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## Training Call #3: The Importance of Regulation & Restoring Somatic Safety. Healing Shock Trauma & Early Trauma

All right, everyone, welcome. Training call number three. Training call number three. So, before we get into a little... I'm going to do a little check-in, a little drop in, a little neurosensory exercise in a second. The title, so we just make it official for today's training call, is the importance of regulation, and restoring somatic safety. The importance of regulation, and restoring somatic safety. Healing shock trauma, and early trauma. So, we'll get into these pieces, and just a reminder, there was a call, there was a call that happened earlier on in our sessions on early developmental trauma, who was able to attend that, or watch the recording, obviously, Seth, my hubby, and colleague, Jen Greer, did that. If you haven't checked that out, just make a note that that's something in there, a little extra for you to take in. When you have the time, when you have the space, when you have the capacity. As always, you don't have to take it in all in one chunk, but it is there for you.

So, in many ways we could say this training call, and that call, kind of mold together. We might have some repeat stuff. So, that's a really good one. Another great extra resource, and this is not on yet, we might put it up there on the SBSM site. It's just on the YouTube channel, my YouTube channel. It's a video of Seth interviewing me. It's quite long, about my coming out of a functional freeze. Has anybody seen that one? So, what you'll see in that one, I'm, in many ways, an odd textbook case for the blending of a lot of shock trauma, and little bits of early trauma, and it just is a good representation of how things are not always linear. Things are not always you do this, and then this, and then this. I wish it were that simple.

What it really shows is when we understand the education, and the theory, and we have our basics, and we have our basic tools, and we know how to stay connected to the here, and now, we can navigate the chaotic way in which our system might start to unravel the layers of shock trauma, early trauma, right? So, I want to just make mention of that one. So, again, put those on your notebook to check out if you haven't checked that one out. So, before we get into the handout, it's a shorter handout today. Doesn't mean that we won't go through the full 90 minutes, but take a little bit of time to connect to whatever it is you're noticing in the current moment. And I'm noticing my warm liquid beside me, so I'm going to take a sip. So, orient to what you're noticing in the moment, and allow whatever wants to occur next to occur. Just give

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yourself a second to come back into the body, into the environment, just in case getting settled for this call was a little frantic.

If there was a little bit of chaos, there is a worry that you might not make it in time. Of course, that's for those here live. For those on the recording, it might be a bit different. See if there's a tendency to start to multitask, and do things that aren't just in service of dropping into your system, into your body. Is there that, "Oh, cool, she's not getting into the training yet." That'll give you enough time to send this email to someone, or check that notification. If you have to do that, there's nothing wrong with that. But just see if there's an ability to just land in this moment here in the now. If you need to shift any posture. How is your breathing? Have you oriented today? Have you consciously oriented today? I'm seeing some yeses. Oh, yeah. Have you found, since we've been doing the program, and moving through various things that there might be more of a spontaneous orienting that's occurring without you thinking about it?

Has anybody found that that started to kind of come through? It might not yet, and that's fine. That's where diligent repetitive, I'm going to say, boring practice is important. Just repeating. It's like I was never a good piano practicer. I could play piano, but it was not from the inside of my body. I could do it if I had music, but what do you do? Some people would say scales. I've heard some piano teachers say scales aren't important, but apparently that's to warm up the motor patterns in your fingers. Anyone who can compose, and play music without sheet music, they didn't have that immediately. You learn. You learn the basics. You learn all the things that you would have to learn to be able to compose. I do not have the lingo for this, because I'm not a musician. Seth is a musician, so he could give me the lingo. But just like any language, learning any kind of new thing, it takes time for those things to become second nature.

Take a second to go into your memory banks, and what's one of the neurosensory exercises that just really sticks in your mind's eye? So, something that was like, "Oh, interesting." Maybe it was orienting, or maybe it was the joint lesson that we did not too long ago. Maybe it was potent posture. Maybe it was tuning into your resources. What might it be? And you don't have to share in the chat, not important, but for your own self-reflection, without looking on the program site, what kind of funnels in, or is it maybe some theory? Are you really attuned to how that freeze response happens in the wild animals from that video, African safari? Or you're relearning what the parasympathetic nervous system is? It's not just rest digest, right? There's my time to quiz you. It's rest, digest, it's freeze, and social engagement. The parasympathetic is a big, big piece of us. All right, so as always, come back to your system whenever you need to. I hope you stay within your system as we go through the training call.

The first thing here on page one, it's a bit of a review. This is the question to you, do you know about the seven steps? So, way back when I wrote an ebook, I've written many since then. My first one was called The Seven Steps to De-Stress, or How to De-Stress in Seven Steps. The title's not important. It is on the additional resources page on your site. It's a real basic, we could say step-by-step. And I know you might be saying, but Irene, you just said step-by-step doesn't work. Sometimes it helps to have some steps. So, we'll just review these, and we really just sort of did this, first one, pause. Just how can we pause. Two, how can we feel it? It is open to interpretation. It could be just feeling the pause, feeling your system.

Three, notice the sensations in the body. Be self-aware. So, that would be code for, starts with an I, interoception. How can you feel what's happening inside? Notice your breath. Notice your breath right now. Pause again. Maybe pause some more. Seven A, six A, sorry. And then engage. That is again, code. It could be for, with people, the environment. In this case, we're going to engage in the learning of the handout. So, as simple as that is, even if you were to write that out on a piece of paper, and pin it onto your refrigerator, what would it be like every time you go into your refrigerator, before you go into your refrigerator to get some food, or prepare something, you took these seven steps to heart, and you just landed right in your body? It could shift what you choose to eat. It could make you even notice, "Am I even hungry?" Does anybody have a habit of when they're bored they just go into the refrigerator, and see what's in there?

Even though you kind of know what's in there? It's kind of a funny thing that some of us humans do. I do that. So, I'm not saying you have to do that, but these little awareness notices can be helpful for us when we're learning this new language. So, the first concept here, chicken, or egg, what do we work with first? Shock trauma, or early developmental trauma? What the answer is to that question we will unpack. So, what I'm going to do, I'm going to read through these three bullet points that are quite long, and then I'm going to kind of review them. So, we'll go through them, get your pens, and then I'll review rather than each bullet point. So, first one, sometimes if there is old, that's the first word there, old. Sometimes if there is old charge in the system from shock trauma, we need to release slash deactivate. That's the next word, deactivate that trauma first before we can work on forming new nervous system pathways that are regulated. That's the final word of that first bullet point.

So, I'll repeat that one more time. Sometimes if there is old charge in the system from shock trauma, we need to release slash deactivate that trauma first before we can work on forming new nervous system pathways that are regulated. Next bullet down. But sometimes we need

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to work at just getting oriented, that's the first word there on the second bullet point. Oriented to the body, and environment first, and being embodied, kind of a repeat, but sometimes we need to just work at getting oriented. Another word could be connected to the body, and environment first, and being embodied. This is where that swimming pool analogy comes in. Capacity. Growing our pool. Next line down, third bullet point. This is a longer sentence. Sometimes, so notice it's all sometimes, sometimes, sometimes we need to work at the stress organ, and somatic levels.

So, that's a bunch of words there. Sometimes we need to work at the stress organs, and somatic levels, and work towards establishing connection to self. There's three words there. Connection to self, and, or a sense of a safe haven, and, or a sense of a safe haven, also known as a secure base. Secure base. This could be done internally, or externally. I'll read that 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 safe haven, also known as a secure base. This could be done internally, or externally. Next line that has no blanks. Sometimes we might need to just disconnect from it all, and take a break. I've spoken about this.

We need to sometimes take a conscious break from our healing work to let things integrate, and sink in. Sometimes, the final sentence, we need to blend. That's the word, blend, bits, and pieces together. And I would say that's really what we do when we get really into becoming more attuned, connected, when we are this medicine for us, through learning the theory, and the practices, the neurosensory exercises, you'll inevitably find that you are blending these things all together. I like my analogies. It's like if you've ever made banana bread, or muffins, or a cake, you can't just put all the ingredients on the counter. You have to blend them together. You also have to warm up an oven, and you have to bake them, but then you can't just eat them right away. You need to let them cool. And that even solidifies the baking process more. Strange, I know, and yet we need to see our healing like this. Or if you prefer soup, again, soup has to be blended together, and it's even better the next day. It takes time for the flavors to come in.

So, this is no different. It's very similar. So, I'm going to go back to the top there. Sometimes, and I mentioned this in a call not too long ago, if it feels good to say this out loud with me, and read, do that. Sometimes if there is an old charge in the system from shock trauma, we need to release, deactivate that trauma first before we can work on forming new nervous system pathways that are regulated. So, an example that's really simple for that, let's say, you know, to have early trauma stuff. I think most of us have something. I think it's kind of... I haven't met

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anybody that doesn't have something in there, to differing degrees. But let's say you had a pretty significant car accident, some form of accident that was a real big hit to the body. Maybe there was some injury, maybe there's fear of driving, let's say, if it was an accident with a car.

That activation, and that survival stress, we could even say that post-traumatic stress, might be so loud in our system that it's impossible for us to settle, and even look out, and see something as simple as the tree, or the sky. Our system is waiting for that thing to hit us over, and over again. So, let's just say that's the case. It would be important from the perspective of how I see this work, and my colleagues, to do some house cleaning of that shock trauma. And that might mean that you do work with someone one-on-one to help you really slow down the event, what happened, the shame, the guilt, if there is any injury, maybe you weren't able to walk, or move for a little bit. The pain around that, the emotional pain, but also the shock. I either saw it coming, and I couldn't get out of the way, or I didn't see it coming, and it completely surprised me, and put my body into deep, deep fear. So, of course, you know your system best, you know if you've had shock traumas, and those sorts of elements.

So, it is sometimes important to work with something like that. To go back to the swimming pool analogy, it's like that shock trauma is this big ball. So big that it's just being a nuisance to even the early traumas that want to be felt, to maybe the emotional pain from not having a mom that was really there, or a dad that wasn't really there. So, sometimes these big boulders we need to work with so that the other more subtle ones can have a little more attention. Next line down. But sometimes we need to work on just getting oriented to the body, and the environment first, and being embodied. So, again, this comes back to growing that swimming pool. So, in this case, we know there's some big balls in that pool, but boy, they're just too hot to touch. So, I'm just going to... I know they're there. I know I'm a little fearful, I'll use the car accident example just to keep it simple. I know that I'm not comfortable driving. I'm going to do everything in my way to be super oriented when I do drive, I'm going to take my time.

I'm not going to rush. I'm not going to try to text, I'm not going to try to listen to a podcast. I'm not going to try to eat my sandwich. I'm just going to be not hyper alert, but very aware, and open to the possibility that if I grow my capacity around driving, I actually might start to dislodge that ball a little bit. Because you start to show yourself, "Oh, if I'm really aware, and I feel my breath, and I follow my impulse, I might be okay." So, noticing these pieces, I have to share a story, because it's in my head. Some of you have heard this. One of us, and she's spoken about this live, and in person, so her name's Samantha, she's an SBSM'er, and she was driving somewhere on a road. She drives all the time, and up a hill kind of country, but not

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really city, not country. A little bit of a suburb in Switzerland. And she had this sense, I have to stop right now. She didn't know why. So she stopped. And in that moment, a crane carrying a house that was being transported somewhere else, fell on the road right in front of her. True story. I visited her a little while ago, and I saw the road and she's like, "That's the road." I went, "Oh my goodness." Because there's all these little Swiss homes that I guess they transport that way. And so, I guess what happened is, there was a gentleman who was supposed to be there with the stop sign, and he had gone into the bushes to take a pee. And so he had left that place to say, "Stop, there's this big house that's about to come across."

So, I share that because sometimes our impulses lead us to a healing response. Now, I have no idea if she had ever been in a car accident, but let's just say she had in the past, and something in her system was protecting her. Something was saying, "We're going to give you an opportunity to renegotiate an old car accident shock trauma," and the universe works in very strange ways. So that lesson, remember following your impulse, it's more than just for your biology of burping, and drinking water and resting. It's also for when you're doing things like driving or walking down a street. A lot of the time if I follow an impulse that doesn't make any sense, often I'll run into somebody that I haven't seen in a while. Just little weird coincidences occur.

So I had to share that. So, that is a reference to how we can grow capacity by following impulse. So next line down, sometimes we need to work at the stress organ and somatic level, and work towards connection, establishing connection to self, and/or a sense of a safe haven, also known as a secure base. So this bullet point is in reference to working with the stress organs. Some of you may or may not have gotten into them yet, but those are, of course, many of the alumni have, newbies, you'll get there if you haven't yet. But working with the kidney adrenals, working with the gut, connection to the brain stem, the diaphragms, we've done the joints.

This ability to work with these deep sensory visceral elements of us that are, and this is very important so listen up, are connected to our early traumas. Because when we're really little, little, little, and we don't have verbal capacity and cognition on board, we're not forming what's called declarative memories. It's just a sense, that little baby senses something is off, something isn't right. So as adults when we're working, again, remember this is in service of the chicken or the egg. Do we work with shock trauma first or early trauma first? For some of us, our system is in such deep survival and fear since in utero, or maybe even before in utero, through our ancestry, through our parental structures. That we really need to work at saying to

the system, "Hey, hey, you were really scared when you were young, when you were little, for good reason."

So we don't want to deny what occurred. And what would it be like to just imagine that maybe, and I'm saying this very calculated, maybe a little ounce of settling or ease could just come in for just a moment. Because what happens is, if a person has had this early trauma pattern, un-safety since before they were born, since even before their parents were born, there is this, it's more than a wiring. There is a field of energy that says the world isn't safe. We're all going to die, nobody's to be trusted, and I have to do it all on my own. That's kind of the common script that we hear from those that have had really severe early trauma, in utero trauma, generational ancestral trauma.

Now of course, when someone has had that, and let's say they did have some pretty good secure attachment, there was enough connection. This labeling, this quality of, nothing is to be trusted, we're all going to die, it will be like... And I'm using arbitrary numbers. It'd be like a 2 out of 10. Whereas a little one that's brought into a family system where those parents haven't dealt with, or even understand that they are still traumatized and carrying their ancestry of trauma, that would be maybe a 9, a 10 out of 10. So it's like an extra whammy. So I know some of you, many of you are moms and dads, and you're really working hard to work on your stuff, work on your traumas, so that you're not passing this on, and that's wonderful. Some of us didn't get that. Most of us maybe didn't get that when we were young.

So there's varying degrees of how intense this feeling of unsafety is. But coming back to this bullet point, that's why we do work with the kidney adrenals, the brainstem, the gut, connection to the brain, but also the joints and those diaphragms that you'll get into eventually. Because those diaphragms in the body, they are containers that hold the organs, that hold the cells, that hold the tissues. So when a baby, an infant, a toddler, or an in utero senses something is not right, stress chemistry is coming my way. The whole system contracts. It's not just the hand, the whole system. So that's why at times we might need to work just with this for months and months, and for some of us years, and that's okay.

So if you were to work with someone one-on-one for example, at this level, which is what I used to do, and many of my colleagues do, working at that deep kidney, adrenal, gut, brainstem, all the things I've said, diaphragms, you might work with that for a year or two. Because we're just showing up, and we're just showing up, and we're just saying, "Hey, hey, we're just going to feel into the terror that's in these tissues. We're not going to try to change

it. We're going to sense the terror, the fear, the constriction, or maybe the dissociation." Sometimes it's like, "I don't feel anything," there's nothing. There's a deep functional freeze.

What's cool though, and this is what's exciting about this work is that, we know that when we work at these levels diligently, consistently, the system wants to come out of that stress response. It doesn't want to stay trapped. It wants safety. This is where, again, back to the very first lesson, your resources. That's why you've researched your resources in the first week. It doesn't matter if it's a cup of tea, music, a fuzzy blanket, a pet, whatever it might be, whatever gives you that connection to a little security. I'm not even saying safety. I'm not saying safety. I'm saying that deliberately, security. Because to say to someone who has had a lot of early trauma, "You're safe, you're safe."

The system's like, "Screw you, I'm not safe." So that's a note for the therapists here, and the body workers. Very important to not tell someone that they're safe. If their physiology is not sensing safety, you would say, "I'm here. Let's just be here. Let's sense this sense of fear, of you don't trust me." Because the moment you put a little edge in that says, "You're safe," and it might not be your cognition, but your kidneys are saying, "Oh no, it's not safe." It's never been safe. There's not enough language, enough practice has happened in your physiological system to prove otherwise. Does that make sense? And so again, this is the best way I can describe this. I'm going to give you a different example, because when we're the human in it it can feel a little murky.

If you've ever rescued an animal from the pound or a shelter, I know, I'm sure there's someone here who's had a rescue. You can't just take that animal in and cuddle it, and squeeze it and pretend it's just going to walk with you right away and heel on a leash, and pee in the litter box. Well, cats are a little different that way. They seem to know that litter is where to go. But, you get my point. You need to show up with consistency. The food has to be in the same place. You don't mess with their food, ever. You have to be calm in your voice. You don't just take them and start rubbing their bellies. You put your hand out, especially for dogs, the back of the hand, you let them come to you, you don't approach them. Because if they've been hit or harmed, they'll have a flinch response. Humans are no different. But because we have functional freeze, we can hide that way more.

So if someone might come up to a little human, or a big human and give them a hug, and the human wants to lash out and bite, but decency takes over and they don't. But those animals, they know, they're like, "Don't come near me." So, I use that example because that can

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sometimes help us understand the titrated nature of working with ourselves, or let's say our clients. Some of you have clients. It's very similar to working with an animal that has been rescued from an abusive situation. Okay, let's keep going. Page 2. Oh, there's one more. There's one more surprise sentence on page 2 to go with this. So we'll follow this and we'll have a little pause. So following the lead of the nervous system physiology, being smart with our body and mind, using our resources and so on, all leads to greater, that's the word... So the first word is smart, and then the second word is greater regulation within the autonomic nervous system.

I've kind of already said that. We're listening, we're not pushing, we're being smart with our body. We're using our resources, we're building our capacity. Remember, ages ago, feels like ages ago, first session I think, training call. I talked about the importance of anytime you have an acute, meaning an in the moment stressor. So come into your memory of this, and I'll ask this for the prompt in the chat. What is the instruction if you have an acute in the moment stressor that isn't life threatening? What is my suggestion? As you give me answers, I will take a sip of liquid. What do you want to do when there's a stubbing of the toe?

Remember my example a little while ago, I used that example, pause and orient. Yeah, pause. The cheat sheet's on page 1, the seven steps. You pause, you feel. If you have to sit down to orient, you feel. Someone said, I hit my head today. Ouch. Sorry, this happens. And I remember to stop and feel the sensations. That's a huge win. Especially if our history has been to not even notice that we've hurt ourselves and to just keep going. Orient, ground, notice breath, act out the feeling. Yeah, if there's some energy, some movements, some sensations, some tears, let that come out. Again, as a layering reminder, that builds the swimming pool. It disallows another ball from being stuck in the system. Yes, someone just said, doesn't let it get stuck in the swimming pool. You read my mind. So thank you everyone.

Okay. Before we go to the next part, which is about the swimming pools and balls, just take a second to come back to those basics that I reviewed at the very beginning. So, orient, follow impulse, sense your body on the chair or surface that you're on. Mm-hmm. Someone said in regards to this last prompt, they acknowledged the stress, and showed themselves compassion and grace to the process without shame or self-directed anger. Yeah. Self-directed anger is very different from letting it out. A little frustration versus, "Oh, you're such an idiot. How could you do that?" That's putting it back to you. Noticing your breath, all those good things. All right, so back to the swimming pools and beach balls.

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So back to the bullet points here. Sometimes we need to 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 word. So this is a review in many ways, just said in a different way. So sometimes we need to just work with some of those balls, and someone might ask, "Well, Irene, how do I know if I should or shouldn't?" And that's where you have to start to listen. And if the system keeps coming back to thinking about that accident, that injury, that altercation with a coworker... Because remember, shock trauma isn't just physical accidents.

It can be seeing something that wasn't good. It could be someone getting mad at us. It could be anything that puts a bit of a shock and strain into our system. So if there is a sense that keeps coming back, and it keeps knocking on your door, or you dream about it maybe for example. Or, another telltale sign that we really need to work on a shock trauma is, we keep having the same thing happen over and over and over again. We keep falling, we keep getting into that car accident. We keep getting into situations where someone is screaming at us where it's not safe. So when there's a pattern that keeps repeating, yeah, that we don't really need or want, and we know it's not good for us, that is a sign that we need to work on that piece.

Next line down. Sometimes we need to make the swimming pool bigger. This is improving coherence. Remember that word, coherence, from the first training called the flow. So a.k.a. flow, that's the next word, also known as flow, and enhancing our capacity. So again, we're increasing the swimming pool, we're taking more time to pause. We're taking more time to orient. We're taking more time for self-care practices. Whether it is going back to neurosensory exercises in the program, ensuring we're getting out for movement, ensuring we're eating well, ensuring we're sleeping and resting, social activities, engagement. Whatever it is that we might need to bring more resource into our system, and improve our body in general. That is building the swimming pool, that's building our capacity.

And again as a reminder, if you visualize that swimming pool, when it gets bigger, the balls have more room to move. For capacity is really low and small, we can't get those balls out, they're super stuck. So we're kind of softening up the edges of the pool so that things can move out. Third bullet point down. Sometimes we need to just replace the pool and fill it up with new water. I'll explain what this means in a second. This is building up, so that's the first word. This is building up the foundations of the nervous system, getting regulation, that's the next word,

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back into the picture. So, this is building up the foundations of the nervous system, and getting regulation back into the picture.

Now, when I say sometimes we need to replace the pool and fill it up with new water, obviously we can't just shut ourselves off, and turn ourselves back on, and it's new. That term, reboot, reset, I mean, everyone here clearly has a computer or an iPhone. What's the common instruction if something's not going right on your computer? Just turn it off and turn it back on and see if it works. Sometimes that actually works, right? Something's just glitchy. But in the human world, if we don't consider science fiction movies where people get their skin suits replaced and all that kind of stuff, and it's a whole new body, we need to replace this pool and fill it up with new water over time.

It used to be, and I don't know if this is still accurate, so please don't quote me on it, but it was something like seven years it takes for every single cell in the body to be new. Because the skin breaks down, our hair shifts, the cells, the bone, the blood, it all renews and recycles. The organs switch over much faster, it doesn't take seven years. We know this through healing of tissue. It doesn't take seven years for a cut on your hand to heal, and grow, and scar and all that sort of stuff. So, if we think of it from that perspective, and I know seven years seems like a long time, but if we look at, say, myself or Seth as two examples, how we looked seven years ago is completely different than how we look today. Light years different and for the better.

For some of you who have known me for seven years, my system has changed. His system has changed. So that's enough of a telltale sign, that when we work on growing capacity, taking out the balls, working with our regulation, working with our shock trauma, restoring safety, we do get a new pool. And we get new water in that pool, and it just becomes a new system. So there's so much potential within our body to regenerate, and repair, and recover, but also renew. Also renew. What we eat feeds our body and our cells. We need really good nutrition for the cells to function properly, et cetera, et cetera. Next line down. There is no strict method, that's the word. There is no strict method to this work. But there are fundamental principles on how to approach the system. So there is no strict method, or we could say step-by-step process, that kind of thing. But there are fundamental principles on how to approach the system, your system. And when you really come back after maybe you've done a first pass of SBSM or you're wanting to be a little more scholarly, you can look and see so many of the lessons are guiding you to sense movement of the system, sense the environment that's constantly moving, sense yourself in the environment. So, there's this flow that continues and there's no, "This is exactly what you do." If we go back to the example of, say you stub your

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toe, it hurts. One day you might realize, "Oh, I just need to lay down and feel this," and another day it's like, "Oh, I can keep moving a little bit," I'm just going to be aware of it and keep breathing, right? So there's no, "You have to sit and then orient and then breathe," you follow what your impulse brings you to do when, say, you stub your toe. So, that will shift depending on the situation. So again, no strict method.

Okay, we'll have a little water. All right, next line down, the pink line, "Moving towards more regulation and therefore greater safety is the goal," we're looking for that greater safety, "But sometimes we need to work on a specific procedural memory that is hindering our capacity to feel safe." I've already alluded to this, this is just another way of saying it: this is that car accident example. The video, some of you may have, may not have gotten into yet, Biology of Stress, video number five, where I talk about procedural memories and declarative memories.

So a specific procedural memory, I'll just give you an example and say reference to the car accident: let's say you're driving and it is a situation where you get hit from the side and you saw the car coming, but you didn't have time with your steering wheel to turn or to speed up or you're seeing it and to brake. So, if you think of that from a cognitive perspective, you see something coming at you, you're going to do what? Fight-flight: you're going to do something to get out of the way or to stop that from happening. But if you don't have time to do that, the procedure of maybe slamming on the brakes, turning the wheel, speeding up, it maybe didn't get to happen, so that procedure gets stuck in the system.

I worked with a woman ages ago, whom I don't even recall anymore what her ailment was, but it was something tight in her pelvis, tight in her legs, maybe it was low back pain, and she had been through so many practitioners to try to figure out what had occurred after this car accident. And we took her through the process of what happened on that day, where did it happen, how did it happen? And she got hit and she couldn't get out of the way. And as I'm saying this really quickly, this was over an hour and many sessions, she finally realized what she wanted to do... I can't remember if it was brake or I think it was put the gas on to get through the intersection and she couldn't. So in my office, I put my hand against her foot and I had her push to feel the acceleration and feel what it had been like to have escaped that hit.

And while it might seem miraculous, all of the tension in her pelvis, psoas, leg muscles: gone, after we completed that stored procedural memory. This is very similar with folks who have tension in the neck from, again, maybe seeing something that they don't want to see, but they can't turn away. And so, the system gets stuck in that muscular response. It doesn't get to

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complete the procedure of, "I don't want to see that." And again, it doesn't have to be a big accident, it could be a... I will give another example. His examples are good, I think. This was before I was trained in SC, in somatic experiencing, but I was in my Feldenkrais training and we were working with moving the head and the eyes. And so, there's a reason why some of the first lessons are orienting, but who remembers the guided orienting with the head, neck and eyes?

It's a bit more specific, right? Noticing one side, the other side, where's the tension? So, my teacher was working with a woman with head and neck pain, and what he started to see was that her eyes couldn't look to... I'm making it up, I can't remember the distinct... But it was to one of the sides, we'll say to the left: she could not look, and so the muscles in the eyes were super tense and everything's connected back to the flow, so her whole neck was seized and it couldn't go that way, which of course is going to make the spine not be able to go that way, and the pelvis and all these things, she would have a blind spot that would make her more vulnerable on the road driving because she can't look.

And so, what he did, and this is without any trauma training, but he just slowed it down, paused it, okay, there's breath, there's freedom of the breath, all these things. And finally, the movement opened up to that side and she had a memory come back, and it's an intense memory, but being at the kitchen table as a little girl and her baby brother was always being beaten to that side. Terrible, I know, but this is what humans deal with, right? So, her system was smart: it didn't want to look that way. She was preserving herself, she was putting herself into a freeze response because it was too much, and it shouldn't have been happening.

But what happened after that, I'm not sure. I'm sure there was emotion, maybe there was anger, but that is how we will store these movement patterns when something happens that is scary, we can't process, and it's just too much. This is the same with people who have been in war where they have explosions and they don't know they're going to come, and it shocks you. So, this is an example of how sometimes we need to work with specific procedural memories. Now, someone might say, "But Irene, this woman didn't have that memory." I say, yes, exactly, but she had a tension that was problematic and that would not have been found if she just went and had a chiropractic adjustment or a massage, unless of course, the therapist or the practitioner, like my Feldenkrais teacher, went so slow, and also understood the consequences of human life that were holding this stuff in us.

So, intense examples, but this is the way it works in our world: we store these things because it's too much, and this is why we need to learn how to stay connected to our body, feel these impulses, feel something... Something feels not safe over there: that's accurate, even though, well, nothing's there, there's a door, there's a chair, but there's something over there that's safe. And when we have the ability to really tune into our bodies and feel and titrate and pause, we can open up and find, I'm going to go back to the swimming pool and beach balls, we find these big balls that have been stuck in our system for so long, and then it frees stuff up.

The next line down, "We need to listen to what the system needs and follow the impulse." Adapt as necessary. Bottom line, final one there, bottom line, "We need to bring as much regulation slash safety as we can back to the nervous system and not overload the system while doing that," that's the next word, overload. So, we need to bring as much regulation and safety as we can back to the nervous system and not overload the system while doing this. So if we were to just say, use that example with, say the woman I just mentioned: I don't know the history or what happened after, but in a perfect world, she would've had a little education around procedural memory and the autonomic nervous system and why these tensions might get stuck, and then she would also have had training with the basics, knowing how to feel her body on the table, learning how to notice her breath, learning how to orient, because my bet is there was probably a breathing pattern that was really tight when she tried to look to the left.

If she was aware of that, maybe, but if she wasn't, she wouldn't be able to piece, "Something's keeping me from breathing when I look to the left," so this is where in that perfect world, there would be foundational learning, there'd be foundational exercises so that when we do go to do specific, say shock trauma work, or we work with a tight neck, we don't know what might be there, we have the capacity to say, "Oh, that's enough for today."

Maybe we don't uncover the memory, but we just work a little bit with it, so overloading the system would basically mean pushing too much, not having enough capacity to integrate the sensations, the feelings that are happening and coming through. A good example for overload would be, has anybody ever taken a glass and put a little baking soda in it, and then you put vinegar? You know what happens when you do that? Baking soda or some people would call it bicarbonate and then vinegar, an acid: it bubbles up. It's a classic second grade science project. If you put that baking soda in a glass that isn't very big and a lot of vinegar, what's going to happen? It's going to overflow. But if you take a much bigger glass with the same amount, it's not going to overflow, so overloading the system means not a big enough pool and too much

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intensity to hold and contain what might come up and out. And we talked about that in the previous training call when it comes to building capacity, right? Somatic first aid, that kind of stuff.

Okay, page three... Did I finish page two? Yes. So repeat after me, the first bold letter words, regulation, regulation, regulation. If English is not your mother tongue, what would regulation be? And say that out loud. These are magical words from some of my mentors, Kathy Kain and Steven Terrell, so many people focus on healing the trauma, and that's become a buzzword these days, but really at the end of the day, we're wanting to build regulation through building our capacity and having this awareness of our body and being connected to our body: that builds regulation.

Just like a newborn baby doesn't say, "Mom, I need you to build regulation with me," hope you get that joke, what do they do? They cry, they reach, they want connection. And then, that teaches them self-regulation through co-regulation. I'm just going to read this out loud, this is a chunk, a paragraph from their book, *Nurturing Resilience*: 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, one we integrate into our lives by observing others, and importantly through the attachment phase with our early caregivers. So the keywords here are, "Regulation is a learned process," and because it's learned, we can relearn it. It's not a fixed process: it's not a math equation where there is a right answer. It has nuance, it has texture. We can relearn, we can rewire, so we want to establish regulation for many reasons, so this is continuing on page three, it gives us more capacity, that's the first word, to be in and stay in the body when stressful and even joyful events occur because joy, for some of us, can be interpreted as fear, because usually joy comes with activation, right?

When someone's happy, they're not all calm and chill. There's excitement. But many of us as kids, sometimes the joy was so intense that it overwhelmed us. You see this in some videos that I'll often see on social of kids, and you start to hear the joy turn into terror when a child's laugh gets a little jagged, and you see their eyes get a little scared. You see this when kids are being tickled to death, tickling a child to death: it's a very strange term, it might be funny and fun for the moment, but then it gets to the point where it's so intense and then they start to fight. They start to fight away.

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It's a very strange, I don't even know what the word would be, way of playing with kids that actually pushes them over their edge so that joy can turn into terror. So again, regulation, it gives us more capacity to just be in the body. Next line down, "Greater opportunity to feel and be with our internal self, that concept of interoception, so internal self." So when we have more regulation, we can connect to what's going on in here way better. And then of course, the chicken egg to this is by learning to connect to ourselves, it creates more regulation. So, it goes both ways.

This is why, again, you bring your hands to your body in the neurosensory exercises: you touch, you feel, you breathe. We'll get into more lessons later on where you're tuning into the layers of the body, the skin, the bone, the muscle, the fascia, sound, we're going to generate sound that gets the internal digest and moving through the vagus nerve. So, we also do experiments and exercises to tap into the inside as a way to build regulation, to build capacity.

Next line down, "If old, procedural," so this is in reference to these memories that I just talked about that are covered more in depth in video number five of the Biology of Stress video training series, "So if old, procedural," these are called implicit, implicit meaning inside, "And declarative, explicit, memories surface... So if old, procedural and declarative," these are explicit, "Memories surface, then we can handle them a bit more." I'll explain this in a second, "They won't overwhelm or dissociate us," those are the two final words of that bullet, "They won't overwhelm or dissociate us."

So declarative, if you haven't gotten into that video yet, it's memory. So it would be, "I remember that day I had the car accident. It was a sunny day, and the light blinded me and I didn't see the thing coming," or, "It was a cloudy day or a rainy day, and I misjudged how long it would take me to brake, because there were leaves on the ground, and my tires couldn't grip," right? So, we can use declarative memory with ourselves or in session with a somatic practitioner to bring us back into that moment of that accident, of that trauma, of that harm, right? "Yeah, the day that my boss screamed at me, I remember I was just not feeling well and I was overheating because the air conditioning wasn't working in the office and everybody was a little on edge," and so you can get into the physiology of your body, the declarative memory to help move these stuck old traumas, these stuck, old survival stresses.

Whereas procedural memories that requires this is what your work is, and learning about listening to your body, that requires you to be able to sense the tensions when the breath holds, when there's this strong impulse to go one side or do something or restless leg, the legs

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want to move: that's a procedure that's trying to get out, that's a fight-flight that's trying to get out. So, I hope everyone is starting to understand, to do this work at this deep, intimate level with the body, we really need to understand the theory so that we can be in our right mind when we feel this weird tension coming up. If anything, if you start to notice these internal things, it could be a sign of victory like, "Wow, I'm actually feeling a tightness that I've never felt before. Isn't that interesting? I'm not disconnected anymore. I'm not functionally frozen." It might be a little uncomfortable, but that's a good sign because you're not disconnected from it. Same with when you start to have dreams or memories of declarative memories that shows that your system is less in dysregulation because we store those memories because it's too much for us to handle in the moment.

Next line down, "Regulation means that the autonomic nervous system is functioning smoothly," smoothly. I'm going to use my finger here. It's that up and down, that wave, that sine wave, there's a little activation, and then there's a deactivation: there's energy up and energy down. It's a very universal visual for regulation, and we can still have those waves be really high and really low and be regulated. I'm going to get into this on the next page: the more capacity to have the more intense stuff we can handle with good regulation.

So, as you find that you gain more regulation and you gain more capacity, things that used to throw you off, you'll be like, "Oh, I'm actually okay. I just did something that in the past would've thrown me off for a week or a month, and I felt it. I felt the activation," activation isn't the bad thing: it's when we stay stuck in that activation or we disconnect because of the activation.

Going upstairs is activating, it's going to get our heart going, our blood's going to pump, that's activating to the system. The key is when you get up those stairs, to use exercise as an example, does your heart rate come down when you then sit on your couch and read your book? And we know with folks that have trouble with their heart, the heart won't do what it's supposed to do when it's supposed to do. It either has too high or too low. And so part of getting our regulation back is getting obviously all these internal systems back into good, smooth working order. Next line down. So meaning, so this is a sentence that runs on from the first one. So regulation means that the autonomic nervous system is functioning smoothly, meaning the nervous system is not staying stuck. That's the word, stuck in survival stress for too long. Technically, and this was Peter Levine's dissertation, and from at least what I learned in somatic experiencing, we don't want to stay in a stress response for more than 30 seconds. 15 to 30 seconds, we want to come out. Of course, if the stress keeps happening, that's a

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completely different situation. But let's say the thing happens, it's bad, it's scary, it's gone. Regulation means our system comes out quite quickly.

Now, as I said, if the threat is constantly there, that's another story. That's another story. This is why it's important for us to stay grounded and centered when things are going on around us that are crazy and chaotic and we have very little control over. Because it can pull us out of our regulation or our journey towards regulation such that we're not building that capacity. And again, when there's a stressful thing that occurs and we have regulation, we come out quite quickly. And I know for some of you, you're not there yet and that's fine. You're working towards it. But eventually, things that would take weeks to come out of will maybe take a few days, then a day, then a handful of hours, then maybe minutes. And then you notice, it's down to seconds. And I know that from my own personal experience watching Seth learn regulation and also hearing from students how that does change over time.

All right, next line down. The final line of this. So with early trauma, that's the first word. With early trauma, it's quite possible that regulation didn't happen. And you all know this already. We've covered this a little bit over time, over the first few weeks through the early developmental call. With early trauma, and utero trauma, early developmental trauma, it's quite possible that the regulation never actually occurred. It just didn't happen. And the human system, we're really interesting creatures, we're interesting vessels. We can go and go for so long with dysregulation. It's kind of a miracle if you think about how much so many people can do while being in dysregulation. But as we know, eventually it hinders us. That's what creates situations where we get sick, for example. This is where the ACE study comes in.

I haven't mentioned that a lot, but that adverse childhood experiences study, which was sort of the seminal epidemiological study that tracked people who had chronic illness and adverse childhood experiences. It was very strongly linked that the more adversity you had growing up, the higher the prevalence and the potential to have certain illnesses ranging from cancer, to heart disease, to autoimmune, addiction, all these things, mental illness, Alzheimer's, cancers, et cetera. And so that comes back to what we've learned about how when our autonomic nervous system is healthy, it repairs the cells, right? It repairs the insides. It also gives us the spidey sense, the gut sense that something doesn't feel right in my body or I'm really tired, so I'm going to rest. But when we override that stuff over, and over, and over again for decades, the system never has a chance to recover and recuperate.

This is why, typically, at least in my generation, parents didn't get sick. People didn't get their chronic illnesses until way later in life, typically. But what are we seeing now? Way more younger folks are getting sick way, way sooner, way earlier with neurodegenerative conditions, all sorts of things. And there's a lot of reasons for that. But one of them is we're in this constant state of being bombarded by information due to this lovely internet of ours. And so there's this constant stress response. Doesn't mean we take away the technology, but we have to learn how to work with it in a more intelligent way so that we're not constantly in this stress response, which I think is one of the reasons why we're seeing these things younger. There's also other things like toxins and environmental factors that are more prevalent in certain parts of the world. But that regulation is important for us to gain if we didn't get it.

So page four, there's not a lot of fill in the blanks here. So you can sit back and just listen. If you feel like this has been enough for today, I respect that. Just listen and follow the impulse like, this is enough or I can keep going? So listen to yourself and what you might need. Most of what I'm going to go through has been talked about in varying ways. So page four, at the very top, it says the car accident scenario, person A compared to person B. Now, this is an example I share in my Healing Trauma video series. Some of you have seen this, some of you might not have seen it. It is in my three-part Healing Trauma video series. It's on the additional resources in SBSM. I will cover it quickly just so that you understand this.

So this is an example of one person, person A I call them, who has solid co-regulation on board from the start. What that means is person A had secure attachment. They were listened to, they were co-regulated with in a safe way. So they did get good enough regulation. Compared to person B, not having received solid co-regulation from the start. So this is going to take that car accident example and put it into a different context. So person A, next line down, is more able to withstand the stress of a shock trauma and bounce back fairly quickly. Whereas person B's capacity to contain and process a shock trauma is limited as a result of their existing dysregulation. I then proceed to say, while this example is an oversimplification, it's a general example that can be extrapolated to many different scenarios as well as different types of early and developmental trauma.

So what all these words basically mean is, if someone did not have good enough secure security, attachment, safety, connection, exploration, all the things that we really want a little person to get. They didn't get that, their nervous system isn't going to have good regulation. So we know this. That means that their swimming pool, while there, ain't so strong, and the balls in there, there's a lot packed in. And they don't even know how to release the balls. They keep

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them, they store them, they're just in there. So when you take someone who has the person B and they have a shock that isn't that big, like a tiny little fender bender, that's the example I use in the video. A tiny little fender bender or even something a bit more, but it's not such that anything really big is seen. They walk away. There's no broken bones.

That person can have a really tough time afterwards. They actually might walk away and it's like it was a massive car accident. They may feel anxiety that night, which is survival stress. They may not be able to sleep. They might fear getting into their car, or if they do, they override it because they know they've got to drive. This was something that I and my colleagues see all the time in private practice. A person has something really small happen to them and they cannot function for years. And this is where our system has trouble understanding that because let's say it is a car accident. I'll use the example. Here at least where I live, you have to then go into the system of visiting certain doctors for insurance so that you can get disability. But then the person walks in and they look fine, but they're a mess. They have what we would call complex PTSD, for example. So that means that that person B, their system was already so full that one little thing broke the camel's back. It's that example, the straw that broke the camel's back.

And then their system kind of just becomes even more dysregulated. So it was dysregulated, but then it becomes more apparent because symptoms start coming out. And the good news is because we can rewire our system, let's say you know and I'm sure some of you have had this person B experience where you had the tiniest little stress happen and everything just exploded. That's where, okay, that means working on capacity is key. Working on regulation is key. And this is why we have such differing experiences of people where it's like, "Oh, they really are fine." They just went through intense tragedy and trauma. How could they be okay? And if you go back, you'll see, "Ah, they had a pretty solid secure attachment. So their foundation was already really strong." Okay, I'm going to take a little sip. I have one more concept to cover.

The final thing I'll actually say about the car accident scenario, this will go to all of you, obviously. When you're working with yourself and you know pretty much that you didn't have good regulation growing up. When you're doing, say, body work sessions or movement practices, be very discerning about how much you push. Because it can also be in these scenarios, the system can go into more dysregulation with things that seem quite benign. And I hear this from folks who might go to a retreat, a healing retreat, all good intentions. But the day is so packed with so many things, and maybe there's breath work, and maybe there's

movement in a group with a bunch of strangers, but you know these strangers are safe. But somewhere in your system it's like, I don't know about this. So even situations that aren't a car accident, because a car accident's quite an extreme example. I've seen people have their systems unravel even when they go to do healing work. The healing work is too much.

And that's where again, yourself, you personally, you need to listen and say, I'm only doing an hour today, or I'm only doing 15 minutes. Or I book this thing, but something's telling me I need to just work on my capacity building for the next little while. Window tolerance. So real versus what's called faux. So faux is French for false, and window of tolerance is something... Who's heard of window of tolerance? It's a psychological term really, and it was developed. It's a theory about a person's capacity, which is based on nervous system development that is safe, secure, and filled with good co-regulation. So Dan Siegel, who's a physician and quite popular in the mind/body world, originally coined this term. So I'm going to read this again. WOT, window of tolerance. It's a theory about a person's capacity based on nervous system development that is safe, secure, and filled with good co-regulation.

So window of tolerance presumes that a person already has regulation, and this is where that term doesn't work with dysregulation. So the next sentence down, the faux window of tolerance or the false window of tolerance is a term coined by Kathy Kain and Steve Terrell. It's highlighted in the book that I quoted on the page before to describe something different. So the first line, a window of tolerance that is not regulated and is false. So the only word there is not. So it's a window of tolerance that is not regulated and is false. So technically, we would say this person is living in a false window of tolerance. I was living in a false window of tolerance with my functional freeze, right? I could push, and push, and jump off of mountains, ski down chutes, and do all these things in my twenties and thirties. But I was overriding because I was so frozen.

Oddly, if it wasn't for that freeze, we might not be here doing this course because a lot of the work I had put into to develop this course happened when I was still in functional freeze and I could work way more than I can now. So we could say that was a blessing in a strange way, but that would've had a shelf life, right? My system eventually would've burnt out. So meaning, one is able to be in the world and function, often high functioning for many, which is what I just mentioned. They can create, think, work, have families, and so on, but it's being done with nervous system dysregulation underneath. And so the system will eventually crash. This we hear, people who will push and push, and then they just can't do anything. They're superpower

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people, and then you don't see them for months. And it's because they are recovering from that push.

For some, next line down, this false, faux 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 in many ways, this false window of tolerance or this faux window of tolerance is synonymous with dysregulation. And so a person may appear really calm, but under that calm, the survival stress is running the show. And I think personally that many, if not most of Western society, until they do deeper healing work at this nervous system level. It doesn't have to happen with me, with someone who's good, who's building capacity, building that swimming pool, taking out the balls. Until that occurs, much of our society right now has created the world we live in, in this dysregulated false window of tolerance. And I do feel that we're starting to shift that, albeit slowly and with difficulty. Because we're realizing we can't push on in the way that we've been living. It's just not sustainable.

And that parallels the planet, the earth, our practices, our work ethic, all the things that just seem to be struggling right now. So the good news, so I want to end on good news, is when we work on this stuff, and when we work on regulating our stuff, the individual feeds the collective. Because you can't force the collective to change and heal. It starts with each person. Each person feeds to the collective. Because to do this work, to sit for 90 minutes and learn about your nervous system at this deep level, it takes some commitment and it takes a desire to go much deeper into understanding why we are dysregulated, why things happen the way they happen, why we struggle healing even though we might be doing all the right things. So again, I just want to come back to the simplicity and the importance of, at this point in our work together, building capacity, building capacity. Noticing when those acute stressors come in and working with them in the moment, watching how you might get pulled into dysregulation in the world outside.

And nothing wrong with noticing that, but then come back to in the moment, what can I control in my home, in my environment to work with my own healing and my own system. Cannot stress that enough, enough, enough, enough.

That's all for me today. I think I've talked enough. Again, training call number three, that's what was today. And lots of talking, but really the concepts when you boil it down are quite, not simple, but there's just a few of them, right? Came back to this importance of regulation and

restoring somatic capacity, and then figuring out when do we work with shock trauma? When do we work with early trauma? And realizing there's no set path. You have to find that path. And then of course, the content within the course is there to guide you towards what you need for your unique system.

So thank you everyone. Thanks for Mara being here in the chat and moving through things as people have things that come up. Remember, there's no such thing as being behind. You're not only on lab one, you're on lab one, or you're on lab two, or wherever you are at. Be very compassionate with yourself and just keep going back to those basics. I can't stress that enough. So thank you everyone, and we will see you next time. Bye.