, go, go, go, be perfect, do everything, get good grades, it's not working anymore. We're really busting at the seams with dysregulation. So while this is an individual thing, we are also seeing a global element to this too.

So for some, this false way of living is not functional, but is determined by low energy, chronic illness, mental strife, and other attributes that come with trapped survival stress and general nervous system dysregulation. So someone just posted here, "Can you be in a functional freeze with episodes of not functioning and already have IBS chronic pain?" Yes. So what often occurs is someone will be in this functional freeze pattern, and because of the way our system is set up, we are not taught that the IBS, or the food allergies, or the inability to have a good relationship, or be motivated to work, to move, to exercise, or maybe our hormones are totally messy, or our immune system is weakened, we put those in their own box. We don't realize this is also connected to that functional freeze and that high achieving lifestyle.

And I know from being around a lot of people that a lot in those higher achieving echelons have a lot of troubles, they're on a lot of medications, a lot of things to help calm them at night

and get them up in the morning and get them going. So at the end of the day, good regulation, good window of tolerance, solid regulation, real window of tolerance, means we can wake up in the morning and we're just alert with the sun, and when the sun goes down, we're ready to go to sleep. And we're in that tolerance where, yep, the day's going to have stresses, it's going to have periods of high stress and activation and needing to do things, but we always are cycling back to our baseline regulation. So that's what we want to get to, in the end, is this regulation, somatic safety, capacity foundation.

All right, lots of information in this call, lots of important information so that we understand where a lot of these chronic illnesses, ways that we cope, manage, where they come into play, at the end of the day, while we say chicken or egg, in many ways, it starts with the egg when it comes to this stuff. It starts with those early patterns when we were in utero, those early patterns that our parents had that brought us into the world, how we were treated, how we were cared for, and now, of course, as adults, we're working with this to reverse that dysregulation and grow the regulation.

So thank you everyone. Thank you, Carie, for being in the chat as we needed you. Thanks, Susan, for hanging out and making sure everything goes in check. I believe it's rest week next week, and Seth has a Q&A call on Thursday, so enjoy the rest of the week, the learning, the labs, the lessons. I always remind you, use the question forums at the end of the labs in the general question thread. If you have any questions about what you're experiencing, please ask, now is the time to do it early on in the game. And I will be back for training calls, back in November, because I'm going to be traveling and away, so Seth is going to be doing some calls, and he'll teach you well, you'll be in good hands, and have a lovely shift into... For some of you, it's fall, for some of you, you're going into spring and summer. So take care, everyone. Remember to go back to your basics as much as you can, into the ground, connecting with the environment, use your resources as needed, and we'll see you next time. Bye, everyone.