



Conscious Life presents

# ANXIETY SUPER CONFERENCE

## Understanding anxiety as stored survival stress

**Guest: Irene Lyon**

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### **[00:00:10] Alex Howard**

Welcome everyone, to this interview where I'm super excited to be talking with Irene Lyon.

We're going to be talking about, I think, some really important pieces that are often underneath, I suppose that's one way of framing it, the experience of anxiety. And some of the real origins that often are behind anxiety as well.

To give people a little bit of Irene's background, Irene Lyon, MSC and Nervous System Expert, teaches people around the world how to work with the nervous system to transform trauma, heal the body and mind, and live full, creative lives.

To date, her online programs and classes have reached over nine and a half thousand people in over 90 countries. Irene has a Master's degree in Biomedical and Health Science and also has a knack for making complex information easy for all of us to understand and apply to our lives.

She has extensively studied and practiced the work of Dr Feldenkrais, Peter Levine, Kathy Kain. And Irene spends her free time eating delicious food, hiking in the mountains, or walking along the Pacific Ocean in her hometown of Vancouver, British Columbia.

So, Irene, firstly, welcome. Thank you so much for being with me.

### **Irene Lyon**

Hey, Alex, you are so welcome. I always like our chats.

### **Alex Howard**

I do too.

I want to start with a big frame, and I think it's going to help us get deeper into what we want to explore together. So when you hear somebody say, Irene, I have really high anxiety or I'm struggling with anxiety, what does that mean to you? How do you think of the idea of anxiety?

### **Irene Lyon**

Well, my way of thinking about it now is very different than, say, 20 years ago. 20 years ago it was actually not a term that I heard a lot of, definitely not in my circle in the world I was in. And I'll probably get to that in a little bit.

**[00:02:11]**

But now with the training that I have and all the stuff that I do through all my amazing mentors, whom you just named, to me anxiety is stored survival stress.

So there's this idea of the fight, flight response, which I think most of the people listening here know, but it's that thing that our autonomic nervous system pops into when we experience a threat, danger, or even a memory, whether it's a thought or something somatic that we have no clue what it is, our system can go into this survival energy, which is a real adrenalized danger signal. And this survival stress can be felt as intensity. And this is what I think a lot of folks mean when they say I have anxiety.

Now, there's also, some would say, cognitive anxiety. There's a saying, I don't know if it's come up in your chats, I hate it or I dislike it. Hate is a strong word. People will say, anxiety is worrying about the future. I don't know if you've heard that term before?

**Alex Howard**

Yeah.

**Irene Lyon**

I'm like okay, but to me that's more worry. That's just an uncertainty not knowing what's going to occur.

Now, of course, one can have a survival response in that thought, but at the base level, at least for me, with my people, with my students, it is a physiological mechanism that one is sensing. And typically it's being sensed in the body, in the organs, in the tummy, in the throat, in the heart and the sweaty palms and the shaking, the foot going, those sorts of things.

So that's a very broad definition for me of anxiety.

**Alex Howard**

I think a lot of people that are really struggling with anxiety wish it was as simple as just worrying about something in the future. Their lived experience is much more substantial than that.

And I'd love to unpack a bit more this idea of survival stress that's stored in the body. So maybe you can walk us through a little bit how that survival stress often is triggered and built up in the first place.

**Irene Lyon**

Well, it's very different depending on the person. So I always tend to bring my conversations back to early life in utero, childbirth, developmental, infancy. Now that doesn't mean that that's all where it comes from, but again, the training with my amazing teachers, specifically Kathy Kain, actually, which she really taught me, and Stephen Terrell, this element of what occurs when we're young.

Let's just say, little one is born or in utero and there is severe stress. And it doesn't have to be abuse. It can be mom is in a car accident when she's carrying you, or birth is occurring and there is something wrong that happens in the birth process, or little one comes out and there is an abnormality, let's just say, that needs to be immediately fixed through a surgical intervention.

[00:05:25]

These things put a little person who has not their self-regulation on board yet, and this is an important piece when it comes to this concept of, I'm going to say this with quotes, "anxiety and dysregulation" when they come out and there's something like this that is scary and bad and traumatic, that little one goes into a state of, and this isn't what they say, but the feeling somatically is, I'm going to die. This is not good. Mayday Mayday bring in all the forces, secrete as much adrenaline, stress hormone as possible and prepare for the worst.

This push of intensity lets the little one know we have to stay really guarded. Now, and again I generalize, but most little ones in such a situation, at least not in my day and probably not, I think we're around the same age, little one went and had the surgery and then came back to mom if they were lucky or they were in an incubator and no one did any aftercare. There wasn't any gentle somatic touch, working with their kidney adrenals, working with the brainstem, osteo, craniosacral, unless it was a "hippy parent", again quotes, it wasn't happening.

And so then that little one might go home and have trouble nursing or have trouble with acid reflux, or what people would call colic, which is crying, crying and crying, and that is a state of survival stress. Something is not right. They can't settle.

And of course, from there it's a choose your own adventure book as to how that little one develops based on how the mother or the primary caregiver knows how to soothe that.

If they don't know how to soothe it, often what can occur is that little one then goes into a bit of a shutdown response. This parasympathetic deep dive into what's called the dorsal vagal, which you and I have talked about I'm sure before, where they are now in a deeper survival situation, hiding that survival stress because nothing is happening with it. So that's one situation.

Now, if we go in then to the future, let's just say, little baby survives and is alive, many of us do. There might be in there, I'm just going to pull an example out of my brain. This little one is now 20, and they're in grad school and they're highly stressed, like really stressed. They are away from home for the first time. Things are just not the way they're used to. They're not contained. They're not routinized.

And all of a sudden this feeling of adrenaline comes up out of nowhere. One might call it a panic attack. Panic is a little more intense and severe. It can feel like an intense heart attack, like everything is going crazy, tingles, that kind of thing. But let's just say there's this mild anxiety and the person is like, what is this? I've never felt this before.

And I might say, well, what occurred when you were young? Let's go back to the childhood. They might not even know that they had a surgery when they were young or there was birth trauma or mom was in an accident when they were in utero. But the dots that connect to that early incident, and them never having that settled, regulated start to life can show up later in life as, I'm really anxious, what is going on with my heart? There must be something wrong with my heart.

And a lot of people, Alex, will say, I've heard many people, they'll go and they'll get their heart checked. Nothing's wrong with it. The EKG is fine. It's like, you just have anxiety. And of course, the doctors don't know what to do with that. But in essence, if I use this example and of course, there are many examples that we can go off of this, there is an underlying sense of dysregulation and unsafety that was so embryonic, so young, so developmental, and it never got taken care of.

[00:09:35]

Does that make sense?

### **Alex Howard**

Absolutely. And I think what's also really important in what you're saying is that we go into that shutdown and then that becomes normalized. That becomes, in a sense, the homeostasis in our body, in our nervous system, because we learn that to be normal. So there's no real awareness of what's happening because we've normalized to it.

### **Irene Lyon**

That's a great point. And I've been thinking about this a lot recently in that we see the state of our world, our humanity, this anxiety as just typical. But it's because we've been living, and again I generalize here, in a very large state of dysregulation for most of us. And not necessarily due to big abuses and such, but just that many didn't have that nurtured, secure, attuned, very yummy attachment that all mammals require and necessitate to develop healthy self-regulation.

And in essence, that's what's happening when someone is having anxiety that we would call chronic, where it's just always there, can't sleep and it's disrupting other parts of their physiology for example. Chances are that person didn't have a solid connection, a solid co-regulation, this secure attachment.

And so as an infant, it doesn't have to be because of a surgery, it could be just because mom was in her own funk when she birthed you, and she didn't know, oh, I'm supposed to attune to my baby. I'm just going to leave them in the crib to sleep and cry, for example. This classic crying it out. Or we're going to sleep train little one and make sure that they sleep at certain times. And many of us are starting to realize that this is not good for healthy self-regulation.

And so it could be those things, too, where there isn't this natural connection and approach and avoidance in a natural way, and that leaves that little infant going, who's around? I'm all alone. Where are you? Cry, cry, cry. Okay, you're not there. I'm just going to pass out because I'm exhausted. I'm going to pretend to be good, but really, I'm not being good per se. I am just exhausted because no one is meeting me.

That drives, in that little person, a deep sense of insecurity, anxiety, threat. And so they start to anticipate the world as not safe. And this is where we can get into the whole approach avoidance, an individual that doesn't want to connect with others because that initial connection was not even there maybe. Or maybe the connection was misattuned and then that makes the little one confused. So there's just lots of juicy roads around how that can occur.

### **Alex Howard**

And just to throw a bit of a personal narrative into this, I think it brings to life a little bit. My mother divorced my father quite soon after I was born and he disappeared and we didn't see him again until I found him many years later.

But I remember when I was about 19 or so doing a Family Constellations workshop. I don't know if you know Bert Hellinger's work, I was doing a Family Constellations workshop and what I was working on was at the time the chronic illness that I had, but of course, what came up was with the abandonment of my father.

**[00:13:15]**

And I went through this very big emotional release. And the facilitator said to me, fathers are not optional. And the thing that was stunning for me at the time was I had never considered for 19 years of my life that not having a father would have had any impact because that was my life. And that's what I normalized to.

And it took the unlocking to realize this huge emotional trauma and many layers of trauma, from being abandoned to the absence to the impact on the family. In a sense, we often don't realize how things are shaping us because that's the life that we've known. And it takes these experiences of opening things up to really understand how they've shaped us.

### **Irene Lyon**

I remember you sharing a bit of your story around that in our first chat. And what you just mentioned is that textbook, there was that lack of attachment, your mother was no doubt stressed because of that. And then your system probably, because you've mentioned you've lived with, in the past, fibromyalgia, that is a syndromal representation that is highlighted by deep, deep shutdown along with sympathetic activation underneath that shutdown. And that's how the system kind of breaks, so to speak.

So, yes, but we don't know what we don't know. And I think what's so interesting about humans is that we have this crazy ability, I don't know if we would call it resiliency, some will call it malleability, adaptability, whatever word you want to use, to continue with this dysregulation.

However, we also get these illnesses and these anxieties and these syndromes that, again, we consider very normal but as we're realizing, they're not really how we're meant to live.

### **Alex Howard**

And in a sense, also in that state of shutdown, we can sometimes think, I suppose it sometimes can be highly functional. That we can think, well, actually, I can handle lots of stress and I'm resilient and I can deal with all these difficult things and not be impacted by them. And so in a sense, I think people cannot just normalize to it, they can also, in a sense, elevate it to a sense of power.

### **Irene Lyon**

Glorification even.

I personally, I did not drop into how much survival stress my system was holding until maybe about, I would say 5 or so years ago. I knew I had some traumas. They were more physical in nature, more a shock trauma in nature, accidents and such.

But I'll never forget this one day I was driving somewhere where I normally drive. I've never been in a car accident. I'm not afraid of heights. And I was in traffic again, been in traffic so long, many times in my life. And I'm about to go over this bridge, and my whole system went into what I now know was a complete, what we would call panic attack. But it was old memories of being trapped, of not being able to break free of what I am not exactly sure. I have some ideas, and those aren't important, but it was a full physiological response.

**[00:16:47]**

And at that moment, and I actually did go to the hospital because that had never happened to me. And of course they went, you're completely fine. And they did a stress test and all the stuff, and my heart was fine. And that was actually, interestingly enough, Alex, the beginning of my deep functional freeze really starting to release and open up.

And prior to that, I had been very successful. I had two degrees, relationships, and traveled the world. All those things created a lot of stuff with that freeze. So we can still do a lot of good stuff when we have that, what we would call, functional freeze.

However, my sense is if I hadn't opened up to this work, eventually my system would have got some form of chronic illness, cancer, autoimmune, God knows what, because that's what we see from the research occurs. Of course, that's not conclusive, but there's a pretty strong connection by the adverse childhood experiences study, which I know you know about.

But interestingly enough, as the last few years have unraveled, I think that I'm at that layer of, okay, I think I'm done, and then another layer comes through and you kind of go, you're serious? Like wow, how much stuff can a system hold?

And I just don't think, honestly, we don't know. We can't study this stuff. It's one of the weird parts of this nervous system, somatic work, is we think we really understand what's going on, but I don't think we really understand what's going on.

All that I know is that the tools that we can use to be with the intensities when they come up are important so that we can ride this wave and not go into doomsday, which can be really tough when a person has no clue what's happening. This is why a lot of people do end up in the ER.

I've heard from some folks, I think some doctors have said most people that come to the ER, I can't remember the percentage, it is not a real heart problem, it is anxiety, it is panic, but most have no idea what it is. This shows how disconnected, but also it shows how much of us have so much stored crap, I use that word, in our system. And I think it's really important for people to learn that this is not necessarily a bad thing when it comes up.

### **Alex Howard**

It's funny. I was chuckling, as you were saying about how much deeper it goes. I was thinking of someone close to me who's just started at some quite intensive therapeutic work. And they're in that sort of phase where it's really intense, but it's also really exciting because they're starting. And they're like how much deeper does the rabbit hole go? I was like, much deeper.

### **Irene Lyon**

I have no idea but let me know when you find it.

### **Alex Howard**

Exactly. I want to go a bit deeper into this piece around what happens when we start to unlock that survival stress. Because you said something to me in the preparation for the interview which I thought was really important around, that sometimes there's a way, I want you to speak about this just to put

the frame around it, but sometimes it's a real positive sign that anxiety starts to increase because that survival stress is starting to move.

**[00:20:12]**

I'd like you to speak to that because I think that's really an important piece, but also a helpful piece for people.

**Irene Lyon**

It's tough too. That's the other thing. And I'll pull in Peter Levine here beside me. I'll never forget when we were in a class with him ages ago he said it's really important when working with your clients who have been in a shutdown, who are what we would consider, I don't like labels, but labeled more in a depressive state, fibromyalgia, chronic pain, autoimmune collapse, energy, that very low capacity, listless.

To say to them one of the things that you might have to work through and with as we come out of this deep, what we would call dorsal shutdown of the parasympathetic, is that under that there is a fierce energy, hence why he called his book *Waking the Tiger*, that will come out if you want to get to this other side and have vitality and life force and health and figure out these symptoms and syndromes.

And it might mean that you will have some sleepless nights or many sleepless nights. You may have symptoms come up that are the system trying to find that regulation and homeostasis again. You may find yourself angry and even abusive, not abusive physically, but wanting to shout and scream at kids and dogs and spouses. And you have to be prepared for that potential because it will happen.

But the thing that's important to also understand is that if we go into the process of healing in a way that is titrated, there's that word of it's slow, bit by bit where we're really growing the capacity slowly and methodically. We're not trying to do a one hit wonder over a weekend workshop.

And that's the other thing we have to say to someone, this might take a couple of years, this might take 5 years, this might take 10 years. And I say that from personal experience. That experience I told you 5 years ago, the last little bits of it I think came out this January. And what were incredible blips in my sympathetic that made no sense. And again, nothing was wrong with my heart. I'm like, wow, I think this is maybe the final layers releasing.

So when this stuff starts to come up and out, this is where again, if I'm working with someone, I want to make sure they have the resources and the tools and the skills and the education, Alex, because if someone feels the heart thing or they get sweaty palms or a common thing is the digestion might go a little wonky.

I know for myself 2 years ago when I was on this journey, I had acid reflux for the first time in my life. What the heck is this? It was so strange. I'd never had gut problems, but it was because the gut is governed by the autonomic nervous system. And my system was trying to find this new level of capacity, and it decided to have a party in my gut. But then I had to listen to it, and I had to just shift a little bit, and I was like, okay, we're just going to be with this.

So, yes, there can be these pieces of fight, flight come up and out as we start to deal with these shutdown experiences, these patterns, these grooves, if you will.

**[00:24:04]**

And really, my experience is the more educated a person is, the tools are important, but sometimes the tools you have from 5 years ago won't work in the current day. And that's just because your system is at a different level.

But if you have the knowledge to say and to put your higher brain hat on, even though you might be having a bit of an old stress response come up and your higher brain goes, oh, this is the thing that Irene and Alex were talking about. I think I'm having an expression of an old fight response because I want to kill someone right now.

Or I'm having an expression of a flee response because my legs have restless leg syndrome. I've never felt this before. Why am I shaking my leg? Or why am I all of a sudden cold and hot? Why am I sweating when it's not hot out? What is going on? And I'm not fevered or anything like that.

So by understanding how these sympathetic fight, flight pieces connect with our physiology, a person can actually put their intelligence hat on and go, oh, this is what this is.

### **Alex Howard**

I want to talk about that more in a moment. I think that point about, in a sense, psychoeducation of understanding what's happening is really important. But I also want to just perhaps qualify something a bit more of what you're saying around it can be a 2 year journey, a 5 year journey, a 10 year journey. That doesn't mean that nothing beneficial happens for 2 years, 5 years, 10 years. It's a journey along the way.

And I think what you're saying is really important, that different things can help us at different stages of that journey. One of the ways I think about it is sometimes the thing that was the very breakthrough at one stage, actually at the next stage becomes the thing that keeps us trapped and we have to be willing to keep open to what's the thing that's most going to help me at this point?

### **Irene Lyon**

100%. And I don't want to scare anyone about that because I have done my best work I think in the last 5 years when I was unraveling the deepest layers of my early stuff, the stuff that whatever it was that I was admitted to via parents and society and maybe it was transgenerational, no clue.

But no, we have to realize that again, if we want to get to that other side, if there is such a thing as the other side of full regulation of the nervous system, being in our creative flow, and it doesn't mean that there won't be traumas and things that come in because there's always things that come in. But the difference is when we have that regulation on board and we've apprenticed, if you will, and become masterful, something comes into our system or into our awareness or into our environment, and we just take care of it like no big deal because we're skilled, we have the language of being with that.

And what you said about something that might have worked 10 years ago, 5 years ago, even 2 weeks ago, again, this is that routine, this lack of, we would call differentiation, neurodifferentiation.

I'll use an example. I used to teach fitness forever, like exercise science and classes and worked in gyms. And you do not improve your physical prowess and capacity by doing the exact same thing each week at the gym. It can be very attractive to do that because it is what you know and you know that you're going to be fine the next day.



**[00:27:55]**

So it's important in that case, maybe you don't change the exercise, but you have to change the intensity, the length, the reps, the weight, whatever it might be so that you continue to grow your capacity.

It's kind of the same with the nervous system and healing these things, these dysregulations. And I'll use an example, breath for instance, breathwork is so popular. And while that might be important at the outset because it does keep you contained, it centers you, when you have, and this again is just one example, a blip in survival stress, and you're feeling, oh, this is coming up, you actually might want to keep that activation and not breathe it out because it's actually not allowing that survival mechanism to hit the thermostatic reset and come down the other side.

Now this is specific to something that might need to reach that reset and come down the other side. And if someone doesn't realize that, they actually might be looping themselves and pushing that survival stress back into the system.

Whereas I might say, okay, what would it be like to actually feel that intensity? In private sessions, when I was in private session with people, you would see they would start to regulate their breath.

Now, if they didn't have any other option or if I wasn't there, I would say, great, use the breath to regulate so that you don't go crazy and hit your kids and all that kind of stuff.

But let's say I'm with them, or let's say they're a student of mine and they know these things, I might say, can you feel that intensity and see what it wants to do? If it could do something, maybe it wants to breathe, or maybe it wants to stand up and just stomp the foot and say, no. Maybe there's an aggression. Maybe there is, what we would call a procedural memory, which is a trapped motor response that brings them back to the car accident where they almost saw their life flash in front of their eyes. And actually what they need to feel with that intensity is slamming on the brakes to complete that procedure that never happened.

Or if I pull in a little bit of my knowledge through the Kathy Kain world, let's say the heart rate is coming up and this person knows that they were in an incubator or they had that surgery when they were little. At that moment, maybe they don't breathe, but maybe they go and they connect to their kidneys and adrenals, which is a big part of the practices that I do, and they just talk to those little organs.

It's not about trying to calm them down, but it's about saying to them, or maybe it's the brainstem, hey, you're really freaked out right now. I understand that you want to do circles around me right now and go crazy. We're just going to be here. I'm going to listen to you, and we're just going to imagine settling a little bit. But it's not imposing, say, a technique to try to get rid of the survival stress.

Same way if your little one came home with a scraped knee or whatever, you're going to help soothe them and you're not going to necessarily say, take a deep breath when they're red in the face and all hell is breaking loose and they think they're going to die. You're going to soothe them. When we hug a kid, usually the hand goes to that kidney adrenals, and it's like a natural, soothing response.

**[00:31:35] Irene Lyon**

So there's so many ways that when we understand a little bit more about ourselves and these potentials we can bring in. Maybe it's a tool or maybe it's just a presence to what's going on sensorily so that that can then release in the way that it wants to.

**Alex Howard**

What I think is really interesting in what you're saying is that, in a sense, it's about being in a different type of relationship with anxiety. Because often one of the typical responses, and I think one of the things often perpetuates the cycle, is we have anxiety in response to anxiety. So we have these sensations, and then our response is to worry about these sensations.

And what I'm hearing in what you're saying is that it's learning to, rather than have that anxiety response to it, to actually meet it from a place of curiosity and a place of gentleness and a place of holding.

**Irene Lyon**

Exactly. We could say, how can you be with the fear? Because really it's fear. How can we be with this fear without fearing the fear?

And again, this is a hallmark of, say, somatic experiencing. For example, Peter's work is, we want to be able to sense somatic experience, that's why it's called that, as it is without adding any more color necessarily to it, anymore worry, anymore, maybe not meaning, and just really be with that quality.

Now, again, because of our conditioning as humans, we have figured out all sorts of ways to not be with that thing and deep ourselves and confuse ourselves and all the ways that we distract, that's the word I'm looking for, ourselves.

And some of the worst, not worst, but some of the saddest stories I've heard, my clients, students who before they found this work, had severe anxiety due to traumas and all sorts of things. And of course, they only know to go to the doctor and the doctor puts them on some kind of antianxiety medication and it helps for a little bit.

And then what eventually occurs is they then have side effects to that medication. And I'm not against medication for the right reasons, but for these sorts of things, I have had people say, I have more PTSD now from the withdrawal from these pharmaceuticals, I wish I had just kept the PTSD, because now I'm dealing with this other layer at the biochemical level. This is in response to, say, benzodiazepine.

**Alex Howard**

I was going to say particularly with benzos you're in a hole.

**Irene Lyon**

Oh my God, my heart bleeds for some of the people I've worked with where I don't think I've ever, I could never understand the physical pain that these people are going through when they're going through withdrawal. It's deathly.

**[00:34:39] Alex Howard**

And it can go on for years sometimes as well. It's a really tricky one

**Irene Lyon**

Years, and I don't think, some people don't make it out. They end their lives because it's just so horrendous.

And when they find out what could have occurred and they start to realize what their anxiety actually was, I think that's the big part that gets me is we just need to tell people and educate people.

This is not a bad thing. It's not something to try to get rid of. It is something in your system that is telling you, it's knocking on your door saying, listen to me, listen to me. I need you to feel me so that you can heal me. Make a rhyme there.

**Alex Howard**

And I just want to qualify, you've already said it I think very elegantly and carefully already, but perhaps, of course, if someone's taking medication that's between them and their doctor.

And I think it's also true to say that not all medication goes in the same bucket. There's a big difference. SSRIs, for example, benzodiazepines. Different things have different places.

But I think that the point that you're really making that's so important is that if anxiety is a symptom or anxiety is stored survival stress that is unlocking, then no amount of addressing the symptom is actually addressing what's happening on an underlying level.

I think part of what is really important in what you're saying as well, is there's a real hope story with anxiety that actually is potentially a sign of something moving that actually needs to move.

**Irene Lyon**

100%. It's like all of our bodily impulses. I think it's becoming more known now that burping, passing gas, even rashes, when we get a rash, body odor, it's the system detoxing, it's getting something out or it's just moving what it needs to move.

If a baby, again, I always go back to the babies and the infants, if they are in distress and a little fussy, again, this is with an adult that knows how to attach and attune, you're not going to say, stop that. You're going to try to ask or connect with and find out what is wrong. What is wrong? Are you hungry? Are you cold? Do you have a little gas? Do you not like that stranger in the room? You're not going to say, please take a deep breath and calm down.

And that reframing, if we can reframe that, what would you do with an infant if they were in a distressed situation in an attuned way? You aren't going to say, do this. You are going to connect with them. You're going to find, maybe you need to soothe them, or maybe they just need food. Maybe they're thirsty, maybe they are tired.

And so as adults, how can we listen to ourselves in the way that we would if we were being attuned and aligned with secure attachment to an infant?

**[00:37:50] Alex Howard**

And it also strikes me that sometimes the thing that's most helpful is not the thing that we expect.

Our eldest daughter, who's nearly 11, a few years ago as she was really battling with the early part of her dyslexia diagnosis and massively struggling. And now she's doing great, but at the time she was having debilitating and crippling anxiety because every day she was going to school and she just couldn't do it.

**Irene Lyon**

Worried.

**Alex Howard**

So she would come down in the evenings and she couldn't sleep. And my wife and I went through these phases of trying everything, from trying to talk about it to giving her food to doing EFT tapping to just holding her.

And one of the things that really seemed to work well was just getting her to do star jumps. Which sounds crazy, but it's like there's all this energy that was there in her body that just needed to move. And sometimes just the movement of that...

And so it also strikes me as you're talking, that there's something around being open to experimenting and finding what's needed in that moment to allow the body to do what it's trying to do.

**Irene Lyon**

Well, what you just said there is brilliant, because when a kid is distressed in whatever way, for instance, like that, they have survival energy. They were just at school trying to hold it together for so long, and they just might need to emit the frustration, the anger, the rage. Like, why can't I figure this out? I had a similar thing as well, and I still get my stuff mixed up and can't do simple math and all that, and that's just how I am.

But yes, again, if we think about survival stress, fight, flight, that's energetic, that is an energy that wants to move. And one of the things that if we think of kids, they're just not moving in the way that they used to. And of course, again, I generalize, but that the playing, the recess, there's just too much sitting these days and a lot, I think of this pent up energy, what we would call anxiety. If you want to say attention deficit, hyperactivity, it's in the word hyperactivity. They're hyper, not because they're trying to be a nuisance, they want to move.

And I don't know the research on this, but I have heard that sometimes exercise, vigorous exercise can be just as effective as some medications for anxiety, for depression, those sorts of things. But again, to me that's not rocket science, having been trained in exercise science and understand the impact of good physical activity.

But the interesting thing is, because some people will be like Irene, I get anxious when I exercise, because this is true. That's a sign of this stored survival stress. Because what often happens, Alex, is someone knows that they need to be active, they know they need to increase their activity, and as they start to, their heart rate goes up and they think that that increase in heart rate is fight, flight. And it

is physiologically, but it's not. And so it reminds them of a trauma or the early trauma or whatever it might be, and it's labeled as bad.

**[00:41:23] Alex Howard**

It's so interesting, because I'm just thinking as you're talking, that, of course, exercise will temporarily raise cortisol because the body needs to have a response. Exactly what you're saying. That's the same thing that happens in a stress response.

**Irene Lyon**

Blood goes to the limbs so that you can move, it comes away from the gut, the heat, the blood pressure goes up. You need that. And this is the thing, when folks are living in, say, more chronic fatigue scenarios, their system can't mobilize enough sympathetic to exercise. That's why they faint. This is where PoTS comes in, Postural orthostatic tachycardia syndrome, it's like they try to exercise and everything just drops.

And again, this goes back to why it's so important to slowly add these things in. If it's movement, you have to do it in little doses so that the system realizes this is okay. Now pause. Do a little bit more. Feel the heart rate increase. It's just your heart rate increasing. Feel it, notice it.

And when a person can actually work with that, they start to uncouple the over-coupled elements of heart rate go up, heart rate go up means bad. And it's like no, heart rate goes up, that means you're just getting more blood to your limbs so that you can move and do things. But again, that requires an interest in the person to really experiment with their body and feel their body.

And at the end of the day, it's interoception. They're needing to become more accurate with what's happening inside and not oversensitized, because many folks who have high levels of, what we would call anxiety, are overly interoceptive. Everything they feel is an alarm.

But that goes back to that thing I mentioned earlier in our talk about the baby who may be experiencing your death. That is an alarm. The May Day, May Day, we're all going to die. So there has to be a decoupling of, you're not going to die. You might think you're going to die, but let's just add a little dose, this is that titration thing, just a little dose of activation so that you can feel it come up and then come down.

**Alex Howard**

And it really goes back as well to what you were saying a bit earlier, about one's relationship with their body and one's relationship with their symptoms and being able to meet it from that different place.

**Irene Lyon**

100%. And the cool thing is that when an individual is really interested and curious and looks at this as a journey of figuring out something that is going to give them vitality and capacity, they can then take that and go, I know what this is. This is that, and I love it when my students actually say, this is my survival stress, this is my sympathetic adrenalized fight, flight.

When you can name it for what it biologically is, from my experience, it kind of takes the stigma out of it. It's just like, again, this is gas passing. It's not a bad thing. It's just the passing of digestion, and we need that.

**[00:44:48]**

And so to me, a lot of these biological impulses of noticing our digestion and even how we might get cold and shiver and thirsty and tired, it's all part of the essence, really, of relearning this language.

Again, I always go to the babies, that's what a baby needs when they're figuring out how to self-regulate. They need the adults because we're very, very immature and dependent to notice you're beet red and hot, we better take some clothes off and cool you. Or you're looking a little blue in the lips, you must be cold. Let's get you warm. Or that sounds like hunger. That attunement from that adult co-regulating teaches the little one self-regulation.

So as adults, that's what we're trying to recreate. I don't like to call it reparenting because that would mean you would have an actual person there. But as adults with higher brains and interest, we can replenish that lack of co-regulation with our own bodies and the resources that we have around us.

### **Alex Howard**

And also, what you're describing is really doing that in a sensitized way. Like being able to recognize what's needed right now. Is what's needed some softness or some gentleness? Or is what's needed, actually, I need to bring some courage up to actually get this to move rather than spending all this energy holding it back?

And in a sense that, I think about it like learning the language of our emotional body. And it's like at the beginning, we might not be able to understand very much, but as we take the time to invest in that, we get more and more skillful to being able to learn what we need.

### **Irene Lyon**

100%. The interesting thing is that just like humans, we are built for language. How that occurred is still kind of a mystery, but we are meant to speak and communicate in all different languages. It's incredible if you really think about the diversity of what humans can do with their mouths and their voice boxes and their tongues and all the ways that we communicate.

It's the same with our capacity to be with these things that we might call anxiety or panic or pain even, and sensation. And again, this language of our, we call it the somatic senses, but also how we connect with the environment, because that environment when we were young is what influences also our capacity to feel and feel safe. And so we also have to blend in the environmental aspect into the somatic senses and keep recycling that, if you will.

### **Alex Howard**

I'm mindful we're starting to run out of time, but for someone watching this that wants to, we'll talk in a minute about how they can go further with you and your work and programs, but in terms of some fundamentals. So someone recognizes, I'm in anxiety right now or I'm experiencing anxiety, what Irene's saying makes a lot of sense, that actually it's that survival stress which is starting to move. What can they do to help change this relationship, to help to meet it from a different place?

**[00:48:14] Irene Lyon**

So the first thing I always say is education. So they're getting a first dose of that here with you and I. Of course, go deeper into the stuff that I teach and my mentors teach. So that's one.

The reason why education is so important is because what I'm about to say isn't necessarily going to be accurate for different people depending on their history. And so for some people it might be enough to reconnect to how they feel their bodies in relationship to the environment.

Simple things like, can you connect with the ground under you? Do you even feel the ground under you? As I say this, a lot of the time, the disconnection from the environment in our self is what catapults these survival energies into doom because it's just these fireworks going off. And so as cliché as it is, can you ground? Can you come back to the ground under you and actually be like, there is the ground? I see it, I feel it, there it is with my feet.

The other thing might be connecting with the environment, in our work we would say orient, something that you're probably familiar with. Can you actually see the clouds, the desk, the cup of tea, the stairs, the person you're talking to?

Now for some, that might not work. So I'm going to be really honest. It might be that in the past the environment was a scary thing.

I'm going to cough.

**Alex Howard**

You're almost the whole way to the end.

**Irene Lyon**

You can keep that in. I'm human.

So this environment around us, again, this is the thing. Some people, and someone might try doing this while they're listening, what's it like to just let the eyes actually come away from the screen and orient to the world around you?

Now, for part of the population listening to this, they may realize as soon as they do that there's a spontaneous breath. Oh, wow, that's really interesting, all of a sudden sunk a little bit.

For others, they might look out and it brings up more anxiety. Just like for some, taking a breath might bring them down and others it might bring them into more intensity.

So this connection with the environment is important, with the ground is important.

I think I've reached my limit. Just a second.

**Alex Howard**

Bless you.

## **[00:51:03] Irene Lyon**

I was doing so well.

Okay, so education, connecting, environment. The other one that I find is one of my favorites is, I call following impulse, but that is following biological impulse.

So as you know, I have a little bit of a cold that I'm dealing with right now. So as we've been talking, if people have noticed, I keep sipping tea and liquids just to keep my throat wet because I can feel it. So I'm following that impulse to take care of my body, for example.

And I've already alluded to it in our talk, digestion. Now, as crazy as this sounds, listen to your digestion, listen to the need to burp, to pass gas. And someone might be saying, how does that connect with anxiety? Well, it comes back down to our autonomic physiology.

And so when we are really listening to our thirst cues, our hunger cues, our fatigue cues, digestion, all these things, what happens is, and again, I don't have a double blinded placebo controlled study to prove this, but I've seen it enough anecdotally with my students. As you get more attuned to your biology at this base level, you start to become better at listening to the other sensory aspects that the system is offering you. Like, oh, my heart's a little fluttery right now. And you might pick that up sooner than when you're in a full blown out panic attack.

So often these things bubble up because we've ignored the sign. If I talk about that example where I was driving across that bridge, if I had been a little more attuned and I wasn't trying to get somewhere, because I was, I was late for an appointment, I would have pulled over and just waited. But I didn't. And then that's why it created this full blown out screaming of my autonomic nervous system to me where I had to then be forced to stop.

So the ability to follow these impulses and really listen to what is called our interoception, which is the perception of our internal environment, will lead a person to build capacity. That's the word of the day for me, capacity.

So that when there is a little blip in sympathetic stress, fight, flight anxiety, we can go, oh, I'm feeling that right now. Maybe I'll just sense the ground under me. As I notice that maybe I will let my eyes come away from this ocular lock on the screen and look far out towards the tree outside of my house.

Sometimes that can be enough to just, not so much, we could call it subtle, but we could also say enough so that the person can feel that little bubble and let it be felt. And then it can come down naturally. It can find its regulation again.

So those are some little tiny things. If I give one more little one, and I mentioned it already. If we think about our adrenals and our kidneys. So our adrenaline and cortisol comes out of our adrenal glands, which are on top of our little kidneys. Even just visualizing them, talking to them the way you would to a child who's scared. It's okay, I see you're really stressed out right now. What would it be like to just be here with me right now? Let's just feel you.

And that can sometimes be enough to just shift a little bit that physiological edge, because essentially that survival mechanism is wanting to be felt. And that's the one thing, it's like if we try to ignore it and try to brush it under the rug and put into the closet and all those metaphors, it's going to come back ten times more.



**[00:55:23]**

So acknowledge, feel, connect, sense, orient, follow the impulse. And of course, none of those are in order of importance, it's just trying to practice and play with them and experiment really.

**Alex Howard**

That's super helpful.

For people that want to find out more about you and your work, where's the best place to go and what's some of what they can find?

**Irene Lyon**

Just my name, [irenelyon.com](http://irenelyon.com). When you get to the site, don't be overwhelmed, there's a lot there, but some of the best places to start are my [YouTube channel](#). There's hundreds of videos there. I've got resources on my page, some audio samplers that you can download and just press play and I will guide you through these basics that I just mentioned.

And then I've got courses. I have two courses that run, one is always available. It's called the 21- Day Nervous System Tune-Up and the other, which is a lengthier program, is called SmartBody SmartMind. We run that usually once a year and in this specific year, 2022, we're going to run again in September. We just decided to do that because people are wanting it.

And that longer program is really the big enchilada in terms of teaching a person the education and how to work with these, I call them stress organs, and also movement.

So we're blending a lot of different things into that program and it's helped and changed people's lives immensely because we're really teaching people this language as opposed to when this happens, do this.

So it's empowering people to get those tools and that language back into their body, when for most of them they didn't get it when they were young.

**Alex Howard**

That's awesome.

Irene, I always enjoy our time together. Thank you so much. I really appreciate it.

**Irene Lyon**

You're so welcome, Alex. Good to see you.