Training Call #4: Anger & Healthy Aggression – PART 1

Irene:

Hello, everyone. Welcome. It is the 14th of April. How is that already there? 2026. Time is flying and zooming by. And last call, so two weeks ago, we didn't get to the final bit of training call number three. So I'm going to review that today, where we are, it's on page four of training call number three. As a reminder, that guy, that one was the importance of regulation, restoring somatic safety, the difference between healing shock trauma and early trauma. So I'll get into the window of tolerance in a second. And then today we're going to get into anger and healthy aggression, part one. And then, next week, we'll get into part two.

But before we get into all of this, let's just take a sec to reconnect to your basics. I just turned my volume up a little bit. Is that working okay? Okay. If it's quiet on your side, put your volume up on your side. So yeah, I like to take a second to just have a little notice. You've got about 160 or so folk here, so there's some good energy flooding in. I am going to follow my impulse and stretch my shoulders. So do what you need to do in your own body, in your own space. Just really listen to what it is that your system might need or want right now. Maybe it's to get up. Maybe it's to have a little nap, sitting up. Maybe you need to close your eyes.

We're all at different time zones, so some of you have been in your day all day, maybe working, caring for kids, running around, doing things. Maybe you're moving through something. Maybe you did some SBSM work today. We're all at different temperatures. I see some people sitting outside in short sleeves. I see some people all wrapped up with gloves on. So we're all in different spaces, different climates. So listening to what your system needs. Let's just be kind of bored together for a while. Maybe you're not bored, but I see some people having some food, cozy blankets.

And just listen to your breathing and let your breath do what it wants to do. Let your feet do what they want to do. Let your eyes do what they want to do. Other than, of course, my voice

that's coming in and out, what else do you hear? What else do you hear in your environment? Any sounds? How can you just attune to your system, the present moment, your alertness, maybe your fatigue, body sensations. I'm going to give you all a pop quiz. Remember those? Kind of, not really. Sort of. Maybe even just notice when I said pop quiz, what happens in your system? Maybe nothing because you know that there's no consequence here. It's a thought experiment that I'm going to put out. And this is in regards to the window of tolerance, which we'll get into on page four from training call number three.

One of the things, everyone's here is different. We've got alumni for many years. We have newbies. I've got my colleagues here. I have no doubt some of my more senior students are here. One of the things I've really been ... I've really put my foot down when people ask if I can make shorter lessons in SBSM, like smaller ones, five minutes, 10 minutes. And there are some lessons that are shorter, right? You'll know that as you move through things. Why do you think I always say no? Just have a think about that. I'm really wanting to get you guys thinking, so it isn't just me teaching and you being entertained by me, which is fine, but I also want to get you thinking as to why I've been very strict at not just having very tiny little lessons throughout.

So let's see what some of the answers are. And you don't have to answer. You can just listen and read, because the system needs time to attune to the moment and connect with our bodies. That's part of it, because it's not the speed, it's the self-connection. Yep. Part of it. So that we can learn to notice. Here it is. A few of you got this, so that we can learn to notice and know when to stop. If we think about ... Yeah, it's so that we can listen to our capacity. We can stop. This is the thing.

It goes back to that beachball swimming pool analogy. Yeah. Real life isn't in five minute chunks. It certainly isn't. We want it to become a lifestyle, so we can learn to go at our own pace. Yeah, thanks everyone. Yeah. So I wanted to start this call out a little differently. and the alumni will know this, because I really don't want you to miss the thesis of SBSM, and how it's just a little different, maybe a lot different than other things. I always go back to that infant, that baby. We were all babies once. Some of you were raising babies. Some of you have yet to

have babies. Some of you might have the pleasure of being around a newborn and witnessing that.

I don't think enough of us are around babies. That world of being around babies is just ... Some mothers have babies and they've never, ever been around a baby. That's really interesting to me. It's not a hit against humanity, but it shows that we're just not in that human culture the way we would've been back in the day. But I say that because when you've got a little one, they dictate when they have had enough. The mothers here, and the parents who have raised ones and really listened, when you're with that kid, when you're tuning to that little one, they know when they've finished feeding.

Yeah? They know when they've finished playing with that toy. When you're engaging with an infant, they're engaging with you, and then they look away. That's them saying, "That's enough." That's their window of tolerance. And it's our job as the adults or the caregivers to listen to that and let them have that quiet and to deactivate. If a baby is having a nap, you don't go and keep waking it up so you can play with it. At least I hope not. If a baby is feeding, it's harder to do this with breastfeeding. You can't force them to keep eating.

We can do that with toddlers. We can force them to eat all the food on their plate when they don't want it, and that's the beginning of an eating disorder and not listening to their system. So I want to make that connection because the lessons are very important, but it is really for you to push play and then know when to push stop. And it's going to go so against our training of, "I have to get through this or else I fail. I have to get through this or I don't pass the test. If I don't get through this, I'm never going to get regulated." The regulation comes from that self-listening. This is why following impulse is taught so early in the course, and why it's a little cryptic.

So I wanted to start with that, because I don't want anyone to get to the end of this year, and you haven't gone back into the lessons, because you feel that you can't get through something that's 50, five-zero minutes, or 30 minutes. It doesn't matter. Do two minutes, do three

minutes, push play and clean your house. Let it seep in. So I wanted to start with that, because this feeds into this topic of window of tolerance. And when you can really listen to where your edge is and you can hear that internal stop, that's the gold. And then can you stop without hating yourself, without ridiculing that, without self-deprecating? Just like if a child has finished their food, okay, you're finished. None of this. If you don't eat all that, you won't get your dessert, which all of us have heard. Some of us were probably raised with that.

If you don't get that good grade, you're not going to get that bicycle this summer. Just these silly games that we humans have played with our children. And if you did that with your kids, do not worry. We're all in this together, learning, figuring out how to raise humanity better. So that process of listening to what happens in your mind when you have to stop, that's just as important as the lesson itself.

Peter Levine, founder of Somatic Experiencing, one of my mentors, once was on a podcast, and I was listening to him, and the podcaster said, "Well, your work is all bottom up, right?" And he was like, "No, no, no, no, no." Kind of does this. "No, no, no." He goes, "It's bottom up and top down, and all in between, and the environment." This is why it's not enough to just do some movements and do some breathwork and expect regulation to happen. You can't take your baby and just move its limbs and get it to do some breathing and expect it'll know how to self-regulate or walk. It has to be driven internally from themselves. This is why children who have neurological deficits do need a little help learning how to walk and such, like a child with say cerebral palsy, that messaging isn't as clear. So this is that element of top down thinking, noticing how you speak to yourself in the process of learning SBSM's lessons.

The lessons are important without a doubt, and we're just getting through the bulk of them, and we're sort of moving into those deeper labs. For some of you, you're there. For some of you, you're not there, and that's fine. Just like if you have a child who has a really big skull compared to their body, it's going to take them longer to walk. They're more top heavy. So some of us, we're a bit more top heavy. That's a metaphor. It's going to take us a little longer to get through the first few labs, due to, let's say, our trauma, our conditioning, but the key is

really listening and attuning and working with that self-attunement, that self-talk, and being kind. Just like if a child doesn't want to eat their food, best to not scream at them and tell them they've done something wrong. But if that was your upbringing, you are going to have to watch that in your own brain.

Yeah? Hope that makes sense. So before we get back into the theory, let your impulse guide you, see if there's any emotion that comes with that. We're going to start talking about emotions today.

Yeah. Someone says, reward-driven conditioning. Absolutely. And just to put this into context, because I like the big picture, we started domesticating humans about, I'm not great with my time history, it was at least 20,000 years ago, some are saying, even maybe more. And that means when we started planting gardens, when we started having animals stay in one spot versus roaming and being nomadic, that was the start of us not following our impulse to wander and hunt and gather. What happened after the domestication of plants and animals? That happened for a long, long time. And then we had industry, we industried it, we industrialized, we got lots of tools, things that helped us. Those are great. But then with each line of improved - if we want to call it improved - civilization - I think hot water is a nice thing. I think sanitation is a nice thing. We also then robbed ourselves of our natural impulse to make fire, to hunt, to gather, to know how to be with our children.

And then of course, after industry, tech, technology, et cetera, et cetera. So I put that in frame because we're undoing our personal histories and working with our personal histories, but we're also dealing with tens of thousands of years of conditioning and us moving out of that more natural terrain with the earth.

And that's why we can go into nature and still not necessarily feel great. For some of us, we love it. And for some of us, we're still working with those old wounds, right? So be gentle on yourself if you're finding it's hard to recondition, rewire how you think, how you process basic human impulse, because we are working with lots of years of conditioning, right? And we're all

in this together. All of us are living, I think, in an unnatural environment, right? That's the one thing we're all probably doing. We're all on devices. We all have electricity around us. So there's pros and cons. So be gentle. So this idea of window of tolerance, again, this is page four on training call number three.

Window of tolerance, I'm going to read this verbatim, is a theory about a person's capacity, which is based on nervous system development that is safe, secure, and filled with good co-regulation. So Dan Siegel, who I greatly respect, he's an MD, originally coined this term. So he coined ‘window of tolerance’, but it was assuming that the human had good, safe regulation, that they had secure attachment, that they were listened to when they needed things, when they were full, when they were hungry. The faux window of tolerance is a term that was coined by Kathy Kain and Steve Terrell, and they were referenced on the page before, page three, regarding regulation. So the faux window is a term coined by Kathy and Steve. These are, again, two of my mentors, and their work forms a very large portion of SBSM, especially the stress organ lessons, working with the diaphragms, the kidney adrenals.

Some of you will be getting into the brainstem work, et cetera, gut brain. And it describes something different. So the first bullet point, it's a window of tolerance that is not, that's the word, not regulated, and is false.

Meaning, next bullet, "One is able to be in the world, function, often high function for many, create, think, work, have families, and so on, but it is being done with nervous system dysregulation underneath, and so the system will eventually crash." I'm being very simple in my terms here. This is the thesis of Gabor Mate's book, When the Body Says No. If you read that book, it's I think still, in my opinion, one of his best books. His case studies are all of folks who pushed and pushed and pushed, and then he took their histories. He was the head of palliative care here in Vancouver. Vancouver General palliative care is essentially where patients go to die. It's like, " There's nothing more that can be done, so we're just going to keep you comfortable." And when he started talking to these patients, men, women, often very young, they pushed and pushed.

And even on their deathbed, they were apologizing to their families for being sick.

So this comes back to how early were we not able to listen to what our body needed? I'm sure if we were to do a search of various cultures that don't get these sicknesses, these are sicknesses like ALS, which is Lou Gehrig's, MS, deep neurodegenerative conditions, autoimmune, Crohn's, but we can even go back to babies. Colicky babies don't exist in tribal culture, when they're living naturally with their mother and fathers and all that, they're fine. They have maybe other issues going on with sanitation and that, but typically they're fine. Whereas in the West, if we want to call it that, babies have more trouble, and it has nothing to do with genetics. It's how they're being raised, that regulation. So this false window of tolerance, if we then go back to what I just mentioned about the last 20,000 years, of how we've been domesticated and industrialized and techno, whatever you want to call it, we have to work often in this false window of tolerance.

And I think it's not a surprise that all the systems are crashing right now, because we can't keep up with that. Humanity will not keep going if we don't flip it slowly. We can't just flip it back to the stone ages, although sometimes I wish we could, but that would also create mayhem, I think. So I think this concept of window of tolerance is so apropos right now, especially false, because there's no shame if one is in that. Essentially, if you are dealing with any kind of illness, you're working on your traumas, you know there's dysregulation in your system, which, heck, we're all in that boat in some way, shape or form. I was in that boat deeply not too long ago. We're living in this false window of tolerance, and we can't just rip it away and say, "I'm only now going to live in my window of tolerance," because when we're working at this at the beginning, we will have - not a window.

We will have a line, meaning there is no movement for us to activate and feel good, any activation, and it's too much fight, flight, and any rest is too much shut down. And so part of our journey here, and this is why it's so important for me to not just give you short five minute lessons, is, you've got to push the edge of that window, and you've got to test it. And sometimes the test will fail and you'll do too much, and be like, "Oh my God, I got another flare

today. That was a little too much." So the next time you bring it back 50%, it's the same with exercise. If anybody here understands exercise and improving your fitness, your muscle mass, has anybody here gone to the gym and like, " I'm just going to do everything today, and then you can't sit on the toilet for a week, because you've done so many leg exercises, or you go for a five-hour hike and there's a lot of down, and then the next day you can't go down your stairs, that's pushing that window of tolerance.

Whereas if you were to build your fitness slowly, you might have a little bit of muscle soreness, but just for a couple of days, that's normal. Just like if you push it a little bit with say opening up your diaphragms, which is from lab five, maybe for a couple days you feel a little achy, a little fevery, you're not sick, because this is what happens sometimes. There's a detox that happens and you're just feeling a little more low, but you don't feel depressed. That's the system reshifting and growing that capacity, which means you take it easier, which is why I can't give you checklists for getting through everything each week as much as so many want those checklists, so that you feel like a good student, right? So this window of tolerance, we see it in many areas. It's even in learning. You can only learn so much in one sitting, and then you have to rest, you have to sleep, you've got to integrate.

So the final line here, "For some, this false way of living is not functional, obviously, but is determined by low energy, chronic illness, mental strife, and other attributes that come with trapped survival stress and general nervous system dysregulation." So these two pieces here, bullet point number two, that would be the definition of say functional freeze. Whereas the third bullet point, that is not functional freeze. I'm seeing a lot of misunderstanding of functional freeze in the popular social media world. Functional freeze is where you don't feel any depression. You don't feel any procrastination. You are a superstar and you do everything with a smile on your face. And even at night, you have a smile on your face, and you think everything's fine. And then that's where eventually the system goes, "I can't anymore," and that's where we get sick.

People are confusing functional freeze with what is often common, which is high activation in the day and then collapse at night. So if you collapse at night and you feel like you can't do anything, that is not functional freeze. So, just so, it's semantics, but it's also, I think, important for all of you to understand the differences. Don't go around correcting people on social media, but for you to know functional freeze, you don't feel procrastination ever. The collapse at night is the shutdown. I can't get out of bed. I can't feed myself. I can't shower. I don't want to go outside. That's the dorsal, high tone dorsal shutdown. So someone who is driving through sympathetic, fight, flight, this is the anxious person, all day long. It's the jittery hands. It's the losing track of time. It's go, go, go, go, go, go, go. And then at night, it doesn't have to be at night, it could be in the afternoon, but usually at night, it's like, I've got to collapse.

I've got to zone out and watch Netflix for seven hours, and I can't feed myself. I can't do the things I have to do. That is not functional. So just a little, it's semantics, but it also describes two very different nervous system states.

Okay. I'm going to do a video on that probably soon, because there's a lot of misinformation out there. So stay tuned for that. Let's get into healthy aggression, part one. Grr. Okay. So yeah, this is a real fun one. So again, I'm going to do a little sippy sip of some liquid here. Remembering, you guys, to move as you need to, shift your body as you need to. So part one, page one. Up there we've got, and just a note guys, I know that everyone wants to ask about functional freeze. Let's close the window on that right now. We can do that a little bit more. Seth could talk about it on the Q&A call on Tuesday. I've said most of what has to be said about it, right? And the treatment we use, that word, or how we work with it, is very similar.

It's still about learning how to listen, how to sense, how to follow impulse. Those who are in functional freeze will find it harder to do this work because they're more stoic.

It goes back to that story of when I first was asked to orient, I thought it was stupid. I'm like, "What? Why do you want me to look around the room?" And that was actually the fault of the practitioner. They didn't attune to the fact that I was actually very capable and very able. It

wasn't the right ‘in’ for my system. Right? And so this is again where this is more for maybe the practitioners here. Just having a list of techniques isn't enough. You have to listen and get the history and what is this person like? This might not be the best way to start with them. For me, I had to do way more touch work, diaphragms, kidney adrenals, working with my tissues. Now I love orienting. I could orient all day and zone out and stare at the trees, I would. So everyone's a little different, but let's get into this handout.

So feelings, emotion, sensations. So the first line here is a question. Where do feelings - that's the first word - feelings - come from?

Where do feelings, emotion, sensations come from? And you notice I lumped in emotions and sensations into feelings there. They kind of mix a little bit. Second line, they come from the body. The body. All comes from the body. We have to differentiate what we're noticing in the body, but it all is processed in there. Third line down, they especially come from the organs. The organs. Remember, we're talking about feelings, sensations, emotions. Also known as the viscera. So this is all of our guts. Guts, kidneys, adrenals, reproductive organs, bladder, large intestines, small intestines, spleen, pancreas, gallbladder, lungs, heart, and all of our tissues, also.

So these parts of our body also house... Line four. These parts of our body also house our intuition. That's our next line down, intuition. Also known as our interoception. This was covered in our first few calls. That perception of our internal environment, that's our gut sense, our sixth sense. When a baby is born, as they are, their first brain is their gut. Their higher brain is there, but it's not processing the environment. It's the gut. It's their first brain, essentially. If you've ever had a little one come up to you and say, "I have a tummy ache,” and it's not because of the food they've eaten, and they don't have gas, often that's a sign that they're feeling stress.

For the caretakers here, of kids, when a little one has a tummy ache, that's often code for, "I don't like this. I don't like that person. I don't like what's happening. I feel tired. I feel stressed."

This is why - next line… We want to work to bring self-awareness and tension and attention. I'm going to name a bunch of things that are in the lessons. So this is why we want to bring awareness and tension and attention to the diaphragms. First word. The joints. Remember, the joints are where any two bones come together. It doesn't matter how big or small those bones are. It could be the little bones of our hands. It could be the big bones of our legs, and arms, or of our spine.

The kidney adrenals. Those are the lessons that start to get taught in lab four. Again, the adrenals are what pump out a lot of our stress chemicals, adrenaline, cortisol. And then the kidneys process a lot, but they create our urine. They make sure that we have good balance in our entire system. And gut, what's the final one there, in the gut? So for example, in the diaphragm, so again, remembering the diaphragms are not just one thing. We often think of that. So if everyone has a bit of a deeper breath, or you exhale, the diaphragm moves to accommodate the lung. So when you breathe in, the diaphragm goes down. When you breathe out, the diaphragm comes up. That's the respiratory diaphragm. But in our work, in the somatic fields, osteopathic fields, craniosacral fields, there's diaphragms that are little invisible containers from the top of the head all the way down to the feet.

And we see these as receptacles or containers of emotion, affect, memory.

So, a line here. For example, the diaphragms encase our organs. So in that case, they encase our feelings. Even our higher diaphragm in our head, it's called the tentorium. Got your brain in there. The diaphragm that would be the pelvic diaphragm. You've got your reproductive organs, you've got your bladder, for the men, the prostate, uterus for the females, et cetera, ovaries, fallopian tubes. Up higher, of course, you've got this heart, that's also within the respiratory. Throat. These also follow the chakras, for those that understand the energy centers. There's a lot in the throat. You just think of it as our neck, but you've got your food tube, your esophagus, you've got your trachea, which is your windpipe. You've got the voice boxes, vessels, lymph, so much lymph in this area. If you ever get a cold, your little lymph nodes get a little inflamed. So the throat area, of course, you've got that third eye.

There's a diaphragm there. Got the pineal gland, or pineal gland, hypothalamus, pituitary. So there's all these really amazing organs and glands.

And they all contribute to our feelings, emotions, sensations. So the next line here, living with chronic stress, toxic stress, and untreated early trauma. So our body spaces tighten, that's the word. Tighten. And there could even be an and/or if you want to add that to your handout, because it's an and/or shut down. You could even put collapse. Collapse and shutdown are sort of two words that we sort of use interchangeably. And this cuts off our capacity. There's that C word again, capacity to have self-awareness to our emotions, feelings, and sensations. So I'll give you an example. You go back to that thing I was talking about with the little kid who has finished their dinner. They're full. They can feel their stomach. A child's stomach is really small. If you think about that, and they're given this big plate of food, and they're forced to eat it all.

If they're told, keep eating, and they respect that order, they are going to shut down the feeling of that stomach, because it's going to be just too painful to keep pushing and distending the stomach. And then you might have a tummy ache later because you've eaten too much food. So that's one sort of simple example of how we can start to shut down our interoception at a very young age. A different example that's non-food, classic. You fall off of your bike and you scrape your knee. It hurts. If you've scraped your knee as an adult, it hurts, it stings. But to say to that child who wants to cry, "You're fine. Get up. No problem. Get back on your bike." If they don't feel fine, they feel the heat, they want to cry and they're told to stop crying, they swallow that emotion, that feeling, that sensation, and that is shutting down those diaphragms in the legs.

If you've cut off, not cut off, you've sprained your knee or you've scraped your knee. Okay, I better not feel that. That's the beginning of numbing out our body.

Of course, extreme examples, a child that's sexually abused, they're going to stop feeling those organs, that area, that root, to protect themselves. And so then we have over time this slow, slow disintegration of being able to accurately feel our interoception, our feeling, our

emotions, our diaphragms, our joints, our body. And this is why many walk around not knowing that they're even in a body. They're just in this head, right? Which is a good adaptive strategy, but over time that adaptive strategy can lead to, as we know, illness. Sorry, my phone was on. All right. So I just gave some examples. So take a second to maybe just do what you need to do, move a little bit, because I have no doubt that many of us here have experienced some or all of those various things on the spectrum of what we might call milder to more severe traumatic responses.

All right. So here's a hypothetical question. So if you encounter a tiger or any threat that can harm you, I keep it to the tiger to kind of honor Peter Levine's lineage here, but it could be a bear, it could be a reptile, something that you know isn't that good for you as a human out in the wild. So you encounter a tiger. Here's the question. What makes you afraid of it? Is it the body's response to the threat? Is it the conscious thought about the threat? Or three, an emotion connected to the threat?

I've kind of given away the answer because we're talking about the body. Of course, we could think about a tiger coming up at us and we could conjure up a reaction. When we have regulation though, we can think about the really bad things and not get too activated. That's the other thing, right? So let's go to page two and we'll break this question down. So there's a woman who is long past. Her name was Nina Bull. I learned about her through Peter Levine. She wrote in 1951, The Attitude Theory of Emotion. You cannot find this book. It is not in print. It's one of those books that you'd have to go into a medical library to find, and probably a dusty library, in the basement of somewhere. It's one of those tiny books. But she was a real interesting thinker back in the day. She lived from 1880 to 1968.

So, Bull, and I think it's great that her last name is Bull, in terms of big animals. So Bull's research found that it was the preparation. That's the word. It was the preparation of the nervous system, specifically the motor movements to prepare for action, which gave rise to the emotion and feeling. So it's the, "I got to get going. " It's that prep, "I got to mobilize my body." That is first. In other words, next line down, our neuromuscular. So our nervous system and our

muscular activations are primary in the development and experiencing of our emotive sensory state.

I'll give an example in a second. We'll get to this next line. Another reminder that working with the body is essential for working with our emotions. So if you've ever been chopping vegetables at your kitchen table or your countertop, I guess, and you drop your knife and let's say you're wearing no shoes, which hopefully you aren't if you're in your house. That's a preference. What do you do? What does your body do immediately? Pulls back, right? Has anybody dropped something, and you're amazed at how quick your reflexes are to respond? That, that is your autonomic nervous system doing this thing, this preparation, this safety.

When we fall, the first thing, if we can, the body wants to protect the head, the brain. It will break a fall. Your body will choose to break your wrists and your arms before hitting your head, right? And that's a good thing. So it's that preparation. I want to connect this to some of the Feldenkraisian movements. For those of you that are starting to get into that, if you can recall, on a lot of the lessons, I ask, can you feel it before you do it? Can you sense the direction first? Can you sense the little wiring starting to click over when I say, imagine what it might be like to move your leg to stand? What's the first thing that you sense and feel?

You've got a cup on your desk here. I've got all sorts of liquids. If I think to myself, I want to go for that water, I can sense my right hand, because it's just my dominant hand starting to travel that way. The training of our brain and nervous system and movement with the Feldenkraisian lessons is to learn different pathways. You could try it right now if you wanted to. If you have something on your desk that you could pick up, don't do it, but think I want to go pick up that thing. And are you breathing? Can you notice? Can you notice? And then ask yourself the question, "What would it be like to imagine my other limb going?”

Right? Even going upstairs, you will no doubt, if you have stairs in your home, have a favorite leg that goes up first. The next time you go to your steps, can you consciously choose the other leg? That's the beginning of how you rewire, one of the ways, these motor sensory

movements. So it doesn't always have to be about trauma, is what I'm saying. That's why in the Feldenkraisian repertoire, we are choosing different pathways to explore. And I'm not just saying, "Okay, everyone, let's do exactly what Irene's doing, like an exercise class." Nothing wrong with that. You're feeling internally the turnings of the wheels. So it was that preparation of the nervous system, because if we can't get under that, we can't change the way the nervous system fires.

I'm going to pause on that one. Very important. This comes back to what I was saying earlier about how to watch what your brain does when you only, only, get to say two minutes of a lesson that's 50 minutes. You get to that two minutes and you're like, "Huh, okay, cool." And you walk away as opposed to the stress of, "Ugh, oh God, I didn't get to it. When am I going to do it again?" And then you loop into a spiral. So back to the handout here. Again, this is regarding Ms. Bull. So even as far back as her time, again, this was the early 1900s, she believed that it was important to, and these are her words, to recognize a somatic pattern. I think that's just so cool, that she was thinking about this back then, a somatic pattern. And from here, one could create a practice to shift motor muscular patterns deliberately.

Sound familiar? So this is what Dr. Feldenkrais was renowned for, which helped all sorts of neurological conditions, right? So it's noticing this pattern and shifting it deliberately. And then there's the reference. So she believed that seeing, sensing, feeling that tiger puts you into immediate preparation.

It's like the knife dropping. Like you see, if you've ever seen a wild animal, I have, living in British Columbia, bears abound. Black bears are pretty harmless, but even knowing that they're harmless, you see that big, beautiful beast, and there is a spike. No matter what, you get a little more alert, and you are instantly assessing what's going on. So, immediate preparation to run, flee. And it is that preparation, so these are the words, preparation to act, preparation to act that makes you afraid. If we think about that example of the bear I just said, this is also where learning comes in.

When you're used to those black bears, you know how to be around them. When you see one, you don't run towards it, right? You might want to run, but you don't run towards it. The best thing, just FYI, is you just say hello to it and you go calm. And usually when you speak or you clap, they just go off into the woods. They don't really care about you. But if you display stress, that will make it more stressed. Not all animals are like that. Peter Levine, next line, took this one step further and added that the act of running ... So the moment, let's say I start to run from that bear, itself also generates the same sensations of fear.

So it's the act of running itself that also generates the same sensations of fear. If I use that example again, because of history and experience, I know don't run from the bear, because that'll actually make it worse. If someone doesn't know that, they might start running, and then they'll be more afraid than they have to be. And I know that from hosting people who aren't used to Canadian living, and they're like, "I'll take a snake any day." And it's like, "Oh, I don't want a snake. Give me a bear any day." But again, that's where, if you can really pause and sense your physiology, and not go into that fear response, you're more likely to be okay. Now that's for bears. Mountain lions are totally different and we won't get into that right now, but you have to know your environment. This is the other thing.

When you know your environment really well, this goes back to that 20,000 years ago thing, you knew what was safe, what wasn't safe. And of course, as humans, we're global, we travel all over and we don't know how to deal with various things. Oh yeah, that's a spider, no big deal. And for some people, that's like death, right? And again, what are you used to in your environment?

Has anybody ever gone to a tropical country and you're laying there in bed and you see these geckos all over your wall and you get freaked out? And then the people that live there say, "Oh, they're harmless. They're just hanging out. " But the moment you see them, you have a response, right? Again, you're not familiar. So these are the little things that you notice when you start to have an accurate perception of your environment, but then you go, "Ah, that's actually fine. It's no big deal." All right. Page two, still at the very bottom, we're going to do

some reading. The next page is a bunch of quotes. So again, we're coming back to anger. So this is all leading up to working with anger and healthy aggression. This is much more than just growling and punching. We're really layering this nuance of how does the system listen to the external, and how do you sense your internal?

Is this really something to be triggered or activated about? Maybe, maybe not. So it all comes back to the body and its responses. So there's a quote I'm going to read here from Gabor Mate's book, When the Body Says No, The Cost of Hidden Stress. So he says, "Awareness also means learning what the signs of stress are in our own bodies, how our bodies telegraph us when our minds have missed the cue." Really feel into that. How our bodies telegraph, that's, give us the little signal. It's like, I think of those old fashioned radios, beep, beep, beep, beep, beep, something's coming in. Telegraph our minds when our mind has missed the cue. In both human and animal studies, it has been observed that the physiological stress response is a more accurate gauge of the organism's real experience, real experience than either conscious awareness or observed behavior.

So if you think about that, someone could say, "Oh, I'm not stressed. I'm fine." But then you do a little scan of what's going on in their physiology, and it's like through the roof. So again, looking at that physiological response and learning to listen to it, that's the key, because someone could be calm, but inside the motors are turning. Someone could say, "Oh, I'm totally fine, but the adrenaline is pumping or the system's in shutdown." I'm sure we've all watched shows where the detective gives the polygraph test to the person to see if they're lying or not. And there's ways for a person to physiologically pass polygraph by really working with their physiology. It just shows how clever a human system can be. Page three.

So this is from Peter Levine's book, In an Unspoken Voice, How the Body Releases Trauma and Restores Goodness. So these are some really great quotes that I've pulled from that book, and then another from When the Body Says No. So let's read these. Feel free to read with me if you'd like. I can't hear you, but sometimes that helps spark our energy a little bit, when we read out loud. So Peter, from chapter 10, Emotion, the Body and Change. “So the reason the

bodily felt sense has the power to creatively influence our behaviors is precisely because it is involuntary."

"Feelings are not evoked through acts of will. They give us information that does not come from the conscious mind. Emotional intelligence and emotional literacy communicate through the felt sense, somatic markers, and are vitally important to the conduct of our lives." He then writes, "The balanced attention to sensation, feelings, cognition, and élan vitale, which is life energy, remains the emergent therapeutic future for transforming the whole person." So what that chunk basically is saying is we can't just work on sensations alone, and feelings alone, and somatic movement alone, and theory alone. We have to bring it all together into a nice big soup, right? You can't have soup if you just cook all the ingredients separately. They all have to come into that pot with hopefully the good broth simmering over time, and the right spices and herbs, and all the things. So again, for those of you that have been working with trauma and your physiology and somatic pieces for a while, and you're just not getting to that root, I think a lot of the reason why is we need to bring all these things together.

And as you can tell, we're on only the fourth training call of SBSM, and we're just adding in these layers slowly to figure this out and bring it all together.

The one thing I will add, there's one caveat where I say here, he says, "Feelings are not evoked through acts of will." This is where humans are interesting, because if you have a favorite actor, they can show emotion through acts of will, through conjuring up memories. The real good actors almost do it so well that they don't even know who they are anymore. We know of a few cases where that has been harmful for actors. They get so into that character that their mind doesn't know reality anymore. So that shows how plastic we are, right? It's pretty incredible. All right, now, so back to Gabor. So, When the Body Says No, this is an excerpt from chapter 19.

It's a conversation he had with another physician, another psychotherapist, Alan Kaplan. So he points out that both repression, so now we're going into anger a little bit more, both

repression and rage. So repression and rage, those are two opposite ends of the spectrum, right? Represent a fear of the genuine experience of anger. Get that? That's pretty deep. If we repress an emotion or we rage, that means we're afraid of genuine biological anger and aggression, and I would say that that is accurate. "Healthy anger, "he says, and this is again, Gabor talking about this psychotherapist, Dr. Kaplan says," Is an empowerment. Healthy anger is an empowerment and a relaxation. The real experience of anger is physiologic without acting out." I'm going to add in there, necessarily. I'm going to put a little postscript in there, because if we're being harmed, we have to act out perhaps.

We might have to fight. But then that is less about anger, and that is more survival. You see the difference? Someone's harming me on the street, I've passed anger. I'm going to go into self-defense mode. Whereas I might think of something or see something or do something and get a little pissed about it. That classic someone cutting you off in traffic. No one was harmed. It sucks. You get pissed. You get angry. There's an energy that goes through you. Very different from having to be in self-defense. So the experience, back to the quote, is a surge of power going through the system along with a mobilization to attack. Again, that mobilization is what Nina Bull was talking about, that conjuring up a feeling. Oh, that's my energy needing to, poof, needing to do. This is again why Feldenkraisian movements are so important. You are learning not in a threatening situation how to sense your physiology start to act.

For those that have lived and collapsed for a long time, this is so important, because those systems are kind of deadened, and we need to spark them up.

Also, back to the quote, there is simultaneously a complete disappearance of all anxiety. I think what he means there is stress, survival. So you fear this surge of power, "Oh, that person hit me or cut me off in traffic." Maybe you have the ability to squeeze your steering wheel, let out a big profanity, scream. Stupid person. Get the whole, "I hate people," out. Just get that out. And then it comes down. It's when that happens and you suppress it, you're afraid of that coming out. That's where that swimming pool gets a bit more clogged. The ball gets added and it's not taken out. Whereas if you feel the energy, you let out a little bit of a growl, a shake, cry,

whatever. It doesn't allow that ball to stay in your pool. All right, back to the final note of the handout, and he continues, "When healthy anger is starting to be experienced, you don't see anything dramatic." And this is true.

What you see is a decrease in all muscular tension, muscle tension. The mouth is opening wider because the jaws are more relaxed, the voice is lower, and you see all signs of muscle tension disappearing. You see this in culture. If you've traveled the world or you study culture and you know different cultures, I've got Irish, British heritage, so I'll say this, that stiff British upper lip, that isn't just like genetics. I can see, I know some Brits here, hey, Alan. It's the repression of that mouth expressing, crying, grieving, setting boundaries. That posture of collapse is the system not asserting, saying no. Whereas some other cultures, if I think about my mother's culture from the Philippines, you don't see many Filipinos with tight lips. They sing. Now, this doesn't mean there isn't trauma in that country. Of course, there is, but the culture likes to sing.

They like to express. Karaoke is everywhere in the streets at night, trust me. They're expressing. Whereas you think about that classic scene, "I don't want to do it. I don't want to sing. I don't want to sing." That's very kind of monarchy based. Just be perfect and settle. And don't open your legs, cross everything. You look at the pictures from class and everybody's all proper. That is shutting down that body. Latin cultures are way more expressive. I'm sure there's some Italians here. You have to talk with your hands.

Even touch in those cultures, you hug, you kiss on both cheeks. In a lot of cultures, you barely can get a handshake out of people. And then it's like, ugh, limp. There's no strength. So I like sharing this because it connects with what you do see. I do think humans are meant to actually be more similar than dissimilar in the way the physiology works, in the way that a voice can go up and down. Certain accents hold a very strong strain in the throat, strain in the mouth. Other accents have more depth and strength. So I just want to paint that picture because this anger thing is not just about, it's not about violence, it's about healthy life force energy.

Cultures that dance, in my opinion, have a little bit more flow in them. They're not afraid to dance. They're not afraid to move, move their pelvis, be expressive, be messy. All right, let's go to page four. Why it's important to let emotions move and do their thing. I think we know this. So we'll go through this quickly. It's important to let these emotions move. They let us know that we're alive. When we don't know we're alive, it can be really easy to not want to be alive. Make sense? If we're living just in our head and we're not connected to these bodily processes, we don't really know that we're alive. And so we wonder why people can take their life. I have great empathy for that. They're not feeling. They have been disconnected. There is a disconnect. There is a trauma. There is a lack of life force.

Obviously, there's despair and hopelessness and all the other things, but when we have aliveness in us, it's very hard to end it because it feels okay. Sometimes it feels hard, but it can also feel good. So they give us important cues. Again, this is emotions, sensations. They give us important cues, that's the word, about our interoception and neuroception.

Interoception, again, perception of internal environment, neuroception is perception of danger. That goes back to that bear. I've also been in situations where people see danger and they don't seem to be too bothered about it. That's also a problem. Oh yeah, I'll go down that dark alley. No problem. Where we know that people have been harmed and all the things. It's like, no, don't go down that dark alley. Not a good idea. So when we have this disconnect, we can get ourselves into really bad situations. And anyone here who has had that happen to them, or you work with people, these patterns don't repeat because of random coincidence. They're happening because the system is faulty in its neuroception. It's not accurately perceiving danger.

A lot of people recently, I'm just going to go off the cuff here from the handout, have been saying, "Oh, it's all a positive. Don't call it dysregulation, Irene. It's just a positive adaptation to stress." It's like, no, not being able to digest food, in my opinion, is not positive. That is an adaptation, but it's not good for us. Just like going down that dark alley is not positive if we get harmed. So again, this ability to say, "Yeah, there's something that we actually have to help

here. We actually do need to fix some things, or else we'll keep getting into those troubles, into those accidents." It isn't putting a valence of negative or positive. It's just, we need to change this. It's not good for us.

So, next line. When we trap emotions, they accumulate back to the swimming pools or the balls in the swimming pool. This creates toxic stress. That's the word. This is metaphorical, obviously, with the traumas, but some of you know I'm big into making sure we eat clean and we don't have toxins, like literal chemicals in our environment. We know when we load our system with too much bad stuff, it doesn't work so well, whether it's heavy metals, of course, plastics are everywhere. So we've got to do things to get that stuff out of our body so it doesn't hold it down. Next line, let them move. Again, this is emotions. Let them move. We free up our life energy. So when we move those emotions, those sensations, those feelings, we free up our life energy, our life force.

There's a lot of dams where I live. Canada works on hydroelectric power. I'm sure some of you have that in your country. Imagine if that dam never gets let out. It's amazing that that water creates energy, but you've got to let it out to create the energy. So again, when we hold this stuff in, our energy can be extra overactivated, but as you guys have learned in the biology of stress videos, you hold that energy in and eventually the system shuts down. That's no energy moving. So this flow is important. And the vision of the dam always comes to mind when I think of that. So again, Levine says, "As people learn..." Again, feel free to read with me here. This is an important one. "As people learn to master their emotions, they also begin to harness the underlying impulses to action."

If we're suppressing our emotions, it's really difficult to move and be productive in a good way in our life. When it comes to healing our traumas and getting out old anger, which we'll get into in the next handout here, or the next page, we have to feel and know how to feel so that we can get to this next level. That's why we spend so much time on building capacity here. So, final sentence here on page four, this enters the completion. That's the next word, completion

of stored up anger, aggressive responses, procedural memories, in brackets, procedural memories, and the uncovering of healthy aggression.

We'll get into this on page five. Take a sec, everyone, if you haven't been listening to your impulses, move. Let your eyes have a rest from the screen. I will as well. So there's a connection with this handout, obviously, in the one before. Depending on the kinds of balls in our swimming pool, the traumas we've experienced, some of us might have a lot of aggression and anger, even rage that has to come out. Some of us might need to do real releases where you're shaking because of old injuries, accidents, bone breaks, concussions. Some of us might be more attuned to earlier traumas where we didn't have that connection and that safety, and we need to just build safety, safety, regulation, safety, safety, more safety, more capacity, more listening to our real window of tolerance. It is very difficult to let out a big lion roar and move those arms into a completion of an old traumatic memory, let's just say, if we have to do that, if it's hard to even keep focus on where our feet are.

That makes sense? Because we can't lose track of where we are in space.

So that's kind of a preface to this final page here. This is, again, why it can be really attractive to go to retreats and things where you scream and you hit and you stomp and you swear all the words that you've ever wanted to swear out loud. It can feel really alluring. I've got to get that out. But if the vessel that you are living in doesn't have the strength and foundation to hold that energy, that's where we mess up. That's where we do too much too soon. That's where then the next day we're debilitated in pain, or we have a flare of an autoimmune condition, or we can't get out of bed, or we can't sleep. I've seen both sides. We try to get too much out too soon and the system either shuts down more or it fractures into more pieces, not literally, but this is then.

And I've heard these stories. So I know I'm being very step by step with this, but this is why do not worry if you're just spending your first year on the first four labs. That's great. Get that capacity built. The anger will come out when it's ready. I can guarantee it. Those tigers don't

want to stay in there. So a couple notes on releasing and deactivating stored traumatic procedural memories. It's a long sentence. Lots of big words. So again, as a reminder, this was covered in biology of stress video number five. When we've had a shock trauma happen to us, accidents, we've been abused, we haven't been able to move and fight and flee, all these things inside our body, inside our nervous system, we store these procedural memories.

That's why it's very alluring to do the shaking. Let's just go shake it out, right? But just shaking for the sake of shaking doesn't connect to the core memory in the nervous system of that original trauma. So, first line. It is impossible. That's the first word, impossible. It is impossible for us to predict when we might have an emotional release or have a procedural memory that wants to be deactivated or renegotiated. Deactivate is just a fancy word for coming out of the fight response, flight response, coming out of activation. Renegotiated is just another fancy word for healing that trauma. But what I'm trying to say here is we can't predict and we can't force. We can't force. “This”, next line... "This is why it's essential that we build solid nervous system foundations." That's the word, foundations, “grow our internal capacity, grow our internal capacity, and have tried and practiced tools,” tools is the word, “And resources at our disposal because we might miss ..." Final line there. "We might miss something that's important and not even know it.”

I've heard through my various practice years, when some folks do the practices, such as say EMDR, and I don't have anything necessarily against EMDR, it's a very specific technique to be used at a very specific time, not with healing early trauma. It is best used with shock traumas where the person has capacity, but those who I've talked to, colleagues as well, who had a lot of early trauma, they realized way after the fact that that practice, for example, was overriding. They weren't listening to their physiology. They didn't know how to track their gut. They didn't know how to track the little twitch in their shoulder that was wanting to do a self-protective response, because they were so focused on the therapist guiding them through the process of that technique.

Again, it has a time and a place, but it's not an entire methodology. I just wanted to really put that out there, because there will be some of you, I don't say this to point any fingers, because this is just a general observation I've had. You guys will get a little bit of capacity and they're like, "Oh, I think I'm going to go do that thing I wanted to do a long time ago." If you can hold off from doing fancy techniques, things that involve electrical stimulation, as long as - just focus on this capacity building for as long as you can, we've done this enough times with enough people to know that eventually those old traumas come out in the way that they're supposed to for your unique system.

Yeah, someone just said that EMDR was really not good for their system. So again, it has a time and a place. The good therapists I've met who use it, bring it in as a little tiny appetizer. It's like a little tiny thing, and then they stop it and then they get the person to process. So I wanted to note that. There is no picture perfect way to release anger. That's the other thing I want to say. The expression and the sounds and the movements of the human body, we haven't even documented in my opinion. When you hear, has anybody here been in the country, and you hear animals make the strangest sounds and you're like, "What is that?" Or, "Is that a mating call? Are they in pain? Are they fighting?" You hear all these various sounds come out of the forest and the jungle, and then we've got us humans, and we just have a few modes that we're in, but we actually have a huge range in how we express strange sounds, strange movements.

People often joke, "Oh, I kind of looked like the Exorcist when I was going through that thing." My head was going all sorts of places and yet it felt fine. I wasn't sore the next day because the movement is coming internally and out, but one is staying present with that release.

Very different from watching someone do something and you try to mimic it. I hope you see how I'm going so slow with this, and reminding over and over again, when we have that capacity, the system knows what to do. It knows what to do, and you have to trust it, and you have to follow those impulses and trust it. And then you need to still keep, I'm going to point to my higher brain here, that higher brain that says, "Okay, that's enough. I've had enough." Okay. When working with, final little piece here to the handout on page five, "When working with

and moving and freeing up stored aggression or anger and harnessing healthy aggression." Now, I normally don't do this. I'm doing a very linear thing, but imagine what I'm about to say, kind of like, as two circles together. So phase one, we want to, so this is again, when we're starting to feel anger, we want to connect with the inner experience.

So the body, the viscera, the interoceptive quality, sensations, feelings. Like I said, like right now I feel pretty chilled out, hanging and teaching. I can't think, "Oh yeah, I'm angry about something that happened 10 years ago. I was going to punch my hands." That doesn't work.

I can punch my hands and it's a good motion for ... We could all do that together. That's getting our shoulder joints moving, but that's not connecting to that core wound that maybe I had 10 years ago where I was harmed or hurt or wasn't heard. So we have to connect to that inner experience. And as I said at the very top of this page, we don't know when this will come up. It could come up if you're sitting in a movie theater and you have a touching scene that comes across, and it's like, "Oh, that reminds me of that thing." Phase two, discover what, if any, movement, there's a bunch of words here, movement, emotion, word, sound, texture, image.

Again, I can't give you enough words here. Everyone will be different in what ... It could be a smell, a sound that you hear, right? So discover what, if any, of those things might be there ready and waiting to be experienced, processed, expressed, and integrated. Phase two, final piece there. This phase two, the emotion, the movement, must connect with phase one. So we have to connect that inner experience with what we might consider an expression or a memory. Sometimes we can process an anger response just by sitting there and feeling the heat in our body. Maybe there's a little shiver. Maybe there's a little sweat.

Maybe there's a little cry. Maybe there's a little raising of the teeth like, "I just want to growl." So phase two must connect with phase one, and the key thing, at the very bottom of this page, always maintain connection to self during these phases, during these processes. Like I said, our system can go through quite an expression of movement and sound, screams, cries. Sometimes we might sound like we're speaking alien tongues. It just doesn't make any sense,

the gibberish coming out. Seriously, seriously. It isn't just saying, "Fuck you. I don't like that." It might be this.

It could be gobbly gook from something that doesn't make any sense. And one of the things that I will always remember when I was in private practice would, and I would always know that we were on the right track if I was working with a person and they're tracking something, context isn't important, and their eyes get really bright and wide and they look at me and they go, "This is going to sound really strange, but dot, dot, dot." So they've had a sense of feeling, an image that's super weird. And I go, "Great, let that happen." And it's those elements that we can't predict. So someone, what's an example of phase one? Again, it might be, I feel, again, I don't love giving these examples because you're going to hear it and then you're going to attach to that. So it could be an emotion of I feel a sensation in my throat that's unfamiliar and you track it and then it leads to a memory of being forced to jump off of a waterfall and you didn't want to.

That just came to my mind. So you see the water, you're afraid and your throat wants to scream and say no, but you do it anyway and then you get hurt and then you're pissed. So it could be this following of a throat sensation and then all of a sudden a flash of, oh my God, that's when my mother forced me to jump off of those falls somewhere when we were on summer vacation, and I didn't want to do it. And I was so pissed at her because she called me a sissy because I wouldn't do it. So I did it anyway. So sometimes we feel a sensation in our body and it can lead to a memory. Sometimes it's not a memory. Sometimes it's just a movement that needs to come out.

Sometimes it's a shake. So that's how those two connect. I tried to make that a very silly example. Maybe someone experienced that when they were young, but usually the mother isn't the one forcing the kid off of the cliff. So I chose that very deliberately to be less probable that chances are there might be someone here who had that happen. So again, I use that example because again, it isn't just necessarily big traumas that we might think are what are there. It could be something that we just totally forgot about, totally forgot about. All right.

Thank you everyone for hanging out today. And again, we've got a Q&A call on Thursday. We'll do Part ... No, we're not doing Part Two next week. We're doing ... Yes. We take a break from anger and healthy aggression, and next week we'll talk about neuroception and interoception, and we're going to go over the branches again of the nervous system.

So we're going to take a little dip down, going to land into familiar territory review, and then we'll do anger and healthy aggression part two in two weeks. Thanks, everyone. Thanks for listening to me ramble for 90 minutes. Thanks, Carie. Thanks, Susan. We'll see you all later. Bye.