



## Why a somatic approach is so critical

**Guest: Irene Lyon**

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

Welcome everyone to this interview where I'm super excited to be talking with Irene Lyon. Firstly, Irene welcome and thank you for joining me.

### **Irene Lyon**

Hey, Alex, it's so good to be back again.

### **Alex Howard**

It's great to have you back. I always enjoy our conversations, and I think particularly, I see you as someone that really is using this material in the real world and getting the feedback from people through the programs you're running online and in person, to really learn what actually works. And I think that's an important piece because a lot is said in the space, but I think the real, where rubber hits the road, is what's important.

And I'm excited. In this interview we're going to get into how to support trauma healing from a somatic approach. And we'll explain what we mean by that and some of the traps or the things that can come up along the way from working in that way.

Just to give people a bit of background on Irene Lyon, MSC. and nervous system expert, teaches people around the world how to work with the nervous system to transform trauma, heal the body and mind and live full creative lives.

To date her online programs have reached over 4,000 people in over 90 countries. Irene has a master's degree in biomedical and health science and also has a knack for making complex info easy for all of us to understand and apply to our life. She extensively studied and practiced the work of Dr Feldenkrais, Peter Levine and Kathy Kain. And it's, as I say, a pleasure, Irene, to have you back.

Shall we start a little bit with just a bit of a broad frame? When we talk about a somatic approach, what actually is that? And why is it so important?

### **Irene Lyon**

Great question. Someone the other day asked me, what does somatic mean? Because it's kind of getting thrown out, left, right and center. And there's no actual practice of somatics. I'll talk about one

of them in a second. But it's not like medicine where we know what medicine is. You go to medical school, you become a medical doctor, those sorts of things. At this point in time, we don't have that designation. But somatic means body. So it's Greek, soma of the body, to work with the body.

**[00:02:37]**

There is one branch of work, that's actually a branch from the Feldenkrais method, called Thomas Hanna Somatics. So sometimes people get confused because they may have seen his work, which is great work, it's quite structural, it brings in the fight, flight, freeze, but in a more basic way, and they think, oh, well, that's all of the somatic work, and that's not 100% accurate.

So for me, somatic work, working with the somatic system is everything in the body, like brain, organs, skin, bone, guts, immune system, but also movement and how we interact. I'm looking at you, you're looking at me, how we somatically connect with other beings. But then, to take it one step further, which I think is unique and important in the work I do and of course what my teachers have taught me, is with the environment.

So a human can't survive without an environment. And we're influenced by our environment from conception. But sometimes people think when we come out into the world and breathe oxygen, but it occurs in mom, but it also occurs before we are something in mom because of her history and father's history. So somatics to me, is like this huge micro macrocosm of everything human and how humans relate, to not just others in the environment, but also to themselves. There's a reason why Peter's work is somatic experiencing, it's learning how to experience the somatic self, and then some, if that makes sense.

**Alex Howard**

And all of that experience, those impacts, those contacts that we have, it's held. That information and experience is stored in our body.

**Irene Lyon**

We're giant supercomputers, basically. More than that, the amount that we can hold in our body to this day boggles my mind. As I've been in this work, really, if I count my Feldenkrais career, since 2004, working with the nervous system and the body. So I'm not good with math, but whatever that is. And I am still uncovering old survival stresses, patterns in my body, shock traumas. Just the other day, not that I haven't worked with this incident when I was really young, but one of my first incidents, one of my first ever memories, came up when I was 5, traveling to the Philippines to visit my mother's family. We stopped in Tokyo, rainy day, eating barbecued corn on the street side at a vendor. I had that cloudy, misty memory, and it came up in a session I was doing where I was getting treatment from an osteopath, like that's interesting. Why is this coming up? And what I realized, Alex, was that that was the last memory I had, and the first memory I have, before I had a really traumatic memory about 2 months later, getting my tonsils out.

**Alex Howard**

Wow. So it's specific what you're describing.

**[00:06:06] Irene Lyon**

So specific. And I got sick when we went to the Philippines for whatever reason, a different environment, came home, tonsils were inflamed and pussy and a fever and went right into the hospital and then had a horrific experience with the nurse. And I have worked with that with my many teachers, and lots of layers have come off. I've gotten rid of sleep apnea because of it, horrific dreams because of it. But there was just this other little layer that just kept coming up.

And I'm like, wow, this is amazing. And yet I am a regulated nervous system I believe, my system is really regulated, I'm healthy, but it just goes to show even when we reach that, let's say, that holy grail of nervous system regulation where we're functioning in society, we're not in PTSD mode, we're not functionally frozen, there are still these little things hiding in our somatic system. So I wanted to share that because it paints a picture of how much stuff we store.

**Alex Howard**

And ultimately, when we're talking about healing from trauma, that's what we're healing. That it's not a healing that happens on a cognitive level. It's all of this material and this stuff which is held in the body.

**Irene Lyon**

It is. And it brings in the cognitive. I'll give the brain a pat on the back because those memories, some of those memories that I had, were stored in whatever it is that stores memory. I still believe we really don't know a lot about the human body and how it works. We know a lot, but there's still a lot there. But the brain, the smells from that incident, the visuals, the feelings of being handled roughly with the nurse when I was 5, feeling my parents leave, but then allowing myself now as a 45 year old adult to cry for them the way I probably wasn't allowed. Because as soon as they left that room that nurse had me on my front stabbing me with an injection to sedate me.

I can feel it, like it comes up, but I'm able to stay here and stay grounded. But I was not able to feel that pain of mom and dad leaving because I was put into a survival mode with that nurse. And then very shortly after that, I was knocked out for my surgery. So that survival stress, that pain of wanting them to not leave, and I even was with my husband feeling this like, don't leave me, mom, don't leave me dad. I even said it out loud. So I'm saying these words because they weren't able to be said back then. And then with that the emotion was able to flood out, come out. And actually, since then, my throat and my voice has been much more clear. And I mean, I feel like I've had a clear voice and throat before, but it's even sharper.

**Alex Howard**

You said something really important there, because I think what you're speaking to is, what does it actually mean to heal on a somatic level? That there's something that's either unexpressed, in terms of words, or something that's unexpressed in terms of emotion.

**Irene Lyon**

Words, emotion, sensation, behavior. Just the other day, I'll give you another great example, I was on a podcast and I was talking about the importance of us humans having education on board, like understanding deeply, our nervous system, the branches of it, the parasympathetic sympathetic attunement, how we're built, how we coregulate all these fancy trauma-ish words and nervous

system words. And things like procedural memory. I think we've talked about this in the past maybe, but if I give you an example.

**[00:10:16]**

When I was that 5 years old and let's say I wanted to hit that nurse that was just being a terrible person to me and very unkind, I couldn't because she had me, I was little, 5 year old Irene, and she's a big, strong lead nurse, I couldn't hit her, I didn't have the vocabulary to know how to tell her off. So that's stored inside. As an adult if you're not aware of how those things store inside of you, you may have an impulse to do something, say something, move in a certain way, and you think you're maybe crazy because it doesn't make sense.

So the example I gave this person was, let's just say you have a child, because a lot of people want to know about how to help kids, who is playing next to his or her sibling and the child is old enough to grab the doll, and that child finds a string and starts to wrap the string around the doll's neck and choke it. Bit visual. No one's being hurt except for the doll, the doll is not alive. And let's just say mom sees that, or whoever, it doesn't have to be mother, sees that and is like, oh my God, that's terrible. Don't do that to dolly or whatever, or teddy. What if that little kid was born into the world with an umbilical cord wrapped around his neck, which is very common. Babies are always born choking, or any kind of birth trauma or something like that.

In the case for me, the tonsillectomy, stress around the neck, people in there with tubes. A 5 year old or a 6 year old, little people, they're very intelligent with playing and acting out a memory through procedures. So procedural memories are what we store, they're implicit memories. They're that desire to want to rip those hands off of your neck, or take that cord, I want to get this cord off of my neck, but the nurses and doctors are handling you. Or me, that little 5 year old, I want to hit that bloody nurse and get her off of me, but I can't. Those procedures get written by our autonomic nervous system automatically. That little baby doesn't think, I think I have to rip this cord off of my neck. It just goes there because it's a restriction.

So then you have this little kid at 5, sees a string, sees a doll, has an impulse to choke. And if you stop them, or if you say that's bad, you may not help them complete that incomplete procedural memory. Because if you understand as that parent or as the adult or whatever, oh my gosh, little Johnny is trying to resolve this cord trauma. Let's help him. I see it. And I'm kind of acting here. Like Johnny or Alex I see you're strangling that doll. What's going on there? Oh, well, dolly's choking. It's like, well, what can we do to help her not choke? Do you want some help? And maybe like, no, don't help me. Well, let's show me what you would do. And then he would rip it off.

And again, I've seen this with clients, with kids, where they're having to tap into that impulse that doesn't even have an emotion often with it. It can just be purely behavioral, but then it might be driven with survival energy. It's possible, and again I'm just making up scenarios, he gets that cord off dolly, and there's a big 'yay', or maybe all of a sudden scared or maybe wants mom, and please hug me. As that parent you have to let any situation come out with containment, care, obviously not reprimanding them for doing something mean to teddy or dolly. It's like that kid is trying to get it out.

So as an adult someone might be sitting there and all of a sudden have a desire to want to do something that seems totally off base and wrong by society standards. And of course, we don't want to go out into the streets and hurt people, this is one of the reasons why I think that happens, that's a whole other conversation, but we want people to be able to feel these somatic experiences, understand where it's coming from at the nervous system, neurophysiological, biological level and

then help them with the behavior, the movement, the survival stress get out so that those things can complete. So that was a long example to paint a picture about how stuff gets stored in the body and what we need to understand.

### **[00:15:14] Alex Howard**

But I think it's a very important foundation. And I think also what I really want to highlight and what you're saying as well, is there is enormous wisdom that's held in the body as well. It's not just the information of the trauma, but there's also information on what needs to happen to heal the trauma.

### **Irene Lyon**

It's all there. It's all there. And I think that's what's so sad and magnificent at the same time, because you see things, I've seen things unfold and heal, and I say this with quotes "miraculously", because it's not really a miracle, because it takes an adult human work and building and foundations and learning how to be with their body if they weren't ever allowed to have that freedom to express themselves and play with dolly's and all that kind of stuff in that context. It takes a lot of work to build that back up.

But when a person does build that back up, as an adult, not only are they better equipped to, I like to say, become their own medicine for themselves, they know how to be with people in a different way. You really understand if you see a kid or a person on the street who's hurt, how to interact with them based on how that person, kid, partner is. Not everyone you're going to rush up to and say, can I help you? Can I help you? If it looks like they're afraid you're going to have to be cautious about that, for example.

And when you understand that nervous system piece and how people are all very different because of their upbringings, it can be kind of fun, because then you're solving, really it's like an equation, a very complex mathematical equation.

### **Alex Howard**

There's something also around that trusting of the wisdom that's in there, about also trusting the wisdom of people's defenses.

So one of the things that I noticed has happened, and you talked about, that there's a good side and a bad side to some of these things. That it's great there's more awareness around working with trauma and working in a somatic way. But one of the challenges is I think people sometimes think they know more than they do. And there's something, in my experience, of really honoring and understanding when there is defense or there's resistance, the why. I'd love to hear you talk a bit to that.

### **Irene Lyon**

Wow. Do we have 5 hours? There's so much wisdom. And here's the thing, Alex, right now we now know, without a doubt, that stored survival stress, that's my way of saying trauma, so stuff that's trapped in the body and all the ways it is, is the cause of so many pains and troubles in the world. Whether it's chronic illness, mental illness, violence, relationship problems all the way up the spectrum.

It's a very complex thing that we're dealing with here. And that's a very technical term, 'thing'. Because we are really looking for a quick fix, because humans like a quick fix, they want a hack, they want a bio

hack. And what I've seen over the last couple of years, and I'm really seeing it in the last few years, is everyone is desperate to heal, like so desperate that they will try anything once. As opposed to trying something long-term and giving it time to unfold and for the person to learn.

### **[00:19:20]**

I always go back to the kids. There's something about the kids. So if you think about a human coming out of mom when they're an infant, obviously, they're an infant, it takes time for that child, human to learn how to self regulate. I mean, you have, kiddos, you understand that. They don't just pop out like a calf does from a cow and walk all of a sudden and know how to suckle. I mean, babies usually do know how to suckle but that's another story. But it takes a long time for the human system to apprentice and be really functioning.

And if that early upbringing was harmed, if there was abuse, if there were surgeries, illnesses, I might say that because a lot of people think, oh, well, I didn't have abuse and all this, and I don't know why I have all these troubles. It's like, well, if you had leukemia, if you had a spinal defect and you had to be in surgery every week, or blood draws, or mom was sick, or you were in a war torn country, or there was a really stressful time going on when you were born, case and point right now, all these things, you might not realize that to heal that, A, it's possible but it's going to take time to, not just rebuild but to build for the first time, somatic neurophysiological pathways that are sharp, that are accurate, that are instinctual, that's accurate instincts as opposed to instincts that aren't accurate because of fear. That's a whole other story.

So there's been this desire, I think, I'm not sure if I'm answering your question so you'll have to tell me, to do things quickly because we're like, oh my God, we have to fix this trauma thing. Let's do it as quickly as we can. Let's throw the kitchen sink at it, to use that term. And I say, well, let's just look at the kitchen sink and see the things that we need based on the individual. Because not everybody needs to shake. Not everybody needs to heal their relational wounds. Not everybody needs to heal an early trauma wound. It really depends on the stuff.

### **Alex Howard**

It's almost like people try to solve their trauma using the approach that played a role in causing it.

So if someone was a recipient of an overly harsh way of doing things, they were rushed when they needed more time to metabolize, that often we learn that as a way of being, and then that becomes the way we try to heal.

### **Irene Lyon**

That's a great way of looking at it. Yeah. Because that physiology, that said person's physiology, is wired for high level stress.

### **Alex Howard**

So normalized.

### **Irene Lyon**

It's like, this is the way it should be. And actually, that's a really good point, because what I think, I'm theorizing here, but I think one of the reasons why it's boring for a lot of people to do the deep, deep,

slow stuff that I teach, that's really boring, but it actually isn't, it's hard for some because when you have that rush of something changing something quickly, it creates a chemical shift in the body. It feels good. It's like skydiving, for those that do that kind of thing, it's like it's a rush, but you can't be in that all day long. Like falling in love for the first time with someone. If you were to keep that you wouldn't get anything done, it has to come down. As much as we want that rush, it can't maintain.

**[00:22:59]**

And so what I see is a lack of patience and commitment the same way you would with an infant. You do the same thing with them every day. You help them with the same thing every day. It's this monotonous routine every day. And that's what we're trying to do when we're healing, especially the early traumas.

If someone had an actual, really good regulated upbringing, and let's say they had a terrible car accident and they're suffering a little bit of PTSD from movement coming from one side, that can get cleaned up in a couple of sessions. I've seen that, I've worked with it. It's like, okay, you're done. I rarely see that. I rarely have seen that because usually embedded under that is a lot of the early stuff that makes that car accident trickier to clean up.

### **Alex Howard**

I think it's a really important point, just to expand on a bit more, particularly because of some of the great work that's been done around ACEs that we have, what we think is a clearly defined idea of these are what traumas are. And part of what I'm hearing you say is that actually there's a much broader definition. And what might be a trauma for one person, may not be for another person.

### **Irene Lyon**

Totally. The ACEs were such an important part of the evolution of this work. And those are really severe neglect, abuse growing up, usually within the family system, involving alcoholism and depression of the family and actual physical, sexual abuse, neglect, not having enough food, parents in jail, that kind of thing. So that's a given. People are usually smart enough to know, I'm struggling with this in my 20s, 30s, 40s, I had this happen when I was young. That's just a given now I think for a lot of people. And we would say that those things are the big T, the big traumas. And then a lot of people are saying, but then there's a little T, like verbal abuse, that isn't toxic but it's just a little harsh, little things. I won't go into the whole list but just things that aren't life or death.

My experience, and this is my experience but I think most of my colleagues will back this up, when the traumas are less distinct and more insidious, I like to use the word din, there's just this din of unsafety. I'm at home in my room as a 5 year old, 6 year old, 7 year old, teenager, and if I can tell when dad walks in the house how mad or glad he is based on how he drops his keys on the side table, I know how to act that night at dinner. I use that example because that was my husband's upbringing, and I'm allowed to talk about that. And I could cry thinking about it, I get shivers, because that wasn't my upbringing. But he could hear the garage door open when Papa came home, how he walked, and he, my husband, would have to change himself so that he wouldn't get into trouble or get hit.

### **Alex Howard**

And how on edge his nervous system must have been to even be sensitized to that sound.

### **[00:26:46] Irene Lyon**

Total edge. And the interesting thing is they lived in Silicon Valley, money, nice house, food, parents were divorced, so that's an ACE. So all things considered, he was privileged, he had everything he needed. Why should he have complex PTSD, irritable bowel, all these things, social anxiety, addiction problems? Well, case and point again, he couldn't be himself for his entire childhood and teenage hood. It's actually amazing my husband didn't rebel more. He was a pretty clean, straight laced kid. He was in a band, he played music, but then he kind of left society and said, screw you, I've got to go be by myself and figure this stuff out.

But that's an example of, from the outside, a person looking down on that house, not able to hear those keys or those steps and monitor my husband's physiology, even though he looks perfectly fine, that's considered little T but to me, that's bigger than big T. Because that isn't just that one day that you were screamed at because dad got fired and was really pissed off and hit the dog, for example, this is every single day. So those little T's build up to the big T.

### **Alex Howard**

And I think sometimes as well that the big T's are so obvious that in a sense they often invite more understanding, more empathy, more compassion, and we're able just to go, that was screwed up and it shouldn't have happened. But when it's much more subtle and it's a bit more confusing and perhaps there's an element of gaslighting that goes on, it might be a smaller T, but there's so many small T's, as you say it's like an enormous T in the end.

### **Irene Lyon**

Oh my gosh, yeah. And I'm actually thinking of a story from someone, a client, ages ago who knew something was wrong, or something was odd when they were playing with a cousin or a friend at a family reunion or birthday party. And the friend found something, like a leaf or a frog or something in nature as kids do when they're playing, and the friend was like, oh my God, we should show this to the parents, this is so cool. And my client was like, why? They don't care. That was that client's belief of their primary caregivers. Whether or not they would care about this cool thing that the girls found by the river, for example.

So if a little person already has that in their mind, 'they don't care', that is showing that along the line of that development the bond between the parent and the kid, something went wrong. And I really say that, something went wrong. Because kids are meant to be exuberant and want to share and they're playful, they need to play and talk and express. And so the fact that that was not an impulse to go and share and actually they said, 'they don't care', that person has already formulated in their cognitive brain, a shift. And they're not even allowing their impulse to be felt and expressed.

And so this is how these things get into our psyche and how we form our careers, our relationships, how we put ourselves out there. We might not even realize that our limiting pieces of how we live are related to whether or not we were hugged when we hurt ourselves when we were young. If we're told, that doesn't hurt, but it does, wait a second, this really hurts and Mom's telling me this doesn't hurt. I'm confused. My somatic system is confused. I'm feeling huge pain in my body. I just scraped my knee, there's blood dripping down, I want to cry. And she's saying, it's not that bad, you're fine, be a brave little girl. That screws up with that physiology from day one. Chances are that's going to keep happening in different ways. And then you've got this little human that has been socialized, culturalized, I don't even know what we would call it, conditioned to not feel their somatic senses, then they grow up, let's just say they get into a really intense job, it's high stress, they don't even know they're stressed because they've cut off feeling those things.



### **[00:31:46] Alex Howard**

Totally. Let's talk a little bit about the process of healing, the process of metabolizing, digesting what's being held. We started down a path and didn't complete that earlier around, when we turn towards these feelings one of the things that can happen is these defenses come in. The places where a part of us is like, it's not safe to go there. And you spoke a little bit to the danger of some of the quick fixes or the hacks that can try to rush this process. And I'd love to hear you speak a bit about the importance of honoring resistance and the importance of really meeting those places with a softness and a curiosity.

### **Irene Lyon**

Resistance is a good one because it's sort of, in the world of entrepreneurship, like Steven Pressfield's book, *The War of Art* talks about pushing through resistance and resistance is the bad, evil thing that's preventing you from maximizing and actualizing your potential and all that stuff. And I think in that respect, sure okay.

But sometimes, and often when there are some of these examples of these vignettes I've given you, that resistance is that little person saying, 'wait, I matter. No, I'm not going to do that. I'm going to kiss that aunt. I don't like her. Why would you force me to do that? No'. It's a boundary. It's like the tail, if you think of animals their tails go up or they show their teeth and they do those things. But then if we're forced to do the thing that we don't want to do, which so many kids are, it's going to come out as an adult in various ways.

And so it's important also to be discerning, because if the mother is like, I don't want to feed my baby, screw that. We're just going to leave them in the room to cry themselves to sleep. That's not good either. I say that to protect my 'but' in a way, because there's a spectrum of when you might have to push through and do something you don't want to do. And then sometimes it's a, 'I really don't want to go have dinner with those friends. I don't like them. And why am I continually doing this every year?' Because that's what we did growing up. I am not going to Christmas dinner. That is a boundary that from the outside might look selfish and, oh, just grow up. Go to Christmas. It's like, no. No one's going to die if I don't go to Christmas dinner. Thank you for inviting me but this is not what I want to do with my family or with my partner.

### **Alex Howard**

It reminds me, sometimes saying we have to say no to other people to say yes to ourselves. And that's trauma healing in action, in a sense.

### **Irene Lyon**

100%. And that resistance, I don't like that word, but it's a boundary, and it's actually a healthy aggression. And anger and healthy aggression is our birthright. It protects us.

The best example is the mama bear protecting the baby cubs. We always go to that example, and it just boggles my mind that we don't have that same example for humans. Why isn't the mama human protecting the baby kid who doesn't want to go to that birthday party, for example? It's like maybe that kid doesn't like the parents at that house. Maybe there's an abuse happening at that house and no one knows about it and that's why they don't want to go.

**[00:35:40]**

So the healthy aggression piece is one of the, to me, that wraps up with boundaries, resistance, saying no, backbone, having a strong spine. It's like a literal as well. When the system is collapsed and in a lot of shutdown and freeze, it's hard to bring that boundary and protection up. And so that resistance also floods into, and boundary and healthy aggression, old fight, flight patterns. And so that's where that energy, old survival energy, might show up. And sometimes my students will be like, 'I'm being a real bitch right now'. That's okay.

**Alex Howard**

Embrace being a bitch.

**Irene Lyon**

Probably because, and Gabor Mate actually jokes about that when he talks about chronic illness and cancer. And there was a great talk where he said to a huge auditorium of people about women and how they tend to please people. They tend to let things happen even though they don't want to. And he's like, the sign of someone recovering from cancer or not getting cancer is that they have healthy boundaries. And so he said, so, gentlemen in the audience, if your wife's a big bitch then you'll know that she won't get sick of cancer. And he was drawing a huge generalization. But it's like you read his book, *When The Body Says No*, which I recommend to every human on this planet, and he talks about the stories. If there isn't a strong boundary and this life force energy, that's the word I'm looking for, our physiology is dampened, it is not strong and healthy. I hope I answered your question there.

**Alex Howard**

I think there's something about also dealing with the shame that can come in. Because often we can have that inner critic voice that is telling us we shouldn't say what we want or we need, to put other people's needs first, we need to be a good boy or good girl. That can be a real block to this.

**Irene Lyon**

Shame is a real tricky one because there's a healthy shame in my world and a toxic shame. And this was really taught to me through Peter Levine, Kathy Kain, John Bradshaw, I actually have his book here with me, *Healing the Shame that Binds You*. It's a wonderful book. He's long passed. But shame is so interesting because it's not something that's being done to you necessarily, it's how it's being felt in the physical body.

So my husband, for example, his family on his dad's side, toxic shame, berating, you're not good enough, you should know better, like bad toxic energy. I was lucky. My traumas are not at that developmental toxic shame level. But I do remember healthy shame when I was a kid. And I'll share the story because it's a good one to prove a point. So I'll ask you this question, Alex. If you saw one of your kids cutting an apple with a knife, with the knife facing their face, what would you say?

**Alex Howard**

Probably not just what I'd say, probably the way that I'd say it. It would be like 'stop!'. There would be a panic in the response.

### **[00:39:18] Irene Lyon**

Yeah. I don't know how old I was. I was old enough to cut bread at the kitchen table. And for whatever reason I think I was cutting it towards me. And my dad was at the kitchen table eating his breakfast, and I heard this big bear, 'Irene, Irene'. It shocked me a little bit. 'Look at what you're doing. Turn the knife the other way.' And it got into my body. And that was a form of healthy shame. He didn't berate me. He didn't say, 'you're an idiot for doing that, you stupid girl. What are you thinking?', which some parents would. He was solid, he kind of startled me with his deeper voice. And interestingly enough, if I'm tired and making food, sometimes I'll find myself with a knife in the wrong place, and I actually have that come into me. I'm like, right.

### **Alex Howard**

What's interesting is what you're describing is a moment of actually feeling supported, even though you're doing the wrong thing.

### **Irene Lyon**

Exactly. And so that is what a healthy shame response should elicit. It's teaching the human right from wrong. Because there are some things that are right from wrong, and we've gotten really scared about these things with raising kids and such. It's like that's wrong, you're going to hurt yourself. You're not doing anything bad, you're not bad, just change it.

And so when we think of shame as an adult if someone knows they had that parent that was more like my husband's parent or some version of it, there will be a visceral, somatic felt sense, not just in their posture, but in how they react chemically to someone telling them something that isn't right. Even if someone says you kind of did this wrong and they're being really healthy, it's going to register as, oh, I'm such an idiot. And that's where the person has to catch that and be like, okay, what's happening in my body?

And the interesting thing with shame is that one of the primary emotions to heal toxic shame is disgust. And this is a longer conversation, and I have videos on it so people can Google that, but again, it's that yuck, like, oh, this doesn't taste good. And Kathy would use the example, it's quite a descriptive example, when you've had a lot of toxic shame, and you have that very collapsed, 'I feel terrible about myself'. She said, you have to learn how to taste the dead rat. Those are not my words, but those are hers.

### **Alex Howard**

I like it.

### **Irene Lyon**

But it's a disgust. It's the rot. But it's not you, but it's trapped in your physiology. And one way, to go back to all these things that hide in our bodies somatically, someone might find themselves one morning not being able to eat breakfast. Every time they smell something they want to dry heave. And then they think, God, did I eat something wrong? Am I sick? Again you've got to make sure you haven't been food poisoned and all those things. But if you've been working on your somatic stuff, maybe you've been watching some videos, or listening to this, and all of a sudden you go to eat your lunch today and you want to hurl, it could be that this conversation and this connection has tapped

into a very old old somatic sense of, 'why would you treat me like that? I hate you. That's disgusting'. Meaning the parent.

**[00:43:08] Alex Howard**

And that gives you the distance that you need at that moment.

**Irene Lyon**

Because it's like, this isn't me, this is my reaction to what was done to me. And we get that a lot in, obviously, folks who have been sexually assaulted, molested, abused. It's gross. It's disgusting. The smell of the alcohol, the cigarette smoke, whatever it is. And again, if you don't understand the emotions and how these things connect from the theory point of view, you might think something's wrong with you because you can't eat for a couple of days. And that's where, actually, if you get to that dry heaving, doing the physical reactions of retching, can be a response.

I mentioned a second ago, sometimes people think, oh, you just got to shake. Well, someone might need to wretch for a week and then rest and let the tears come through or the anger about what occurred to them. You see, there's just so many different directions.

**Alex Howard**

I think part of what's so important in what you're saying is that this is nuanced. It's sometimes very subtle that it also takes patience. I think what you're really speaking to is the danger of trying to package this up a bit too neatly and a bit too simply. That there's wisdom in the body but we need to take the time to let that unfold and guide us.

**Irene Lyon**

Yes, so much wisdom and so many methodologies and practices and techniques that exist that can facilitate these things. But what I've seen, and this is more of a macro view of, if we could call it an industry, is everyone's in their own corner doing their own thing. So it's like, well I'm going to go work with this person because that's what I need, because I have relational trauma, I have attachment trauma, or I have whatever trauma. And that's fine.

But if we think about, my biggest comparison is medicine, not that medicine is perfect. But you go to medical school, you're learning all sorts of things. You're learning the physiology, you're learning about all the different forms of medicine, and then you decide to specialize but you have an idea that there's something called nephrology or orthopedics or dermatology or endocrinology or hematology. And we respect, I would hope as a doctor, you respect all your colleagues. And then there's a GP who just kind of has a little bit of everything.

And I think what's occurring, and I hope we can course correct this in our trauma world, is we all get a better understanding of all the different methodologies. That doesn't mean that we're all going to be experts in them, but we know how to refer out. But we also know how to do the base level work to get people into their bodies. And I just see things happening too quickly in a lot of instances.

And we get tons of stories where people have done stuff with practitioners and they're out, it's not out of anyone's fault necessarily, it's just that it just tried to happen too fast. And people want it to get better real fast, and I get that.

**[00:46:27] Alex Howard**

That's one of the reasons why I find it such a privilege to have conversations like this, that I find it so helpful to hear the different pieces, the different perspectives. Because as you say, different things are important for different people. And the more we can open and find the right path, that's what's so important.

I'm mindful of time, Irene, people that want to find out more... You and I could talk all day. But for one to find out more about you and your work, what's the best way to do that and say a bit about what they can find?

**Irene Lyon**

Yeah. So my name, [irenelyon.com](http://irenelyon.com) is my site. There's a lot of stuff. It can be overwhelming sometimes because there are so many resources. But I've got a [YouTube channel](#) with hundreds of videos, special topic lectures, Q&As. One thing that's actually quite simple is if you have a question around toxic shame, just type it into Google or YouTube and my name and those videos will pop up. Same with anger, dissociation, anxiety, depression, autoimmune. The things will pop up.

On my site I've also got lots of audio downloads, so just little samples of what I call, neurosensory exercises. It's not exercises like muscle exercises, it's tracking, orienting, the boring stuff that actually overtime builds. It's like learning the ABCs and the 1, 2, 3s.

And, of course I have classes and online courses that, as you said, have been consumed by a lot of people all around the world.

**Alex Howard**

Awesome. It's always such a pleasure. Thank you so much for your time. I really appreciate it.

**Irene Lyon**

You're welcome.