



How childhood trauma affects fatigue

Guest: Irene Lyon

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Anna Duschinsky - [00:00:15]

So, everyone, welcome. I'm really excited today to be here with Irene Lyon, MSc to talk about the relationship between trauma and fatigue.

For anyone who doesn't already know Irene's work, she teaches people around the world how to work with the nervous system to transform their trauma, heal the body, heal the mind. And I think, Irene, your online programs reaching thousands of people in around over 60 countries at this point, right?

Irene Lyon

90 now actually.

Anna Duschinsky

Is it 90?

90 countries it's amazing work. And of course you have your Master's in biomedical and health science. And what I love about Irene is how she, you bring some really complex areas together so beautifully and you make it very understandable, I think, which is beautiful and really powerful.

And obviously, you studied a lot with the Feldenkrais Method, Peter Levine, Kathy Kain just to name a few.

Irene Lyon

Yes.

Anna Duschinsky

So thank you for being with us today.

Irene Lyon

You're welcome.

Anna Duschinsky

I'm sure this is not the first time that you've had to answer this question. But just as a broad start point, when we're talking about trauma, and it's something that is more in the public consciousness now than it used to be for sure, what do we mean? What are we talking about there really?

Irene Lyon - [00:01:44]

Yeah, there's different definitions and it depends on the lens that you're looking at. And so I always like to kind of say, you know, trauma from how I have learned through all of my amazing teachers. It's not about an event per se, like the accidents, the abuse, the assault, the war, the fall off the motor bike, whatever. It's in the individual. It's in the person's body, which comprises the nervous system, the tissue, the bones, the brain, everything. So when I say body, I mean like all of it. I will sometimes say nervous system, but it's more than the nervous system.

And so to me and how I define the work that I do and our colleagues, it's within the system, within the nervous system and everything there, it doesn't, I will also say I also believe there's a trauma surgeon. If we think about classic television shows like *E.R.* and *Grey's Anatomy*, where you go into the trauma wing and there's a bone broken, that's a trauma too. So I understand that. But when we talk about, really what Peter Levine and a lot of my predecessors have called it, we call it the new traumatology. Which you probably won't find if you Google it, but it's our way of saying the system is not in the here and now, the system isn't in the present moment.

I think, I read Bessel van der Kolk wrote in his book, '*The Body Keeps the Score*', and I'm paraphrasing, basically a traumatic trauma, traumatic events are something that take us out of the here and now. And it can be a big, big accident, as I just mentioned, but it can also be something very subtle and very chronically insidious that throws us out of our essence, out of our body, out of our mind, out of the current moment, and pulls us out. So dissociating from our brain, disconnecting from our body and not being aware of the environment constantly, we can say is a system that is essentially in some form of a trauma response. Even though they might not be in full blown PTSD, there's this lack of connection to the here and now. And usually it's because of an overload, a chronicity, an overwhelm of survival to stress. So those fight, flight and freeze responses that are our nervous system has to have.

We need to have fight, you know, I'm under attack, I'm going to fight. I can't get away, I'm frightened so I need to run and flee. Or I can't fight, I can't flee, I better stop moving, stop feeling, let what's happening happen to me because if I feel it, it's just going to be too much. So that would be a version of freeze.

So we need those to survive, but we don't want them to be on 24/7. So we could say, as a side note definition, that trauma is also, I often say it's trapped survival stress within the physiology, wherever that might be. I hope that answers that question.

Anna Duschinsky

Yeah beautiful. And so just to pick out a few really interesting points there, what you're saying around it taking us out of the moment we're not responding to now. We're responding almost based on or caught back in some prior experience, some prior moment of stress, I guess, right?

Irene Lyon

Well, it depends on if that trauma is, that trauma, that thing is occurring now or if it's the past. So the past can be living right in my face today if I haven't dealt with those old, bad, scary, threatening experiences that occur to me. But then there's also what's occurring like right now. If a plane were to come and crash on the alley behind my house right now, I would go into a bit of a shock response. We would probably have to stop this interview because that's not normal. And my system would go into preparations to fight, flee, figure out what's happening mode.

But imagine if you take something like that for a tiny little baby, things like that, and you never get rid of it. That pulls us out of the here and now in all the moments after that. I hope that makes sense.

Anna Duschinsky

Yes it makes perfect sense. It's the inability to then be present, to be right?

Irene Lyon - [00:06:32]

Yes. We're constantly either looking for danger and threat because we never properly dealt with the plane crash or the mini plane crashes that are happening all around us. So we're either hypervigilant to them or we are shut down, which then shuts us down from what is around us. And then that gets us into trouble because we are then not safe if we can't see what is around us, see the car that's driving down the street, you know, as one example, those sorts of things.

Anna Duschinsky

And really interesting what you're saying there as well about it could be the big plane crash or it could be lots of tiny little plane crashes. Can you tell us more about that?

Irene Lyon

Yeah. Yeah. Well, there's you know, I am not an expert on the historical ways in which we define these terms. But if I believe PTSD really came out of the Vietnam War and soldiers coming back and displaying not just symptoms of intense stress in their system, but lots of shutdown, lots of chronic health problems, which is less talked about. The First World War I think it was shell shock where these people are just, you know, like they're in a shock state because of what they've seen.

And so that's real, like the big blow up. Like literally when we think of war, those are real things. Shock trauma is like being attacked physically, sexual abuse, really stressful events. It doesn't have to be to the physical body, it can be mental stress. Getting into a fight with someone and literally being shaken, that conversation shook me. You know, I'm still shaking.

So those are things that are true. And accidents, for example. Surgeries, I have to put that in there, because this is something that especially when we look at the topic of fatigue and children, people often miss medical procedures that a kid might have when they're an infant or a child, and they don't make the connection with that very stressful thing, even though it was a life saving event. So our medical system and our parents still aren't tuned to connect the dots between why their 10 year old is really unwell and what happened to them when they were 13 months when they found a tumor on something. That's just one example.

So there's those surgical things and then the other types of traumas, and people often call them little "t"s, I don't love that term because they're not little. And this is sort of chronic, insidious, low level safety that's just always there in the environment. And so this could be because of the environment being unsafe, but it also can be, and I'll use the example of parents, if two parents hate each other, they don't have a good relationship. Maybe they're very well mannered and they don't abuse the child at all, this is very common, but they go behind closed doors and they fight or there's just this silence where there's emotional repression and they stay together because of the kids, which in my generation was so common. Now that's not happening so much, which is actually really good.

And so there's these low level stressors that a little person, a child, will encounter that aren't these big blow up, big "T" Traumas. They're just these small little things. But even as small as, and it's not small, but when we're born not having our parental figures, our caregivers attuned to our needs. You know, not knowing when we are too hot.

I used this example just the other day, I'll never forget I was in a drug store here in Vancouver during winter time, this was years ago, and it was actually snowing outside, which is rare, believe it or not, in Canada. It doesn't snow here in Vancouver. And it was cold outside but I went into this drug store and it was so hot. It was like the heat was just pounding. And then you've got the chemical smell of all the detergents and soaps that I am very sensitive to. And I was getting band-aids or something. And there was a little one that was probably no more than 6 months old, in their pram and screaming. And the mother was clearly stressed. She looked very stressed and she was screaming to tell the little one to stop crying.

And first of all, at that age, that doesn't work because they can't understand that. But I looked at the kiddo. Oh, my God, they were so red. They were hot because they were still bundled up in their down jacket, the gloves, the boots, the tube. I'm pretty certain they were overheating. And the little one was just trying to communicate to mom. I am hot. Take off, like I had already taken off my coat. So if you think about a little one that young, they can't take your coat off. They don't have the physical skill to do it yet. They can't communicate. I'm hot. They cry. Just like when a little, you've had a child, they're hungry, there's a certain sound, they've got gas in their stomach, there's a certain sound, they're taking a poop, there's a certain look on their face. It's like a look of confusion.

Anna Duschinsky - [00:12:17]

I know, it is, right.

Irene Lyon

Yeah. And I have not had my own biological children, but I know these signs from being around animals and enough kids so that attunement is super important. And if we don't get matched, we are not listened to and given what we need to help self regulate, our system is going to be living in a state of survival stress. And sooner or later, if we realize that mom or dad or nanny or whoever isn't taking care of us, we start to stop responding to our own physiology.

Anna Duschinsky

Right, so we shut down, basically.

Irene Lyon

Yeah, shutdown or never consolable, we would call it in the world of Peter Levine and SE. We would call it global high intensity activation. Or there's just this constant, there's just this cannot, and even if they do calm down, there's just this drive of survival.

So there's different situations and scenarios. And then, you know, mama doesn't know because she probably doesn't have that attunement to her own system. And that's just how the story's been looped for centuries.

Anna Duschinsky

Right. I mean, I often say to my clients, actually, you know, we're not really dealing with our parents. We're dealing with our parents' parents and our parents' parents' parents and way back. And this wasn't a conversation that was had. You think about our parents, and I'm guessing our ages must be roughly similar here.

Irene Lyon

I'm 45.

Anna Duschinsky

I'm 42. So our parents' parents, we're talking a generation where they've just gone through, there was major change, major upheaval in the U.K. post-war, all of that had been going on. That wasn't a conversation. That wasn't an education that they had.

Irene Lyon

There was no time you know, you're right, there was no time. And I often have a saying to kind of neutralize this. There's no one to blame and there's everyone to blame. Right, because we're all in this. It's humanity what has occurred and humanity goes through, from what I've seen historically, oppression. Maybe we call it an evolution. Maybe we don't call it that. It doesn't matter. But we move

through time and we have things happen. We learn from those things and then we move on.

Like right now you have electricity. I have electricity. That didn't happen, when, at least my grandparents were little ones. They didn't have it. And so they also didn't understand maybe, they knew intuitively fight, flight, freeze, because working on the farm, you're going to see animals and you're going to get injured and all these things. But not only did they not have the time, but the world hadn't brought this equation to the table yet about our physiology.

Now, if we go way back before we domesticated plants and animals, right, there was a shamanic healing tribal thing going on. But then we added domestication, agriculture, industry, tech. And now I think, again, I'm not someone who studies this at a university level, but I think the conversations we're having and the work I do with my colleagues and people, the fact that people are here and interested. We see and we know that the next level of evolution is to understand ourselves at the core so that we can keep all of the things we've invented.

Because sometimes the way that people cope with the world is they escape from it and they isolate themselves and they don't want the tech and they don't want the car and they want to live back in a commune, and then that stuff never seems to go right these days. We have all these different trauma patterns that nobody has figured out. And then you just perpetuate it.

So I think that right now is really cool because we have the science, we have the research even Gabor Maté, who I'm sure you're familiar with, he has said in some talks, and I don't know what talk it was, but I paraphrase, that there's no need to do any more research around chronic illness, around cancer, around heart disease. We know what causes it. And it's this survival stress that traps in our system. Not just because of the industry and all that, but because we as a species haven't figured out how to work with the non-natural world and our natural world.

And we forget that we are nature. Humans forget that. We wonder why we feel so good when we go outside in nature because well, we are it. But we relate more to my, I relate more to my tripod in some ways than my own nature. And that also throws us off, which is a part of the solution when we think of fatigue and trauma.

Anna Duschinsky - [00:17:33]

Right. So I mean, just to summarize, which is really, really beautifully put here, we have the big stuff, the obvious stuff, I guess, or often the more obvious stuff. The car crashes, the horrible stuff, the abuse. You generally know.

Irene Lyon

Which is real. Yes.

Anna Duschinsky

Which is real. It's real. It's there. And, you know, and then we have, as you say, actually just a general level of the stress of that disconnect, perhaps from nature, from this world that we're living in. Really interesting there as well. Survival stress from day to day being.

And then also, and I think a lot of times people come to me and they say, yep, I get the link between trauma and fatigue, but I don't have trauma because there's nothing big that happened. And that's where we get into more of what you've just been talking about, which is the less obvious stuff, right? It is the relational stuff, the way that you were parented, the attunement. I love that word. How well attuned was your caregiver to you at that point in time? And the impact of that as well.

So we have all these areas which can make up what we're talking about when we talk about trauma. It's not just the car accident.

Irene Lyon - [00:18:51]

Yeah. And that's why, and I'll just be bold to say, this is why the word trauma, I think maybe we're going to see take an exit slowly because of that association with trauma being really bad things. Because this is a common thing, people are like well, I wasn't raped, abused, there's plenty of food on the table and I always had electricity and my mother tucked me in every night, I clearly wasn't traumatized. And it's like, you are right, you were not traumatized from that definition. But I only got a present when I got straight A's. I only was allowed to be angry when it was summer and convenient for my parents. I'm just making these stories up right. If I cried, I was told to go to my room and figure it out. Like that's a common thing. Children should be seen and not heard. Don't dance, that is for ballet. Here we are proper. I mean, you're in England. The whole stiff upper lip is a real thing.

Anna Duschinsky

It's a real thing.

Irene Lyon

The thin lip isn't because that person was born with thin lips, it's the holding back of expression and emotion and anger. And so I will say, if we look at that, not expressing emotion, anger, not having our jacket taken off when we're overheating, all these things, that isn't necessarily trauma, but it is us feeling intense survival stress.

And then if we can't resolve it and we don't have someone to help us figure it out through coregulation with a parent, a caregiver, etc, we store it inside and then this is how we disconnect from our body. We stop feeling the inside.

The other one is like, I'm hungry, mom, I need a snack. It's like, well, just wait, dinner's in two hours. It's like, well, if that four year old is hungry, they're probably telling you the truth, you know? And we start to mess up the signals of how we listen to our own physiology because it's not convenient.

Anna Duschinsky

Yeah.

Irene Lyon

And so I want to just say, pretty much everyone here listening, we have all stored survival stress in our system.

Anna Duschinsky

And I love that differentiation between this trauma word, which has so many associations, and survival stress. Isn't that a great way of defining it?

Irene Lyon

Yeah.

Anna Duschinsky

It's such a good way. I mean, and yeah, I had my daughter 7 years ago and when I had her someone close to me said, well you know, if she cries, put her in the garden, in the pram and close the door so you can't hear. I was like, wow, this is like 2014 here.

Irene Lyon

I have yeah, isn't that interesting. But that and that wasn't that long ago and that person was probably really like, yup, that's what you have to do.

Anna Duschinsky - [00:21:49]

And all of this stuff. Anyway, so what is the link then? We've kind of, I guess, debunked the idea that trauma means you had a car accident or something really appalling happened. It can be far, far broader than that, which I think is really important as a start point.

So what then, and I call on your expertise of simplifying this to make it coherent, how does that equate to fatigue? Because I think for a lot of people, that is a real jump to go from, yeah, I had survival stress and I've stored it in my body and there was emotional repression but that now means I have physical pain and I can't get up. How? How does that equate?

Irene Lyon

Good test for me. To understand that we have to understand what the autonomic nervous system is. And so, as a quick anatomy lesson, we have many nervous systems in our body. One is the central nervous system, which is not the autonomic nervous system. The central nervous system is the brain and the spinal cord. The autonomic nervous system is part of the peripheral nervous system. So central literally is like the central line brain, spinal cord. And then the autonomic nervous system is the peripheral, and so that's all the nerves that branch out from the brain and the spinal cord, and go to our heart and our gut and our eyes and our ears. It allows me to pick up this glass of water and drink.

And so, yes, and if anyone is, of course people are watching this, but if you have a glass of water, do that and revel in the fact that that is your autonomic system, the peripheral nervous system, and then, of course, the muscle memory, the motor system sensing, OK, this isn't really hot, I can hold it. If this was scalding hot, you'd be like, oh, right?

So there's these signals going through the body with the environment. The autonomic nervous system has two functions. One is survival. So this fight, flight, freeze responses that I already mentioned, plane crashes outside of my window, a dog starts chasing me, clearly isn't happy, I'm going to do something, those sorts of things. If I have an injury and I'm spurting out blood, my system is going to go into shock, to calm everything, to slow everything down.

The other thing that the autonomic nervous system does is it goes to all of our systems. So as I mentioned, it governs our ability to swallow. We don't have to think about that water we just took in. It's automatic. We don't have to think about, I've just eaten a piece of toast, I need to secrete insulin to take the sugar into my blood. Like all those things are automatic.

So, that peripheral nervous system, they work with each other. So imagine, if you will, someone who is constantly in fight, flight, freeze because of their big traumas, little traumas, all the things, and I'll get into that in a little bit, but let's just say they're always in a state of stress, always in a state of hypervigilance or shutdown. That will impact directly how that autonomic nervous system governs the digestion, the lymph, the cardiovascular, the breath, the perfusion of muscle up for blood, excreting the waste, when we move, even our brain isn't an organ to the autonomic nervous system.

And so, and in addition to that, the autonomic nervous system also is what engages us. So this is where the vagus nerve comes in. So, like, I'm looking at you, Anna, and if I start making funny faces, you know, you're seeing it and all of a sudden you've got a little red in your face. That's because you're seeing me do something silly, which maybe isn't expected for this talk. But we're eventually, we're engaging with our nervous system through something called the parasympathetic nervous system.

So now I'm going to break that down a little bit more. That autonomic nervous system this fight, flight, freeze has two branches. One is the sympathetic, which is fight, flight. So that's, plane lands, holy cow. I better get out of here. Danger, danger. And then the other one is parasympathetic.

Now, parasympathetic is the one system that has been the most misunderstood and inaccuracies have been given it. So people often say parasympathetic is just slowing, it's slowing down, but it's rest, digest, that's partially true. The other part of the parasympathetic is this social. We call it the ventral vagal aspect of the vagus nerve.

[00:26:58]

So the vagus nerve is the parasympathetic nervous system. It comes out of the brain. It goes to all these places. I won't get into the full flow of that. So it's ventral, and when we're born, we don't have that ventral online fully. And how we're interacted with that caregiver, usually it's the mom at the beginning, but maybe it's dad, maybe it's an older sibling, it doesn't matter, how we are interacted with, with our primary caregiver will determine how that ventral part of our parasympathetic gets built up.

This is important for what I'm about to say in a couple of minutes. OK, so hold that. Remember that. The ventral, important, isn't fully working when we're born. We need to learn how to use it through other people, through what's called coregulation. That's where that comes in.

The other part of the parasympathetic is what's called the dorsal branch of the parasympathetic, of the vagus nerve, the dorsal vagal branch. And then to make it even more confusing, the dorsal has two other tones or sub-branches. One is called the low tone and one is called the high tone. It's like gears in a car. So they're not different. They have different jobs depending on the environmental situation.

So if my home life is actually really safe and really good. And my parents do love each other and they communicate and they're gooey and yummy and they give me that lovely everything, they know how to go into what's called a really healthy, low toned dorsal. Resting, digesting. So low toned dorsal allows our system to really regenerate and repair. When we go to sleep at night we actually get regeneration. The gut lining stitches back up properly, all the good stuff.

But, or and I should say, let's say, we don't have that good, gooey, yummy environment and there's tension and baby, child, teenager, they know it and they're like, I can't chill. I can't go into this slowing down that's really nice and easy. That child, that baby, that teenager, they might slow down, but in a way that is very shut down.

And so the other portion of this vagus nerve, which is still the parasympathetic, is what's called high tone dorsal of the vagus nerve. And that is what would happen if I went into shock. Bleeding out, decrease the blood pressure, all the blood goes inside, preserve life over limb, that kind of thing. But it's also what we go into when we realize I'm about to be attacked. I can't get out of here. I'm going to shut down.

It's also what we go into at night when we sleep, if we are going to sleep exhausted and we're stressed and we just like conk out. So a lot of people that suffer from fatigue, chronic fatigue, autoimmune conditions, etc, they will say, some of them, not everybody, but I sleep so much and I wake up and I feel heavy and drugged and lethargic because when they're sleeping, they're not going into that healthy, low tone, yummy rest, digest, regeneration, repair.

And so, to understand fatigue, and we can say the chronic illness element of it, we have to understand this autonomic, so again, a reminder I'm talking about the autonomic nervous system, that's the peripheral nervous system, how these systems interplay and work with each other, because it isn't just one and only one. They're playing with each other.

And so when we think about an infant, for example, and they're in that situation of being locked in the garage, was it, that the person said?

Anna Duschinsky

It was in the garden.

Irene Lyon

In the garden?

Anna Duschinsky - [00:31:19]

In the garden, that's right. So you couldn't hear them. That was the idea.

Irene Lyon

So let's just say in another parallel reality, you did that, heaven forbid. Right. And we know people do that. Right. Baby's crying, mother doesn't have the capacity to deal with it, and it's actually safer for them to put that baby in a room and close the door because we know what else can happen when babies, you know, the worst case scenario.

And so that baby is crying, crying, crying. No one's coming. Red in the face. Wailing, and then they just hit an exhaustion, it's like the circuit breaker hits and then they just fall asleep. So they go into their sleep with this high, high sympathetic charge. So that's one example. So think about a little one going into a sleep cycle like that. That is not restful. That is high level stress.

The other portion or the other scenario, which is a little different, is baby's crying and for whatever reason it's not ready to sleep but it realizes mom is not coming, no one's coming. And it just starts to shutdown. And so it doesn't necessarily go to sleep, but it goes into what we would call that high tone dorsal shutdown. It's conservation mode. It's an immobility. And then that primes the system to basically be like in an off position.

Now here's the interesting thing is if you get into say Bruce Perry's work, he's such a great, have you ever read any of his books? Yeah. He talks about kids that are left for dead in orphanages, kids that are put in cages. And sometimes the survival physiology is so strong that it literally shuts them down and they die.

So if you're here and you're alive, which you are, but you were that baby that was put out into the garden and either shutdown because of intense stress and activation or you shutdown into this high tone dorsal and you're still alive and you haven't worked at this level of the physiology, your system is still living in conservation mode or in this, what we would call high global activation of the entire system. That does not lend well to recuperation and regeneration.

Anna Duschinsky

Because of everything that you said, right?

Irene Lyon

It's exhausting.

Anna Duschinsky

And because everything is impacted by that, you talk about the gut, the regeneration, the breath, oxygenation, everything that you talked about. Everything.

Irene Lyon

Exactly. And depending on a person's predisposition to certain genetics, and genetics are a real thing but they are expressed based on the environmental situation, this is why it's so confusing for the medical world, because they often don't have this piece of information. It's like, well, one day this person has gut problems and then the other person that has the same upbringing has cancer. And then the other person has problems with their heart and the other person has more mental troubles and the other person has POTS and the other person has rheumatoid arthritis. Like this doesn't make any sense.

But if you think about it from an autonomic nervous system perspective, it actually makes complete sense because that high tone dorsal and that sympathetic charge, it doesn't just say, I'm just going to go to this tissue.

It's like an airplane. When you go into a plane that goes high into the atmosphere, it gets pressurized. What happens when you have a cold or something? You know, you feel it. Your water bottles get squeezed, your makeup containers get squeezed, your pens can explode. I've had that. And so that shows a good example of how something gets pressurized. It isn't just one thing in the plane, it's everything. And that's what's occurring in the human system.

Anna Duschinsky - [00:35:43]

It also makes a lot of sense, if you look at chronic fatigue, I mean, it's such an umbrella term, I know you're talking about different illnesses, but even within the umbrella term of chronic fatigue or fatigue, there are so many different manifestations. Two people are going to have completely different experiences. One has mental fatigue, one has pain, one is wired, can't sleep but is in constant pain, the other has no energy. And yet it's all under the same umbrella term.

And that, again, as you say, for a medical system, has been really problematic, I think, because there's so much differentiation. But as you say, when you look at it from that perspective, it starts to make perfect sense, right?

Irene Lyon

Yeah, it makes perfect sense. It's like trying to plant a garden in soil that has nuclear waste in it. You can give it all the sun, all the clean water in the world and really good, crazy, amazing seeds that aren't GMO or any of that, and you put worms in there, but if the soil is filled with the byproduct of contamination, it's not going to do well. The worms are going to die, the seeds are going to be confused. And so, in some ways we're looking at that terrain of the system and how it is not able to help that person heal.

And it's not just internally, it's their ability, remember I said the ventral vagal when I made the funny faces? It also impacts our ability to connect with other people. And so a very common thing we hear is this introversion quality. Oh, I'm an introvert. And I don't love that term because humans are by nature social creatures, we're meant to connect. We need to connect with our mothers when we're in utero. And as soon as we're born, we know now, that there needs to be contact, you know, and all these things.

And we need to understand, I think, that the system needs, it's more than internal, it's how we connect with others and how we connect with the environment around us.

And so the last thing I want, well not the last thing, but the other piece that I want to make sure I mention about the autonomic nervous system is that social engagement that I just mentioned. It is directly related to our heart. So one of the features of our autonomic nervous system and the need to have that ventral engagement is it helps slow the heart rate down in a very easy refined, it's myelinated, if you like, the science of the nerves, that ventral vagus nerve is myelinated, which means it has, it's like my fingers, like the ability for humans to do all sorts of things with their hands and dexterity. That's because of the myelination of the nervous system going to those muscles.

And so the ventral vagal aspect of our parasympathetic has the myelination, but that myelination is built up based on engagement. And so if our engagement with our primary caregivers was not the best or was scary, or if mama or papa or whatever, didn't know how to attune to us or listen to us, we're not going to get a good start at that primary wiring, as I call it.

And so people will be living thinking that this is just my trait. And it's like no, that's actually a consequence or the after effect of not having that good, yummy, gooey connection at the beginning.

The good news is that that can be shifted and changed. But we have to understand the physiology, because when we have that ventral on board, it directly goes to the pacemaker of the heart. It slows it down in a way that isn't like the high tone shock dorsal. And so that baby that was left to cry and cry, it gets used to slamming on the brake really fast. Whereas the baby that you had, that didn't go into the garden, you taught her how to engage with you when she was she was crying and so it allowed her

to access that ventral and then she learned how to bring her heart rate down in a very refined, slow way.

The other thing that I'll add about this vagus thing, so that's called the vagal break, is that it also can get lifted. So I've just talked about it in terms of calming the system. When we have that good ventral vagal on board, we also can speed up the heart without added survival stress.

Anna Duschinsky - [00:40:43]

Interesting.

Irene Lyon

And so one of the hallmarks of those that I've seen who have fatigue, chronic illness, fibro, autoimmune is they can't exercise. They can't move their bodies. They want to, but it can sometimes send them into a state of panic because there isn't that refinement, the vagal break doesn't know how to lift gently. And instead, they do a little bit of exercise and they're thrown into stress physiology. It feels terrifying. And then they're like, I'm never doing this again.

Anna Duschinsky

Which makes sense, right?

Irene Lyon

Which makes sense.

So I wanted to put that in because this is a bit more complex. That's the work of Stephen Porges. But when we have the wiring and we rewire with this good ventral thing, but also the working with the physiology, we gain that use of the vagal break in a refined way. I hope that makes sense.

Anna Duschinsky

Yeah, totally. And I guess it leads us really nicely onto that next piece. Everyone's listening to this and maybe going, right, well, you know, I'm screwed. But actually what do we do? And actually, not only what do we do to heal from this? But also, I think in the, particularly the last few years from my observation, there are now so many options. There's EMDR, TRE, there's so many ways, and somatic reexperiencing, but how do you know where to start with in all of that?

Irene Lyon

Yeah, I'm biased, but I'm biased due to experience. So when I work with my clients, either at private practice. If I think about the case studies I watched Peter Levine work with, Kathy Kain work with, the stories from their practice, and then if I think of the students I've worked with online, where I'm just really reading their histories, or the few that I have a chance to meet in person, their stories are all very similar.

If we think of the more autoimmune, chronic fatigue, fibromyalgia representation, they've tried so much because they really want to get better, obviously. They try something and it opens a little bit of something, but then it kind of closes, like the door closes. Their health is going OK, and then there's a stopping block.

And so, first of all, I'm just going to say that if that is you, this is typical because, again, like I said, quite a few minutes ago, maybe half an hour ago, our history of evolution is such that we didn't know this even 10 years ago. So the practices that were already formed even 5 years ago were what people had availability to. They had availability to these more neurofeedback, EMDR, EFT, TRE and again, there's nothing wrong with them, but the context has to be proper.

So, for example, that baby that was left to cry in the garden that isn't yours. You know.

Anna Duschinsky - [00:43:56]

I promise I didn't, I didn't.

Irene Lyon

It's a great story, you know, you need those vignettes to make someone understand how important this is. But that little one isn't experiencing an accident. They're not being chased by a tiger. And this is where the concept of being chased by a tiger, a saber-toothed tiger, it isn't 100 percent accurate for most of our chronic stressors because it's just not why we're under stress. If we were living in the wild, then that would be different.

So, that kind of chronic stress of being left to cry and no one's there, that doesn't usually match up with needing to shake the body. It doesn't necessarily match up with needing to complete what we would call procedural memory to complete the attack and imagine pushing our assailant off of us.

It doesn't add up, and so what's happening is we're prescribing treatment or methodologies to people without understanding what is it actually that needs to be healed. If it is a car accident and you weren't allowed to shake it out and then, yeah, that might be exactly what you need.

But when it comes to that example of the little baby that's not properly attuned to, they are essentially living in a state of absolute utter terror. And this is a common thing you'll hear from folks who are in that category, the world is a dangerous place. We're all going to die. No one is to be trusted. Nobody is here for me. I have to do it all myself and screw you guys because you weren't there to help me.

And so you take those words, those few sentences, and you have got a lot that has nothing to do with needing to shake or protect. It is a cellular quality of I am not safe. And I can't connect to my body because I was never allowed to in a way that was healthy.

And so, to unpack that, it's like, oh, my gosh, well, then what do I do when I have that? And the first thing is understanding the education, right? So this is a good start.

What we've talked about is there's bits of complexity that I've thrown in around the vagus nerve, the nervous system, how we regenerate and repair. And so, first of all, the education is super important.

And then the second piece is starting to learn how to listen to the biological impulses in the body. So if you didn't get it when you were little, you got to start doing it now as an adult.

And the more I do this work and the more I think about the crazy methodologies that are so, they're so promising, but it's like, what if we just listen to our need for hunger or thirst? I'm hot. I'm cold. How many times do we sit knowing we have to go to the bathroom and urinate or we feel the pressure in our colon and we know we have to do a bowel movement, but we hold it in.

How often do we eat and keep eating even though we're full? How many? The flip side, I'm hungry and I'm just not going to eat because I'm so immersed in something or I don't have the energy to and then our blood sugar drops. I feel a tear come out of my eye when I'm watching a movie at home alone and I don't even let it come out.

Anna Duschinsky

So back to the basic responses, as you say. Back to the basic responses.

Irene Lyon - [00:47:51]

Basics. Yeah. And it's kind of almost like, it almost seems too basic. But if we think back to that baby that I saw in that drugstore, it just needed to have its clothes loosened up. A bit of a fan with some paper like that kind of thing. Like as simple as that sounds, that is the level of simplicity that we want to start with. And that's something that, anyone can do that. And I will say this, Anna, those who were brought up with the, I'm in the garden, no one's coming. Just that can be terrifying. And the resistance to listen to the body is huge because it's been wired into us to ignore those signals.

Anna Duschinsky

It's so interesting because I guess what you're talking about is attuning right? In the way that we were looking for attunement in that caregiver. It's attuning now to our own cellular responses, emotional, physiological, physical, all of those kind of core levels.

And so interesting too, as you say, I love what you're saying, it's about kind of finding the right tool for the job, right? If we've never learnt attunement, if that wasn't there, then however much you shake or breathe or meditate, actually it's that response to self, initially that basic piece.

And I also love what you're saying there around creating a frame. I see that with clients all the time, that if there isn't the understanding, there isn't the framework around it, then there's just confusion, there's no clarity, there's no ability to move forwards, right?

Irene Lyon

100 percent. The other analogy that often I've given is it's like a house, you're not going to start putting the light fixtures in if you don't even have the engineering plans or the permit from city hall.

Anna Duschinsky

Or the roof on right?

Irene Lyon

Yeah. And and then the other analogy because I love my analogies, and this can sometimes help people get this is, if you didn't have that good attunement growing up and you're here watching this and you have the capacity to buy food and have shelter, then you're OK. Like you can heal this. It's those cases that Bruce Perry talks about, right. Where the child was left in a cage and they will need care for the rest of their lives. That is different. That happens, but it's different.

And so, I often use the analogy, if you didn't have that, think about what it would be like to learn a second language as an adult. As an adult, it's very different if you learn two languages when you're young, right? But as an adult, like if I wanted to learn, do you have a second language?

Anna Duschinsky

Yeah, a couple. Yeah, yeah a couple. French actually.

Irene Lyon

French. OK, so I learned French when I was young and I have the tone. I can speak it. I'm rusty but I have the way of pronouncing pronunciation. If you were to try to teach me Swedish, you know, because I've some Swede friends, you know, like I love hearing it, but I'm not going to know that language in a matter of a year. Even if I study every week, it's going to take time to develop the skill, the sound, hearing it, writing it

And so, when we come back to the nervous system and learning how to rewire it and promote regulation, because that's what we want. Just to remind everybody. If there is this, yeah I was the baby that was left or not attuned to, basically that is a system that is dysregulated. If we are living in chronic

fatigue, fibro, autoimmune, the system is dysregulated at that autonomic nervous system level.

So we need to then look, OK, I'm having to learn this new language as an adult. And it starts again with the education, the following of the impulse, taking it one step further is to become very acutely aware of the here and now. If you can recall when I defined trauma earlier, it takes us out of the here and now, but it also takes us out of our body.

So that's why one of those first things is starting to listen to the body. A common thing that happens when we start to listen, in addition to the resistance and all of that, is we might actually feel a little bit of disgust for feeling our body. That's a very common after effect. So I'm just going to say that because what goes on in our viscera is pretty juicy, you know, like.

Anna Duschinsky - [00:52:37]

Right. And if you didn't get the juicy at the start...

Irene Lyon

You might be like...

Anna Duschinsky

Yeah, what's that?

Irene Lyon

Exactly. Like a person will feel their peristalsis for the first time in their gut and they actually think something is breaking down when actually that's a good thing that you're feeling the gurgles, right. Passing gas, that's something that our culture has been so tricky with. We will punish children if they do it, you hold it in, there's jokes around farting and burping, that just shows you how immature we are. Whereas if you think about a dog or a cow or animals in the wild, if you've ever been to a pasture.

Anna Duschinsky

I have a 9 month old puppy, right. I'm all good with natural expression.

On this beautiful note, I could talk to you all day, but I'd just love to wrap this up, just to summarize that again, I thought what was so beautiful about what you said there is, is that, you know, you're not that child in the cage. You're here, you're functional, you're watching this. Therefore, you can recover this.

Irene Lyon

Yes.

Anna Duschinsky

And I also love this idea, I guess what it means to me, what you're saying is, there's a process here. This is not a quick fix necessarily. This is not a magic bullet. That retraining process is a process. And so to, I guess, be patient with that as well, which I think is so important here as well.

Where can people go to find out more about what you do and your work?

Irene Lyon - [00:54:08]

Just my name, irenelyon.com. It's pretty simple. You'll go there and you'll find my social media. I have a YouTube channel with hundreds of videos that are deemed binge worthy. And there's lots of topics. I have lots of free resources, some audio samplers, many of them. And then, of course, I have programs that people can do that are online and some drop in classes that are low fee, we do once a month that gives you a little taste.

I will say for the fatigue piece and the part we've been talking about, the big thing, as I mentioned, is restoring safety. And that takes time. And I'll just sort of, maybe that's the ending point almost, is it's a process, but this is a lifestyle. It really, as I watched my students who have gone through the work go through it, there are students I have that have been with me from the beginning, from when we first ran programs, and they're doing their fifth year of working with me, their sixth year, their fourth round. And each time they say, wow, I have another depth or there's another layer coming up. And so the medical model, I'm all for medicine when it needs to be done. You have a broken arm, you go get it fixed and it's done right. Do a little physio.

But this stuff is not like that. And so we've been trained to take something and then hope it's over in a few weeks, this work isn't like that. And I think a lot of the methodologies that are trying to help people heal the traumas and that are trying to offer that, and I'm quite blunt in saying you'll be doing this the rest of your life. This doesn't mean that you won't get regulation back within a few, four or five years, two years, depending on the severity of the early trauma.

Anna Duschinsky

And also in that process of gaining more and more regularly, you will feel very different, right?

Irene Lyon

100 percent.

Anna Duschinsky

You do it two years or five years and then suddenly in that process, there's change all the way through.

Irene Lyon

100 percent, the capacity building. I don't want to scare anybody there, but it's like it's, working with this stuff is like diet and healthy exercise. You don't just do it for four months and then you're perfect and then you stop. And so that's the kind of 180 degree shift I think we have to look at with this is it really is, you know, if you got into, heaven forbid, a car accident, after you gain regulation you're not going to ignore that. You're going to feel your body, you're going to process it.

So it's constantly ongoing. But once you get the basics, once you get the language on, it becomes easier to speak it.

Anna Duschinsky

Beautiful and a wonderful place to finish, I think.

Thank you so much. As I say I could do this for about another two hours. Thank you so much for all of that wonderful, really important information, I think. And bring people towards your website to find out more.

Thank you. And thank you, everyone for watching.