



Conscious Life presents

SLEEP SUPER CONFERENCE

Survival stress and sleep

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 my friend Irene Lyon.

We're going to be talking about survival stress and how it impacts upon sleep. We'll talk about it from a few different perspectives. We'll explore how childhood trauma can cause survival stress. We're also going to explore how surgical trauma can cause survival stress.

We'll also talk about some of the practical ways you can start to understand, and pathways towards looking at impacting and changing survival stress in our body and in our nervous system.

To give you a little bit of Irene's background, Irene Lyon, MSC, is a nervous system expert who teaches people around the world how to work with the nervous system to transform trauma, heal 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 and Kathy Kain. Irene spends her free time eating delicious food, hiking in the mountains or walking along the Pacific Ocean in her hometown of Vancouver in British Columbia.

So, welcome Irene, it's great to have you here. I always enjoy our conversations.

Irene Lyon

Definitely Alex, thanks for having me.

Alex Howard

So we're going to talk about the role of survival stress in sleep dysregulation. And so maybe a good starting point would just be to name and describe what we mean by survival stress.

[00:02:08] Irene Lyon

Yeah, so my line of work, if you want to call it that, nervous system health, healing, somatic experiencing and a few other branches, and in this world we would call the new traumatology, survival stress is a very simple way to describe fight, flight and freeze.

So these aspects of our autonomic nervous system that keep us safe, keep us away from danger, whether it's to fight the danger, to flee from the danger or to freeze because we can't do the first two things. So it is a stress because it is and so that's our way, and that's many of my colleagues' ways, of saying dysregulation is survival stress.

Some might say survival stress physiology, neurophysiology, and it's really this mounting of full body, we got to protect and we got to do it until this threat is gone. And for many, and we'll get into this I'm sure, who are living with unresolved, we would call it, trauma, early trauma, developmental trauma, shock trauma, all the traumas, surgical traumas, which we'll probably get into, if they are still living with that memory, dysregulation, they are living in a state of survival stress. And it greatly impacts sleep.

Alex Howard

Because as you say, the actual external event may have ended, but the internal response to that event may still be active.

Irene Lyon

You betcha. And we know this now. I know you've got so many good people on your panels that understand this work. We, I think, all can agree that the traumas in our body don't have to be the things that are occurring in the moment. That can be accurate too. But for many of us, we're sitting with a roof over our head, food in the fridge, and a lot of the things that occurred to us in the past are in the past.

But because of this human brain of ours, it holds on to these old fight, flight, freeze elements. This creates the dysregulation in the autonomic nervous system at the level of the parasympathetic, a branch of the parasympathetic specifically, which we will probably talk about. The sympathetic. This is what dysregulation is. This is what stored traumatic stress is.

That's another word I'll put in there. We could also say survival stress is stored traumatic stress. And then of course, if there is an accident that happens right now, heaven forbid, or if I injure myself, for example, we want those reactions to come up. We want our adrenaline to pump, to get us into mode, or our system to shut down to diminish the pain, for example.

So, yeah, it can be something that is in the moment. But for the most part, if I generalize, we're storing it from long, long ago.

Alex Howard

And then, Irene, let's say a little bit about how that then is impacting directly on sleep. So we have this survival stress that's active in our body. How's that disrupting sleep?

[00:05:39] Irene Lyon

Yeah, I'll give a little science lesson first. So if we think about that autonomic nervous system I mentioned, that is the peripheral nervous system. So it's these nerves that are going to our muscles, to our digestion, our brain, our face, our reproductive organs, our heart. It allows us to function well in the day, we hope.

If we are stuck in this survival stress mode, it isn't just the brain, it's the entire physiology, the gut, the immune system, the hormones, the heart, the muscles. Think of tension. I'm ready to fight, but I'm not doing it, so I'm holding this tension.

It's very hard to go into real deep, what we would call rest digest mode, which I think most people have heard of, this idea of rest digest. And just as a side note from that, that rest digest, what is responsible for that is the autonomic nervous system. And it's a portion of the parasympathetic nervous system that is the vagus nerve, which is what we would call this low tone of the parasympathetic of the vagus.

The rest digest is the slowing down. I'll slow my talk as I say this. It's this chill, it's this siesta. It's like I'm nodding my head. It's time to go to sleep. And then you go to sleep or you have a nap and your system goes into this low tone vagus tone situation of the parasympathetic. And then we repair. We repair cells.

The immune function speeds up and does its little jobs. The lining of the gut heals and stitches up. So we need humans. We need to go into that rest digest mode a lot. But if we're stuck in this other autonomic nervous system survival physiology of fight flight, which is the sympathetic go, or the flip side, the freeze, and this is often new to folks, that's also part of the parasympathetic.

And the vagus nerve. But it's a different tone of the vagus nerve. I always liken it to a gearbox in a car. If you drive a standard stick transmission, it's the same engine. It's the same nerve, but it's a different gear. And so we need to gear down into rest digest to repair and to sleep well.

But we don't want to be geared up in the high level of freeze. Now, the interesting thing, Alex, is that there's often two sides. So one is I can't sleep. As soon as I hit the pillow, I'm awake. And then there's a full list of bullet points there. Panic, night terrors. I get to sleep. I wake up, I can't sleep.

And then the other one is, oh, I pass out completely and I'll sleep for 12 hours. But then I wake up feeling absolutely zonked. So that zonked, no rest, groggy, even though a person has slept, they're not going into the gear of rest digest. They're essentially shutting down into this high tone of the parasympathetic.

And so there's no recoup, there's no regeneration, whereas the other one is high, high, high, strung out, stress, physiology of the sympathetic. And then that's where a person is just not able to sleep. Now, there are reasons why a person would be in those areas, but I'll pause and then see if you have any follow up from that.

Alex Howard

Well, I think one of the things that may surprise some folks is that they can think that if I'm sleeping 12 hours, then I must be getting real quality of sleep because of the amount of sleep that's happening.

[00:09:34]

But I think what's really important, the point you're making, is that may not be the case. And also that there is that shutdown, although it's a kind of low energy state, it's still a high resource state to fuel that low energy state.

Irene Lyon

You are 100% right. It's like you've got this engine that's running, but then you've got this break that's just clamping down. One of my new favorite analogies, I don't know if I've used this one on you yet, is if you think about a hydroelectric dam where there's a big body of water, there's a reason why hydroelectricity works. There's so much energy when you store that water right behind the big, I think it's concrete I'm not sure, I'm not an engineer...

Alex Howard

Something strong.

Irene Lyon

Something strong. I just think of Superman, that Superman movie. It's a lot of pressure and you need a lot of structure to hold it. Think about that. In a human system that's storing a ton of fight flight energy, a ton of dysregulation, it takes a lot to keep it caged. We could also say, caging an animal that's meant to be wild, not so good. They get sick, they get angry.

I know you have a history of chronic illness and fibromyalgia. A lot of the folks that we work with, and you might be able to speak to this, they're tired. They can't rev up their body to move. And that's because they are living in that high level of dorsal high tone shutdown. It's like a functional freeze.

And they might rest all day, but it's because they're resting in a very high charge survival stress state that has this big clamp of shutdown on it. And then just to tie in a connection, this is why when you're in that high level of survival stress that might look very lethargic and very shut down, we often see people have gut problems. Autoimmune problems.

They have trouble getting their heart rate up. This is where POTS, postural orthostatic tachycardia syndrome, comes in. They can't get their autonomic physiology to rev up the engine to do movement. And so they get super fatigued. The brain isn't getting proper nutrition even though you might be eating perfectly.

So all of it really connects because this nervous system of ours, it touches everything. Reproduction, hormones, the bladder. I'm sure I'm missing out certain organs. Muscles. I mentioned tension of the muscles. People will often go to sleep in this state. They wake up so stiff and so in pain and they're like in this gripped state.

And there's a thinking through my colleagues and older peers that this is indicative of usually, and not always, but early developmental trauma that was never addressed. And it's this cycling between the fight flight, needing to fight, get out of the danger. I can't get out of the danger. Okay, I have to shut down. And the system is in this chaotic confusion. Does that make sense?

[00:12:49] Alex Howard

It absolutely makes sense. And I think it's worth saying that there are different factors that can drive this survival response, which I think you very well articulated how that impacts on sleep. There's childhood trauma, which we can talk more about.

But also, before we started recording, we were talking very briefly around surgical trauma. And I think that's a good way of bringing in an example which may not necessarily be childhood trauma, but still can have the same impact.

Irene Lyon

Sure. And it could happen in childhood. It could also happen in utero because there are now, I don't know the proper term, but in utero surgery that occurs. But, yeah. And I have to give credit to Peter Levine, founder of Somatic Experiencing, who I've been blessed to be around and be in his classes and assist and all these things.

Well, first he taught us, me, my colleagues, this idea of working with surgical anesthesia and near death experiences. So they all kind of cluster together. And he calls his work Eye Of The Needle. And it has to do with this idea of trying to get a camel, this saying I'm not sure where it's from, but getting a camel through a needle, like the eye of a needle, it's very tough.

But you gotta be very structured and precise with this work. But what happens, having myself had a lot of surgical experiences and anesthesia experiences, something occurs when a person either almost dies or goes under in the way that you do with general anesthetic. I don't know if you've ever had a general anesthetic?

Alex Howard

I have, yeah.

Irene Lyon

So some of you listening to this, and I'm just going to put this as a note, if you have had a surgery or near death experience and you start to hear me talking about this, it's possible that your system might start feeling the survival stress. So I just need to put that out there. And that doesn't mean that something wrong is happening.

You are connecting to the field of this information. Some people might find an increase in their fight flight. Others might all of a sudden get really drowsy, and it's mimicking this going under. So when you go under, you are essentially out of control. You cannot not take it back. The moment that anesthesia goes in, you are like and then you wake up and you're like, what just happened?

How a person goes into that will greatly determine how you come out. There's a saying, as they go in, so they come out. Up until now, and it's getting better, but if we think about kids that go under surgery, in the past, things were pretty horrific. They didn't have parents. There was no fun pediatric nurses. It was very rough.

[00:15:50]

I experienced that as a kid, getting my tonsils out when I was young. I had a nurse that should have been transported to another planet. She was so mean. And that is intensely terrifying. So personally, when I went under, I was already scared. I was already in a heightened state of survival stress. I then go under, I come out, but my system is still gripping that.

And interestingly enough, Peter Levine's first client came to him, she didn't know it at the time, she came because of fibromyalgia and chronic pain and fatigue, they linked all of it back to a surgery when she was five, getting her tonsils taken out. And she had been ethered, which is what they used back in the day.

And she tried to struggle to get away, and they held her down, which is very common. And then she went under in that absolute state of panic, survival stress, get me the heck out of here. Okay, I'm not going to get out, now I'm dying. Essentially, it sounds dramatic, but that's what the physiology thinks.

And it's the same with, let's say, choking, which happens a lot in kids, near drowning, electrocution, anything where the system is like we need to prepare for death. And so in that after effect, what has been seen to occur, Alex, and I'm just going to name this, people will maybe go to sleep, but in the sleep they will have intense terrors. We would call them night terrors.

And there's a very specific image that comes. And I don't know if this is because this is a ghost of anesthesia or surgical trauma, but it's like a villain. We call it a hag. And it's this very gruesome looking, usually woman that is chasing you. And it's this element of being chased in usually a home, and there's enough stories I've heard of this, and you get to the end and they're there and then you turn and then they're there. And it's basically like a horror story.

And the reason why it's like a horror story is we experienced a horrific event and it was out of our control and we had to let go. So this is a bit intense, but that is something that can greatly disrupt people's sleep. And they think they're not so crazy, but they're like, god, why am I having these bad dreams?

And so a part of the healing of that is acknowledging, wow, this is maybe from that dentistry horror that I had when I was however old. This is maybe due to that near death experience when I was being born. It could be something like that. I'm going through the birth canal and I'm stuck. Or a very common one is the umbilical cord can get wrapped around the neck of an infant and they almost die.

This can be in utero stress, but also these surgical elements. So in a nutshell, that can disrupt our sleep. Personally, having gone through this myself and realizing when I started studying this work, what? I remember Peter describing this hag like villain woman figure and it was exactly in my dream. And everyone reports a very similar thing.

So, long story short, to heal that it all comes back to nervous system health, restoring regulation, which we'll talk about a bit more. But does that satisfy that surgical trauma?

Alex Howard

It does. And I think that's a great example, Irene, of how surgical trauma can happen. But I think we can also broaden it a little bit more widely to other experiences of trauma and how they are held in our body and how they are held in our nervous system.

[00:19:43]

And it may not be a conscious memory in the first instance, but of course it's when we go to sleep. Apart from the fact that these things will be happening in dreams and held in the body, it's also the time we have less distraction and less ways of avoiding what's happening in our system.

Irene Lyon

You got it. And a common thing that will be asked, and I got this question just the other day so I'll share it, someone said I know I have trauma that's stored, and it doesn't matter what it was, but survival stress that's stored in dysregulation.

How come during the day I'm able to move around and do things and all these things and I'm not noticing this terror, this anxiety? But then when I go lay my head down to sleep and I do all the sleep hygiene things, warm bath, cup of herbal calming tea, no screens, light music, movement, breath, all the things...

Alex Howard

All the good stuff, right?

Irene Lyon

Which is still great to do, whether you have a sleep problem or not. It's still good to do those, to bring that system into that rest digest that I was talking about. But let's just say a person is doing all that and they also don't feel panic or anxiety during the day. Then they go to bed and they're wired.

And what is usually occurring there is the daytime is very sympathetically driven, you're moving, you're exerting muscular effort, your heart rate is up higher because you're doing things and moving around and you're talking and engaging. So there is this element of a bit more survival energy that is just life, but not necessarily stressful, but it will match a person's physiology, you see.

And then they do the calming things because that's what they were told to do. And again, it's no fault to anyone other than this is what we should try to do to help you relax. But again, if there is, I go back to that damn example, if there is all this old unresolved tension, survival stress, fear, we would call this implicit procedural memory of needing to fight or run from a trauma that might have been 70 years ago, that will bubble up when we get a little more quiet.

Because as you said, we're more open to feel it because there's less stimulation. And then we might hear a little thing outside and we jump, whereas if we hear loud bangs in the daytime, it's no big deal. But that's because our physiology is matching the stimulus of the world. Make sense?

Alex Howard

It does. I think it's also worth saying that often when that stuff is bubbling up, it's also because it's presenting itself to be addressed and in that moment it can actually get our attention.

The problem is, if we don't have the skills and we don't have ways of working with it, it can actually be retraumatizing sometimes because we then almost live in fear of our reactions and our sensitivity.

[00:22:54]

I'm curious to come to some of the ways that we can start to work with this. And so if one is recognizing survival stress in their system and it may be surgical trauma, it may be childhood trauma, it may be experiences in adulthood, what are some of the ways that we can start to impact change?

Irene Lyon

Yeah. So what I'll say is maybe a bit counterintuitive but start learning more. So this is a great place to start because a lot of the time, Alex, people think they're going crazy. There's something wrong with me because I know I'm exhausted but I can't sleep.

And you have to remember, when this autonomic nervous system physiology, the survival stress, is running the show, that's all it's caring about. It's like we are built to survive and so everything else gets put to the side, including our rest and the upkeep of our organs and immune system and all of that. So it's important to understand that.

The next thing would be, and this is again going to sound a bit strange, but if you are awake at night, or let's just say you wake up because this is another thing that's common is this waking up in panic. Don't force yourself to try to sleep. And so this is where having practices of connecting, in my line of work, to the environment.

You might actually do good turning on the light. Sometimes that darkness can be terrifying and it's the classic falling asleep with the television on. There's something there, not to distract us, to give us a bit of stimulus. It's why also people like those sounds that they listen to at night or they listen to an audiobook.

If those resources help you connect and come down a little bit, then by all means use them. In the middle of the night, if I just go into troubleshooting mode, if there is this restless leg which is very common, that's just to name that restless leg is the fight and the flee energy. And it could be from an entire life of trauma held in.

Or it could be that you had a really stressful day. You had to say a few things and you couldn't and you got this buzzing in that moment. Get up, move. Let the shaking go out, let the sound go out. Don't try to force that energy in, you need to find a way to move it out. That's some more quick on the spot. And then in a broader sense...

Alex Howard

Just before you come to that, sorry, I want to amplify a point that you make because I think it's really important.

Irene Lyon

Sure.

Alex Howard

And I'm mindful that a conference like this may feed this problem, but often we have a lot of ideas of shoulds. Of what we should be doing and shouldn't be doing for sleep. And I really appreciate the point that you made that sometimes the thing that's most going to help us sleep, for example, is

playing a game on our phone before it's time to go to sleep, to give our mind something to fixate on and do whilst our body is settling and landing.

[00:26:22]

And that goes against I can think of probably at least half a dozen interviews I talked about.

Irene Lyon

I know of one right now.

Alex Howard

A great interview actually that you introduced me to. But I think there are these times for exceptions sometimes which are really honoring our own individual differences and that these points are not so black and white of right and wrong.

Irene Lyon

No. And everyone is in a different place and, we could say, level of what they can and cannot handle. So if someone is new to being with this and seeing these, we would call, activations of the physiology, they might not be ready to connect and orient to the world around them and feel the erratic breath and be with the terror, just point blank, and just be with it.

Again, you wouldn't ask someone who's never ran a mile to climb Everest, right? And so in these moments, use your resources. Which might be a game on the phone, it might be some music, it might be reading, it might be whatever it might be. Making a cup of tea, going for a walk.

Sounds strange in the middle of the night, but we also have to think about that this isn't going to happen forever if we, granted we, work on these traumas that are stored.

And that's the thing that I will say is that when a lot of my students start to work on their physiology at the level that we're interested in, which is the deep survival stress, let's just say someone has been in this more freeze shutdown, very high tone, parasympathetic dorsal state and they've never felt anxiety, they're the person that is sleeping no problem, what might occur, and what usually does occur, is their sleep becomes deeply disturbed.

Because that dam is letting out the fight flight energy and it's keeping them awake. They're like, you got to feel this because you've not been feeling this for 50 years, for example. But this is where I have to say, you have to just keep going and going because the system doesn't want to store all that energy.

It really does want it out, but we also have to let it out in small, as we would call, titrated doses because it can influence the system too hard, too fast. And then that's where we might get a relapse or retraumatization. And so 100% use what works if you need to.

And then in the daytime, this is where I will teach my students, participants, you want to start learning about your stress physiology during the day. So when something occurs that's stressful, I always say if you stub your toe on a coffee table or if you burn your finger on the toaster or you have a little bit of an activation in your system, that is your cue to pause.

[00:29:32]

Feel it. Connect to the ground. As we would say, orient to the environment to stay in the present and get to really, really become good at feeling your biology. Your physiology. And again, this takes practice, but watching it hit that spike and then have it come down and maybe you've got to move a bit.

Maybe you have to breathe just easy. Maybe you have to do a little bit of containment touch just to be like, I'm okay, here I am. Or maybe you have to call a friend. Whatever it takes to bring that physiology down. When you do that during the day, over many days and weeks, you are building up capacity to know how to handle stress.

We would say survival stress. Essentially, what's happening is it's not adding more to what's already there. So it's helping you learn how to grow what I would call somatic nervous system capacity, which then allows us, it doubles up, it allows us then when we're at night and we're feeling this, we've practiced it, we know what to do, we know that we're not going to die if we feel this high level and we're going to be with it.

But it also frees up space, Alex, so that the old traumas, the real big boulders, so to speak, in our body can start to bubble up. And there's this thing going on right now in our world of somatic healing, where people just really want to get the traumas out. They want to get it out, they want to get it out. I get it.

But again, to go back to that idea of you can't climb Everest if you haven't run a mile or even let alone walking upstairs every day, you want to build up that muscle, that capacity to feel the little things even when you're hungry. These cues are so important during the day because it then lets our body know, oh, they're paying attention to me. Oh, okay, I get it.

And so then that circadian rhythm, which I know one of your guests, Carrie, is talking about, it can then actually hit in. But if we're ignoring our body all day, it's going to speak to us the moment we lay down on our bed. Does that make sense?

Alex Howard

It does. And also, Irene, what comes to mind is really what you're talking about as well, is changing our relationship to those feelings and changing our relationship to that trauma. I was thinking when you were talking about that feeling, the realization we're not going to die. And of course, when one is in an intense trauma response or someone's having a panic attack, that's the feeling, it feels like we're dying.

And my experience many years ago of having panic attacks was part of what broke that cycle was the realization that although that may feel like what's happening, that's not what's happening. And that allows a softer response, which then, of course, allows the whole system then to settle and to come. So that shifting of our relationship to our experience is, I think, really important.

Irene Lyon

It's critical. And as adults who have a higher brain, we can do that, of course, when we know educationally, no, I'm not going to die. And this fear is really old. It's really nasty because I almost died. See this is the piece. If you had one of those near death experiences, if you almost drowned or

choked or you had a surgery that was intense, or you had an attack where you thought you were going to die, because that's what's occurring, that gets trapped.

[00:33:28]

And so then fast forward 10 years, 20 years, 3 years, whatever, there still is this message saying you're going to die, you're going to die. And this is indicative of kiddos, children, who were brought up, of course, in this other trauma that developmental early, but also abuse, adversity. You become used to expecting things to go wrong and bad.

And the classic saying is no one can be trusted, the world is a dangerous place and we're all going to die. That's sort of what the cells tell someone when they've had that early upbringing. And so fast forward, you're an adult, you're wanting to work on this stuff and, like you said, it's like this feels so intense.

And sometimes we can't handle the intensity at the outset. We have to build up to that intensity. And I've experienced those too, more recently in the last couple of years, these big survival stresses have come out that make no sense, quote on quote, but it's because the system, and I'm going to assume you as well, our capacities are bigger.

And a lot of times people think they're going backwards when they've done all this work and now they're feeling the biggest panic attack of their life. It's like, well, it makes sense. You now have room to take that big boulder out. You didn't have that when you were 25, I will assume, Alex, right?

Alex Howard

Yeah, that's right. I think you grow your capacity. I think what you also do is if you've developed the daily practices and you've invested in those, you know that they give you support.

And I guess also, without going down a whole rabbit hole, one of my biggest life traumas was being abandoned by my father, and I didn't feel ready to really deal with that until I was in a loving marriage and stable and had therapy and support. And if I tried to do that work ten years earlier, it would have been retraumatizing.

Irene Lyon

You would have had nothing to tether yourself to humanity. So now you're responsible for these little beings, you have a wife that you like and love and that's a secure, contained resource. So you're right, it is very tough to dive into these old wounds of relational trauma until we've had a good experience.

And this is another thing that sometimes happens, it sounds like it happened to you, is people are like, I don't get it. I have money in the bank. I love my person. I've got healthy kids, I shouldn't be having these troubles. But it's completely why, it's because your Maslow's hierarchy of needs have been met and again, this comes back to education for me, it's the fact that you then knew this is this old thing.

This is just an old thing. It doesn't need all these pharmaceuticals and the things, not that there's a time and a place for them, but I just have to really be with this intensity. And this is survival stress. This is the wound, this is the grief. And so much of this is having the awareness and then, of course, doing the physical nervous system capacity building work to work with these near death, I think I'm going to die, the world is a dangerous place.

[00:37:04]

And really rewiring, for many, Alex, wires that were never built in a person. And that's key because we often talk about rewiring. It's like, well, if the wires were never actually connected for self regulation, we have to start from scratch. And that's the cool thing with humans, is we can do that because of this higher brain.

If we were animals in the wild, very few animals in the wild who have been harmed and abused, they don't survive very long, their skills aren't sharp, but we can reprogram ourselves in a strange way because of this higher brain. It's this weird catch. The higher brain keeps us stored in this stress, but then the higher brain allows us to move out of it. And it's this fascinating system that we have access to.

Alex Howard

Yeah. Because I guess ultimately that's the gift of being an adult. That as a child, we are dependent upon the people around us to meet those core needs. But as an adult, we can learn ways to do that. And that's not always easy, but we can do it.

Irene Lyon

Yeah. It's very hard for a kid, an infant, obviously, because they can't tell you what's going on. And if you have a misattuned parent who doesn't understand these things, these pieces, these theories, you just think you have a kid that's a problem. You just think you have a kid who, they just have nightmares, they just wet their bed. It's just what happens.

It's like, well, actually, no. A regulated human doesn't have these issues. There's something that occurred. For the most part, most kids don't have the luxury of having parents that understand what we do. Thankfully, everyone learning here today now knows that something can be helped with these little ones.

But for the most part, yeah, we're adults when we get into this. And I can successfully say that I no longer have dreams of terror that haunt me. And it wasn't until I realized, wait, I haven't had one of those dreams in a decade. And it really was when the acknowledgement of these older traumas started to bubble up.

Alex Howard

That's awesome.

Irene Lyon

Yeah.

Alex Howard

I think we're running out of time. But I want to ask you, people that want to find out more about you and about your work, where's the best place to go and what some of what people can find?

[00:39:30] Irene Lyon

Yeah, my name, [Irene Lyon, with a y.com, no s](#). Everything is there from my YouTube channel, blog, courses, classes, I would say the big program that really addresses these deep survival physiologies and works with the stress physiology is called Smart Body, Smart Mind. And that we run usually just a couple of times a year.

The 21 day nervous system tune up is another way to start. It's an entry which is a great place to begin. It does not, however, get into the deep survival physiology pieces, but that's okay, you have to start somewhere. And then, of course, I have drop in classes that are little, one off, easy connection pieces that are more basics.

And then tons of resources and ebooks on my side. So it can be a little overwhelming, I'll say that much. But again, just like the releasing of the survival stress just one little bit at a time.

My sense is if you've heard something that is really resonating and makes sense, then chances are this is a good way forward to work with the sleep, the restoration and potentially these fight flight responses and freeze that are stuck in the system.

Alex Howard

Awesome. Irene, thank you so much. You did such an amazing job explaining these complex ideas. I really appreciate it. Thank you.

Irene Lyon

You are so welcome. Thank you so much for having me.