



Tune Up Your Nervous System

Guest: Irene Lyon

Alex Howard: Welcome everyone to this session where I'm really happy to be talking with Irene Lyon. Firstly, Irene, welcome and thank you for joining me.

Irene Lyon: Hey there, Alex. Well, thank you for asking and you're welcome. Good to be here.

Alex Howard: So I think this is going to be an important session. We're going to be clarifying some of the terminology and specifics when we're actually talking about this idea of trauma. I'm recording this interview with Irene, having done about 85 percent of the interviews in the conference so far. And I'm particularly thinking about some of these key foundational principles, I think are super important and also some of the practicalities when we actually start to work with trauma. How to do that in a way which is safe and in a way that is actually effective.

Just to give people a 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 the body and mind and live full creative lives. To date, her online programs have reached thousands of people in over 60 countries. Irene has a master's degree in biomedical and health science and has a knack for making complex information easy for all of us to understand and apply to our lives.

She's extensively studied the practices of Dr. Feldenkrais, Peter Levine, Kathy Kane 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, which sounds just like my life in London!

Irene Lyon: I know it must be, somewhere in another reality.

Alex Howard: So Irene, thanks again for joining me.

Irene Lyon: Thank you.

Alex Howard: Let's start with, what sounds like a very simple question, which is actually not a very simple question which is, what is trauma?

When we're talking about trauma, people have all kinds of ideas. In your model, what is trauma?

Irene Lyon: Yeah, in the model that I was taught in, which originally was the model that Peter Levine, founder of somatic experiencing, he developed it. And then, of course, my mentor is from that branch of work, it wasn't just him. We see trauma as what we would call nervous system dysregulation.

So often, and I'll kind of sidestep, people hear the word trauma and they think of an accident, or they think of a war zone, or soldiers see horrific things and then come back home and they end up getting flashbacks and PTSD, that is all accurate. The other way we sometimes think of trauma for those of us that love shows like *Gray's Anatomy* and *E.R.*, we think of a trauma, a trauma surgeon is the person that gets the person from an accident and has to fix the trauma really quickly, that's also accurate because there's a ton of definitions.

But for us, working with the somatic physiology, the body system, it's when the internal workings and it's not just the nervous system and we might get into this, the autonomic nervous system touches everything. So it's the digestion, immune, endocrine, reproductive, cardiovascular, lymphatic, brain function, relating, being connected with the environment. When the nervous system is dysregulated, i.e. has trauma. And we even define it a little deeper, Alex, we will say survival stress. So trapped survival stress and we can also go into more of that, that will be the fight flight freeze responses to a traumatic, scary event. So that stuff gets trapped within our nervous system and then it becomes dysregulated. So from a basic point of view, that's how we, in the fields of somatic experiencing - and again, some of my other mentors - we would define trauma.

Alex Howard: And I think it's then helpful to go even more specific and talk about the concept of micro traumas. Because one of the things that I've been really keen to try and communicate, both through the promotional cycle with this conference, but also in the interviews, is that pretty much all of us have experienced trauma in our lives. And not everyone necessarily identifies that.

Irene Lyon: I have yet to meet - I keep going back in my mind - have I met anyone, in my practice or in my friend/family cycle, who has not experienced something that has been hard for them to handle. Something that has been life changing, something that has been, as we say, traumatic, something that dysregulated their nervous system. And to this point in time, the answer is no, I haven't met anybody. And like I said, most people think, "oh, I haven't had anything traumatic happen". And this comes out of people's mouths. They'd come in, when I was in private practice, and they have all these chronic illnesses. And you mentioned to me when we were talking before we started recording, you experienced chronic fatigue as a young man. They have chronic fatigue, all these horrible health problems, mental illness and they know that there's something there and they say, but I just haven't had any trauma. And the moment someone says that, I go, "huh? I'm not going to push it, but let's just see". And I'll answer the micro trauma thing in a more of a vignette perspective, if that's OK.

Alex Howard: Please do.

Irene Lyon: I'm thinking about someone I worked with ages ago who, high levels of anxiety, social anxiety, even just as, you can feel her heart rate was just always high. And we were

doing the work that we were doing, and we'll talk a bit more about neuroplastic healing in a minute or a few minutes.

And there wasn't an actual event, like there wasn't a car accident, there wasn't abuse, there wasn't neglect, there was plenty of food. She was highly educated, she was still in contact with her parents. However, the signs started to pop in when I started to hear about her family system. One of her parents had been just diagnosed with cancer, not fatal by any means, but still serious. And she was frustrated because her mother wasn't taking it seriously and this mother was impeccable at eating, had all the signs of health but still got sick. And I know one of your guests that's on, Gagor Maté, talks about that intensively, so I won't go there.

But as you start to hear someone's history, you go, "hmm", you start to see these signs. And at one point, I don't know where this came from, they said, this client said, "I remember one day when I was little and I was playing with my cousins" or friends. I can't remember what it was. They were at a barbecue or a picnic and they found something really cool in nature. And her friend said, "hey, let's go show the parents," like, I want to show them - my mom or dad or my grandma or my aunt - this. And my client's memory was, "well they don't care about us. Why would we show this to them?" And I went, "that's it, that's the piece". What would make, and I know you have children and I have a stepson and I know lots of kids, like what would make an innocent, wide eyed, interested child, human child think that their primary caregivers don't give a... anything about them, right? That shows that there is something occurring in the attunement in the ability for that human to express their true nature, their excitement, their sadness, their anger. And so when we think of micro traumas, it's that kind of thing.

And I'll give you another example, it's falling off the bike when you're five. I still remember it, this is before training wheels. You fall off the bike, it's summer, you scratch your knee, there's blood, crying, it hurts and then the adult comes and says, "that doesn't hurt just stand up and be a big girl or a big boy." It's like, that's nothing. Unless you're bleeding with arteries splitting and you've got this bone broken, it doesn't hurt, can't possibly hurt. I don't know if you've ever scraped your knee as an adult, Alex? It hurts. I had that happen a few days ago. I brushed up against something that was quite sharp, ouch, and I still have a bruise that's healing from it.

And so we know, as adults, things hurt and yet we have these little people who are so sensitive, and don't yet know how to regulate their sensations and emotions and then we say to them, that's not a big deal, just suck it up. That is what we would consider a micro trauma. And some people might say, oh, well, it's toughening them up, they have to learn how to be with that intensity. And it's true, they have to learn how to be with that intensity. But at that age, we have to remember that a human animal is emotionally immature. They don't know how to deal with it and so they're given the message that their body sensation, this pain, is to just be thrown out the window, to be brushed under the rug, to use all these metaphors, locked in the closet. They're actually going to start to believe that and they're going to start to shut down.

This is where those survival responses come in, that if you fall, you scrape your knee, it's bloody, it stings, it hurts. The body goes into what we would call survival, the fight flight.

Fight flight isn't just punching and running it's also this huge response in the physiology that says something isn't right. And then if that isn't attended to and attuned to by a grown, emotionally mature - I'll really be clear with that - adult.

Alex Howard: Which may or may not be present in your life.

Irene Lyon: Yes. If we have that emotionally immature caregiver that says, "that's not a big deal". We then smush - that's a very technical word! - we smush those feelings and intensity and the tears or the anger inside. And then if we think about the body like this bit, well it is, it's a vessel for holding stuff. We put that back in, we've just swallowed a traumatic response.

Alex Howard: I remember a number of years ago I was talking to my mother about, what was I like as a baby? I was trying to get into my psychology training and she said to me, "you were such a good baby because you never cried."

Irene Lyon: Oooh.

Alex Howard: Exactly. And it took me a number of years to realize, and I talked in my session of the conference about some of my childhood trauma. One of which was my parents divorced when I was very young. What I realized, when I understood trauma years later was, I was just in a shut down response as a baby. What looks like a good conforming, well behaving child was not that at all.

Irene Lyon: Not at all and you're right. That's another great cue if adults have had the gift of being able to hear from their parents how they were as a baby or certain incidents, because a lot of people don't. Either parents have passed or the parents just don't remember or they're estranged from their family so they don't get any of the intel. But babies are meant to cry when they are needing something, it's their way of communication. They're not trying to piss us off, they're just trying to say, hey, hey, I'm hot or I'm cold or I'm hungry or I'm tired or I have a distended abdomen, I need you to rub my belly. Or I'm scared or I don't like that grandma, I don't like that stranger, these things.

And so when a little one gets attuned to, at the very beginning, they keep their responses online, they keep their physiology online. And your example is perfect, because my guess is your parents were stressed. They didn't know how - it's not that they didn't want to care for you - they may not have had the tools in their own physiology to know how to attune to their own system. And if we can't attune to our own system, we sure as hell can't attune to an immature animal that doesn't come with an instruction manual. Right? And chances are they didn't have the attunement they needed when they were infants and judging - I'm about your age, I'm 46 this year, I don't know how old you are?

Alex Howard: Funnily enough, I'm 40 this year.

Irene Lyon: There you go. So our parents probably had parents that were growing up during the early 1900's, the wars, it was all survival back then. I can guarantee you our parents and grandparents weren't talking about this stuff.

Alex Howard: And I think we should say that it's a sign of the, in a sense, the hard work that they did that humanity has evolved to the point that we're safe enough that we can have this conversation.

Irene Lyon: Exactly. There's this thing of history repeating itself and it does in some degree. And yet when we really step back and look at the bigger picture, we have done some good stuff. We have opened up conversations, is it perfect? No and we're working towards that. And I've seen my clients and even my husband, for example, change generational patterns in a matter of a few years. And change their entire physiology that has been wrought by stress, fear, physical abuse, mental abuse, all these micro traumas. I've seen it shift in less than a generation and when you really look at that, if you really can see that, it's like we're doing really well. Considering the ways that we used to handle babies, for example.

Alex Howard: And talking of which, I would just back up a little bit because you used the word a few times, which I know many people will know what you mean, but I think it's a really important one for those that don't: the word 'attunement'. When you talked about parents being attuned to a child. And of course, also part of this and when one's working with their own trauma is being attuned to their own trauma, in a sense. But can you just define a little bit of what you mean when you're talking about being attuned?

Irene Lyon: Yeah. I might start with an example first, just to give it a context. So I know not everyone's had the pleasure of holding a newborn baby or child that's under a year old. But if you can imagine that or if you have, when you have them, whether it's yours or someone else's, you're talking to them, you're cooing, making the smiles, like I could start making funny faces at you, Alex.

Alex Howard: I might make some back!

Irene Lyon: Yeah, Like we can have fun, we're socially engaging with each other. This is a very important part of our autonomic nervous system. Porges, Stephen Porges, I know you're interviewing him, that's his thing. You can talk about that a little bit in regards to this, but there's a point where a little one will be engaged and then there comes this threshold where they have to break the engagement. They'll look away or they'll hear something or they'll just have enough with that individual and then they break the contact. Do you remember that when you had your little ones?

Alex Howard: Yeah, totally. And it's also one of the things that just comes to mind as well of my - I love my mum dearly - but the comment I'm going to make is that my mum's not good at attuning. And so it's interesting watching her, really since the kids were babies. So even at this point now, of just not really being able to tune in to where they are. And so, in a sense, they don't feel safe, don't feel held and therefore they find it hard to have a relationship and to connect. I think particularly because my wife's background is as a child psychotherapist, I have a background in psychology. We're not perfect parents, but we're relatively good at being attuned. So the kids have become used to that in a sense and so that's particularly jarring when they don't feel that sense of attunement with someone.

Irene Lyon: They feel the energy field, it's different. And so when that baby looks away, that's the cue that they're literally saying to you, while they're not vocalizing it enough,

please stop. I need a moment to bring my system back down to baseline, because when we're engaging, there is an activation.

Like right now, my heart rate is no doubt higher than before I got on the line with you. But it's cause I need the energy to engage, pull in my higher brain state, blah, blah, blah with my body. But that little one doesn't have all those skills of grounding and so they look away.

Good attunement, healthy attunement, we would also call this, we push into their secure attachment, is the caregiver, the adults or even the older sister or brother waiting, not doing anything, just waiting, and then they come back. And that little one might come back and keep engaging or they might start to fuss because they're noticing, they're feeling themselves. Oh, I'm tired, oh I'm hungry, oh I've got some gas in my belly that needs to move. Think about, as adults, when we have gas in our belly it doesn't feel good, we need to move it in a certain way. And so that's their way of taking care of themselves and it's our job to let them do that because their impulses are accurate.

If that doesn't occur and this - I always I should really look up this research study because I'm quoting it all the time but I don't remember, it was back in the day. There's no way that ethically this could happen now - but they did these studies where they took babies and mothers into a science lab and they screwed up the attunement cycle, where the mother would just sit there, like that, cold face and the baby would start to see that there wasn't this connection and slowly, the baby got distressed and really distressed to the point of screaming, looking for help. What's going on? And sadly - Peter Levine finds these great video clips, I remember watching a clip on one of our trainings where it was a real life video that he found on the Internet - and this poor baby and the mother, it's not her fault, but the baby would look away and she would scream at it. Like, look back and turn its face to look at her. And again, not the fault of the mom because she just had no clue.

But what occurs is, when the adult can't see that that's a natural thing, looking away and they force the child to look at them or they think that the baby doesn't like them - this is common - they'll be like, oh, screw this little thing I'm just gonna put it down. Or how dare you look away from me I'm your mother, you deserve to give me attention. That's a micro trauma, that's a miss-attunement. And that little one feels it not just in here, it's the entire somatic physiology goes into distress. And we can pretty much guarantee that if that happens once, it's going to keep happening over and over and over again.

And this is what slowly starts to put the baby into a freeze shut down response. What we would call a dorsal, a high dorsal tone of the parasympathetic nervous system. Which is very slow, metabolism goes down, the system stops engaging with the environment out of protection. It's like this person is not making me feel good, it's not making me want to engage. Therefore, I'm going to swing to the other direction and just shut it all down, because that's actually way safer.

The trouble with that and you probably know, because you ended up living with chronic fatigue so early, is the human system needs oxygen, it needs blood flow, it needs engagement, it needs interaction and that kind of connection. And when we don't get it, it isn't just the nervous system that shuts down, all the physiological systems start to shut down. So blood flow gets compromised. Waste products don't get excreted. The digestion

starts to literally go into first gear, it doesn't move properly. And we know with gut health, gut health is so important for brain health and the development of serotonin and all these things. So that little micro trauma with that little one, it's micro traumas and it's just this general lack of attunement. And we would classify that as early trauma, developmental trauma.

Alex Howard: And I think what you're saying here, I think one of the things that's very important for people to realize is you can have parents that loved you, and love you, and parents that you love. And parents that indeed did great acts of service of compromise of their quality of life, in every way that you could measure, there was love. But they didn't have a specific skill, which they would only have really had if they'd had it passed down generationally or they'd actively gone to cultivate it. This is not necessary, although it may in some instances be, it isn't necessarily an absence of love and care. It's a lack of a specific skill and capacity.

Irene Lyon: Exactly. And I always use this example of, if you think about animals in the wild, so in the African Serengeti or in the mountains of British Columbia, like right now, all the bear cubs are being - I was just about to say hatching, there's so many birds here - but they're being born. And a bear mama here and a bear mama in, say, Russia - trying to think what continents have bears, I almost said Australia! No, that would be kangaroos and other things, dogs, dingoes.

But when they have their babies, there is no question about how to care for them, there just isn't. Unless the animal is physically hurt, they know how to take care, they know how to nurture, there's immediate licking, that's attunement. Feeding, protection if anybody tries to come near those cubs, you know you're in trouble as a human or even as another animal. So there's like a script that's written in their DNA, they know how to do it, they're in the wild. I think you would agree that it's just right.

Alex Howard: Totally.

Irene Lyon: The trouble with humans, the "trouble" air quotes, the trick with humans is we have that animal instinct. But then we have this higher brain that is so, so strong and so powerful and it isn't like the animals in the wild. We have this level, I mean, clearly, we've got this technology, we've built bridges. I still am amazed that copy and paste works when I type on my computer here. My husband explained it to me, I just can't believe it can happen with a document that's one hundred pages, that stuff's pretty impressive. The bears aren't doing that, they're simpler and so because of culture, society, domestication of plants and animals, the medicalization of birth - I can talk about that if you want, because that's a big micro trauma in some ways - we have forgotten our natural blueprint to take care of our offspring and how to do it.

There are so many books, Alex, on how to do this, how to feed your kid, how to.... And really, if we attune to them, we know what to do. I was just - obviously, I keep this anonymous, but I was just a little while ago talking to a friend who has a newborn and she knows she has her own traumas that she's still working on. And there has been a problem, a difficulty with feeding and just not being able, that something's not right. Like the little one is crying bloody murder and has been for a long time and she just can't figure it out. So she sent me a video and I watched it. I tend to watch videos with the sound off because I can see more

with the expression. And it was so clear to me and she, the mother, was not doing this purposely, like she really didn't know. But she also had all of these other people telling her how a baby should be fed: you should always put Cheerios in their fingers so that they're distracted; you should always do....; you have to have so many solid meals so they sleep properly at night... And I said, just look. Like, the moment she's given food, something's not happening there. Like, there's a there's a look of disgust. She doesn't like that food first of all, that's the first thing I saw. The second thing was babies have pretty small stomachs and they don't need a lot in one sitting. And it was clear that she didn't want the food, but Mom was told, get the food into her so that her body weight stays up. And I'm like, she doesn't want it.

And so, anyway, long story short, she made these tiny little tweaks that were really not rocket science. But again, if we've been bombarded by all this information and all we want is the best for this person who's so wee and little, we're going to follow that advice and not go to our own gut. However, massive kudos to the mom, she knew something wasn't right, but because of her own traumas around food and eating she was afraid to go with her impulse.

And so this happened, little tiny suggestions and the first time since she had this little one, there was like a calmness of eating just from not doing anything different, but just watching. Like, if she's not wanting the spoon or the bottle, chances are she doesn't want to eat so don't force it upon her. And just that little piece, and of course, this is a mama who wants to understand, is okay with knowing that she's not perfect and realizes her own stuff hasn't been healed, so let's figure this out. Not every kid's gonna have that luxury, but it also showed me within, I think it was like two days, what had been happening for seven months gone. And it's so simple.

So to come back to micro traumas and attunement and kids, we really need to remember that they know best for them and we forget that.

Alex Howard: And of course, those ways that we were related to as children is what then sets up how we relate to ourselves in adulthood. So in a sense, there's the original trauma of what happened and then there's almost re-traumatizing that we do to ourselves. Of course, completely unintentionally by the way, we've learned to respond to our own emotions our own nervous system and our own experience.

Irene Lyon: Just because it becomes how we live. It becomes the way we get wired. So we are wired a certain way, this is where neuroplasticity comes in. Neuroplasticity is really a neutral word. Addiction happens because of neuroplasticity but healing also happens as a result of it. And so if we were brought up, and here's the other thing to be really clear is, if you think about yourself going into freeze when you're young. That was adaptive. That was an adaptive strategy that you did spontaneously without thinking to yourself as a three month old, 'Mum's not paying attention to me, I better just shut down and stop crying'. You don't say that, you just do it automatically because it's that autonomic nervous system. And so it becomes the rubric of how we're designed and everything we do as we grow up, how we relate to people on the playground, how we eat our food, how we listen to mom and dad. And, 'don't make a ruckus' because we know if we do, we're gonna get smacked, this is how hypersensitivities develop.

And I know a lot of people probably listening to this have highly sensitive systems, and to go back to micro traumas, that's another way that our system becomes dysregulated. I'll use another example, my husband is a great example, because you mentioned at the beginning of our talk or before we started recording, PTSD. And when I met him, he had what we would consider complex PTSD, hadn't been to war, hadn't had any accidents. He had nothing but micro trauma after micro trauma, after micro trauma. Growing up, parents divorced all these things. And he was the kid that, the moment the garage door went up at the end of the day, was the sign that his dad was coming home from work and his system would go into survival.

He would have to change who he was to not get into trouble, to not get smacked, to not get screamed at. And any time he would do something that was more kid like, he would be screamed at and told that is unacceptable. And so then he just shuts down. That over childhood and teenagehood, that puts you into severe anxiety, but it's contained anxiety, survival stress. You are so hyper alert to the environment that you feel everyone's energies because you have to feel everyone's energies. Because mom is different, sister's different, friends are different. So I'm having to gauge how should I be in front of this person? How should I be with this person? How should I be in front of Alex? How should I be when I'm at the grocery store? A person stops being who they truly are, their individuality, because they're scared shitless of getting in trouble and not appeasing to someone.

So that's another example of how we get supersensitive and how we can develop something like complex PTSD. As I said, that comes with social anxieties, his gut was a mess when I met him. No attunement to the environment, very unaware of surroundings because there's like this tunnel that was safe and only this line. So, to go back to kind of that piece, is we have these things and then we become adults and we don't even realize it, it's just life. Until usually, unfortunately, what tips a person over the edge typically is a physical illness.

Typically, most people who have more - we will call it personality disorders or social anxieties, phobias - we've been teaching people that that's like a disease that needs psychiatric attention, it isn't related to that stuff. But what we're seeing now with the science, especially the ACE study, I don't know if that's been brought up in any of your talks? The Adverse Childhood Experiences study is that, that early kind of micro trauma world, adversity - and it's also when there is massive neglect and abuse and sexual trauma and all that - but all of it put together when it is not healed, when there isn't a process of working specifically and directly at that nervous system, somatic level, it doesn't heal with time. And we know that it creates not only the physical illnesses like chronic fatigue, fibromyalgia, autoimmune, cancer, heart disease..... It's also, we are also seeing and Bessel can talk to this, or has talked to this, the psychiatric disorders. And it's kind of almost too grandiose to imagine that what occurs in those first few years of life is the reason for pretty much all our human suffering.

Alex Howard: No pressure parents, no pressure!

Irene Lyon: It kind of knocks you across the head and goes, oh, my God. I remember reading a book about the ACE study, I think it was in the book. It was either the book *Scared Sick*, which is a beautiful book on the ACE study, it's broken down really nicely. But it might have been in Bessel's book, I can't remember, but someone was interviewing Robert Anda who is

one of the chief researchers with the ACE study. But he used to be at the CDC, the Centers for Disease Control, a long time ago. And he understood the data with, tobacco and poor diet, poor lifestyle, not enough exercise. These are the things that create mass illness, the epidemiology of sickness, basically. And he looked at the data and he I think he said, "I broke down crying in tears when I saw the real results of the ACE study". Because it's to me, it's conclusive, it's been shown in multiple countries with over hundreds of thousands of people.

When you pool the data that pretty much every single problem that we have is a result of childhood trauma and that's not being addressed. And so then we have to have that conversation because they're just looking at bad, horrific adverse traumas, like a parent that went to prison, a parent that beat you, alcohol, divorce, neglect. We're not even looking at the micro traumas and we haven't even talked about surgical trauma, in utero trauma, transgenerational trauma. I'm even starting to dabble and learn about past life trauma, like when we look at all these pieces, it's a big subject.

Alex Howard: Yeah, it is. Talking of which, I'm mindful of time, but I want to move on to something else that I think's really, really important here as well, it's all important. But we've been talking about the importance of achievement.

I'm just thinking about, as people start to work with healing and processing their trauma, one of the things that can tend to happen is people can be inspired by what one might call the kind of sexy approaches, and the things I that seem really like exciting to get into.

Irene Lyon: Fireworks.

Alex Howard: Yeah. I know that you talk about the importance of sequencing and the importance of doing things in the right order. Can you say a bit about that and why that's so important?

Irene Lyon: Yeah. So the idea came to me first through practical trial and error. And I was working more - what I now call higher level differentiated mind body work in the Feldenkrais method world and if anybody's done real Feldenkrais work, it's hard. It's using your higher brain attention, detail, movement it's quite complex. And half of my clients were doing really well with that work and the other half weren't.

That was my first cue that I was missing something in my tool box for working with the human systems, and that's what I got into the work of Peter Levine. Then I got into the work beside him or not beside him, but branch, which is Kathy Kane's work, and she is more working with the early days. Not that Peter doesn't work with developmental, but his model is often seen as more shock trauma like accident based, although it isn't, but that's how it's usually pigeonholed. And then there is more developmental, early working with that early infant and their need for safety, their need for regulation, their need for what we would call a secure base.

And so I need to talk to that in order to explain this. So, if we didn't get that baseline security, safety, someone's here for me. If we didn't learn self-regulation, how to bring our

own systems down without needing a resource that's external, we probably are living as adults with dysregulation and what we would call a false window of tolerance.

Dan Siegel coined the term window of tolerance to determine this sort of - I'm going to use my hands here - this window where we stay regulated even with stress. And then when we go out of the window of tolerance we become a little dysregulated. That might be a car accident, right? We get dysregulated, everything's crazy, we're a little freaked out, but then we come back.

If we didn't have attunement, if we didn't have good regulation. And this would be anyone who has chronic illness, what we would consider mental illness, etc. They never even got that window of tolerance, they have a false window, there's no window, it's like a line. So if someone comes to see me or my colleagues and they know they have these things and they know there's something wrong with their nervous system and it's dysregulated, the last thing we want to do is load them up with really difficult stuff because they'll do it because they're good.

Alex Howard: They spend their whole life doing that.

Irene Lyon: They've lived that way. They know how to micromanage their feelings and their sensations. They might not even feel anything. But sure, I'll do that high level yoga class or I'll go and sit for 10 days, do vipasana meditation and be still. But really, they're bypassing what they're feeling inside and they're just going into kind of a blissful shut down, we call that spiritual bypass.

And so, when we think of that early traumatic way of living and then we have this adult who, with all good intention, wants to heal and wants to figure it out. But they do the more advanced, differentiated work first. The underlying nervous system physiology is just kind of hanging out waiting. It's like we're just gonna sit here and you do your thing that's really beautiful and all this. But we're still really screwed and scared and freaking out inside, but I'm not going to show you because I couldn't do that when I was young so I'm really good at it.

So this concept of - I call it neuroplastic healing sequencing - the idea came to me when I was studying Norman Doidge's, work. Have you come across his books on neuroplasticity? So he has two and the second one was *The Brain's Way of Healing*. And he talks about these five stages of healing neuroplasticity. And it just made so much sense, and the first stage that has to do with the nervous system is neuromodulation.

Neuromodulation basically means restoring regulation back to the nervous system, getting it to that point where it knows how to come down without needing a teddy bear, or needing to talk to someone, or needing something from the external to soothe them. Now, it doesn't mean that external resources are bad, but the goal really, if we want a goal, is to be able to internally self-regulate without having external resource. And so that first stage of neuromodulation is so important because if we go to, say, the next stages, that base isn't there. I liken it to building a house, you wouldn't build a house by first trying to hang the fixtures on the ceiling, it just wouldn't happen.

You need to build the foundation, it needs to settle, you put in the frame, all that stuff. And then you put in the electrical wiring and then you put that stuff in.

And so a lot of the clients I've worked with have tried higher level practices like meditation, for example - it depends on the teacher, too. So this is where we can go down a rabbit hole. But this idea of sequencing the neuroplastic healing is so important because we want to build a base. We need to bring in that neuromodulation first and then see where the system's at. And what's interesting, Alex, is that a lot of people this is a classic example. Someone will come in because they've had say - I use always this car accident as an example, it's the easiest thing - they know that things went bad after the car accident. They were going along fine...

Alex Howard: Whatever that means, yeah.

Irene Lyon: Air quotes. "Fine." And then they have this car accident and their life turns into a disaster. They end up having anxiety, their gut goes off, they can't sleep, they have just everything like turns over. The immune system starts to go down and this is, we know this happens, people end up having chronic pain that debilitates them forever. And you start working with these people and you realize this car accident was really the straw that broke the camel's back. And you realize that you can't even work with the car accident trauma, that piece, until you teach the person how to even find the ability to feel their body. You see how - the word would be 'undifferentiated' - their system is.

The ability to see and orient the world to feel where they are, they can't hear their impulses. There's just so many pieces that let you go, wow, or make you see, we need to go back to the basics here. We need to just work with working on the basic principles of staying connected to the here and now. We will call that 'orienting'. To working with - and I'll say some words that are more specific to my work - but working with the kidney adrenals, working with the stress physiology, teaching, helping this person learn what safety is and it's more than just repeating, 'I'm safe, I'm safe', etc. It's teaching how to be in the self, how to listen to the physiology and how to basically build back up that capacity to feel anything, even bits of pieces. So that's kind of that first piece of that, does that makes sense?

Alex Howard: It does. And I just want to expand a little piece of that as well, which is that, the speed at which one even does the step is important. There can be this tendency, particularly when there's trauma, to be traumatizing towards oneself. And learning to titrate and learning - just say a bit about the importance of finding that edge.

Irene Lyon: So I'll get to that in a second. One of the other steps of this neuroplastic sequencing, we would call it, or Doidge calls it neuro-relaxation. So that is rest, like really letting the system recover. And if someone, if we use you as an example, had that mis-attunement, had chronic fatigue. The system is worn out, it is fatigued, it is so tired, there's like no juice in the cells. And so one of the hardest things for folks who have been living in survival mode and doing, doing, doing. This is like the person who's go, go, go and that crashes, is this concept of really letting themselves rest.

And when I work with my students, it can blow them away, not blow them away, but blow them away mind wise, like all I want to do is sleep. And I'm like, well, you might need to do

that because your system has been, like the adrenal glands have just been pumped to the max, there's nothing left. And so that funnels in with how long this might take. And so this neuromodulation, this regulation, if you think about it in a baby, it doesn't happen in one week. It doesn't even happen in three months. It's the first five years - or the first three years being the most important. That is when we're learning how to self-regulate, how to down regulate our heart naturally.

So if you think about the adult, who's starting to do this work, probably, maybe for the first time ever and maybe - throw a little clincher in here - for the first time ever in their familial history, we have to cut ourselves some slack.

So, depending on the severity, someone may spend up to two plus years learning how to find regulation again. And I'm being generous with that number for some it might be five. If I think about my husband, while he's been doing this work intensively for ten years, I've known him ten. It took about four years to really drop and have his systems heal again due to his immense early trauma. The other thing with him is he also was a premature infant so he was in an incubator so that's another layer.

So titration's slow, it will pull at our desire as humans to figure it out and make it happen fast. And because of the way in which we've been trained in the medical world, if there is a problem, what do you do? You go. You get fixed. You get a pill. If there's an infection, you take a course of antibiotics for maybe two weeks and then the infection is gone. You have a broken bone, you go to the orthopedic surgeon, you get it fixed, you heal, it's done. So there are certain things that are very much cause and effect in terms of basically healing something.

However, the nervous system is very different and it takes time. And so the other reason why we want to titrate to use that word and go slow and really build those layers slowly is if we don't build those layers slowly. We run the risk of the system fracturing or going into more shut. And I can tell you, I've heard lots of stories of my students who have tried to fast-track this by going to retreats, by going to the shaman in Peru to do the plant medicine. I have nothing wrong with, there's nothing wrong with retreats and plant medicine. However, if we're going into it with a still fractured and not foundationally solid, regulated system or fairly regulated, we won't feel when we override. That make sense?

Alex Howard: It does. And I think often also, those practitioners are just not trauma informed. Just they don't, with the absolute best of intentions with great methodologies, just missing a piece.

Irene Lyon: A hundred percent. And what's scary, Alex, is there are even some people who are trauma informed who still miss it. Because it's interesting, there's a whole other conference: Trauma informed versus trauma trained is very different. And even folks who are trauma trained in, say, the work I do, if they're not working on their own physiology. Again this is not, it's so different from general medicine. Like I use the orthopedics example, an orthopedic surgeon can be an amazing surgeon at fixing the bones, but he or she can go home and have a terrible relationship at home, but still do amazing work in the surgical arena. This work is really different, if a practitioner, a therapist, somatic therapist is working at this level like I work and my colleagues work. If their home life, if how they relate outside

of the practice, isn't a hundred percent attuned to this level of living really, they're going to miss something when they're with their clients. If they're in a group of people, they're going to miss something and this isn't to say that we have to be perfect all the time. My system has its moments, too.

However, if we're not living and breathing this work, that is where I find people miss the mark. And it's tricky because that demands a lot of the practitioner, a lot of the facilitator. But I also know that this work is so embryonic, this is new, this level of detail that we're working with and that's OK. But, it's so important for the students and I would say to anyone before you go to those workshops, before you go do that plant medicine, spend some time getting to know your own system. So that when you are at that workshop or you are in that sweat lodge you can listen and say, I need to leave, or I need a moment, or no I'm not going to do that. But we get lured into the peer pressure, the fear of missing out, I've spent all this money, I better get my money's worth. But then you get swung so far off into more dysregulation than you spend. I've seen people have spent years trying to reclaim their safety again after having such a bad experience, with people who are all well intentioned.

Alex Howard: Yeah. And I think you also spoke to it earlier when you talked about the spiritual bypassing or the state chasing that can go on, that people get to that peak moment, can they no way integrate that to their nervous system and into their life.

Irene Lyon: Yes, and that ties in beautifully. Again, we were speaking before we recorded about the dark side of things. And a lot of people think that I am anti meditation, and that's not true. The foundations have to be there because if they're not and by foundations, I mean the capacity to be with huge swings of intensity that feel like death. And here's the thing, if we go back to your example is an infant. What stops a human from crying? What stops a human from expressing their true authenticity? Is they fear for their life. If you've ever as an adult had a near-death experience, it is scary.

Alex Howard: No shit.

Irene Lyon: It's so scary. I've had a few of them and you literally, your eyes black out, you think you're going to die, and you start to replay in your mind all the things that you should've done. It's intense. Now a baby's not, maybe, going through that same cognitive system, but soul wise, spiritually, physiologically, they're feeling, 'I'm about to die'. So you take that baby who is now us as adults, who really want to heal this stuff. And let's just say we haven't done the foundation to feel gentle impulses. I always say to my students, the first few weeks we do something that's called following your impulse, where the job is to listen to when you're thirsty. Listen to when you're full. When do you feel the pressure in your rectum to have a bowel movement? When is your bladder bursting and you're not listening to the need to urinate?

As simple as that stuff is, it teaches the human how to re-engage with their natural impulses. And it's amazing how that little tiny practice starts to open up the ability to feel the anxieties, the fears, the bad memories. And so if we haven't done that foundation, we're sitting in, say, that meditation. All of a sudden we have the body response and we get the body response of, 'I'm going to die', which is the heart, the blood pressure changing. The memory might come up, the intense, whatever it is, we don't know what that is, even

intellectually, we think something is really wrong. And we're like, this is not for me, I'm going to walk away or, again, I've heard through the grapevine that at one of the key meditation centers in the United States called Spirit Rock - I don't know if they still do, but there would be an ambulance waiting during their meditations in case that happened to someone. Because if they don't have the capacity to contain, not control, but contain and be with these near-death feelings, scary, like Grim Reaper going to come and get you feelings, you can go into a heart attack kind of sense. You can have a psychotic break. You can go catatonic and just shut down. So very important to do the foundation work.

Alex Howard: Yeah. And it strikes me actually that maybe someone's already written the book, but if they haven't, someone needs to write the book on how to keep yourself safe when doing self-development work or spiritual work. Because I think one of the things that's tricky in particular, I think in those intense plant medicine or sweat lodge, you mentioned environments, is that the teaching could be, at that moment of greatest distress is your moment of breakthrough. So there's a lot of encouragement to push through as opposed to that's actually the moment one needs to stop and to back off.

Irene Lyon: Yes, exactly. It's like forcing someone to go on a roller coaster ride and they cannot and they don't have any vestibular control.

Alex Howard: Yes.

Irene Lyon: A lot of people that know they don't like those big rides at the carnivals, it's not necessarily because they don't want to do it. It's because their physiology can't handle the centrifugal force, the upside down-ness. They know that they don't have the capacity for their physiology to do it. And it's kind of the same with these, I mean, I'm going to be really honest, we desperately don't want to have dysregulation, like we don't want to be suffering to this degree.

And so one of the things that I see is there needs to be huge compassion and empathy for the process of deciding to go into this level of healing. It's not for the faint of heart, it's not all fuzzy kittens and roses, as I often say. And I think what's happened, Alex, is we've portrayed and it's the same in the fitness industry - I was in that industry for ages before I left it. That fitness is like this beautiful, makeup is on and we're just smiling and you've seen someone work out, they're red, they're panting. And so we see, oh, well, meditation is meant to be this calm, and yes, when you have that capacity, you can be with intensity and appear fairly OK. But - and having witnessed people process and let go of intense old stuff, early stuff, surgical stuff, near death stuff, it looks like someone might die sometimes.

Alex Howard: I'm laughing as you're talking because I'm thinking of it, like people think that, that sort of work is like the Hollywood movie where the tears just rolled down the cheek. And I was thinking about when my wife and I first met, we were in these quite intense psychological, spiritual groups. And I'm a really ugly cryer, when I cry, it's like it's snotty and it's like...

Irene Lyon: Oh, yeah. How can you not have snot come out when you cry?

Alex Howard: Exactly. I was just thinking its like, and of course my wife and I fell in love with each other in the realness of that context. But there's something that's deeply un-pretty and un-Hollywood, right, about that sort of processing and I think it's a really important point you're speaking to.

Irene Lyon: It is. It's like childbirth.

Alex Howard: Exactly.

Irene Lyon: Like come on. I grew up watching surgery, my parents are both veterinarians, so I was exposed to really bad stuff, young, which is my own trauma. But I think there's this lack of, and here's the other thing, my mind's all over the place, but there's some cohesiveness here.

We see trauma release stuff happen, it's being popularized, you got to shake it out and it's done in this very regimented way. And that's just not, we can't predict what something is going to look like. And I've had students say to me, "hay Irene, can you make a sheet that says, when I feel this, I do this lesson from your course?" I'm like, no, not doing it, I'm not doing that because if the moment I give you that hook that says as soon as you feel this kind of sensation, you go to that lesson, I have failed as a teacher. It's like saying to the medical students when they're about to graduate and become a doctor, like they've gone through the residency, when you see a temperature, this is what it means.

Alex Howard: But at the moment, that student can listen to their own experience and figure out for themself what they need, it's almost the moment they graduate the course, right?

Irene Lyon: It is. And to go back to the early micro trauma thing for those people who are sitting here, like, pissed that I just said that and there will be some students that are and that's fine. The reason why it takes so long to rewire and bring regulation back to a system that's never had regulation is, if we were that infant or that child in school who was never allowed to feel their impulse, to say no, to go to the bathroom when they had to, as opposed to putting up their hand. Like all these things, it's going to take time to rewire and retrain not just the physiology, but the psyche.

Because the thing that gets my students into trouble, it's not their physiology, it's the psyche that comes in and says, stop, that can't be right. Like, oh, I need to find out, I need to ask a person, what do I do when I feel this? And for some people, depending on the severity of their neglect, the severity of their trauma, it might be that they always need a little bit of a help, and that's okay. And can we start to trust that impulse? And so that's why, again, back to the sequencing, we need to spend a lot of time with that natural impulse and listening to it. And once that occurs, things kind of speed up quite well. But people have to be okay, it's like, did you see The Karate Kid movie?

Alex Howard: Yeah, I loved it. Yeah.

Irene Lyon: So, Daniel wants to fight and do Karate and here he is painting the fence, waxing the car, scrubbing the deck. What is this? This is ridiculous. But most eastern, usually eastern, but really deep traditions, they take time to learn these foundations. And

everyone in our current Western society is looking to fast track this healing trauma thing and it's dangerous. That's all I can say, dangerous.

Alex Howard: Irene, I'm mindful of time and I've got a feeling you and I could go on for hours. So I think that's a good place to end. For people that want to find out more about you and your work, what's the best way to do that?

Irene Lyon: Yeah, just my name IreneLyon.com. My website will give you more of my history.

Of course, I've got all the usual suspects, the blog, I've got a YouTube channel that's quite happening, binge worthy people say. And then I have a few programs that are online that teach people how to get this foundation on board.

One is more intensive we only run that once a year and we're about to finish, when we're recording this we're finishing at the end of May 2020, we'll reopen in March 2021.

And then there's an online program that a person could start right now if they want to start this work.

I teach workshops live, unfortunately, this year we've had to cancel them. We were supposed to come to London, that just got canceled, not because we don't want to travel there's just too much uncertainty. But the up and down workshop is more my Feldenkrais movement, regulation. I teach, co-teach with a beautiful teacher who teaches Tai Chi, Qigong, dance. So we've blended that, but yeah, everything's on my site.

Alex Howard: Awesome. Irene, it's been a lot of fun, it's been a great interview.

Irene Lyon: Yeah.

Alex Howard: Thank you so much. I really appreciate it.

Irene Lyon: You're welcome.