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

Irene:

Hey, folks. So for those on the recording, I just put a little, I don't know if it was a joke, but we'll bring in those on the recording into the fun that we had before we started recording. I said, rumor has it, analog's coming back into the market. Who knows? Someone just said, remember street payphones? Of course I do. Who remembers the payphone? 25 cents. Now I think it's 50 if there is such a thing that still exists. But yeah, that was your way to get home at night was you put a quarter in the payphone and help. Come pick me up. I'm at the 7-Eleven or wherever. And then the other one was the operator. Remember calling the operator? Call the operator and ask for things. I tried that the other day on the cell phone, a true story, and it doesn't work. You can't call an operator on a cell phone.

Anyway, little small talk there to hit the social engagement button. Okay. Before we get started, a couple housekeeping. Number one, I apologize for the text messages. So I know some of you use this, some of you don't. We had a glitch in our text message reminders. So on the site, there's a thing that allows you to sign up for notifications before the live calls, and something went wrong as happens in the online techie space, and our guy has been trying to fix it. So you might've gotten a few extra notes over the last few weeks when you shouldn't have, so apologies. And now we're realizing we fixed it, but it's possible you might have to re-sign up, because there were no text messages today. It's not a big deal. I think everyone knows when the calls are live. So just use that as your compass.

Pagers. Yeah. Remember the pagers, that's another one. So no pagers, but yeah, just, you know when to show up for the calls, and sorry if that caused any confusion. There's one more housekeeping thing, but I want to get into the first part here. What day is it? Again, it's the 31st of March, 2026. We're in training call number three. And as a reminder for those of us here

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live, the chat will keep it quiet, unless you have a dying question for Mara here, my moderator who's on the call today. But again, just let us ... Do you guys have sound? Someone just said there's no sound. Okay. If you have no sound, you can't hear me saying this. It's on your side. So check your volume and your speaker. What was I saying? I'm going to do a little housekeeping. And today we're talking about, so we're at training call number three.

So we're kind of shifting gear. The first two training calls are very much, in my opinion, of foundations. It really sets the stage for - we're growing capacity. If you've got your pen and paper, jot this down. We're learning about flow. We're learning about wanting to contain ... Contain doesn't mean suppress, but being able to hold activation, intensity, feelings, sensations, memories. We have talked about resourcing, orienting, breath. Last week's was when to do those things, when not to do those things.

I really reviewed the basics. Next training call, so not this one, but the next one, which is two weeks away, because we have a break next week. We'll get into healthy aggression, part one. And then we'll get into healthy shame, toxic shame. And then we'll get into more healthy aggression. The reason why there's two training calls to healthy aggression, anger and healthy aggression, is it's a really important topic. And a lot of our stored survival responses are within us due to conditioning, culture, programming, not realizing we're biological beings that need to get our roar out. That desire to bite someone is not just in your head. It's biological when someone wrongs you. There's a reason people get into fights. It's uncontained healthy aggression, unless of course you really are being harmed, and you have to defend yourself. I think there's a reason we, not everyone, but many people love martial arts and boxing and shoot-them-up movies.

They've been doing those sorts of movies for a long, long, long, long time. The old wild West movies.

So there's something in us that really requires that energy and that life force. So we spend a bit of time on those topics, but today I'm going to talk about regulation. The title is Regulation and

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Restoring Somatic Safety. And then the subtitle is Healing, Shock, Trauma, and Early Trauma. Now, what we're going to go through in these four pages is a very small outline of this topic. In practice, everyone is different, because we all have different experiences, different histories, different cultures. Even a household where you have siblings, you and your siblings will have experienced different things. Even if mom and dad had very similar parenting practices between children, what was going on in the world, what was going on in their work? Were they taking care of their parents? All the things. So this is where humans are so different from, say, the packs of animals we might look at in biology of stress video number two, those impalas.

They don't go home and read the textbook that says, "This is how you deal with puberty, or this is how you parent, or this is how you make your steak dinner." It's so simple in the animal world. And so I want to just lay that foundation, because that's why this stuff takes time, the level we're going at with learning about our nervous system and SmartBody SmartMind, and healing it. We're peeling layers of old stuff and conditioning, and then we're adding in all this new information. We're adding in practices. So one of the first ever, I'll go to the handout now, one of the first ever ebooks, remember the ebook, so long ago, I called it How to DeStress in Seven Steps. I don't love steps. I don't like putting numbers to things, but I did with this one. This is by no means the ebook, of course, it's just seven bullet points, and it's to just sort of give pause to the moment.

So before we get into some more theory, let's just work with this together. So as you are learning, before we get into the head stuff, come into your system, if you haven't already been tuning into it, and see if you need to let your eyes come away from the computer. I'm going to let mine do that.

And just number one there is to just pause. If we were driving a manual transmission car, we would be in neutral right now. Put the e-brake on so you don't have the clutch in. Just let the engine rev softly, but you're not going anywhere. You're not having to do anything, unless, of course, you want to take a sip of some liquid or stretch, shift your body weight. If you're

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multitasking, what would it be like to pause that multitasking? So just pause. And then feel. Feel is a very abstract word. You could feel an emotion. You could feel the temperature.

Sometimes I use the word feel and sense interchangeably. In my Feldenkraisian learning, we would distinguish feeling from sensation. Feeling would be more emotion, happiness, fear, anger, sadness, whereas sensation is temperature. Where I am right now, I don't have this, but a lot of people are feeling the pollen as the blossoms on the trees start to bud, because it's spring. So those who have allergies might feel that little sniffy sniff, might feel a little congested. And then the next line, next, number there. Number three, notice any sensations in your body, any temperature, any tightness. How are you sitting on your chair?

Yeah, if we feel an emotion, someone asks, are we seeing where it manifests in our body versus in thought? It depends. Sometimes we might just sense something, and sometimes it connects to the body. Sometimes it connects to our thinking. As we get more capacity, so going back to that swimming pool that we talked about, ad nauseum, in training call number one, and you'll hear it over and over again, that swimming pool, right? As you get more capacity and you start to take out those balls, which are representative traumas and triggers, and you process things, we start to become more able to differentiate things. So we might be able to feel a sensation, even if it's an unpleasant one, and not ruminate on why that's there.

It's not easy though. I'll give you guys that. We're thinking, meaning, making creatures as humans. This higher brain is more powerful than I think we realize, and yet we do realize it, because it can keep us looped in overthinking of something that we have no control over. So this ability to just practice simple sensations and notice them, and just that's where now can you be number four, self-aware? Oh God, I'm going into that thought pattern, as I feel this tightness or this tension. Can you kind of pull yourself back to the sensation? I just had an image of those old school depictions of being on stage, and there's someone on stage and they're not doing a good job, those old cartoons, and then someone comes up with one of those hooks and pulls them off stage. You know that visual? So it's sort of like, how often does your thinking machine create stage drama that's not necessary?

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And it's your job ... Yeah, someone said a cane, to pull those, not with force, but to guide yourself back to the audience, and to just sit and listen, or back into the green room, or turn off the lights on the stage, and just make it, okay, just feel this thing.

Now, sometimes we can get over-obsessed with our sensations and that's not good either, or that's all we're feeling. This is where hypochondriacs, those that worry and fret about what they're feeling in their body - so it can go both ways. Noticing your breath. Number five, we talked about this last week quite extensively. Can we just notice it without changing it? But even then, we can beat ourselves up when we notice our breath and we change it, and then we go, "Damn it, why did I do that?" So if you notice that you change your breath, when you think of your breath, then just notice that without positive or negativity, just neutrality. So maybe just notice your breath.

If you are seated at rest, which most of the people I see on my screen are, no one's walking or driving, we're in a fairly slow state. We're not jumping up and down doing an exercise class. So our breathing doesn't have to do much right now. And if you're really resting on your sofa or your chair and you're not holding yourself up with muscles, you can have even more ease. Of course, we can be in a resting state, but the old stuff can keep us tight in our breath, right? So this comes back to number four, self-awareness. It's like, do I have to be clenching my gut right now, even though I'm completely resting on this chair or sofa or couch or whatever?

Pausing again. Number six, just looking around, sensing the ground, maybe under you. Let's just be bored together. I say that tongue in cheek, because usually when we're able to just sense our bodies, there's something to feel and sense and pay attention to. So maybe it's boredom, maybe it's just ease. I've heard recently that kids aren't bored enough these days. I was of the generation where there were no TVs in the car. You stared out the window without a sibling. I didn't have a sibling. When I got old enough, I had my Walkman, so I listened to my tapes.

But this ability to just kind of be mindless doesn't mean dissociating necessarily. This is that natural exploratory orienting that you're learning about. If we come from a past of having to be

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hypervigilant, going into this neutral gear that we're doing right now as we start off the call, this is very important practice, and sometimes we just dip into it a tiny bit, because too much of it feels terrifying. Does that make sense? If we had to be vigilant and constantly protecting ourself and our space, maybe we had siblings that we had to look out for. Maybe we were the older sibling that had to make sure everyone was safe, that dishes were done and food was made, which is so common.

To sit and to rest never was an option. But part of this work is doing stuff that feels a little uncomfortable, not terrifying, and you don't want to white knuckle it, if you know that term, where you're like, "I'm just going to get through this, " but we have to feel a little discomfort. And then the seventh one there is engage, just to see again space around us, maybe the task at hand. So before we get into the content here, the first line there, chicken or egg, what do we work with first? Just want to address something that needs to be reminded over and over again. And nobody's at fault. This is just humanness, when it comes to working with this stuff in the way that we've been taught to always try to fix something. You've got a problem, you take this thing, it gets better.

The neurosensory exercises in SBSM are the building blocks for growing all the stuff that we've been talking about in the first two training calls, and we'll continue to talk about. If you find yourself doing a lesson, I'm not speaking to anyone in particular, this is like a global thing that I've seen through doing this for 10 or so years. If you find yourself going into one of the lessons, maybe you've done this with one of the lessons previous, or you come into them coming forward, and you say to yourself, "I don't get it, " or, "It doesn't work. I didn't feel anything." Or, "Oh, I really like this. I'm going to keep going back." Those are all valid, and I want you to see the neurosensory exercises. They're like letters of the alphabet. So I often use that idea of - we're learning a second language, so we're learning to grow capacity, to regulate, to, as we're going to talk about today, release traumas, integrate.

A lot of other ones could say courses and practices will give you a thing. It's like, do this so you find calm, or do this so you get energized. Now, for some practices, that makes sense. If we

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want to get our energy going, I might get you guys to all do some jumping jacks, right? That has a purpose. Heart rate goes up. The neurosensory exercises are designed to give you those letters of the alphabet. They won't always give you a blissful at ease state. Some might.

If you find that you're a little confused with one, or you're not sure, ask a question of the moderators, or go back and try it again on a different day. One of the more vague lessons would be following your impulse. Another vague lesson might be potent posture, and yet there's actually some structural things that you're feeling, getting up from the chair, feeling the weight of the feet. Because you are all big people, so stick with me here. You all know how to walk. I'm going to assume everyone here has the neurological ability to walk, to move. If someone here has a spinal cord injury and they can't walk, I apologize. I'm making an assumption, but I'm going to assume we can all walk. We have forgotten as big people how long that took, when we were infants and toddlers, to get to walk.

By that, I mean, when we learn something that seems really subtle, if we are still getting our body back online, some of these lessons might seem a little, "Huh? What? Don't worry about it. Come back to it maybe later." Because everyone's different, as I mentioned a little while ago, our discernment and our awareness might be a little turned off in our feet. Some people might not have a lot of awareness of where their head is in space. Some of us might not know how to feel our intestines. Some of us might not actually know where our ribs are. That's okay. But the way that the neurosensory exercises, which are all the practical exercises, the way those they're designed, is to give you a little bit of everything, but sometimes it takes something later in the labs to make something from the beginning makes sense.

So I hope that makes sense, but if you're more confused, that's okay. I think what I'm trying to say is we've moved through these curriculums. There've been enough people to move through the curriculum. We know that it does work. Some people, some of us might need more repetition. Some of us might need to do some private work with a somatic practitioner or a therapist. There's nothing wrong with that. SBSM doesn't replace going to an osteopath, or talking out some grief from a lost loved one, or something like that, but it's giving you strong

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skills from top down, bottom up, and all the in between. When we get into, if you haven't yet already, when we get into the kidney adrenals and working with the diaphragms, those are very specific to the core of the system. And for some of us, that is a better starting place than more upright lessons, like the potent posture lesson.

And because we live in a linear world, I have to structure it so that there is a starting point, lab one, lab two, lab three. If I was to say, "Okay, everyone, did you get it?" It wouldn't work, because I can't telepathically put that all into your system. I hope that makes sense. So that's why we have to go through in this linear way. If you find yourself not liking something, hating even a lesson, say so. Write in the comments. Say, "Why do I hate this? " Or, "Wow, this actually really helps me. " And then go back and try them again. Even if you really enjoyed something, go back, see what it's like the next week. So while there is a structure in how you move through SBSM, mix and match, as I like to say sometimes, dabble, go back to the first labs, repeat orienting, rewatch a training call.

I know through working with people over the years, people will say, "Oh, I went back to that training call, and I heard things that I didn't hear the first time." And this is how we learn. Same with, you watch a real complex movie again, and you see a little detail that you didn't pick out in the beginning. It's the same with this. So I just wanted to start off with that, because we're at that point where depending on what we're working with most, some of you might have histories of shock trauma. Most of us have some form, typically, of early developmental stuff. If we were born in a hospital, that can be traumatic, even if everything went well. So depending on our system, some things we might need to spend more time with, other things, it's like, "That's not for me yet. I'll come back to that."

So do not worry if you find you're not connecting to something, come back to it and ask questions, right? Really ask questions while we're here live. All right, that was my speech.

We will get into the training call. So again, just to repeat, the neurosensory exercise is your learning language, but it's not putting the language together. Putting the language together is,

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over time you start to do these things naturally. You start to notice your posture, how you stand when you're at the grocery store, when you're cooking food, when you're washing dishes. You start to notice that you hold your breath when you shift over the laundry in your washing machine. Those are the simplest little things, but that's how you integrate. Oh, I'm really always on my right foot when I brush my teeth. What happens if I sway my body so I feel both my feet? For example, when I drive, I'm always on one bum cheek, right?

When I go up the steps to my upstairs, I always start with the left foot. As small as those things are, that is bringing back to number four here, self-awareness. That stuff will help grow that swimming pool, as simple as they are. As you get more skilled with the lessons, "Oh, I'm really stressed right now as I wait for this passport at the government agency. Yeah, I can really feel my kidneys getting really tight. I'm going to just tune into them and tell them that they don't have to pretend that we're in a war zone." There's no threat. The only threat is, "I've got to waste my afternoon here." And then that's where you have to have your reasoning, "Ugh, it's not a big deal. I need to get this thing." The amount of times we go into those threat responses when there's no actual threat, I know all of us are guilty of that, myself included, but that's how you catch yourself, and that's how you rewire.

So the lessons are great, but the key is as we move through, how can you start to integrate those lessons into life? So, chicken or egg. I had eggs this morning, so this is perfect. We're having chicken tonight. So, true story. So appropriate for the day. So, this has to do with - what do we work with first? So we're on the handout now, guys and gals. Shock trauma or early developmental trauma. I'm going to say right now, there is no rule.

Everyone is going to be different. Everyone is going to be different. I'm just going to say that right now. Write that down if you have to, as an added line. So the first line, so we'll break this down with some specifics. So, sometimes if there is old, that's the word, old, charge in the system from shock trauma. So, as a reminder, and by all of the biology of stress videos, shock traumas are those accidents, attacks, bad news, medical procedure that sucks, where you have

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to go into a bit of a defense or a freeze. So if there's an old charge in the system from shock trauma, we need to release. And then the two words are - deactivate that trauma first.

Deactivate is kind of an old word that you don't hear very often, but Peter Levine kind of used this in his SE model. I like to bring back the old words so that we don't lose track of the purity. I'll explain this in a second. So we need to deactivate that trauma first before we can work on forming new nervous system pathways that are regulated. So what that means is, let's just say ... I use myself as an example. I had to have two MRIs last week. They were voluntary, because I'm getting the final hardware out of my leg. Yay. And so the doctor wanted to have a picture of my knee, and I haven't been in one of those machines in a long time. And it's not as fun when you have more awareness, but I felt myself going into a positive freeze response, because I had to stay still.

You can't move in an MRI, because if you move, they have to keep doing it over and over again. And I don't like having to be in a confined space and still, but I did it. I even started to fall asleep. And if you've been in an MRI machine, they're very loud. They're not fun, and there's a vibration. And I caught myself starting to doze and I had to say, "Irene, don't go to sleep, because you might jerk, because you sometimes jerk when you fall asleep." So I was in this self-awareness bubble of letting my system go into some freeze, but there was no fear. It was just a necessity. After that, I was really grumpy. I ate some lunch - I bit my tongue. So I was definitely a little out of body, and it took a couple days for me to get back my regulation.

Now, it didn't traumatize me though. So that was a minor shock trauma, but it wasn't life threatening. But if I hadn't have done the things I know how to do, and all the things, and I was a little grumpy to Seth, and he called it out, and I cried, and all the things, if I hadn't have done that, if I kept that held in and wasn't aware, I wouldn't be in such a great place right now. So it's a very minor example. You take a bigger example like a big car accident where you might really have physical harm, that's a lot of charge. And sometimes whether it's this little experience I gave you of the MRI machine, or a big accident where there's injury, the system holds that, and

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we have to deactivate it. That's what the deactivation is. So for me, I had to cry a little bit, even though I wasn't sad or mad.

It was just that my nervous system didn't like being there for an hour, stuck. And I couldn't cry in it, because I had to be a big girl, and be still, and be professional. And so I took that afterwards. The accident though, sometimes again, if we've had a big accident and we have never processed that charge, sometimes we need to work with that charge before we can do more subtle work. It's like we have this big boulder on our shoulder, and we don't even realize it's weighing us down, and we're trying to do real delicate gentle awareness work, but it's like that boulder just keeps pushing us down. That's where we might need to work with that shock trauma first. And that is where it might be important to work with a practitioner, because sometimes we're blind to the little tiny things that we don't notice we do to suppress that.

I will also say that as you become more fluent in the language that you're learning, what you are able to process now versus in a year by moving through and continuing to do the neurosensory exercises, you might be really pleasantly surprised that you can navigate a big deactivation on your own, but it takes time to build up that capacity, and to ride that wave. Okay. Second line. Sometimes, but sometimes we need to just get oriented to the body and environment first, and being embodied. So again, everyone is different. Sometimes it's like, "I cannot face that trauma. That car accident was too big. I don't want to go there." And so we go, "Okay, let's just work with learning how to feel your butt on the chair. Let's just work with, can you actually see the trees outside, or the clouds? Can you hear a bird?"

"Can you listen to the need for nourishment to have a meal, to drink some water, to go to the bathroom, following those biological impulses?" Just that can be enough, everyone. So again, this is where there's no brownie points for, "I got that big trauma out and you didn't." It doesn't matter. If you learn how to just sit and be with yourself and nurture your body, that is a step forward.

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If you figure out how to process one of those big boulders, great, but there's no medal for, "I got this faster than you," because we're all different. Next line down. Sometimes we need to work at the stress organ level, stress organ and somatic levels, sorry, I missed a word, stress organs and somatic levels, and I'll speak to this in a second, and work towards establishing connection to self. Those are the three words, connection to self, and/or a sense of a secure base, a sense of a secure base, also known as a safe haven. This could be done internally or externally.

So just defining some of these things, the stress organs are what some of you have already worked with, some of you are about to. Those would be the kidney adrenal lessons. Those would be working with the diaphragms, the joints, the gut-brain connection, the brainstem. I even put into this the layers of the body that are in later labs, the skin, the fascia, the bone. If we've had a physical accident, the bone holds shock. It's live tissue. Everything in our system feels a shock. Some areas get hit differently, so that's what stress organs are. Somatic levels, so that would be the bone, the layers.

The concept of secure base and safe haven, those are terms from the attachment world. Children, we need ... We want to experience a secure base in a safe haven when we're young. That's what secure attachment is. Of course, many of us didn't get that. That's okay. But as adults, what is that safe haven? That's where having a home that is safe is important. Even if you don't think the world outside is safe, because of early trauma or actual danger and threat, which happens all around, knowing that you've got some things, this is the resourcing, right? This is why some of us like to have lots of blankets on us when we sleep. Has anybody tried to sleep with just a sheet, like a thin shape? It doesn't feel good. You want a heavy, I do at least, give me three duvets and I feel good.

I end up in a burrito by the end of the night, just wrapped up. That's a secure base. That's like in some ways we're containing ourselves. It's a protection, not because we are dysregulated, necessarily, but it just feels good.

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So safe haven, secure base. These are things that if we didn't get those, they don't just happen overnight. It's the process of relearning this alphabet, the words, the nervous system language, "What are my resources?" And not beating ourselves up because we need resources. Children need those when they're young, and so if we didn't get those, we want to build those up. Next line. So sometimes we might just need to disconnect from it all and take a break. So I have that line in there because we can become obsessed with our healing journey, and we lose track of life. I've seen this in colleagues. I've seen this in students. Now, this doesn't mean that we disconnect from what has to happen, but it means watch a movie.

Go to the mall and buy something. Treat yourself. Yes, maybe you're watching your food, but have a donut. There are things that make human life, I think, of pleasure and goodness, and it's these little things that we have to still go to. Take an extra 10 minutes when you're at the beach, or at the park. Schedule life so you're not always on a time limit. So many of us have days that have no breathing room. There's not an hour that isn't planned. What you will find as you become bigger in your swimming pool and you take these balls out, is you will find that you're looking for that next hit of adrenaline. And what happens is we build our capacity, and because it's new, we'll go, "Where's the adrenaline? Where's the stress?" And what happens to some people? Without knowing it, they bring in another trauma.

They bring in another accident.

I see a few people nodding, right? It's like, "Things feel really good now. I'm going to go screw it up." Now, you don't usually think this consciously. It's unconscious. And this is where self-awareness is super important. So, that slowing down and going into neutral, for some of us, it will feel painful, because it's such a new world. Now, this doesn't mean you disconnect and you stop engaging with life. It just means a little more space. So sometimes we need to disconnect from it all and take a break. That's what that means. And then sometimes, next line down, we need to blend. That's the word, blend bits and pieces together. By blending, I mean, sometimes we're working on developing our safe haven, our resources. Sometimes we're like,

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"Ugh, that old accident keeps popping up. I need to get some movement out. I need to do a little."

When we get into healthy aggression work, you'll know how to work with that a bit more. "I've got to do some growling. I've got to do some squeezing. I've got to mobilize my energy." Next line. Following the lead of the nervous system physiology. So following the lead of the nervous system physiology. So being smart, that's the word, smart with our body and mind.

Hence, SmartBody SmartMind. Using our resources, which I already mentioned and so on, all leads to greater, that's the word, greater regulation within the autonomic nervous system. Greater. All right. Let's go to page two. Maybe just recheck to see if you're still feeling your butt on the chair, or whatever you're on. Shift the body. I will do that too. So back to the swimming pool and beach ball. Beach balls. So just a reminder. So sometimes we need to let out the balls to make space so a person can feel, sense, and be able to orient to their body and environment.

So again, remember those balls represent the traumas, the stressors, the things that activate us, and put us into or keep us stuck. So this is often what's happening when processing and working with shock trauma. So as I noted, I use those two examples, the big car accident where there's like a big boulder in that pool, and it's just taken up space. It causes nightmares. It causes us to be nervous driving. And of course we know what happens when we're nervous driving. We lose connection to little things, right? The little cues that let us know, okay, I'm not going to go through that yellow. I'm going to stop or I'm going to go through that, and I'm going to speed up.

Even, I mean, I don't want to assume, but most of us drive that peripheral sense. Has anybody been wanting to change lanes, and you're certain there's no one there, and you go and, oh shit, there's a car there? How did you miss that car? That means that you weren't looking in your rear view mirror. I use that as a practical example, because that's a great example. When we have a little bit of, let's say, dissociation, an old accident that's keeping us hypervigilant in

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only one direction, this is where learning how to orient in all directions is very important. We'll miss that that big car or that little car is beside us, and then that's where we can get into more trouble. So balls are important, and then of course little things. My example with the MRI machine, again, not life-threatening, but it was enough to put my body into a stress response.

I knew, I didn't know at the time, but I knew as soon as I bit my lip eating my lunch, I was like, "Oh, I'm not quite present. This isn't good. I've got to go home and let the steam off, and wiggle my legs, and all the things. Cry a little bit." Get those emotions out, that I had to hold. Next line. Sometimes we need to make the swimming pool bigger. This is improving coherence, a.k.a. flow, and enhancing our capacity. That's what we covered in the training call number one, where I had you draw your masterpiece of the little round balls or circles with the little figure eights, and you connected them. So there's flow. Sometimes we just need to work with flow. And this is where movement is important.

Are you stuck sitting all day? Can you go for walks? Can you do some ... This is where Elia's movement lessons can be great. Some qigong movement, some tai chi, touching of the body, all the things that a lot of Eastern cultures do to keep the body fit, more flow-based movement, for example. Next line. Sometimes, this is kind of a tongue-in-cheek in some ways. Sometimes we need to just replace the pool and fill it up with new water. It's like, huh, my swimming pool is old, and dirty, and it's cracking, right? And that requires a bit more time. This is building up the foundations of the nervous system. So, building. For some of us, we are building from scratch the foundations of the nervous system, and getting regulation back into the picture.

Again, everyone is going to be different. We can't get rid of our body and replace it with a new one, not yet at least. So this idea of building up a new pool is happening now. So as you do the neurosensory exercises, as you are more aware, I'll use a very specific example, that potent posture exercise, neurosensory exercise. If I speak just purely structurally, if we're not aware that we always have a preference to stand on our left leg, I'll be - just a script. You get up from the toilet, you always go left leg first. You sit down, you put all the weight on your left foot, you

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go up the steps, always with your left leg. Now, maybe there's an injury that's creating that, but the structure, your structure will work around that stable base of your left leg, let's just say. Now, that's okay.

If you had to do that at one point, because maybe you broke your right leg, these are true stories I've seen, and I've experienced myself, but you haven't realized my right leg is actually pretty okay, but the past is it was in a cast, I couldn't put weight on it or the ankle was broken, or something like that, or the hip was off. It's the same with our arms. Oh, I broke my arm, and I've got used to this arm, so I don't use this arm. This is where we need to restructure that swimming pool. So this idea of making a new swimming pool or replacing it, it isn't literal, but these awareness elements of, "Ah, okay, I can use my right leg a little bit more." That is growing a new swimming pool.

Also, as one gets more regulated and there's more capacity, I'm thinking of one of our alumni, Darla, some of you have maybe watched her interviews that I've done with her. If you haven't watched her long form interview with me, it really is a treat. She's shifted and healed so much. She had a spinal cord injury from a car accident, and her organs were failing. She was on her road to dying. Her nervous system was burnt out. She had osteoporosis, all these things. And recently she said she had a bone density test and her density has improved, which shouldn't be happening as you get older, shouldn't be, right? She's in her mid 60s, and it isn't because her bones just miraculously got stronger - because she's more regulated. They're getting stronger because she's not as disabled. She's moving more. She's using her body more.

There's more certainty with how she stands on her feet, which gives strength through the hips and into the spine. So I share that because this new pool or creating a new pool is happening slowly as we gain more regulation, we gain more awareness. As we get more capacity, not only does our nervous system capacity grow, but our desire to be out in the world does - that increases our aerobic capacity. We might find ourselves lifting things differently. All this stuff contributes. Thanks, Susan. She put it in the ... Yeah, from nervous system breakdown, to living and healing with something called syringomyelia. I can never say that word. It's a long word.

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So thanks, Darla, for your efforts. Great case study. So, next line down. There's no strict method to this work, but there are fundamental principles on how to approach the system. This is really what I was saying at the very beginning, where I was talking about - see the lessons as the ABCs and the one, two, threes. It might seem like there's a method to this madness, and maybe there is, but you're learning all these fundamentals of how to be in the body differently, how to sense the organs, how to connect to the outside world, the environment.

If there was a method, it would be do this when this happens, do that when that happens. It'd be very structured, but instead we're working through body systems. Again, the stress organs, the postural systems, the breathing lessons. I'm not sure if for those who've gotten into the breath lessons, for a very different way of working with breath, it's not forcing it, but getting aware of how that breath works. All right, moving on. So first pink, big sentence here. So moving towards more regulation, and therefore greater safety, is the goal. And notice how I have safety second. There's this notion that we have to get safe first, and then we do our healing work. Safety is something that is not binary. It isn't there when ... Well, it can be the other way. When we're growing safety, it's not just one day you wake up, it's like everything is absolutely better.

It slowly, slowly builds. Now, it can go the other way, in that we actually feel fairly safe and secure in the world, and then a bad thing happens to us, and then it's like, game over. I don't feel safe anymore. That we know is true. But when we're building it back up, it's like, I think about brick laying. We don't do that here in North America, maybe back east. There's no brick, beautiful, stone buildings. But if you think about beautiful, brick, building stone work, it's like if you've ever watched a stone mason build a wall, man, that takes time, right? And it has to be done really well. And then you've got this gorgeous wall or this gorgeous walkway that's solid, right? This is why those old villages in Europe and other parts, not here, these walkways, they last forever. They've been built so slowly.

So this safety, that builds up slowly with time.

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But sometimes, so I have here again, we want to work towards more regulation and therefore greater safety, but sometimes we need to work on a specific procedural memory that is hindering our capacity to feel safe. I might add - traumatic procedural memory. So this is what's covered in Biology of Stress video number five, where I talk about how we might have an incomplete trauma that's sitting on our body, and we need to push that baby out. It's like, I never got to slam on the brakes when I had that accident in that car. And this is true. When I was in practice, I am thinking of one person who came in who had this chronic hip pain, wouldn't go away, stretched it, physio'ed it, massaged it.

And one thing led to another, of course, she came for Feldenkrais work, but also somatic experiencing. And so we worked on the accident that she had that was very traumatic. No one died, but it was still very scary. And it turned out that she wanted to hit the brake, but she couldn't for some reason. I don't remember why. But that procedure, this is a simple way of understanding procedure, that procedure to go slam, right? Didn't happen, but the body wanted to do it. So that energy was still activated in that leg muscle, and the hip muscle, hip flexor, probably the hamstring too, in the calf and the foot. And so we worked, I think it was in a seated position and she imagined, and then she pushed, and she imagined braking, and then saw the scene, and we sort of replayed what would've been like to have braked, and not have had that impact.

And then from there, that's where there might be hyperventilation, there might be tears, there might be fright, there might be words, whatever the human needs to get out. That is an example of completing a traumatic procedural memory that's incomplete.

If I go back to the more simple example of my MRI, I wanted to squirm, and I wanted to stretch my feet and my legs, because I like following my impulse, and I couldn't. I had to stay perfectly still, and it hurt one of my knees because of just my history, but I had to be okay with the pain and the discomfort. And then after that, that's where I had to shake and get the stuff out. For me, there wasn't really a big, strong procedure. It was actually for me, I had to cry after. So sometimes completing a procedural memory isn't necessarily a big movement. It could be

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crying, it could be anger, it could be saying a word we never got to say. Usually it's a word of boundary. "Don't do that. Don't touch me. That's not okay."

But this can also sort of bleed over into attachment wounds. If we wanted to be picked up and held, but we couldn't, it's like, "I want you to hold me. I want you to comfort me. Why didn't you show up? Up when I had this thing happen that was really intense." So I want to also say that there's gray zones here. It's not just black and white. And this is where, going back to one of the first lessons you've learned, following your impulse, what is it that your system wants and craves, and really listening to that. Which brings me to the next line.

Said it without even seeing it. So we need to listen to what the system needs, and follow the impulse. We need to listen to what the system needs, and follow the impulse. Adapt, that's the next word, adapt as necessary. And I'm going to go back to the language. For some of you, you're learning this language for the first time. For others, alumni, you've been doing this language for a while. When you're at the beginning, you might not know exactly what it is that you have to express, and that's okay. That's okay. It's about trial and error, and being curious with what's there, and seeing - what do I need to do? What do I not need to do?

As I said in the training call last week, when you don't know what to do, don't worry, because we don't want to add that stress. Sometimes I just need to do what we did at the beginning of this call, and just sit and sense and track and feel, and not try to impose a change. As humans, we want to fix things. We want to fix things. We want to try to figure out how to get out of this thing, or into that thing, or whatever it might be. Sometimes we just have to be. This is where the practices of meditation are accurate. Can you just sit and be and listen and sense the body? But of course, that doesn't work so well, and we don't know how to be in the body. You see?

So I have nothing against meditation. In some ways, a good meditation is just - the vipassana meditation lineage is sensing the body sensations, feeling what's there. But if you don't know how to be with that stuff, it doesn't work. So sometimes people get confused, and they say ... I caught this in a comment the other day. "Irene doesn't like meditation. She says it's bad." I've

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never said that. What I say is you've got to have the skills of knowing how to be in your body and in the environment first. You also know how to pull yourself out when it gets too much, to just go into ... It's like being in an MRI machine. It's like forcing yourself to sit still is not going to serve your healing if you need to move, if you can't be still with ease. Does that make sense? So I've got nothing against meditation.

You will find as you gain this language, meditation becomes natural.

It becomes natural. And you don't need to have a specific practice. It just happens. Just like the animals in the wild just have a nap under the sun, and they're just happy. They're looking around, swatting a fly, and they're just being there with the ground and life. Bottom line, we need to bring as much regulation and safety as we can back to the nervous system. That really is the goal. If we wanted to put a goal onto this, we're bringing in regulation and safety. And we don't want to overload. We don't want and not overload is the word, not overload the system while doing this, which comes back to that element of taking a break when we have to.

When you learn something, it's very important to process it and integrate it. I don't quote studies, but I've heard enough in my time that when you don't sleep after studying, like I'm talking about academic study, like university, college, high school, if you don't sleep, it doesn't integrate. You might memorize it and be able to spit it out the next day on your test because you've crammed all night, but it doesn't glue. It doesn't gel. So again, a big part of this work, and we'll go to page number three here. We really want to give ourselves time to integrate and practice.

So again, I really want to make sure everyone realizes that the work, half of it is in the lessons and in what you do on the site, and the other half is what you do outside of that. It will be very tempting at the end of May, if you feel that you are not perfect in your regulation, to go and do another course, to go and do another retreat. Now, it's your prerogative. Everyone has free will, but if you can hang on and stick with the curriculum, you might be surprised that in a year, your regulation, your swimming pool, will be much bigger, and the language will be more

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fluent. But just like a language, you cannot learn a language fluently in three months. You might be able to spurt out sentences that you've memorized, right? But that doesn't mean that you understand the language. So, that language takes time.

All right. Number three.

In big, bold, pink - regulation, regulation, regulation. So I'm paying a little homage to my teacher, two of my teachers, Kathy and Steve, here. I'm going to read this from their book, *Nurturing Resilience*, which is a book for practitioners, but it's written pretty easily. So for those of you who want a more comprehensive writeup of some things, that one's a really well-written book. So they say in their book, "Regulation is a term used to describe our ability to manage our emotional state." And by the way, feel free to read out loud with me. I know I can't hear you, but if you are in a space where you can do that, wake up that social engagement, if you feel like it. So regulation is a 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, breathe, take a pause.

Regulation is a learned process. One, we integrate into our own lives by observing others, and importantly, through the attachment phases with our early caregivers. So obviously that's in reference to early development. We're not there anymore as adults, but this phase that we're in, you're all in right now, of learning how to be your own caregiver, and take care of your own body, all of this holds true, right? So, accurately being able to determine, I'm sad right now, or I'm frustrated, like with me with the MRI machine, I was very clear I wasn't angry. I'm glad I had it done. I needed to have it done, but damn, I was sad for having to stay still, right? And there was no judgment. It seems silly, but in those moments, you might, as an adult, think, "This is stupid. I can't believe I'm crying, because I had to have an MRI." And this is where if you have a partner or you're living with someone, it's very important that they can accept and let these emotions come out, because the moment that partner or spouse says, "Don't be a baby."

"Why are you crying? It's not a big deal." That ruptures that connection and that safety.

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So just an FYI for those of you in a relationship, for those of you who have children, so important that if you have a partner in your parenting, that there is a common ground of it is okay for our kid to cry when they get hurt, and it's okay for our kid to be crazy and exuberant when they want to do that. And we also agree on these things and these things, because the moment there's conflict in that early caregiving zone, even if there isn't abuse, that creates confusion in the child, right? Okay. Let me just have a little sip here. How's everyone doing?

Oh, the chat's been busy. 18 new messages. What's going on in there, guys? Thanks, Mara, for being in there. Aw. Yeah, someone said, "I just cried at the dentist." Yeah, I probably should have cried at the dentist when I was young too. Someone said, "Is Nurturing Resilience a book I could give to my daughter for parenting their twins?" I'll answer that with this. If they're interested, it could be wonderful. I am someone who - I don't give books to people unless they ask me, what would they recommend. I would say it's a bit more advanced.

The book Continuum Concept comes to mind, by Jean Liedloff. It's a bit more of a primal book on the importance of connecting to the young. Magda Gerber's work is also very great. Here's the thing, this will be my note on this and we'll keep going, because we're a little behind. The parent has to want to understand this, and the more attuned the parent is to their self, the more they'll know what to do with the kid. We do not need books to raise children. If we needed books to raise children, the human species wouldn't have made it here. There were no books, back, back, back, back, back, back, back. Yeah, there was a lot of bad stuff that happened back in the day, but if we think back to the Hunter Gatherer society, there were no books. There was just connection and attunement. And having talked to many parents who've gone through SBSM, usually they go into the work because of their own physical health issues, but then they notice this miraculous shift in their parenting.

We're built to take care of humans and raise them and birth them. It's there in us, but it's this lack of regulation that doesn't give us the intuition to know what to do. So am I against books? No. Am I more pro, work on your own physiology? Yes. Yes. All right. All right. We want to establish regulation for many reasons. So back to the handout on page three, gives us more

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capacity to be in and stay in the body when stressful and even joyful events occur, gives us more capacity.

The reason I have joyful in there is when we have a low tolerance for activation, we might limit ourselves from things that are good, because it also creates a sympathetic arousal. You can't go to a concert, a rock concert, or a movie, or to a birthday party and not feel excitement, maybe enjoy. And sometimes we limit ourselves from those social engagements because we don't have the capacity to feel the energy of that. So it could be stress or it could be a good stress, but when we're undifferentiated in our capacity, we don't know the difference. We just know anything intense, all bad, whereas some things are intense and are fun.

Next line. Greater opportunity to feel and be with our internal self. That's the concept of interoception. So this is why we want to establish regulation for many reasons. Interoception, that is another big key. We're building capacity, our swimming pool, we're taking out the balls, our stressors, our traumas, but we're building up the interoception. We're getting really good at knowing that water in the pool. We're getting really good at knowing what created that pool. What is the structure? Next line. If old procedural, implicit, so the word procedure, procedural, and declarative, explicit memory surface, so procedural and declarative memory surface, then we can handle them a bit more.

They won't overwhelm or dissociate us. So again, this comes back to that pool. When old stuff comes up, if it's that car accident where we didn't brake, if it's the MRI machine where we needed to cry afterwards, if it's the memory, that's what declarative is. It's, "It was a sunny day or it was a cold day, a rainy day." When those things come up, if they're attached to traumatic events, we want to have enough regulations so that we can, "Oh, oh yeah, that's right. I'm remembering that now." And it's intense, but it doesn't overwhelm or dissociate us. So when we have more capacity, more regulation, we do not become overwhelmed or dissociated when these things come up. This is really important, because there's this misnomer in the popular press and social media world that we just have to resource and self-regulate. I don't love that term out there in the social media worlds.

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Self-regulate, got to do breathwork, got to do the sounds, got to do the tapping. Again, those have a time and a place, but it's all in service to not feel the intensity, right? The only way we move a boulder out is we have enough strength to pick that sucker up. We have the capacity to look at it in all of its ugliness and go, "Man, that's a big boulder of gross stuff that I had to keep." And then we chuck it out. Obviously, that's a metaphor. But if constantly, when we feel that yuck, we're like, "Okay, I'm just going to resource. I'm just going to orient. I'm just going to self-regulate. I'm going to do some breathwork." We're never getting into what Peter Levine might say, the eye of the needle. We're not going through that needle. We really need to go through and face these things.

But again, this is why we spend all this time building up the capacity. It almost might seem overkill, what I'm doing here, building all this up, but it's in service of safety for all of you so that I can do these little things. I can notice when I have to go to the bathroom, when I need to take care of myself, when I need to eat, not eat, sleep, growl a little bit, notice my emotions. It's so that we can work with these old shock traumas, and stay connected to them.

I think a lot of the times when you see these big cathartic things occurring online, a lot of it gets shared online. I would love to be a fly on the wall two weeks later in that person's home. Yeah, they just got a big scream out, and slobber all over their face, and their diaphragm to open up, and they feel euphoria, which usually is a sign that, "I might've gone too far." I want to know in two weeks, how was their digestion? How was their sleep? How have the other things in their life changed? We know we're on the right track when everything inches forward a little bit, and then it integrates just like the stone mason. Boom. Solid. We let it dry, and then we add the next layer.

Okay. Regulation means that the autonomic nervous system is functioning smoothly. We want smooth regulation. We want to have good regulation, meaning the nervous system is not staying stuck in survival for too long, survival stress for too long. Again, a reminder, we're going to have stuff that puts us into survival. No matter how regulated I am, that MRI thing, I had to

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go into a bit of freeze. That doesn't mean I failed the regulation test. It just means that's what I had to do. Thank God I can get that done. And then afterwards, got to process that stuff out. So again, this idea that when we're regulated, if anything, we feel things a bit more, but we're more nuanced in them.

Final word or final sentence, I should say. With early trauma, and I think this is kind of known, with early trauma, it's quite possible that regulation did not happen. I think that's fairly prevalent and understood. But what I will say, and we'll go to page four, is that if you're all here, which you are, and you're breathing, you know how to make yourself food, obviously you know how to turn on a computer, don't hurt people, be a good human. You got enough regulation. I'm going to say that. Feel free to repeat that after me. I got enough regulation.

If you didn't have that stuff enough, you wouldn't be here. So we're on this spectrum of severe neglect - it means a human can't function in the world. Bruce Perry talks a lot about this stuff in his books, *Born for Love*. And I think it's *The Boy Who is Raised By a Wolf*. I can't remember the title. So those are stories that are really, really tragic, where kids are put in cages, and are left, and they can't learn how to speak. There's that window. So I know all of you can speak. I know all of you can read. You got enough. Does that mean that you didn't survive intense trauma? Yeah, a lot of us had intense trauma, but that also shows how resilient humans are to experience these things. Even in a household, you learned how to talk and you learned how to walk. I know that seems really remedial, but that's good.

That shows that you have the capacity to learn.

All right. So this last page, I've kind of covered some of this in many different ways, but I'll go through it. I've got these two scenarios, two things here. One, I call it the car accident scenario, and then the final piece here is the window of tolerance. So some of you would've heard this if you took in my healing trauma videos from way back. It's really quite simple. And in some ways we've been talking about this as we've been moving through here, but this is in service of early trauma. When someone does have some severe early trauma, how that impacts them later in

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life. And so I won't read this verbatim. I'll just speak to it, and feel free to read that afterwards, or as I speak. But if you have two individuals and they get into the exact same car accident, and by car accident, I mean like tiny, not life-threatening, like a little bumper, bumper, fender bender.

Person A, so just think about this. Person A gets into this fender bender, and they walk away and they're literally fine. They're like, "No problem. Sucks. I had to do the insurance thing, but whatever. It's fine." Next day, they don't even think twice about getting in their car. They're really okay. But person B has the same fender bender, and the next day or that night, they can't sleep. Within a week, their gut has gone off. They can't poop properly. Maybe they're eating too much, or not eating enough. Maybe they start to get chronic pain in a month and they go, "Why is this happening?" I saw this in private practice and what is inevitably happening with person B, their swimming pool had so many balls, but they had no clue, because they were fairly functional, and that accident was enough to puncture that pool, and the balls don't know what to do, or they all come out.

I know that there'll be people here that have had this happen to them. It doesn't have to be a car accident. It could be the death of a loved one. Even Peter Levine talks about this in his book, *Waking the Tiger*, where he's working with a woman who's of university age, and it sounded like it was grad school that was too stressful. And it brought up an old injury or an old shock trauma when she was five years old, where she had a tonsillectomy and was terrified going under. So there's no specific action item with this scenario. I'm just sharing that because sometimes when we've had earlier traumas that have caused us to amass a bunch of balls in our pool, and our swimming pool is a little ratty, a little haggard, right? Think about a swimming pool made with eggshells. That swimming pool, we've protected those eggshells all our life with routine, being perfect.

I see lots of people nodding today - choosing very carefully, everything. This is where OCD can come in, right? If I don't do this routine, so you've got this eggshell of a pool, but then you have a thing happen that you can't control, and that's where poof, everything just goes to shit,

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essentially. Now, often it takes that for a person to realize, "Whoa, did I have trauma?" What? That wasn't normal, that I had to cook and clean at age 10 for all my siblings. That wasn't normal, that mom was never home, or dad was never home, or that wasn't normal, that I heard fighting and screaming, and liquor bottles were being thrown across the kitchen. When you don't know any different, you think, "Oh, that's just normal." And you even sometimes forget that that happened. So be very gentle with yourself if you know that you are that person, B, because A, or one, I should say, one, you're in the right place.

And if that was your history, it's possible to go back to the title of this call, or chicken or egg. What do we start with first? If all else fails, start with growing your capacity. Do the simple things first. If I had all the time in the world when folks came to see me, which never was the case, but if I did, I would just work with the kidney adrenals. I would just work with the diaphragms. I would just work with being bored with my client, and noticing simple things, because that's what establishes safety at the beginning.

We're just going to sit here, and it can be painful, because it's like, "But I have to do something." It's like, "No, you don't have to do anything right now. We're just going to hang out here. Tell me what happened this morning." And so, building capacity, if you were that person, be - that's number one. And as I noted, sometimes, if that, again, I'll use the car accident scenario, is still so pressing, and it's like all you see is that, then that's where you go, "Oh, I might need to do a specific piece of work on that accident, because it's just overtaking me." This is very common with folks who come back from war, veterans who have often, people that go into the military, not always, they typically have a history of early childhood trauma. They go into the military because it's structured. They didn't have structure.

That gives you structure, but it also can put you into serious danger, and then they come back, and the system is really incapacitated. And so if explosions occurred, and death, you might need to deal with those big balls first, because they are intense.

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I'm not going to get into the window of tolerance right now. Let's finish this up on the next call. So when we go to the next. This has been enough for today. This concept is not going to make or break anything over the next two weeks. So when I do healthy aggression and anger, part one, not next Tuesday, but the next Tuesday, I will start off with this final chunk on number three. So bring both your handouts for the next time. And before we go, let's just take a second to be bored together. As much as this is all theoretical, it has a sneaky way of coming into the system when you hear it in the way that it's presented, in this way with slowness and examples. So definitely sense into your system right now, what's there? Is there anything that needs to move? Is there anything that's being felt?

No need to answer it. Just ask yourself that question. Let your eyes come away from being locked on the screen, if they have been. Yeah, thanks, Debbie. This has been helpful. My sixth time through. So for those of you new here, this stuff takes time to sink in. It's not the fault of anyone. It's just our programming runs deep and we're at a really, I think, very Important time where we're trying to change systems that just don't work. And I mean across the board. And the most important thing right now, it's not selfish, is to work on your own healing and your immediate environment. If you have kids, that's your most important job. Taking care of yourself and your kiddos.

Getting your own health back online, what you can control. All right, folks. Thursday is a Q&A. So, Seth will be there, and potentially others. And rest, we have a rest week next week, so that is whatever you want to do. If you want to keep moving through old lessons, you can do that. If you just take a break, that's fine. Catch up in the Q&A calls. See how you can just start to actively integrate some of the stuff that you've been learning in the first few weeks. Watch it in other people, right? This is where people watching gets really interesting. When you see patterns, can you pick out if someone's always standing on their foot on one side or the other when you're in a grocery lineup? Silly, but the more you become aware of your own system, the more the awareness starts to pop around you.

So be aware of that stuff. All right. Thanks, Susan. Thank you, Mara. We will see you all in a couple weeks. Happy April as we move into April tomorrow. Bye, everyone.