Training Call #1: Coherence/Flow & Containment/Capacity

Irene:
Welcome everyone. It's Irene Lyon. We're here for our first training call. Handouts in tow. You do have a handout, raise it and give a little shake. Say hello. We'll get into that in a second. Of course, this is our first training call for SBSM. This is 19. For those on the recording, which is probably most, many, I will say, thanks for chiming in afterwards. We just did a little housekeeping for the live calls. Hopefully if you can make a live call in the future, that's wonderful. I also realize you will always be, maybe, sleeping during the live call, depending on where you are in the world. So that is fine. The way these calls work is I'm going to go through a handout. There are two handouts, so we're going to do a little housekeeping. One, see, mine has answers. So one has no answers and one has answers.

You can choose which one you do. And I like the writing aspect, because it does help reinforce learning when we write. I just think it's a human thing. Don't quote me on that, but I'm pretty sure it is. We learn through writing, through talking, through seeing, through processing. So that's why, in our world here in SBSM, we have fill in the blank handouts. Rather than you passively sitting back and listening to me talk, and talk, of course you'll do that a little bit. The other thing, and just to note, the handouts are - where you would've signed in for the call. So I'll just give a little orientation. When you signed in for the training call today with the Zoom link, there should be two lines that I believe are pink. And you click on those, and one of them is a handout with answers, and one is a handout with fill in the blanks.

So that's where those are. For those also in the recording, if you need to pause, if you need to stop, if you're sensing something, if you're feeling sleepy or agitated, and I'm not saying that this is going to happen, but it can when we learn the theory, it's okay to pause. It's okay to walk away. I won't know. It's okay to come back.

So I just wanted to really impress upon everyone that there's no need. This is not like a lecture at university in the '90s when I went to school, where you had to be at the lecture. There was

no recording. There was no transcript. You had to be at class. And if you weren't, you had to beg someone for their notes. Does anybody remember that? So this world of everything recorded is lovely, but it also can make it such that we're not as engaged. But because of the type of work, if you do need to pause, the beauty is you can go back. You can go back. Now, before I get into this, I actually have been thinking about what I wanted to start with today. I normally don't start with a monologue or anything. This isn't going to be a long thing, but because many of you are new, I want to just really remind everyone why we're here.

And no need for the prompt for this. I can see some of you, but for those of you here because you're wanting to heal something, maybe put up your hand. You know you want to even fix something in your system. Maybe you've been struggling with putting yourself out there, relationships, career, parenting. There's lots of reasons, right? So I'm going to park that. There's a purpose to this. I've been reading a lot recently about the history of medicine, and it goes back really far. And one thing that really stood out to me was when formal doctors, and I have nothing against the medical profession, I really need to be clear. I think there's some amazing things that give us life and aid us. But when the advent of the surgeon and the doctor and the physician came in, and this was after herbalism and homeopathy had kind of been poo-pooed, we sort of went to the doctor to be fixed.

And sometimes that's true. You have a broken arm. You want that broken arm to get fixed.

But what it's done is it's made it such that, from what I can tell as I read, and I'm just thinking about this, when we go to anyone in the health and healing world, we're going with the hope that I'm going to get fixed. This person is going to heal me. Now, there's some cases where that's true. I see massage therapy and osteopathy, and sometimes you need someone to help break apart some scar tissue or get a tissue released, then that person is actually when one could say healing you, fixing you, helping you. So that is important. But what we're doing here, I want to set the tone. Yes, there is a massive side effect, and some of you will have read the stories of our alum. Many of our alum here have healed incredible things. Fibromyalgia, chronic pain, lupus, insomnia, gut problems, complex PTSD.

There's a long list. So these things have happened, but it's very important at the beginning here to enter into this as a learning environment. I'm going to say that again. It's very important to come into this and see this as a learning environment that will have, from our experience, the byproduct of things healing in your system. It's a very different approach to, let's do this quick fix biohack to shift the system so I feel more calm. Now, there will be some neurosensory exercises that you do and they bring you down. Perhaps some of you have already experienced that through some of them, right? They give you a calming sense. They get you into the present moment. When we get into the deeper Feldenkraisian lessons, which are always, I think, fun because they bring a bit more somatic movement to it. You might feel more freedom in your muscles, in your hips.

But, or I want everyone to put this hat on that's like, "I'm here to learn." And part of that is doing physical movement, sound, touch, orienting, all these things. And so if that's the case, as we're doing that, it's very important to realize I am doing these practices because you need to do the practices. That is the learning. That is the ABC, in one, two, threes, we could say, of nervous system healing and health. But then the other part is you're infusing it into your every day, right? So this ability to take, oh, I'm orienting in the lesson, and now I'm going to see what it's like to orient when I'm in my car before I start the engine, to orient while I'm at the grocery checkout rather than scroll through my phone and answer emails, guilty, right? To orient a little extra when I sit down to eat my food, before I go and start doing my homework, or making phone calls.

It doesn't mean you have to orient the whole meal, but can there be these little parts where you add that in? So that learning that you get in the lesson of orienting, for example, coupled with the theory that we'll learn here and you'll keep learning, has to be integrated with life. And the reason I'm preloading this first training call with this is if you can get that, if you can get anything, that's the part to really keep coming back to.

So rather than seeing this as a fix-it course or program, yes, it is a healing program in many ways. We're working to rewire things that for many of us we never got, which is what causes a lot of these issues. But just like when you have a newborn baby that's healthy and full term, you're not trying to fix him or her into an adult. For those that have had children, you kind of might laugh at that. You can't fix a baby or teach a baby specifics. You engage with them, you attune to them. And because we have the blueprint of regulation in us, we start to talk. We start to walk.

We start to get little personalities. We start to shift and change and be human. So I just wanted to start with that, because there was something that really hit when I read that part in that book about the history of medicine, and how when the herbalism and the more organic approaches to healing shifted out into more, this is the doctor who's going to heal and fix you, there was like a shift. And again, doctors have a great place at a certain point in time. I know that there are many physicians who have gone through SBSM, but it's in this SmartBody SmartMind container, and we're going to talk about containment in a second. We're working at learning, and then that learning creates healing from our experience and regulation. All right, so I'm just going to have a little extra liquid here.

And yeah, if you need to pause and look away, I will actually engage you guys into a little follow your impulse right now. So we'll get into the handout shortly, real soon, but to just let your body do what it might need to do, maybe it's fine staying connected to the screen, or maybe there needs to be a little engagement with your environment. Just check that out. Just this ability to not have to rush into the learning. That's the other thing. Can you even scan your body right now? What we're doing is, at the very top of the handout I have, let's practice the basics. So that's what we're doing now.

Because we're in a teaching mode, in a school-like setting, is there a little bit of a buzz of adrenaline of, "I'm here to get it all and figure it out in 90 minutes." So just sense that. For some, maybe, for some, maybe not. If I busted you, let me know, right? Is there a little bit of this? Come on, let's just get going, Irene. Stop with this orienting stuff. I want to know what to

do. So what to do is to listen to that sensation. If there is any, listen to what the system is telling you.

The other thing to notice is the ground under you. I knew I busted someone. Thanks for being honest there, Nim. I get into it too. When I'm here teaching, I want to dive into the screen and I have to keep pulling my body back, not just for the sake of being too close to my computer and the light, but it's not good for my spine to be leaning forward for 90 minutes, right? And me, fatiguing my back isn't going to help you guys figure this out faster. So it's like, again, this ability to come back, center.

Don't worry, I'll get to it. So, orienting was one of them. The ground, feeling it under you, sensing it. That's one way to connect to the here and now is to just feel that space under the weight of your body. What's your breath doing? Can you sense your breath? Can you just let it happen without changing it? It's quite possible that a fair chunk of you, when I mentioned the breathing, noticed that your breath was either being held, or maybe you shifted it. This slowing down is really important. In a world that's so fast, we have to really consciously these days, slow down.

And then the other thing is to follow impulse. So that'll be in the lessons this week. I believe it's lesson number two. It's a very simple lesson, but it's the beginning of - what does your body need, and listening to it. This connects to early and developmental trauma already. What did that baby need? What did you need when you were young that you didn't get? So doing that for ourselves as adults is like one of the biggest steps in rewiring those things that we should have gotten, but maybe didn't, because of culture and society and that lovely medical dogma of letting babies cry themselves to sleep, and sleep training them. So do not underestimate following impulse. If you don't know what to do, do that. If you're ever feeling like, "Oh, I need to do something SBSM'sh," these are some of the things, the orienting, sensing the ground, noticing breath, following impulse.

All right, let's get into this handout. So this is a review for some of you. For those who have maybe at one point watched my Healing Trauma video series, and I know not everybody has, so I always review it. And it is one of the silliest and simplest examples that actually really depicts what we're doing here. And it's my "famous swimming pool and beachball" analogy. So just start before we get into the words. You see a very crude but pretty colorful picture on your handout of essentially what's supposed to be a swimming pool. It's very 2D. So imagine it's a swimming pool with dimension to it. And you've got these beach balls inside, blue and pink, and of course the water is that blue color. And in that pool, they're packed.

So I'm going to make an assumption that everybody here at some point in their life has been to a swimming pool or something like that. Or you could imagine a bathtub or a hot tub, and you've got all these balls jammed in from top to bottom. When they're like that, it's not very easy to take the balls out, right? You can even hear the sound of the balls rubbing against each other. It's a very distinct, plasticy sound. And if you try to get into that pool, it would be tough, if they were really crammed in there, it wouldn't be safe either.

So in this analogy, I'll start at the top here, A. So the swimming pool is, it's your body. I'm going to read out some other words. To me, body is everything, but it's the brain. It's the nervous systems. You will learn soon that there are many nervous systems, the organs. So that would be your digestion, your intestines, liver, spleen, kidneys, lungs, heart, reproductive organs, pancreas, gallbladder, esophagus, which is your food tube, your trachea. I'm sure I'm missing a few. So all that organ stuff, the stuff that allows us to be here and function, just like everything, like the brain does too, and the nervous systems, it's all important. Then you've got your tissues. To me, that's the skin, the bone, the fascia, the fat layers, the marrow of the bone, which produces blood cells.

We have sensations, so we feel sensations in this body, in this swimming pool. We also have emotions. I leave thoughts out of this, but we could technically argue that they could be in here. I think thoughts are, as we say, fleeting. They're processed. We believe in the brain, and interpret it, but the mind is still a little bit of an enigma in some ways, but anything physical,

anything sensory, tears, anger, the postures of our body. So everything inside your body, that's the final line there. And feel free to scribble and write more things, if there's other things that you think of. Ah, yes. Thank you. The lymph, the fluids, right? We've got our intracellular fluid, our extracellular fluid.

And then below that, B, the balls. So what are the balls? So the first line there under the swimming pool, the balls are your stresses. So I've got a bunch of blanks there. Those are your stresses, your past traumas, adverse events, shock traumas, early traumas, in utero traumas, intergenerational traumas, all the traumas, big, small, medium, those balls. So all those things inside. So again, this is very, again, crude and rudimentary, but number C or bullet point C, it's all about more space. When I say all about, I mean, what we're doing here, and what we're trying to work with and learn about is it's all about more space, and release, and flow.

So if we think of this swimming pool and we look at it, we could say there's flow, right? Just like if you have a body full of stress and full of traumas, which many of us might have here, I'm going to have a joke in a second, even though you might think everything's doom and gloom, you are still here, and your heart is beating, and your blood is flowing. There is some flow. If you're sitting upright, your spinal cord is working. If you can urinate and do all the things, that's a thing, right? You're able to have some flow. Now, do we need to improve some of this? Yeah, perhaps. All right. I don't know what's going on. There's like so many emojis on my screen. Thanks guys. I'm not sure. I've never seen that happen. Thanks for the hearts. All right. All right. So again, it's all about more space, more flow, release.

Okay? And then the very final one down there, bit more of a fancy word coming in. Flow is a simple word. Flow is a simple word for coherence. That's the final word, coherence.

So go to page two. Page two. Okay. Now, flow and coherence, explained. Now, this is where you do need a pen or a pencil or something. You're going to draw. You're going to draw. So you're going to have four circles. So I'm going to explain this, and the diagram is on the handout that has the answers, but be creative. Okay. It's not that hard. You're going to draw

four circles in a row, a little bit far apart from each other. So like one there, one there, one there, and one there. So they're not touching, just four circles in that little space under, draw four circles that aren't touching each other.

Now, within each circle, who here knows what a ... I guess it's a figure eight, or the infinity symbol. It could go either way, right? That eight number or that infinity symbol. It doesn't matter. Draw an eight or an infinity symbol, however you want to look at it, inside the circle. And as you do this, notice if you're breathing. Anybody noticing that they've started to hold their breath as they started to do. I just caught someone. I could sense there was breath holding. So as odd as this is, can you engage with this simple drawing by feeling your butt and sensing your breath?

So simple, but so important. For those of us who write and type and use our hands, if we're constantly holding our breath when we engage in this kind of work, that's exhausting over the end of a day. Okay. So now you've got these four lovely circles with figure eights inside of each. Now you're going to draw a link between one and two, or three and four. It doesn't matter. Link one circle in the other circle with another, a sort of lying down eight. So you kind of just loop them. And if you get it wrong, it doesn't matter. You're not handing in your homework. Just connect them, like a little bit of a link, like a chain link fence, and then connect the other ones, and then the other ones. So you'd have essentially three links in between circles one through four, and then make a big link between it'd be number one and number four, so they're totally connected.

So you'd go from the one and you draw a line to number four, and then number four to number one.

So it's like a bit of a system that's connected. Yeah? Anybody here who is a physicist, I'm sure there's a term for this. So you've got this closed loop system, you've got a circle inside each cell, you've got circles within the big circle. Now, this is an example of many things. When I look at this, I see, okay, we could say that this is the body, and those circles represent organs or

bones, or it could be the head, the ribs, the pelvis, the legs. It doesn't matter. Again, it's very crude. It could also be us. We could consider each of us as a circle, and we're somehow connected to people in our world and our life. We could connect to the environment. We could even make this smaller and say, part of this is our digestion, or part of this is our fascial system. The fascia goes from head to toe, and it's all connected, right?

So next line, having good flow means good coherence. That's the next line. Coherence. And of course, if you're not sure how to spell coherence, it's above there at the top of the page, and it's the title of the handout. So we want flow within each circle and flow between each circle. And essentially, we want good flow in our system. When there isn't good, let's say, circulation within the fluids of the body, when the blood isn't moving very well, when we're not oxygenating our blood very well, our energy decreases, right? If anybody's had bowel problems, IBS, Crohn's, you know how difficult it is when there isn't good flow from eating, all the way out to defecating. Things go back, right? This is where reflux happens. The flow isn't going in the right way, where we have acid reflux. Some of us might have constipation, so it stops.

Some of us might have diarrhea, and that's where it's too fast.

Some of us, when we have IBS, it's often a bit of both, and so this flow is stop, start, stop, start. If you have, say, migraine headache, which is a common one, that's where there's too much flow, and constriction on and off to the areas of the brain, and the circulation on the skull. Now, we can get gut problems from food poisoning. We can have a headache from pressure changes in the environment, but there also can be these issues due to dysregulation of the nervous system. So if you look at this drawing, or imagine it, this is a very simple example of where in this system does the flow stop? Where are we more predisposed? Some of us have gut stuff, some of us have limp stuff, some of us have thoughts that loop, right? Some of us have pain, a sensation that's too sensitized and too heightened.

So somewhere within this system of flow, there's either way too much, too little, or it's chaotic. So that's a simple way of saying we can have dysregulation. Now, when you watch the biology of stress videos that are part of the lessons in SBSM, I show this with different graphs, so you'll get it in a different visual. So I'm going to take a little sip here of something. Let's get to the next one here. And again, as we go to the next section, just check in with your environment, check in with your impulse. Notice your breath.

All right. So the next one here, what is containment? What is containment? I mean, when you look at that word, we can think of a container. I always think of the good old Tupperware container, which is sort of a brand, but we always usually call that stuff Tupperware, right? At least we do here in Canada. And you put stuff in it, you contain your leftovers, you contain your leftover soup, or whatever. So think of this word like that, in a way, keeping things in, not packed. So this is a little different than the swimming pool, but just contained in a space. So the sentence here is a longer one, so I'll read it out. So containment is staying embodied. That's the first word. Embodied, or you could say, in your body and connected to the environment. That's the next word.

Containment is staying embodied and connected to the environment and your internal state while experiencing bodily experiences. So, sensations, feelings, images, thoughts, actions, behaviors. No matter how intense or activating. So I'll say this in full. Containment is staying embodied and connected to the environment and your internal state while experiencing bodily experiences. All of them. So, sensations, feelings, images, thoughts, actions, behaviors, no matter how intense or activating. Now, this takes work for many of us. We're going to have to learn how to do this. But one example that just happened was when I had you draw the circles, I had said, who here is holding their breath? And some of you might have caught that you were holding your breath. Now, that's not a big deal. That's not death. But it is like, oh, I lost connection of my flow. I was not aware that I then stopped my primary.

You didn't stop, but you held it. Eventually, your body will breathe.

The other example of where we might lose this sort of containment is you have something really scary happen, and the sensation, the feeling is just too much. And not containing it would be breaking something in your house. You get angry. And rather than feeling that intensity inside and doing what you will eventually learn, we'll get into more anger and healthy aggression in lab seven and six. You might figure out a way to feel that energy and move it, but not containing it would be taking your pen and chucking it across the living room and breaking a vase. That would be not containing that energy. Of course, we know more serious things that occur when we don't contain. That's where violence happens. That's where people get abused. I can't contain this. I'm frustrated, so I'm going to lash out. And that can happen through action, but also through words.

Then the other flip side is, I feel this anger and energy. What's the other opposite? I shut down. I dissociate. I numb out. So if we go back to this handy little drawing of ours at the top of the page, that flow stops. There's like a halting of that connection to self, that feeling of embodiment.

Whereas in that anger example, it's like the flow just kind of explodes everywhere, and that's not good either. We could spend five hours with different examples of how we might experience the loss of containing certain things. Now, containing doesn't mean suppressing. Again, I'll use a more humorous example. Your child comes in and they are covered in mud, but they're so happy, and they've tracked mud and dirt into the house, or your dog does that. Now, there's part of us that wants to scream and say, "What have you done?" But when we know better, we go, "Wow, look at how colorful you are. Look at all the stuff that's on you. " And there might be a teaching moment in there. And of course, if it's a dog, it's different, but it's like, "Okay, well, we're going to take you outside. Mom's going to go get some fresh clothes."

"We're going to turn on the hose." But inside, there might be this laughing, of hystericalness, but also this, "Ugh, I just want to shake this child. What are they doing? The carpet is all …" So these are real things. We want to explode, but we would contain those expressions to keep the connection and the safety with that child. Yeah? Okay.

Next little bit here. So, the pink line. To increase this flow, space, containment, and capacity, and have more a chance for release. So now we're going to go back to releasing the stuff that's stored in our swimming pool. We want to work on and practice ... Now, I say these six things. I have this number six just so that there's something there other than everything. From a teaching perspective, we need to keep a bit of containment. So I'm going to name these six things. Some of these things you already have practiced, some are to come in labs three and beyond. So the first one is orienting.

Orienting, which is just taking in our environment. In this case, in an exploratory way. In that case of the muddy child coming in, a positive orienting response would be, look at that. Oh, boy. As opposed to there might be a slight defensive orienting, when you see that door open, and you see the mud, and like, ugh, right? Like, oh my gosh, but that we might contain a little bit to not frighten the child. Number two, awareness. So to me, awareness is, this is a very general term. It's just sort of a general awareness. We could say it's sensing what's around us, where we are.

It doesn't necessarily mean we're looking. We can have awareness without consciously orienting. Number three, self-awareness. So again, this is like, oh, how are those different, Irene? To me, this is more of a ... If I use that example as the child, you orient to the horror of the mud, you feel yourself starting to get angry, and the self-awareness is, okay, she's just having fun. No one's hurt. So that's being able to quickly go inside and go, okay, just keep your feet on the ground. Let's just clean this up and make it fun. And depending, of course, on the age of the child, you would then be able to be like, next time you want to do this, and then figure out a way to make sure that that mud doesn't get tracked inside. Number four, follow your impulse.

Follow your impulse. I am going to get into these a bit deeper in the third page. So I'm going to go through these, and we'll get to page three. Following your impulse. Number five, joints and diaphragms. So there's two things there. Those are just containers of the body that you'll learn

way more about as we get into lab three and lab five. And then number six, kidney, so the actual kidney organ, adrenal. So that's the adrenals that are on top of the kidneys, the kidney adrenal interface. All right. All right. So number three, or page three, I should say. So I'm going to break these down a little bit.

There's a question here. I know I said I don't look at questions, but it caught my eye. So I'll get this one, Leah. Let me just move this. So, Nikki asks, "Is a regulated nervous system able to be aware of emotions, environment, physiology, all at the same time without actively having to focus on them individually?" Yeah. Yeah. I would also say, to make it even more confusing, with a smile on my face, someone who is incredibly functionally frozen, because this was me, can be aware of all of this, emotions, environment, physiology. And that one's a little trickier, because this is what high level athletes live in. For example, high functioning pilots who are flying a plane with all the buttons, and sensing and feeling, they know they've got passengers in the back, they've got their copilot, they're drinking their coffee. I know pilots, so I know that they can be very functionally frozen, but still very competent and very attune, but under there is this survival energy, that's actually allowing them to pay attention to all this at the same time.

Does that make sense? This is a nuance that is tough to describe in words, because we can see someone really functional and really with it and really aware and very caring, but under, there's like a storm. There's like millions of swimming pools that they're packaging in. "Oh, I don't like this. Ooh, I need to cry, blah, blah, blah." Someone just said,"I saw figure skating." I was a figure skater. Those athletes are not fully regulated. I don't think I've met an Olympic athlete who is, and that's not a hit against them. They're very functional, but you cannot become like that and be fully regulated, because you have to override pain. You fall, you have to get up. You don't fall when you're learning how to figure skate and go sit for five hours to release that trauma. It wouldn't work. You would never get to that Olympic level.

Yeah. Musicians. Society is fueled with so much functional freeze. And I don't say that to say it's a bad thing, because we sometimes need folks to go into functional freeze to survive and do their jobs. I certainly - I'm glad that there's a hospital down the street with nurses who are

happy, happy to work night shift, and doctors who work night shift. They're not in good regulation. They're awake when they should be asleep. So there's also this humanity element of it's very difficult for us to run the world we have with everyone being regulated. It's not easy, right? You've got to override a little bit when you're that first responder and you see something really terrible, but you need to help the situation. Those first responders are not fully feeling what they see. If they did, they wouldn't be able to do the work, but then we know why a lot of them have addiction problems, and mental health issues, and can't sleep, and blah, blah, blah.

I see a lot of people getting that. I got a little shiver as I said that, because we're in a weird place where it is very important that our whole human system improve and get better, and yet we've got these issues of needing to sometimes push. A mother who is tending to her newborn baby is overriding a little bit to be awake, to be attentive when she doesn't want to.

There is an element of having to go into a bit of a zone to push, to override, to help that little one survive and get what they need. All right, so let's get onto page three, page three. So the first line up here is orienting. And I know I just kind of went off track here, guys, and I see the chat getting a bit busier. So if we can just keep the chat quiet. I know it's exciting to talk about these things, but I want to make sure that we get through the learning today. And then, please, if you want to put a little note in the peer-to-peer chat on the site, have a conversation there with others, definitely use that section. All right. So, number one, orienting. So the first line here says, sparks up the social engagement nervous system, which is, and this is a fancy word, the ventral vagal portion of the parasympathetic nervous system.

Ventral vagal portion of the parasympathetic nervous system. All that that means, ventral means - it's a French word for vontilla. It's front. It means that this nerve that comes out of the brain, your vagus nerve comes in front of the brainstem. That's the reason it's called that. Vagal obviously means vagus, and it's a portion of our parasympathetic nervous system. So if I think about that first responder that I just mentioned, if they come to an accident scene, and it's not horrific, and there's nothing life or death, and there is just a little accident that maybe shook a

person up, they might come to the window and say,"Ma'am, hi, my name's Steve. I'm here to help you. "And that little connection is to see, is she conscious? Can she speak to me? How in shock is she? For example, right? If she's like, "Oh, I can't believe I did this."

"It's all my fault." Then he knows, "Okay, she's fine. Let's just get you out. Let's get you checked from the ambulance." Versus if Steve went in and be like, "We're going to get you out of there. Come on." And pulls you out, that would abruptly be like, "What's going on?" So that social engagement, that orienting, that helps diffuse her stress physiology a little bit. Any good physician, nurse, knows this even intuitively, like, "Hi, what's your name? I'm so- and-so." You don't want a nurse coming in and just putting an IV in your arm. Some probably do that. That's like, "Hey, I'm here to do this. It's going to be a little poke. You okay with that?" You get consent. That is sparking up the ventral vagal portion of the parasympathetic nervous system, and that helps bring us down a little bit.

Now, of course, like I said, if it was a life and death situation, the nurse or Steve isn't going to ask permission. They're just going to go in and do it to save life. And so again, this is where the nuance is important. Number two, awareness. So again, this is a review of what we just did on page two. So, awareness, with the world and your environment.

If we use this example again of the first responder coming to the accident scene, again, if anyone has done industrial first aid, what's the first thing you do? Assess danger. Power lines, is there fuel coming out of the car? Is there smoke? That is a general scope of awareness. What's going on here? And you assess. Three, self-awareness with yourself, your insides. So self-awareness, number three, so the words there are, with yourself and your insides, AKA your interoception. So that's another jargony word. It's becoming a bit more popular. Interoception. Basically just means our perception of our internal environment.

Now, if you had a really good nurse, we'll just keep going with this example. They might come into the treatment room and see the person there who needs to be treated. If you've got a really good care provider, they will sense in their internal body, "Oof, this person feels a bit

nervous. They look a little nervous. Why am I feeling a little off right now?" It's like, "Oh, they're really scared. So I'm going to bring myself into more of a contained, connected space. I'm going to slow my speech down a little bit. I'm going to be a little friendlier." So these awareness and self-awareness and orienting pieces are kind of bouncing off of each other all the time in human life.

And if we go back to the baby, little baby, when they're learning about the world, is hopefully, I mean, again, we want this, we want to teach them there is someone there to be there and be aware when they need help. So their self-awareness is very visceral. So you've got that crying baby, they're sensing their inside, something isn't right. Maybe they're hungry, maybe they've got a little bit of gastric distress, maybe they're too hot, maybe they're too cold, maybe they're a little sick. So they're feeling their insides, and then we want that caregiver to tune in. I'm being aware this little one is definitely needing me. And as we make good connections with infants, if it is our infant, for example, or an infant that we're caring for a lot, our interoception, our internal, as adults, it will feel what that little one needs. That's what we want.

So I'm going a little more of the big picture here, but I think it's important, right? That lack of a parent to sense that, it's not their fault. It's that their system doesn't have the right tools to sense that there's a sound. There's something going on with that little one. So this ability to attune to our world, to orient, to feel our own self-awareness, it isn't just for our own healing, it's what we need to do when we're working with infants, when we're with infants, if we're raising infants. When you get this on board, that interaction is so much easier. That's what leads to self-regulation with that little one, because you are able to sense it, give it what it needs, and then its system comes down. All right. Following impulse, this is listening to your body's organic needs. That is the word, needs.

One of the more simpler lessons, but definitely one of the more potent ones. Again, I go back to the baby, that baby, a newborn baby. They are not thinking, "Should I cry? Should I poop? Should I pee?" They just do it. They're really following their impulses, right? And then how they are attended to will let them know, "Oh, this one's okay. Oof. When I cry, this cry of hunger, I

get fed. Wonderful. I'm being protected. I'm being taken care of. When I feel soiled because of a bowel movement or urination, someone comes and makes me feel more comfortable." That is our earliest experience of our impulses coming out and them being met. Now, I know that most of us, many of us might not have gotten that. Or if we did, it was portrayed with stress from our parents.

And I'm going to mention this, because it's important. If a little one is changed, if their diaper is changed with a caregiver not liking the smell, because I get it, it can smell. Or saying, "Ugh, this is so disgusting. Can't believe that this came out of you. " Or if they're being changed with fingers that are very pokey and very shaky, that little one feels that. Has anybody ever had a massage from someone who's really nervous? You can feel it. I see a few people nod. It's like an electricity that doesn't allow you to calm down. So if we think of the little baby when they are being held, and again, it doesn't mean that that mother or father doesn't love them. The love piece is out of this. If that individual has an internal physiology that is incredibly dysregulated, even if you do all the things, that little one isn't going to feel safe.

You see this conundrum? And so here, as we are adults, we're doing this following your impulse thing, with these basic things like when do you have to go to the bathroom?

Do you hold it? Do you hold your urine until you're bursting and you have to run? Do you know that you're thirsty and you just don't take a drink of water? Or have you negated those responses and you don't even sense the hunger cues, for example. And so getting these impulses back is learning how to literally feed your body, and sense, what do I need? When do I need it? Now, of course, many of us, our impulses are off. We either don't eat enough or we eat too much. We eat when we're not hungry. We eat to soothe. We don't eat for sustenance. And so it's a common one. How often do we go to the refrigerator and open it just to look? It's an interesting human habit, but we're not hungry, but maybe it's a distraction. So these are the little things. So do the lesson, the follow your impulse lesson, and then notice, how do you maneuver through your day?

How do you listen to your basic needs?

When at night, when you feel that tiredness, that you then press play for the next Netflix show? I'll just do one more. It's like, but you know that you're tired before that. So listening to these things is very powerful, because it goes back to those earlier needs when we were infants, and we could even prove a case for in utero. Was mom always rushing and pushing? Were we constantly being taken everywhere without any downtime? Or was she feeding us things that weren't the best? And we know that this is a thing. A little one in there will pull away from the umbilical cord when there's poisons. And so there's all these things that we want to consider, when we start to be like, "Huh, what is my impulse?" And our impulses are sometimes off. And so finding out the true biological impulses can be really a game changer.

All right. Number five, joints and diaphragms. So this is a little different. These joints and diaphragms, and also number six, kidney adrenals and the other lessons in SBSM that work with what we call the stress organs. The brainstem would be another one, the gut brain connection. These lessons are taken from osteopathic work, from craniosacral work, and also from the traditions of my teacher, Kathy Kain, where we want to work with the actual physical body, because it isn't just the sensations and emotions that get trapped. It's also, I'm showing you my wrist here, because you'll learn how to work with the wrist as one joint next week. We want to work with these body parts because when we have a full swimming pool, when we have lots of traumas, and it doesn't have to be an injury to the joint, it can be emotional trauma, but it impacts our physical body.

We tense up. Let's say we're in an environment that is very abusive, and we're little, and we really want to punch our mother in the face, but we can't. So we hold back that desire to move, to let that out. I know that's an extreme example, but kids, they want to protect themselves, but they know they can't. They're too little. When they get a little older, they might try, but it often doesn't go well. It often then gets met with more abuse. So the joints and diaphragms, these are spaces in the body that have some of the biggest impact, because they're areas that often don't get thought about or touched in classic, definitely not classic

psychotherapy. And even in a lot of the more mainstream popular press nervous system lessons, people aren't going into this deep level, but this is if you were ... When I was in private practice, I was always working with people's joints and diaphragms and kidney adrenals and brainstem.

You have to get into those stress organs and these spaces. So that is a very long introduction to number five. So what this line says is these are little containers back to that containment idea and spaces that need to be open, that's the word, and resilient and in flow, open and resilient and in flow.

One of the simpler examples is if we think about the diaphragm, a lot of us know the diaphragm as what's called the respiratory diaphragm. It's the one that's below the chest, and it moves with our breath, up and down. If we have, again, been in a shock trauma, maybe an accident or maybe repeated stressors where we have to freeze, that breath gets held, but it's not just the oxygen, it's the fascia, it's the ribs, there's tons of ligaments, there's the spine that connects to the ribs, there's the sternum that connects to the ribs. And so all those structures get a little hit of shock, a little hit of bracing, a little hit of, "I'm not going to move. I'm going to be really still, and I'm not going to say anything because if I say something right now, I'm going to get in trouble." And so over time, that respiratory diaphragm, it loses its flow.

Back to those four circles, little diagrams. And yet what happens in our current world for the most part, if we know that we're not good at breathing, what do we do? We go and do breathwork. Now, breathwork can be very therapeutic when done properly, but if we have underlying survival physiology that's saying, "Don't you dare breathe." If you breathe or if you scream, if you say what you need to say, to really get sound out, you need that diaphragm to be beautifully open and moving. And it also has to move into the pelvis and into the throat and into the head. And we'll work with all these diaphragms.

But if we just force the breath without the awareness of these other body parts, we're just forcing the breath. And this is why I think a lot of folks are saying that a lot of nervous system

regulation doesn't work. It's kind of a thing right now in the social media world. But what's happening, I think, is people are trying to just do technique. We know that the breath is held, so they're like, "Let's just breathe." And then it's not improving the overall health of the physiology. And so the breathwork is like, "Oh, we don't need to worry about that because this isn't working." This is one of those cases where it's a much bigger picture than just “breathe deeply”.

One more thing I'll say to that is if we have had shock traumas that put us into a state where our system is near death, where we are really in collapse, what happens when the system goes into near death? The breath really starts to slow down. And one thing that we sometimes have to do, and we're going to work with breath when we get into the deeper lessons, is we actually sometimes have to let our breath go more shallow and more quiet. And that connects us to that event, that traumatic event where we froze, where we had to collapse a little bit. This is a bit more advanced, but it's very important to understand that sometimes, when that breath slows down, it's actually letting us into one of those old traumas, where we had to really be still and quiet and shut down. If I were in private practice, I would never ask someone to take a deep breath if it looked like they were sort of surfing the wave of an old trauma that was a serious accident.

I actually want them to feel, again, this would not happen on a first session, so don't do this yourself. This is why we're spending weeks building up our swimming pool. We'll get to the swimming pool on the next page, but there's a point at which we're going to want to go so slow and so quiet, so that they feel that shock. They sense the fear, the terror, the horror of that accident. You don't relive it, but like, "Oh, this is why my system shocked, and got stuck." And so if we just try to force the breath, we're not going to get to the emotion, the fear response, the protective response that maybe needed to happen. You'll learn about this in biology of stress number five. So again, I'm sharing this because it is complex, the breath. And I often say, "Just let the breath do what it wants to do.”

Don't try to force it, make it be easy, make it just what it is. And if it feels like it has to increase a little bit, be like, "Oh, it's increasing a little bit. Isn't that interesting?" Right? Now, this is very different than if you exercise. When you exercise, obviously your breath is going to go up. That's a different situation. All right. Next one, the kidney adrenal interface. So this is the primary organ system that goes on alert. So that's the first word there. Alert.

Alert. This is where our adrenaline comes from. This is where our cortisol comes from. So it's a primary organ system that goes on alert and reacts severely in a stressful situation. Stressful is that next word. And by the way, even if you have solid regulation and you've worked on all your stuff, if you have an accident, you're going to have adrenaline come out. So having an adrenalized response, having a spike in these stress hormones is natural and normal. But what tends to happen before we get to more regulation is the system will kind of be in this chronic state of pumping out adrenaline and cortisol. This is what burns us out. This is what creates what we would call an autoimmune illness. There's too much of the cortisol until it then has to crash. And this is why a lot of autoimmune conditions are, and this is more medical.

I'm not saying you should do this, but a common treatment when there is an autoimmune disease is a corticosteroid. That is cortisol. It's to help with the inflammation.

So the body has a very smart way of pumping out these chemicals to help fix the body. But the thing is, we're not meant to be in that stressful situation for a decade or more, which many of us have been. And then this is how we age prematurely. This is how joints break down earlier than they should, for example. So I just wanted to put that in there, because I know that it's important to understand these little side notes that connect to some of the common day illnesses and why. So the reason why we are working with this kidney adrenal interface, and this is the next line. So we work with this kidney adrenal interface so that we stop the system from hurting and scaring itself.

So basically, this is assuming there's no more threat. So this is in that world where, okay, yeah, I had an early childhood. It was hell. I was constantly on alert and my body is still like that. And

so we would work, and this is what you'll learn - it starts in Lab four, to talk to and work with your kidney adrenals, to say, "Hey, hey, we're not going to tell you to totally relax, but what might it be like to consider relaxing?" I use my words very carefully there. Not telling you to take the guard down, not yet, but think about what it might be like to have a little less fired energy, a little less like, "You want something? I got something for you." Or the energy of, "I need to fight. I can't, I collapse." So the kidney adrenal interface is very powerful. Often it's not considered.

It is again very primal to my mentor, Kathy Kain, in her teaching. That's where I get this from. And next line down. So it can take up to two years. Now, I've put two years here just as a number. Doesn't mean it has to be, but it can take up to two years to recover and repair this circuitry, even after the stress and stimulus is gone.

So I say that not to scare anyone. I think we're pretty clear that this is not something that you do in two weeks and it's done. This is a rewiring of years, and for many of us, generations, most of us had moms and dads that had a lot of stress. It's not - no hit against the past, but it takes time. The good news is that when we work at it in this strategic way, it actually can rewire quite quickly. Granted, you don't have constant threat in your environment, and that's something we're very clear with. It is more difficult, I will be honest, to do this work. We'll go to page four, everyone. It's very difficult to do this when we do have a living environment where we're constantly under threat, especially in our home. If we have a job where the boss sucks a bit, she's a bit of a dragon lady, or if he's a bit of a whatever, that sucks, but at least you have a safe haven to go home to at night.

But if there is no safe haven at home, it is more difficult. It is more difficult. Some of you might not have that luxury yet, so it's important to realize, yep, just do what you can. And when you are able to, can you tune into these kidney adrenals and let them drop so they have a little bit of a respite, and that's what you'll learn in Lab four. All right. Back to the swimming pools, page four.

Before we get into these last few pages, just take a sec to maybe reconnect to the ground under you, see if it disappeared. Did anybody's ground disappear? What happened to your breath? Someone asked… I'll just finish this one, before we go into the piece here on the swimming pools. This is in regards to the corticosteroid. I think it's important to share this. So the corticosteroid is helpful - they ask, "Why is it helpful when there's already so much cortisol due to stress?" At the point where a person might need it, and I'm not saying one should do this, because everyone is different. So this is where you have to talk with your medical healthcare provider, or find alternative ways. There is no more cortisol.

It's like it's depleted, it's gonzo. So there'll be these spikes where it's super high, but essentially it's not producing the anti-inflammatory effect that we want. So we want it to be there when there is something that needs to be healed or helped, but when we're in a chronic stress state, and by that, I mean for years, right? This isn't just one event, I'm scared, and then I come out. It's like constant, consistent threat and stress. That natural anti-inflammatory nature is not there. And so the system is essentially, and I'm really simplifying this, in a shutdown and collapsed state, which is why typically we see this connection between that collapse and issues of autoimmune, fibromyalgia, joint degeneration. There isn't that healthy flow of all the yummy chemicals that go in to fix things, and help things, and repair things. You'll learn about this, I can't remember exactly which biology of stress, but you'll get to it, where I talk about when we have healthy parasympathetic nervous system function, we don't - not only rest and digest, but we repair tissue.

But if we're always in a chronic state of threat and stress, we don't flip to that housekeeping repair zone. This is why anyone knows if you don't sleep deeply, it wears on you. The system starts to look more inflamed, and it's because we're not going into that anti-inflammatory zone that we want to go into when we sleep. So that's why. Now, sometimes that medicine, that pharmaceutical that is a corticosteroid can really help take an edge off of things. The key is, from my experience, we don't want to be on that for a long period of time, because that also has effects that aren't the best. Steroid creams can really be harmful long-term, for example,

for skin problems. So, all right, number four, page four. So let's get back to the swimming pool to wrap this up.

So, the many balls, so back to this packed pool. So, the many balls packed into this pool represent the stressors and toxicities stored within the body. So these stressors and toxicities, stored within the body. This is nervous system dysregulation. Again, I'm being very simple here, but I think it serves our purpose for our first call. Now, I've purposely put in toxicities there, not just traumas and stress, because we now are becoming more aware of heavy metals, chemicals, perfumes, dyes. Again, we could say the pharmaceuticals - that aren't the best for us. These can create dysregulation. I am someone who is incredibly sensitive to scents and chemicals due to my early trauma. For those who don't know that story, I slowly kind of talk about that in the training calls. And when we get into the stages of neuroplastic healing, later in the training calls, I talk about how sometimes we do need to look at our diet.

Are we eating something that has a chemical that we didn't realize? Are we putting something on our skin? Are we shampooing our hair with something that actually has some pretty strong detergents that aren't good for us? Oddly, I was at a pub yesterday having a burger, because I was on a drive and I was hungry, and it's a really good place with really good food, but they had just cleaned the bathrooms, and I was sitting near the bathroom, and it was this strong chemical scent. And I actually try to be in these situations, so that I'm not completely unable to go into the world, but within about 20 minutes, I started to get an itch on my arm that I haven't had in ever, years. I'm like, "What the heck?" And it got super red, and it's fine now, but I have a little blister just from being exposed to that cleaning scent for about 45 minutes.

So I'm fine. That didn't put me into a dysregulation. It was more of a nuisance, but it was like, wow, that is an interesting reaction. So just know that it is important to look at these things, and that is going to be very personal depending on your lifestyle, what you eat, what you use, et cetera. So back to the swimming pool. So many balls, means, there's a lot of lines here. So I'll read out these words, old survival stress. That's the first one, AKA trapped trauma. So this is the old stuff that many of us might not remember, and that's okay.

Two, chronic daily stress. What's going on in your life? Are you taking care of kids? Those in that generation of mine right now, where we're looking after children or teenagers or young adults, and also aging parents is a very difficult situation for many, and a job, and taking care of a home, and all the things. Those things fill up our pool. And so it's very important as we move into this regulation world, and you learn, what do I have to get help with? Can I get some help here? Do I have to drop something? Is there just too much that's happening, that I cannot have a moment of peace to bring my system down?

Number three, biological impulses that aren't followed. I'll say that again. Biological impulses that aren't followed. So, odd as it may be, if we're constantly holding in, I'll use be very crude and descript, we're constantly holding in gas in our digestion, because we were told it's not nice to let out farts and burps and flatulence. That causes pressure in the system. If you've ever held in that stuff, your belly bloats. It doesn't feel good. That's a true biological indication that there is a lack of flow. So as simple as those are, this is why following the biological impulses is super important. We don't want to store more balls in your pool.

Number four, not letting emotions out. Now, this all depends on where we're at. In our journey, for those who are brand new here, we're not here, in the SBSM world, big on just getting it all out. Just scream your life away. Don't do that, because that can actually try to move too much out of that swimming pool, and then the walls of the pool break. We don't want to let everything flooding out. This is why it's hard for me to recommend anything where you are not able to stay in control with things. I know that plant medicines and such have become really popular. Ketamine therapy, microdosing. I think there might be a time and a place, and it's not my specialty, but when we go into using something that moves more emotion out at the level that we can't control, it can be very destabilizing. But we also see this in meditation retreats.

I've talked to many people who have tried to sit and meditate, or do breathwork, and their system can't stop what comes out. It's too much. So we need to let the emotions out, but we also have to know, and you'll get better at this as you learn when to pause and take a break.

And one of the clear ways to start to know is to go back to the basics. If you're letting out some big cries and tears, and you can stay connected to the ground under you, if you can sense, "I'm here in my room, it's the 17th of March, I feel a little tingle in my fingers." You've got that awareness, and that's a good sign that you're staying fairly contained, but if you're crying and letting things out or getting angry, and you've lost awareness of where you are, that's a sign that your system has gone too far with that emoting.

So there is something very powerful about those basics. Can you feel your feet on the ground? Can you sense your breath? Do you know where you are? So that's sort of something to constantly ask yourself. And then finally, sensations that are not felt. And I've got a little asterisk there, in small print below. This is deliberate or unconscious. So sometimes we have a sensation that comes through our body and we don't even know it's there. That's okay. But as we get better at noticing and getting more regulated and building out this swimming pool of ours, and taking out the balls, we will notice sensations more. It's like this thing on my wrist that happened yesterday. I felt it as soon as it got hot, and I had to not let myself worry about it. It was just more of a nuisance.

Sometimes we'll eat something, and be like, "Ooh, something doesn't seem right about that." So those internal sensations, that interoception, can teach us and show us so much at the beginning, we might miss things, and that's okay. It's okay. It's just like when you're learning a new language, you're going to say the wrong word. You're going to say a word that's a totally wrong word, and it's going to sound silly. So just know again that it takes time to get this accuracy on board. Next line down, B, the goal is to release, that's the word, release those balls. So interestingly enough, when we follow impulse, when we let some emotion out, when we're connected to those sensations, we're not putting more balls in. Does that make sense? There's going to be balls in our pool that are so fossilized and old that we don't even worry about them right now.

It's like it'll come when it comes, but right now everyone has the capacity to not put more in. Does that make sense? So when you feel that desire to take a rest at night, rather than do

something that maybe you don't need to do, and you could do it tomorrow, and rather you take a rest, or you go for a walk, that's making your swimming pool bigger, because you're not putting another ball in there. You're not cramming it in.

The next time you hurt yourself, hopefully it doesn't happen, but life happens. We hurt ourselves. Feel it, sense it, process it. The next time you see a social media post that you know you can't do anything about, walk away from the phone, right? Sounds silly, but there's these things that just sometimes, it's just we don't need to attach to them. Doesn't mean we are ignorant. We just ... Not my problem right now. Let's go make a cup of tea. Let's go do that piece of work I've been putting off all day. Right? Page five. So this continues from page four. So, C, as you can see, the swimming pool is changing. There's more space in it. We want to create more exit paths to release those balls. That exit path might be letting out some gas. That might be taking a break when you need to, as opposed to doing that next load of laundry that can wait for tomorrow.

Sometimes it's the more domestic things that are easier to change, right? As opposed to these big, existential, I need to save the world, things. Don't try to do that right now. Save yourself, right? Worry about your own system right now. It is the one thing you can control. So make these exit paths more aware, let those stressors out. And then D, we also want to make more space in general. That's the word. We also want to make more space in general. So now you look at the pool. It's bigger. It's the same amount of balls, but they have more space. They can move a little bit. And what happens when they can move a little bit? They can be taken out easier. But if they're so packed in, you don't even know they're there. This goes back to those good functional freezers that I mentioned.

People that are really functional, they have no idea how much emotion, how much pain they might be storing inside. And as you start to have a bit more space, you start to feel things. So space means capacity too, and I'm going to read off a bunch of things here. So space means capacity too.

And by the way, this list is not something we just figure out in one week. So this is in service to your future in the SmartBody SmartMind curriculum and working with it. So, number one, sense and be with the body sensations. Sense and be with the body sensations. That could just be shortened. Be with the body sensations, right? Feel them. Number two, experience and emote emotions. Three Es, experience and emote emotions. If it's safe to do so, the next time you feel an emotion, let it come through. The reason I say safe is if it's not safe to start crying in the conference room with your workmates, then don't do it. This is where a healthy override can be very important, but then you go into your car afterwards, and you have a cry.

This comes back to what I mentioned. I know we're a little over time, guys, but I want to finish this up. Parents, there has been this strange theme of the way I'm going to teach my toddler how to be emotionally intelligent, is to just be really emotional around them. That does not work. You need to be a brick, and a solid, resilient human. It doesn't mean you're stone cold in your emotion, but if mom or dad is processing something intense, little three-year-old Tommy doesn't know what to do. They're not old enough to understand that, but they'll see the parent is in distress. I better change myself to take care of them. So there are times where we have to override what we're feeling because of the situation. And so I say experience and emote emotions depending on the safety, the situation.

I hope that's clear. I wanted to really put that out there, because it's been very interesting to see this world of emotional intelligence has gone too far. And when you're a little toddler, you don't understand. You just see, I've got to change myself to help mom and the moment, or dad and the moment. A child is trying to take care of us, they are going into their own survival mode. Now, it's just very important to understand that. Three, notice what's happening, what is happening on the inside. This kind of feeds that sensation piece and emotion piece, because when we sense what's happening on the inside, we know what's happening. When we get into deeper training calls, we'll learn about where emotions, feelings, actually come from, which is the body, right? It's from the viscera. So comes back to really being good at sensing our internal environment.

Four, be with the stress outside of you while also feeling the internal experiences. So be with a stress outside of you, while also feeling the internal experiences. This is a good barometer for, should I be looking at that thing on the news? If you just go into your head and rage and you can't feel the body, then you're probably popping out in dissociating a little bit, and going too mental. But if you can feel it and process it and really stay present, "Oh, I'm here. I'm feeling this thing. I'm going to feel it and express and sense what I'm seeing." That's very different than ... I say we don't want to just go mental. That's also a saying that we used to say, "We're going a little crazy with certain things." So again, it's like a fine line of where do I need to step out?

Where do I need to step in? Yeah, I'm liking this. I like what I'm sensing inside when I'm connecting with this thing on the outside. This goes back to the resources, the first lesson from last week, like positive resources. Being in this environment, with the nature and the sounds, like I sense my insides really nicely. This feels good versus I don't like what I'm sensing inside, not so good.

Five, think clearly, Again, remember, this is in service of capacity. That's what we're talking about here. Making capacity. So can we think clearly, communicate, and socially engage? So when we have more capacity and we're not managing all these balls in a tight way, our upper brain, our higher brain can process better. We can communicate clearly. We can engage. This is one of the cool byproducts of getting more regulation on board. And so I haven't used that term regulation a lot, but this swimming pool surprisingly describes the path to more regulation, more capacity, and not letting more balls get trapped inside.

Regulation isn't something that one day it's there, and one day it's not, or one day it's not, and one day it is. There's no light switch. It is a slow plod of everyday work and building capacity. It's the same as the baby, and the infant, and the child turning into a teenager. You don't just get a human that is all of a sudden regulated. Make sense? There's nuances. It takes time. Life events happen. You fall back a little, you go forward. Just like walking for a baby doesn't happen immediately. It takes time. So it's the same with what we're doing here. This goes back

to what I said at the very beginning, when I was talking about medicine, and just how to really reframe what we're doing here, not as I'm trying to fix this thing. Yes, that might be a goal, but can you really let it be about building this capacity, and building this ability to sense and be with your body in a very different way?

E, final one on this page, and then we've got one image on the final one that we'll look at. So the best scenario, the best scenario is continual exit paths and lots of space. So you have got skills to sense when you're holding your breath, when you're overriding your impulses, you're learning skills to actively orient without thinking about orienting. This will start to happen. Orienting is an exercise, but it's actually a human biological need. Defensive orienting is important because we want to see danger coming, but we also want to be able to look and see what's around us. So eventually, as we move through these lessons, even dropping your kidney adrenals becomes natural.

If we've been used to having them stay stuck for so long, they'll stay stuck until we consciously work with them, to be like, "Hey, it's okay to chill out a little bit." And as you lay down that foundation enough and enough and enough, sooner or later, it goes, "Oh, oh yeah, I don't have to do that thing anymore. I can do this thing." So, best scenario, lots of exits, lots of space. And then on the fixed page, there's no words. It's just a swimming pool with many spaces, sorry, many exits, not as many balls in the pool. And it's a much more dynamic image. And I'll end with that. Getting this work on board does not mean we will not be immune to tragedy, and feeling intense things, and having things happen to us. It's what do we do with them when they occur? How can we stay in our body and process what's happening, or know, you know what?

I need a resource right now. This is just too much. I can't be with this. As opposed to not knowing that it's too much. And then what happens? You shut down, you dissociate, you overeat, you do a thing that's not good for you. You get into a car accident because you're not connected. So there is a really interesting thing that happens when we get this space, we get this capacity, we start making choices that make life actually seem a little boring. It's like, "I

don't have that adrenaline that I used to have. What's wrong?" So some people will say, "I feel kind of bored." That's often a good sign. It shows that we're not being driven by that survival physiology. Exits are someone that asks, "This is emoting. This is following a biological impulse. This is choosing a resource, as opposed to white knuckling it through something that you don't need to white knuckle through." The moment you ... This is, again, this ability to sense, my stress response is going up.

Everyone knows you shouldn't have a conversation when you're angry.

Just like we shouldn't watch something when we're already pissed off, on the news. It just makes it worse. Think of that in terms of your physiology. Is engaging in this healthy for my biology right now? Yes or no? What do I have to do to get my biology a little healthier? So that's what the exit points are. And then, yeah, all the lessons that we're playing with are going to create more exit paths and more capacity. So, a bigger pool, more paths of exit. This is in service to getting those old fossilized balls out of the system. Once we have more skill at the general everyday life stuff, those older things actually, and there's no scientific proof of this, but I've seen it enough. The old traumas that have been hiding start to realize, "Oof, it's safe to come out now." Yeah? This human has capacity to handle the emotion, and the memory, and the movements, and the things that might need to come out to get this ball out.

The system is really intelligent, and we're giving it this intelligence by going back to - what would the baby want? Real basic stuff. So when in doubt, go back to those basics. It takes time, definitely.

Thanks everyone. Thanks, Leah. Thanks, Susan, for being here. We had about 220 people today, so that was a good auditorium. Take a break, if you can. After this, get up, walk around, get some fresh air, do what you need to do. There will be a Q&A call on Thursday, and I'll be back next Tuesday with the next training call, which will all be on building capacity. So we're going to keep talking about capacity, and what I call somatic first aid. So again, we're inching up in those beginning stages. Remember, there is no such thing as behind. Repeat after me, there

is no such thing as behind. If you're feeling that, let that go. Again, you wouldn't force a baby to walk faster than they could. You can't force a baby to talk faster. You just have to engage with it, and give it what it needs.

So this is my recommendation for you guys, is to just give your system the time that it needs, and you might be surprised that going slower speeds things up in the end. Yeah? All right. Thanks, everyone. Take care. Bye.