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

(00:02)

IRENE: Welcome everyone. It is Irene. It's the 21st of October. It's the year 2025, and we're just starting our training call. It is number three today, and I just asked everyone in the prompt, so this is for those listening to the recording, I asked, what's one word to describe how you're doing in this exact moment? So very much in the moment right now, and I'll just read some of them here. Optimistic, tired, stressed, rushed, angry, charged, fab, worried, lonely, optimistic, worn, blah, great, relaxed, energized, activated, humorous, confused, helpless, tired, happy, freezing, weary, overwhelmed. I don't know. We'll put two hyphens in that for one word. Sore, comfortable, ready, integrating. Sick.

(01:12)

Great. All right, conflicted. Okay, so let's see here. I've got Susan. Hey Susan, to make sure all the admin goes. Hey Susan, would you mind unmuting yourself and people can hear your voice just to say hi?

SUSAN: Sure, of course. Hello everyone.

IRENE: Hey, thanks Susan. Susan is a SBSM alum as well and also did some beta training with me. So she knows this stuff, and she is also training in SE. So we're in good nervous system company. And Jen, I know you're here. I made you co-host, but I can't see you. Do you mind un muting?

JEN: Hello, hello, hello.

IRENE: Hey, nice glasses. Hi.

(01:56)

I like them. Some of you know Jen from the Q and A calls with Seth, and also moderation. So

thanks for being here. Jen's here to just take care of anything in the chat that is question related, as needed, and I am here to get into this handout, so thanks for all your comments in the chat. Hungry, someone says they're hungry, have something to eat. Follow that impulse. Okay, so we've got about 150 folks. So today we are going to do training call number three, trois, drei - in German. And one question that someone had a little while ago that I caught in the general question thread was, if I'm not up to speed with all the lessons, can I attend the training calls? And the answer is absolutely.

(03:08)

I see this work as it's ever evolving and mixing in. And while I wouldn't suggest, and you can't, if you're new, you can't go ahead to the lessons and, say, lab 10 because you don't have access to them yet. The theory is sort of it molds and, sometimes, theory that you need in this moment is more advanced, but it doesn't matter, just because I can't know all of your histories obviously, and you might not even know your history and that's fine. Again, this real big importance of going slow and building foundation and really using your higher brain. I know for some of us, our higher brains don't always work properly when we want them to, and that's okay, we're working on that, right? As you gain more regulation, the cognitive neocortex thinking part of our human brain gets better because we're not being driven by survival stress.

(04:17)

And one could say this is the plight of humanity is just this constant stress that we are kind of in. Now, of course I'm generalizing here, but it makes us - hard to learn. It's hard to learn when we're under stress. And one of the things that I keep saying, and I'll keep saying over and over again, a big part of this course is relearning how to learn. If you haven't written that down on a post-it note, do that right now - that relearning how to learn. Yes, it's about trauma. Yes, it's about getting better with our emotions. Yes, it's about healing addiction. Yes, it's about becoming more regulated, growing capacity, finding creativity, all the things, sleeping better, digestion, better immune system, better, all the betters of the organ systems. But to do that, in my experience, and I feel like we've got a pretty good track record here, one of the key things is this relearning how to learn. Because if we can do that, then we can take the information you're learning here, and when you have something that seems strange, sensory wise, a memory that doesn't make sense, a movement that comes out of your body spontaneously,

you find that you're irritated all of a sudden for no reason. All of this starts to make more sense.

(05:53)

And this is one of the biggest missing pieces I find when a person goes to say, work with a practitioner only, and there's nothing wrong with working with a practitioner. I know myself and all of my colleagues, we still get our work done, we still have therapy, we still get body work. Saw someone yesterday for my aching joints that I'm still healing. We keep working on these things, but often we go to practitioners trying to get fixed. And sometimes that's true. Sometimes you need to work on scar tissue or get a joint moved or get a chiropractic adjustment. All those things are important. But when it comes to rerouting these wires of dysregulation, it is so complex because of our history, and that's where learning, that's where the Feldenkrais movement lessons that you'll start to do more of as you get deeper into the labs, you've already experienced one of my favorite ones, potent posture, in the first couple of labs, really starting to feel how you move, slowing the movement down so that you can sense, oh, when I move that way, I hold my breath, but when I move that way, I actually have a little more energy.

(07:15)

And these are the little distinctions that we want to learn. And that oddly transfers into cognitive learning as we get into our bodies and relearn how to move them. It also teaches us how to tackle putting together IKEA furniture. I don't know, something where we have to follow instructions and we don't realize, oh, the reason why I don't like that is because I'm always holding my breath, or it reminds me of something in the past that I didn't like when I was learning a skill in say, high school, and I had a teacher that wasn't very nice and I got stressed when it had to do with mechanical stuff. I'm just making that up. But these are the things that it's very, very important to understand, this importance of regulating, restoring somatic safety, which is the title for today's call. It's relearning, it's relearning. It's quite simple, and yet we have to learn a lot of things in our body so that we can improve how we connect with these old wirings of ours.

(08:31)

Okay, I just see a - is my volume okay? Okay, coming through loudly and clearly here. Thanks, Jen. So yeah, I see someone is in trouble with their volume. I'm just going to keep going. It's probably something on the end of their volume, so hopefully that can get figured out for you. Okay, thanks everyone. So I'm going to get into the first little bit here. The first line, it's just a review of something. And the question I have there is, do you know about the seven steps? So this was the first ever ebook I actually wrote a long time ago. It is on the SBSM site under additional resources.

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So for those of you who like to read and titrate that way, it is a good solid, still accurate piece of writing that talks about this ability to pause and feel. And I'm reading the lines here, notice sensations in your body. Be aware, self-aware, notice your breath, pause again. So I'm just kind of going through these a little slower. And engage. So if we use these seven steps, and by all means they don't have to go in this order, we can notice our breath first. We can engage, we can feel, we can feel the sensations. They don't need to be in this specific order. But again, because of our cognitive brain, we often like things linearly. If we use that example I gave a couple weeks ago, I can't remember when it was, but this idea of, you stub your toe or you do a little ouch on your finger or something like that.

(10:27)

This actually happened to me a couple nights ago. Seth and I were playing backgammon and I went too quickly to do my move and the piece or one of the stickers lifted up and sliced me in my nail. I was like, ouch, I just had a backgammon injury. Never done that before, but it really hurt. And these are moments when we know we're still rewiring how we react if we have reactivity to events, to pain and rightfully so. If something is really, really painful, our system is going to go into survival physiology. This was minor, but in those moments of having little bits of stress, little bit of an activation, whatever it might be, we see something we don't like. This is another reminder to pause, feel, notice. So before we get into the content here, even just take a second to do that in this moment. Let's all do that in our own space, in our own way. Maybe reconnect to your pelvis on your chair or on your couch or whatever you're on. Notice where your shoulders are.

(11:49)

If your head is forward in such a way that your spine is working too hard right now, I've just found I tend to do that when I'm at my computer. I lean in. I have to constantly bring myself back, readjust. Remember, I have two feet, even with all my training, I still have a preference to dig into my right foot when I sit. There it is, right? And is there a freedom to see both sides in your room, to the left, to the right, and just sensing your breath? And as we get into today's content, again, it's the importance of - the title is the importance of regulation and restoring somatic safety, healing shock, trauma, and early trauma.

(13:11)

So the first line here, you know the metaphor, chicken or egg, which came first. Not sure if that has ever = that great mystery has ever been solved, but the question is chicken or egg, what came first? So that's my way of saying what do we work with first? Shock trauma or early developmental trauma. And just as a review, and these were reviewed and taught in the biology of stress videos, shock trauma is events that we can declare. We remember I had that bike fall when I was five. I remember walking up the street crying and in pain, it's a true story. My friend with me wouldn't help me. He was being a loser, but he was also four years old. So I don't blame him. I remember going to the hospital with my dad. So those are, that's a shock. Trauma accidents, events, things can happen when we're young, but often that differentiating factor with early developmental trauma to shock trauma, early developmental is often pre-verbal. We're not speaking it. We don't remember. We can't declare, I was in my car seat when that accident happened. You were told by your parents we were in an accident when you were six months or whatever it might be.

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So typically we don't remember. It's preverbal before we speak. Of course, early developmental trauma can fall into the in utero, the uterine time when we're growing in our mom's womb, it can also, it bleeds over. I don't like having these categories, but I would even say this falls into transgenerational in some ways, the stress stressors that we're getting from our mother, from our mother's memories and even our father. And how our father, if they had, he had stuff going on, that impacts of course, his system and his sperm and all the things. So it's this big jumbled piece of all these different traumas. And sometimes when I'm working with

my students, we get too worried about specifics. So I'm being very general in how I describe shock trauma and early trauma because we can also have some pretty serious shocks when we are preverbal.

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We can have an accident when we're a toddler, and maybe we still are talking, but we don't remember. So I like to be really loose about how we define these things. The easiest one to define is shock trauma. Those are things that occur when we really do remember, and it was an event that happened, and one could say it ends, but we can have multiple chronic stressors every day that would constitute as little shock traumas throughout the day. So first line here, and by the way, as I go through this, because we all have various forms of shock traumas and early traumas, it's very important that you just take care of yourself. Look around when you need to feel your physiology, sense when you might need to tap out, and that's enough for today. And then you come back to the recording later this week or tomorrow. So what do we work with first? Shock trauma or early developmental trauma. Also abbreviated EDT for short. So sometimes, first line here, sometimes if there is old, that's the first word, old charge in the system from shock trauma. We need to release slash deactivate, that's the fancy word. Deactivate the trauma first, that trauma first before we can work on forming new nervous system pathways that are regulated.

(17:25)

That are regulated. Of course, because I orient the chat, I can't help myself. Sometimes I see some questions that relate, so I'm going to answer them. Jen, I'm going to break protocol. Someone asks. So when Irene split her nail playing backgammon, is that a minor shock trauma in my case? No. It was just a nuisance, because of my regulation. It hurt. It was an ouch, but it didn't throw me into dysregulation. I wasn't worried about it. I actually forgot about it, because I think I put my fingers in some lemon juice to cook something the other day and it stung. And I went, oh gosh, I forgot I did that. So just because we have an accident doesn't mean it becomes a trauma. This comes back to what I will get to later in this call, my scenario of person A and person B, which some of you may have watched in the healing trauma videos.

(18:32)

So for me, in that moment, no, but let's say someone here, you had a backgammon accident like I did, and you've never stopped to feel pain. You're new to this work and all of a sudden you just break down crying and it's not connected to the little minor split in your skin, but it is a proxy for all the times in your life that you did not let out. The cries, the screams when you did say have a big shock trauma, like when you broke your leg or you fell off your bike or you had a really bad burn or something like that. This is again where these, it's so dependent on the person's physiology, right?

(19:18)

Classroom humiliation, definitely shock trauma. Unfortunately with class humiliation, what often happens, it's not just once, it happens repeatedly. And if you have a teacher that does that to a lot of your peers, not only you get it, but you see others getting it and then you feel terrible for those others, right? I can think of being in elementary school and one poor little guy had to go to the bathroom, had to go to the bathroom, and of course back in our day you weren't allowed to go unless it was recess or lunch, or you had to take turns, and he wet his pants, and that sucks. That's a humiliation. Through an indirect force, you're not allowed to go relieve yourself. So then you feel shame. And of course kids laugh and some feel bad for the little person. So there's so many variations of how we might experience a shock trauma.

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But it also then depends when we have that shock trauma, how are we dealt with? Are we humiliated because we fell off our bike? Accidents happen? And then how, of course, we are dealt with or how our parents or our caregiver helps us or doesn't help us makes that trauma worse. It makes it embed a bit more. So back to this line here, sometimes we need to work on forming new nervous system pathways that are regulated, that are regulated. Now, I'll keep going here and then I'll give some examples. So second line, sometimes, but sometimes we need to just work at getting oriented, that's the first word there, oriented to the body and environment first. And being embodied. Sometimes we need to just work at getting oriented to the body and environment first and getting embodied, being embodied. What this means is if we've never worked on our system and really learned how to be connected to it, it can be very

difficult to do somatic, classic somatic experiencing work where we're remembering an old trauma, we're going into the body, we're feeling the sensation, all the nuance.

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If we've never done that before, there might not be any nuance to sense. Make sense? Because the language of our capacity, the second language that we're learning here of learning and feeling our nervous system, it isn't online yet. So we actually don't have the skills even as say a 35-year-old or a 55-year-old adult, to navigate what we're sensing. So we can't even start to work on that shock trauma yet. There's obviously some distinctions here. Sometimes we just have to work with what we're doing. With what we're doing right now. It's getting really sunny here in my office, so I just have to close something here, being blinded. Just a second, not a bad thing. On a fall day. That's better.

(22:38)

Okay. Okay, you can still see me. All right, so next one, line three. Sometimes we need to work at the stress organ. That's the first two words there. Stress organ and somatic levels, stress organ and somatic levels, and work towards connection to self, connection to self and or a sense of a secure base. That's the next two words. There's a few words in this one, and also known as a safe haven. I'll reread this in a second. This could be done internally or externally. So I'll repeat this one. Sometimes we need to work at the stress organ and somatic level. So an example would be the kidney adrenals, which you'll learn soon, and work towards establishing connection to self and or a sense of a secure base, also known as a safe haven. This could be done internally or externally. What this means, secure base and safe haven. These are buzzwords in the EDT early developmental trauma work, that are trying to reestablish maybe for the first time ever, safety, security. I feel home. I feel at home. I feel connected to myself and the world. This is stuff that we should have gotten obviously as an infant. An infant craves security, they crave safety. They don't crave it intellectually. Their biology looks for it.

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And that is what creates self-regulation when we're young, that secure base, knowing that we can look at this person and no matter what they are there for us, this is the wiring of what we want - all mammals - to have, technically speaking. So sometimes if we've had such severe EDT

before, we can even begin to work on that car accident when we were a teenager or in our twenties in college. We need to work on this secure base so that when we do work with that trauma, that shock trauma, the system feels grounded enough to navigate that big thing, whatever it might be.

(25:11)

The next line down is just a reminder. Sometimes we might just need to disconnect from it all and take a break. I say that because we need to take breaks from this serious work. It can be a lot, and we can get to this point where we feel like we are... This is all we're doing, is working on our system, working on our traumas. I think there's a reason for that. We know we need to get this stuff done and we want to get it done yesterday, but we also have to be sane and watch funny movies and do things that are human, inherently take in art, take in, whatever it is, songs, music, silliness, whether you have a hobby, a sport, that is very important as well, as we do this work. Otherwise, it just becomes this series of constantly working on ourselves, going through these stressors, taking the balls out of our pool, building a new swimming pool, all very important.

(26:16)

But it's also that integration time that happens when we are playing backgammon, listening to a music song, going to a concert, going to a comedy show, et cetera. That brings the system kind of into a new place of balance sometimes. Next line, sometimes we need to blend, that's the word, blend. Bits and pieces together, following the lead of the nervous system. Physiology, being smart, that's the word. Smart with our body and mind, hence SmartBody Smartind, using our resources, and so on. All leads to greater regulation within the autonomic nervous system. So like I said, the whole chicken and egg concept, what do we do first? Do we do this first? Do we do that first? Inherently, SBSM is designed to work more so with building capacity, of course, the title of today's call, the Importance of regulation, building somatic safety, really laying down the groundwork that would be essential for working with both early and developmental trauma and working with shock trauma.

(27:46)

But what you'll find as we go through the lessons and the teaching, there's nowhere within the

course, everyone, where I say, okay, today I want you to think about a mild shock trauma you had when you were 10, or whatever. And feel it. Notice it. Write down all the distinctions. All the descriptions. I don't do that because I trust that your system will present and bring up those balls in your pool when the system is ready for it. And as you build capacity in your somatic system and you get the education on board and you hear examples, sometimes what happens is the system remembers things as it should, and I have no doubt that some of the alumni here could comment, yep, up in the chat, and that as the capacity gets bigger, these old things start to naturally bubble up to the top. The body is quite intelligent when you give it what it needs.

(28:52)

I remember this is different, but similar. I got a sliver in my, I don't even remember where it was. I think it was in my foot, and it wasn't a sliver that was painful, like a little piece of wood got stuck in my skin from walking on a deck, and I was like, I can't fish that out with anything right now. I'm certainly not going to go anywhere. It's not life ending, it's just a little sliver. And I just made the decision to just let it stay there and eventually my body spat it out. It got a little red, there was a little bit of an infection, tiny, tiny. And then eventually I watched this little sliver pop out, and then I picked it off with some dead skin, and then of course that healed up. Now that's a very simple concept, but our body has that natural ability to do that. Now of course, if I have a branch in my body, that's different, right? Totally different, but this was benign. I could let my body take care of that. What's interesting with a lot of these old traumas of ours is when we have more regulation, when we have a bit more understanding of healthy aggression, for example, toxic shame, all these topics we'll get into, we have the knowledge, back to the higher brain to go, oh, this is what that is. I think I better really take it easy tonight and feel what's moving through, right?

(30:26)

This feels like that time I was humiliated in school, and I can feel my tailbone tucking under. Oh, that's so interesting. I can feel my breath starting to get a little panicky. Isn't that interesting? I'm just going to sit, I'm going to put on some music and just really feel this. Or maybe the music is like death metal music and you've got to rage. Why do you think teenagers love that stuff? At least they used to, right? It helps get that energy out, all the injustices that teenagers don't like, and it's like, ah, I want to go do my own thing. I don't want to live under this roof. So

we listen to Rage Against the Machine and rock out. These are ways that our body finds things to express. It's the same with art, right? Why do you think with kids, I'm sure someone here has taken their child or maybe you have done art therapy with kids. What a wonderful way to get emotions out with little figurines and fighting and all these things. So I say all this because when we get this capacity on board and the education and we really learn how to trust the organic intelligence of our system, these balls in our swimming pool. So, come to page two. So, back to the swimming pools and balls. These balls, which are the traumas, of all sorts, really, do start to move out.

(32:06)

The first line here on page two, sometimes we need to let some of the balls out 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. So the word there is shock trauma. So what this means is that sometimes if there is such a big ball in our pool, that accident that one had was so big that we need to really deal with that, even though this system doesn't really know how to feel interoception, and doesn't really know how to process anger. That event was so big that we need to work with that shock trauma.

(33:04)

There's a great case study that Peter Levine did. It's actually on YouTube. You could find it if you write down Ray, RAY. He is a veteran, I think it was the Iraq war. He was in, forgive me if I'm wrong with that. It was somewhere in the Middle East, it was ages ago obviously, and he survived an IED explosion. So an improvised explosive device where you don't know where it is, and then you have a terrible shock, and people die, and you might get really hurt. And he thankfully amazingly wasn't physically damaged with limbs and all. He had all his limbs intact, but he came back. I'm really speeding up the story, but he had ticks, what we would call Tourettes, which if you really dive into this work, and you'll learn it right now because I'm going to say it. Ticks are typically incomplete defensive orienting responses.

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So you hear the bomb, the explosion, but it happens so quickly that you don't have time to orient and go, uh oh, I've got to get out of here. So that happens so quickly, his orienting

response gets stuck in his nervous system, and then it gets stuck in the muscles that wanted to orient all the fear responses. And so when you watch him work with Peter, and this is on YouTube, not the whole sessions, but bits of it. They work with the memory, but also the feeling in the neck. All these pieces that was such a big shock as it would be such that they had to work on that big ball. And with that, his body released heat of course, deep, deep survivor guilt because he survived, not everybody else did in his unit. And so then it gets a bit messier with emotions and oh, I shouldn't be here.

(35:22)

And then that's other stuff. But they really had to work on that strong defensive orienting response that was stuck. And so that's an example of a big shock trauma. And of course there are many of you, I have no doubt, who have had accidents where you didn't see something coming, and your system gets stuck, and you see it in some people's eyes will have ticks, I'm doing this right now as an acting point. They blink, right? Or little twists, twists in the neck, looking. These are defensive orienting patterns that get stuck. So that's a little side note, but an important one.

(36:07)

Next line down. Sometimes we need to make the swimming pool bigger. We need to make the swimming pool bigger. This is improving, and I talked about this on the first training call, coherence, also known as flow and enhancing our capacity. So sometimes we need to make the swimming pool bigger. This is improving coherence, also known as flow. That's the word, and enhancing our capacity. And that's what we're all doing here right now, right? We're - who here has done the joints lesson? That was lab three. So while you're just working with the wrist, I use that because that's the easiest joint to touch. There's nothing extra special about the wrist, although it's very important. But you've got the elbow, the shoulder, you've got all the joints in your ribs, your hips, your knees, your ankles, your toes, your spinal joints. There's joints everywhere, anywhere where two bones come together.

(37:21)

And so when we've had traumas like an accident, or someone asks, seeing something be traumatic, absolutely you see something that's really horrific and not good, and I'll talk about

this in future calls, our body, it can tighten up, the joints can stop flow, the breath can stop. So one example of how you're building capacity, there's lots of examples - you've oriented, you're following impulse, you're working with the joints - soon for some you're going to get into kidney adrenals. This is all in service of the second bullet point, making the swimming pool bigger, improving flow and coherence. If we had an elbow injury when we were five and this whole arm is frozen and there's no feeling in it because we say broke our elbow or something, it's very hard to work on the shock trauma stored in our system from that accident if this limb is kind of not sensory aware.

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And so this is this part of opening up and feeling these joints. And then eventually in lab five we'll get into the diaphragms, which are so pivotal for opening up. I'm pointing to my viscera, the areas around the lung, the heart, the digestion, all of the organs, the pelvic organs, the kidneys, the adrenals, because all of that viscera goes into protection When we have stress, things tighten or things let go and collapse, or many of us have a combo of both. Anybody here who's living with some form of chronic illness or autoimmune or severe disorders that we might title bipolar, where there's swings, that is inherently a system that is going in between sympathetic fight flight and parasympathetic freeze collapse, shutdown, the protection mode. And it's very difficult for us to always say it is exactly this or does exactly that, right? Again, because of our complexities, we have usually mixed nervous system states that protect us.

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But this is all me talking in service of how we want to build this capacity, which is what all of the lessons in SBSM are doing to some degree. Moving the body, sensing, feeling, touching, making sound, getting to know our spine, all these things. Very difficult to move traumas out of the body when we can't feel the body. Right, next, sometimes, sometimes, third line down. Sometimes we need to just replace the pool and fill it up with new water. I know that's easier said than done, but sometimes part of our rewiring and our restoring regulation is just building up a new body.

(40:31)

And I'll speak to this in a second. So the next line, this is building. Building is the word, up, the

foundation of the nervous system. This is building up the foundations of the nervous system, getting regulation back into the picture, regulation back into the picture. So I don't know how accurate this is, but I know I've heard it enough times that there's probably some truth to it, that they say every seven years we have a new body, the cells, right, our cells break down, everything breaks down, hair, it rebuilds. And so as we go through life, not only does our whole skeleton get replaced, which is sort of wild when you think about it, and our muscles break down and rebuild. And I mean our nails, you cut your nails, they grow back. So all these things happen when we really get into this work and we really stick with it.

(41:32)

You will be a different person in seven years, and that's very cool. If you were to see pictures of my husband, Seth and Jen's seen some of them and other people may have seen some in some articles he has written. He looked completely different in his twenties to in his early fifties. His whole system is different, his spine is different, his breadth, his broadness is different, his muscles are different, and better. He looked quite emaciated and unwell in his twenties, and even when I met him. And so it's just a great example of how our system changes when we add things to it. Of course, it can change the opposite way if we don't improve ourselves. This is what a lot of advanced aging looks like. So when I say we can just replace the pool, it's kind of not true. We can't just replace it, but we can replace it slowly over time with our habits, what we eat, how we use our body, how we use our brain, who we connect with, what our work is, who our relationships are with.

(42:43)

All of this shifts our system. The one thing that does shift over a lot faster are our organs. Our organs replenish and grow back much quicker than say skeleton and muscle. So certain parts of the body are actually reshifting and shaping, not just seven years, like within months. And so that's cool too. And this is why, if you can recall from the last training call, I said it can take up to two years to replenish our kidney adrenal interface so that it's a little happier and not as stressed out. But that's granted. We stop putting stressors into the system. I said in that handout, granted, we stop harming and hurting ourselves. The threat can be gone. The threat could be far away, never to be seen again, because say they were our parents. But if our brain and our wiring still thinks they're living with us, literally in our brain and our mind, we will keep rerouting to panic and stress, and there's danger around me. So again, back to why building

capacity is so important. Final bullet point. 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.

(44:16)

This is something that at the beginning of this work makes a lot of folks get confused and quit because I can't say to you, when you feel this emotion, I need you to do this. Or when you have this kind of come up, I need you to do that. Now there are formulas that you might take. Got to orient, I'm going to feel my butt on the chair. I'm going to sense my breath. Maybe I'll go to the joints, I'll soothe. I'll find a resource. All that is accurate, but you have to guide yourself to what it is that you need. And that's sort of the distinction of why this isn't a method with 10 steps of - this is what you do when you feel this. Trust me when I say it gets easier, it gets easier because it's in your system to live this way.

(45:09)

We're really in this process of unlearning the way in which we haven't connected to our body and our mind and our thoughts and our behaviors. So next one down here. So the big pink line moving towards more regulation and therefore greater safety is the goal. But sometimes we need to work on a specific procedural memory that is hindering our capacity to feel safe. So if you're not familiar with that term, procedural memory, this is what I cover in biology of stress, video number five, where I talk about different ways in which we store memory in the body. If I go back to that example with Ray, the veteran that I mentioned that Peter Levine worked with, the specific procedural memory that Peter was working on with Ray was his inability to orient to what was happening and then find safety. There was no time to run, there was no time to duck and cover.

(46:15)

There was no time to help his fellow mates and it got stuck in time. That procedure of trying to find safety, he couldn't find safety. So sometimes we need to work on those specific shock traumas because they're just such a nuisance and they're really bothering us. And that is where again, depending on your history, depending on the accidents you've had, the things that have occurred, this would be true for if we were ever attacked, assaulted, we didn't get to push, we didn't get to break free. That's where you've got to go through those motions and

release, move the procedure of breaking free. So procedure basically is a fancy word for movement. So the procedure that your body writes is run. This is where running, from Waking the Tiger, Peter's classic book, Waking the Tiger is about waking up that fight response, that flight response in the body.

(47:27)

So next line down, we need to listen. That's the word. We need to listen to what the system needs and follow the impulse, adapt as necessary. This is why I'm answering a question that just popped in about how do we know the difference? So the lesson, follow the impulse, that you would've learned. I use that to describe, you're thirsty, have a drink of liquid, you're tired, rest, you have to go to the bathroom. You feel pressure in your bladder, in your rectum, go to the bathroom. You want to say something, say something. Of course, granted, it's safe to do. So all these things in human life, it's a bit trickier. If you really have to go to the bathroom and you're running in that airport to catch your plane, you're not just going to go in the gate on the floor. I know that's kind of a crude example, but it's true.

(48:46)

You learn how to hold it until you get to the bathroom on the plane, or you're on the plane and there's turbulence and you can't get up. It's like, oh, I really have to go. But I'm sure someone here has not followed the seatbelt sign because they've got to go. It's like I've got to go. But this is the trickiness with human life because our impulses need to be followed, but our domestication doesn't allow it. We have to kind of figure out what that means. I was reflecting the other day when I was out looking at the birds and it was really rainy and windy, just like wow. To them, this is just life. They have a nest and this is it. They're not looking for their warm blanket to keep them protected. They're looking for food. It's so simple what animals do in the wild. They don't need to worry about holding it in. They just poop when they need to and pee when they need to. And all the things, have their babies when they're supposed to, and it just happens. And so back to this question, how do you know the impulse when you should flee or fight? I can't tell you.

(50:04)

But that learning of listening to your biology, hunger, rest, needing to be active, needing to

laugh, needing to cry. When you allow those things to come out in daily life, not because you're trying to heal trauma, just because you're living, it makes it that you get better at listening to when the fight or flee responses start to come out. Trust me, it happens. So there needs to be this apprenticeship where you're really listening to your biology in general daily stuff. If you have kids, this is a game changer. When you really listen to what they need, they actually do pretty good. They don't throw tantrums and they don't do all the things that we think kids should do. One of the best stories I've ever told was, my mother's from the Philippines, I was there with my first husband. He's looking around in this crowded bus called a jeepney, all these toddlers and babies.

(51:20)

And not one kid is crying, and you don't see kids crying there. You just don't. If they're hungry maybe, but then they're given food immediately. And so of course this is in a village. When you're in the city, it's completely different. But we're in this village and my mom just looks at my ex-husband and she goes, yep, babies and kids don't cry here. And this is written about in a book called The Continuum Concept by Jean Liedloff. She was someone who went into native tribes and saw that babies in these more native indigenous tribes didn't have colic. They didn't have trouble latching. They weren't always crying. They're just happy. And this is so important to understand. We're not meant to have all of these symptoms and problems, but the way in which we repress our biological needs because of domestication is a big part of what needs to be talked about when we're healing our trauma. The Continuum Concept is the name of the book. I read it in my Feldenkrais training. It is very good. The Continuum Concept. Jean Liedloff, she's long past. So let's keep going here.

(52:40)

Bottom line, we need to bring as much regulation safety as we can back to the nervous system and not overload this system while doing this. Overload is the word, overload. Has anybody here spent time in indigenous culture, or some people might live in cultures usually, not as much typically in the west here, but if you've been into those cultures, it is different. There is a difference and you feel it. And I was so lucky to experience that growing up, being in the Philippines and seeing this. And it's just a completely different mentality. Of course, babies are typically born, not in hospitals, so they get a different kind of start, that things are more natural. The world is a little different now that things have kind of become a bit more

globalized. But that's okay. We're learning how to adapt. The key is that we get this regulation back. So page three. Page three. Let me have a little drink here.

(53:54)

Yeah, someone said here, I'll just read this for the sake of sharing a piece. When I lived in Peru, where I lived in Peru, infants are always held. No matter what mom is doing, babies on, with the back, they rarely cry. Kids are way more regulated. Absolutely. Kids sleep with their mothers, fathers, everyone's in a bed. I'll never forget saying, with Seth, in the village, not too long ago, and of course because we're more the guests, we get the bedroom, and there were like 13 people sleeping in one room, because my mom and dad got their own room. I got my own room with Seth, and everybody was just piled into this room on a floor with a mattress, and everyone was sleeping peacefully. And our babies are really supposed to be with mom at night. And this is another part of that safe haven that I mentioned a couple pages ago.

(54:49)

Safe haven, having that safety, that security, that is what builds self-regulation. Because as baby is hungry, they feed. Baby is scared, they get comforted, baby is too hot, clothes come off to cool the system down. Too cold, they get warm. That can only happen when there is a constant caregiver there, 24 7, just like animals in the wild, typically. Okay, regulation, regulation, regulation. So these are words from two of our teachers, Kathy and Steve. This is from the book that they both co-wrote called Nurturing Resilience, and their work is what forms all of the work that you guys do. When you get into kidney adrenals, when you get into working with the brainstem, a lot of the diaphragm work, the joint work stems from their practices. And what I've learned with them, so I'll read this out loud. So 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. Regulation is a learned process when we integrate into our own lives by observing others, and importantly through the attachment phases with our early caregivers. Boom. Yeah. Now the good news, and I can attest to this and know this through seeing students and people around me, if you did not get that secure attachment, you can grow this back as an adult. This is the power of the human brain. A lot of animals that have severe neglect cannot.

(56:49)

They can't because they don't have that higher cortex that can make choices. Animals and animals, wild or domestic are much more reactive. Now, some of you would know, that you've taken in maybe rescued pets and you've been able to help them, train them to be less reactive. But having known animals as much as I have growing up in an animal hospital, there will always be typically an edge with that dog or cat that if they don't have the perfect routine, they will still have that fear in them. The difference between humans is we actually can completely shift and rewrite. And this is the good news. So just know that because of this higher brain, this comes back to me talking about the learning at the beginning. Because we can learn, we can relearn this stuff. It takes work. It takes work. It's not something that is going to just happen in three months. It takes time and years. But when we get it, it's really cool because we go, wow, we really shifted our evolution into more regulation when we didn't get it when we were young.

(58:04)

Alright, end of page three here. So we want to establish regulation for many reasons. So the first line here, gives us more capacity to be in and stay in the body when stressful and even joyful events occur. I have joyful in there because for some of us, as we start to get more regulated, we might start to feel a little more happiness. I actually kind of want to dance to this song. I actually want to say hello to this passerby on the street. I normally wouldn't do that. And something in some of you, I'm not saying this is going to happen, but it will for some, will feel that joy. And then there'll be this part of us that says, you're not allowed to have that. Stop it. And then you'll find a way to sabotage yourself, and then you'll be back in your shame cycle wondering what the heck happened.

(59:00)

So if that happens, that's cool. Oh, that happened. I'm allowed to be happy. Again, if you were that baby that was not allowed to play or that toddler who wasn't allowed to splash in the puddles and get wet and get dirty, you were always punished when you had fun. That is going to be a very deep pattern to get out of. But I always go back to the animals. Look at little animals when they're young, they're playing and they're having fun and they're biting each other and being a nuisance. They're just mischievous. And humans need that too. So when you

find yourself having bouts of goodness and joy and you find yourself not wanting to feel it, that's where you have to use your higher brain and save yourself. This is okay. I deserve to feel a little blip of loveliness, happiness, and it might even feel gross.

(01:00:09)

This comes into toxic shame. So I'm going a little ahead here. And then you allow yourself to feel it, and you're like, Ugh, this feels gross. I think I might barf. True story to some people. And then you deal with that. Like, oh, this is toxic shame coming up. I was never allowed to have vibrancy and fun when I was little. I always got punished. So there's a lot of complexity. You see guys, all the complexity, in here. But it's important to understand why you might sabotage yourself into having fun. It isn't just because you're destined for a life of misery. It's because, oh wow, this is like old stuff. This is crazy. I better work with this.

(01:00:52)

Okay, next line down, greater opportunity. So again, this is in service of why we want to establish regulation, greater opportunity to feel and be with our internal self, internal self. That concept of interoception, all of the lessons that involve the neurosensory practices are to gain greater interoception, connection to your internal self, along with connection to the outside world. I will say, and you'll hear this in the lessons over and over again, if you're working on your breath or your movement, I will keep saying, and feel the ground under you. Can you sense that ground under you? Can you see around you? Because we also don't want to get so lost in the internal that we lose track of where we are in space.

(01:01:55)

Again, that's why babies, when they're playing, you want them to play and feel the ground and move, but you also have to be like, Hey, I see you there. And they look and they sense and they connect. You can't just put a baby in a room and say, go play. They need to have interaction with things and people, they need to know is this okay? And there'll be that time in a toddler's life, for those parents here, the kid runs and then they look back. You remember that. Any moms and dads here, or you see this, that's just them saying, is this okay? And granted, the parent's like, yeah, go. Go. It gives them that reinforcement.

(01:02:40)

Next line down. If old procedural, that's the fancy word, implicit. If old, procedural and declarative. These are explicit memories. So procedural or internal, implicit, declarative, explicit. So if these surface, then we can handle them a bit more. So with, again, more regulation, more capacity. When old procedural memories, this need to kick our legs or whatever comes out, or declarative memory, remembering that terrible accident comes up, we can handle them a bit more. Because we have built more interoception. Our pool is bigger, we're able to sense more and process it. So these memories, they won't overwhelm or dissociate us. That is the word, or the words. They won't overwhelm or dissociate us.

(01:03:46)

So regulation means that the autonomic nervous system is functioning smoothly. That's the word, smoothly. And remember, we want survival responses. When there is a threat, we just don't want those survival responses to stay on after the threat is gone. So smooth regulation is this nice, up and down, up and down. This is what you would've seen in the biology of stress videos. We need activity, we need rest. Meaning the nervous system is not staying stuck. Stuck is the word, in survival stress for too long, with early trauma. That's the word there, a final word of that final sentence. With early trauma, it's quite possible that regulation did not happen. I think this is no secret. Now we've been talking about this. So when we've had earlier developmental trauma, it's quite possible that we just did not get full self-regulation in our childhood. And again, back to what I said earlier on this page, that's okay, we can rebuild it.

(01:05:13)

Now, this is where I do the speech to all 175 of you and all of you on the recording where I say, if you are here and you can read and you can nod your head, when I say, come on everyone, let's nod our heads, and you can play with me a little bit. Even though you might be like, I don't want to do that, Irene, you are fine. What I mean by is, you are regulated enough that you have gotten here. Most of you have some kind of a home that is somewhat safe. I hope you feed yourself, you've signed up for this course, you have enough resources to be here. To me, that is a sign that you got enough regulation and enough connection that you did not die. I know that is really harsh, but it's true. When infants and animals don't get enough, they die.

(01:06:12)

Their system does not survive. So despite all of the terrible things that all of us have lived through and survived, there is something to be said about you're here. And that's really important to sense. That might bring up some emotion, that might bring up some, I don't think so. I'm pretty screwed up, right? Whatever. But I say that with a little humor, to say, if you're here, you're doing pretty good because you're actually wanting to learn. And the way I teach is not easy. I will admit that, right? It's much more complex than I'm just going to give you this trauma release exercise to shake it out. We really are getting to the root of a lot of deep, deep stuff, and that's to be commended. So give yourselves all a little pat on the back for being here. It's really important to note that. Page four. So there's a little less writing on this page. This is the final page, I think. Yes. Let me take a little more drink. Take a second, you guys, to reconnect with where you are on your chair.

(01:07:37)

Yeah, someone wrote in the chat, ah, I'm going to put some exemplary statements in here. Ah, now I am seeing how messy and complex this can be. Declarative and procedural memories can overlap. Absolutely. You are remembering how you felt when, but that feeling has also connected something to something from the past. I guess this explains why it's so hard to work through this and why it's important to have empathy for ourselves. Is that a good takeaway? I think so, right. This is also why if we think of this way in which memories and traumas overlap, it can be very tricky to sometimes understand, is this a declarative memory or procedural memory? Don't worry about it. We also learn these terms and then we get too fixated on terms. At the end of the day, you might not know exactly if something is this or that. It comes back to the felt sense. Can you sense what's happening in your body? Can you sense if this is needing movement, if this is needing emotion? These are the things you really want to ask yourself when you get deeper into this.

(01:09:04)

So I have taught this scenario in the healing trauma videos, but I want to bring it up. We're on page four now. We're on page four. And this is the car accident scenario that I often teach to simplify why some people end up getting trauma, traumatized, and some don't. So I compare it, and I use a real neutral example of person A and person B. So I'm just going to read this sort

of verbatim here from the handout. So this is an example of one person, person A, having solid co-regulation on board from the start. So compared to person B, not having received solid co-regulation from the start. So example is person A, we could say, had that secure base, was always carried by mom or a caregiver. When they were hungry, they were fed. When they cried, they were attended to, picked up, their parent, caregiver, got to know their signals. This is baby development 101. The role of the parent is to get to know the sounds and the nuances and the little things that their child depicts, and shows, and goes. And as you get to know, oh, that sound means this. This sound means that attuning, that is attunement, attuning to that, and then offering what that little one needs is what builds self-regulation through.

(01:10:52)

This goes nicely with what I said a little while ago about being in my mom's old village in the Philippines. And the kids are just way more regulated with family all the time. There really is no such thing as daycare. You are with the grandmas and the aunties and you're carried around everywhere, cetera, et cetera, compared to person B where there isn't solid co-regulation from the start. So person A is more able to withstand the stress of shock trauma and bounce back fairly quickly because they have this solid secure attachment and co-regulation, self-regulation. Whereas person B's capacity to contain and process a shock trauma is limited because of their existing dysregulation. So I'll give another example in a second. So 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.

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So I often will say, when I was in private practice, I would have people come in who had chronic illnesses, chronic pain. Often it was for motor vehicle accidents, but it could have been a sports injury, something like that. And they're just not recovering. This pain doesn't stop. There's anxiety. Now the medical system is trying to figure out what to do with them. And then of course they're here with me. And then you look at what the accident was and it actually wasn't huge. It wasn't like, the jaws of life coming in and trying to pry someone out of the car. In my scenario, the healing trauma video, I talk about it being like a minor fender bender where there's just a little bit of a hit of the car, and inevitably the people I would work with were person B. And what that means is when we then go back in their history, you start to hear, wow, there was no safety growing up.

(01:13:00)

Maybe there was true adversity and abuse in the household. Maybe there was neglect or maybe mom or dad was unwell, physically unwell, mentally unwell, maybe there was only a single parent. And so, the parent was very stressed. All of these things contribute to the little person not having that secure base. This is a classic adverse child experiences study. We call it the ACE study. Some of you have maybe heard of this, that showcases when you've had a lot of early adversity. It in many ways depicts that you will get somewhat sick later in life. Now of course we know if we work on the nervous system, that won't happen. But the person being in this scenario is often the person that had some form of early adversity traumas and the system is still dysregulated. You then add in an accident like a car accident and the system kind of goes, I can't handle this.

(01:14:03)

It was one ball too many in the pool. And what often people don't realize. because we're so resilient and adaptable as humans, we'll live our lives fairly well, and this comes into the next line, on the window of tolerance, but actually we're storing a lot of stuff, and it's kind of the norm in the west, the western cultures, to just keep all this stuff. And then we have this accident, and it doesn't have to be an accident. It could be a very stressful life event for a lot of people. It's going to grad school, going into a very high stress job. If a partner dies, a child dies, a parent dies, a close person gets unwell, that can be a big stress to us. So it doesn't have to be a car accident.

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And so what's happening is, that pool was already overflowed with too many balls and the capacity is really small. We add this accident in and poof, the system goes, I can't handle this anymore. I'm going to break down. And this is where a lot of medical gaslighting occurs because of course most medical worlds don't understand how this trauma gets stuck in the system, and can all often go unnoticed. But it shows up in that kind of chronic insomnia I've always had or that social anxiety I've kind of always had, or, Oh yeah, I kind of actually have never had a formed bowel movement. It's always painful when I go to the bathroom. These are examples of dysregulation that have become normalized, kind of, in the west. So I just wanted

to share that because some of you, many of you might be that person B, and you might not realize, why did that little thing that didn't really harm me create all these issues?

(01:16:07)

And often there was a lot of stuff stored in the system beforehand. Now, the other way that this can occur, and I have this here with early developmental trauma, if someone had lots of surgeries as a child, this is a very common thing in the west, obviously with medical technology and advancements, premature infants are often put into incubators and strapped up to things so that they survive. And of course that's wonderful medical technology, but it does come at a cost, because that little one is not getting that secure attachment. They're under bright fluorescent lights. They're not free to move and explore, and they're not being fed proper food. Obviously mother's milk, all these things. And so I say that because someone might be like, oh, well, I didn't have a high ACE score. I didn't have abuse. My mom and dad were actually really loving, but yeah, I'm that person B, this doesn't make sense.

And so it's important to put in these other ways that we can have early and developmental trauma. It's just not always abuse. It can even be when we were young, some people will say, oh yeah, I had to have my teeth pulled or something and I was so terrified. And something like that can be really terrifying for a child. Also, near death experiences, I have to mention, near choking, near drowning, these are real things that put a little system into terror and into survival stress. Anaphylactic shock can be another one. I know there's a lot of allergies these days with kids, so that can be very scary, and it's very important to have aftercare when a kid has had a near death experience, to bring them back to the present moment. Okay, final little piece here. Window of tolerance, real versus faux.

(01:18:19)

Faux is fancy. That is French for false. And so Kathy Kain and Steve describe the window of tolerance in a different way. So I'll read this out, and explain it as I go through these points. The reason why this connects with the car accident scenario, essentially person B is living in a false window of tolerance, whereas person A has an actual window of tolerance, or a real window of tolerance. Now this is a little more advanced. I want to bring it in just so that if you know these terms, you go, oh, that's connected to dysregulation, or Oh, that's connected to regulation. When it comes down to us doing our actual work at the beginning, it's less important. But

what many of you will find, I was living in a pretty big false window of tolerance my whole life. And when you get better regulation on board, you start to go, whoa, I actually have less capacity than I thought.

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Anybody familiar with this? I've been overriding my whole life in a false overdrive. And then often what occurs is then the system breaks down and we go, I was in a false window of tolerance and that's why I'm not well right now. But the good news is, again, we build regulation. We bring a real window of tolerance up, and at the beginning of our work here, you guys, your window of tolerance, your real window of tolerance is going to be really small, and it's going to feel painfully small, how little you can do. But as you grow and strengthen it and you grow more capacity, you take out balls, it gets bigger and bigger and bigger and bigger. Again, trust me, it happens. But at the beginning it can feel really like you used to be like the superstar that did everything, and now you don't even want to go grocery shopping. So again, I see some people go, that can also be just because it can be hard to be around people. As we get more regulated, we see how unregulated everybody is, but that's part of life. So let me get into this. So, the window of tolerance is a theory. It is a theory about a person's capacity, which is based on nervous system development that is safe, secure, and filled with good.

(01:20:59)

So it was Dan Siegel who originally coined this term. I actually really like Dan's work. His book, on my site, I think, is on the book list, is quite good. However, when he writes about the window of tolerance, there is an assumption that we have had safe, secure development with a primary caregiver. Now, some people get that right? And that is why I often mention tribal culture and that odd family, where there really was some goodness in the family system. However, the faux window of tolerance is a term coined by Kathy and Steve. Again, these are our teachers, to describe something different. And this is written up in their book, Nurturing Resilience, which was quoted a couple pages before, and anybody can buy that book. It's quite a good book. It's not a how to book, it's a theory book. But if you like theory and you want to nerd out on theory, it's a good book.

(01:22:08)

So in this book they talk about how a window of tolerance that is not regulated and is false. So that's the only word here, so a window of tolerance that is not regulated and is false, meaning one is able to be in the world, function, often high functioning, for many. This is where that concept, functional freeze, comes in. This is also a coin, a term coined by them. Kathy, I believe. So, high functioning, for many. So, we we think we work, we have families and so on, but it is being done with nervous system dysregulation underneath. And so the system will eventually crash. If I want to be more politically correct, I could say it may eventually crash, it might not. This forms the entire thesis of Gabor Maté's book, When the Body Says No, if you know of that, that's a very good seminal book that really put on the map, the connections with the ACE study, but also chronic illness.

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And then this goes, goes this false window of tolerance, until the system just can't take it anymore. And then it goes, I'm out. And then it gets sick with something. And for some next line down, final one, for some 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 everyone's a little different. Some people can be that superstar, but underneath there's so much, inside balls inside, that the system gets into this car accident scenario and then poof. Others will be in life such that there's always this malaise, there's always this collapse, there's always this low energy, and that also can come from early trauma and the world around you not being very safe. Everyone's very different. And this is again, why, isn't it so interesting that you can have two people, siblings even, who were in the same family system.

(01:24:42)

And I might end with this example. I saw this in my practice, where you'll have two siblings that were exposed to the exact same adversity, abuse, whatever it might be. And I'm thinking about a person I worked with who came in because of a car accident, chronic pain, high panic, terror, fear, pain like you wouldn't believe, a car accident that wasn't that bad. But her system just unraveled. And I didn't work with her long enough to get the full history, but there was definitely family stress. I had heard that by the time she was 10, she was balancing the family's

books. She was cooking all the food, making sure her brother was getting off to school. I'm pretty sure there was alcohol involved. We think there was probably some sexual abuse when she was really young, but she couldn't remember. Anyways, this kid at age 10 was like an adult.

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She was the good kid. She got perfect grades, didn't want to rock the boat. Her sibling who wasn't too far off from her in age, I believe he was younger, wasn't the good kid. He was reckless, didn't go to school. Cut class, was really mean to the parents, was a bit of a nuisance, a troublemaker. But because, you might see where this story is going, he was letting off steam. He was healthy. Now that doesn't mean that there isn't trauma in that person's system, but no chronic illness, no troubles living life well. But the sister basically protected him also and kept him. Okay. And then that showed out in there. I believe she was in her late twenties at the time. She had too many balls in her pool, and she took it upon herself to make everything better in the house, but it wasn't really her job as a little person.

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So then of course this car accident happens and poof, everything breaks down. I will add she had two kids, beautiful kids, a loving husband. So she was in a happy relationship. So you might be wondering, oh, was she? This woman had a wonderful family life. All these things. And so again, that shows even if you have a good environment around you, and you have good connections, and you have two healthy kids, this old stuff, it will follow you until it tells you you've got to work with it. I don't know whatever happened to that person. I hope she's doing okay. But that is sort of a great example of how our past, even two siblings in the same family, will react differently to the circumstance. But I believe that her brother probably reacted differently because the sister took care of him and did what mom should have done.

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And so he got a good start even though it was at the hands of his older sister. This might be a similar story to some of you who have siblings. Someone just said, I'm the sister that protected the black sheep. Who is your brother? So yeah, this is common. These archetypal stories are very common. So while we are all very complex and different, we still have, often, similar stories that we can understand. So this was as always, all the training calls have a lot of stuff in

them. Hopefully this has shed some or maybe a lot of light on some things. I also hope it shows the complexity, but also that it's not impossible. The nuances there. And at the end of the day, our system wants regulation. And I always go back to how important it is to do the basics. Keep following your impulses, really listen to those basic pieces that will form so many good foundational layers as you get deeper into the lessons and into the labs.

(01:29:12)

And then just be open and trusting that when those balls are ready to come out, they will come out. Thank you to Jan and Susan for being here and hanging out in the chat. Thanks to everybody who is here live. And to all those listening to the recording, thanks for hanging out afterwards, coming in and listening to the recording. We will, I think we have a break next week. I'm losing track of time. I know Seth has this call this week. Yes, integration week next week. That's what I thought. Thanks, Jen. All right, so integration week, rest week, catch up week. Whatever you want to do, follow your impulse. You can repeat earlier lessons. Listen to the training call that maybe you missed. Listen to a Q and A call that you missed, or just let it all loose and don't do anything. Okay? And then we'll see you back on the 4th of November for training call number four. Thanks everyone. Bye.