

---

## **Training Call #4: Anger & Healthy Aggression – PART 1**

Irene (00:02):

Hey everyone. It is Irene. It feels like it's been a month since we've had a training call, but it's only been a week, and a bit funny how time is. I know for some of you the clocks have shifted, for those in North America. I don't think the Euros have had that happen yet. I'm not sure. Yes. Okay. And Aussies are in a different world, and the fine folks of Saskatchewan here in Canada don't change anything. So it's just super confusing. Keeps us on our toes. I think that's true. So we are going to get into anger. Anger and healthy aggression part one. Everybody got their handout, those using handouts. The reason why there's part one is because it's a pretty big topic, and I like to titrate. I like to titrate it. Next week we will get into a different topic. So anger and healthy aggression.

(01:11)

Part two will be, not next week, but the next week. Next week we'll be talking about, I call it the two receptions, neuroception and interoception. And I'm going to do some review of the different branches of the nervous system and the different nervous systems we have, more than just one. So today we're going to get into the concept of feelings, sensations, emotions. How are they different? How are they the same? I'm going to do a little reading. If you flip through your handout, there's some passages from some books. And then we'll get into a little bit around procedural memories, declarative memories. Who here has gotten through the biology of stress? Video number five, where I go through these different kinds of somatic memories, but also cognitive memories. These are important when we're starting to work with old events, but also maybe events we don't remember. So before we get started, take a second to practice. Just a little connection, and maybe you are already doing that naturally, so I'm going to do that as well. I'll look outside my window here, and I have a little water.

(02:46)

As that weather changes, at least here in Canada, it gets a bit drier, a bit cooler. For some of you, you might be in a more humid climate. For some of you, you might be going into your summer, right? Depending on what part of the globe you're on. And these shifts in our environment. Curious, who here has been noticing that, you're noticing your environment more? Temperature changes, humidity, heat. Do you find yourself able to really sense your

needs when you go outside in a different way? I see thumbs up, right? We can do that here. Hearts, yeah.

(03:44)

This ability to really sense our environment and shift what we need is another part of regulation. Just like when you have a newborn baby, you have to monitor, are they too hot? Are they too cold, hungry? You listen to their sounds, you look at their skin temperature or their skin color, you feel their temperature. As we get out of, some of us, functional freeze, not everybody is in functional freeze. Some people have that as their strategy, others don't. One might find that they notice temperature shifts a little bit more, and that's a really good sign because it shows you're really tuning in to what your system needs. Some might find that they sweat more. Some might find that they shiver more. These are all natural autonomic responses. So just noticing your environment, noticing your atmosphere.

(04:46)

Of course, for some of you, it's late in the evening, so you might be cozy in a home, not really feeling the elements. Some of you have light coming in through your windows. I see some people have darker, darker window light. And just to feel your feet, where your posture is. I caught myself again, leaning too far forward. It's my habit. Feel where your pelvis is. If you're sitting on a chair, if you're on a more cushy couch, maybe sense the softness. The support is, sit, firm, where your feet are. Oh, lovely. Someone said candlelight. Yeah, some of you might be in some candlelight. That's beautiful.

(05:48)

And then notice your breath, how your breath is, what it's doing, how it's moving. Are you breathing in just one spot? So can you sense your breath and where it moves? Thinking of, for some of you, you've gotten to the cultivating the inhale, cultivating the exhale lessons that help to really sense the ribs. Can you feel your breathing go into your pelvis, up into your shoulders, into your back? It's taking a second to drop in a little bit. So as we move into the first portion here of page one, so we'll head to the handout, feelings, emotions, and sensations. So again, this is lineage, that I've learned through Peter Levine primarily.

(07:15)

Yep. This is Peter Levine's work, and the predecessors of course he would've learned from. And then some of our more senior colleagues. I would say, from what I've seen, the work that you'll learn around anger and healthy aggression, and some of the research, that all mentioned are

very much indicative of this Peter Levine somatic experiencing world. And this is why his first book was called Waking the Tiger. And a tiger is a powerful creature. Obviously all big cats are, and they aren't afraid to express their healthy aggression. We know that roar, and of course a lot of other mammals have that roar, but they're very much the ones that we picture when we think of that big moving of the mouth, the teeth, roar. And so if we start here with the first bullet point - so, where do feelings come from? Emotion, sensations, feelings. That's the first word. And I kind of use these words, feelings, emotions, sensations. In a strange, interchangeable way. In my Feldenkrais training, we would distinguish them a little differently. But when you really start to learn and be with your somatic self, your interoception, they all are kind of one entity. They're one thing. We might have thoughts of certain feelings like anger, sadness, but next bullet point, they come from the body. So that's the second word, body.

(09:09)

So these feelings, sensations, emotions come from the body. Third point, they especially come from the organs. Organs, also known as the viscera. Our visceral insides, our guts. So this is everything from our heart, our lungs, our spleen, our kidneys, pancreas, gallbladder, intestines, colon. I'm sure I'm missing something in there. Not important. The uterine area for women, prostate for men, the ovaries obviously for women, cervix, all of the guts. These are very important organs, obviously because they do really important functions, but they also give us our sensations, and we have so many, thank you, gallbladder. We have so many words in our English, at least English sayings. I have butterflies in my tummy. Cat got your throat. I think that's a common one.

(10:27)

I feel like my heart's being crushed. There's probably many that you could think of. Feel free to share a few in the chat if others come to mind. I have no doubt that other languages have different sayings that they use for what you feel in your heart, in your gut. Typically, we don't have sayings that depict how our kidneys feel or our spleen or our gallbladder, but I'm going to bet that other languages might have that. I know obviously Chinese medicine would have lots of ways of depicting the elements in these organs. Heat, wind, all these natural elements. Dampness, heartbroken, heart in the mouth, to vent your spleen. There's a new one for me. I've never heard that. Yeah, lots for the stomach. Okay, thanks everyone. So next line down. So these parts of our body also house our intuition, also known as the interoception. Our gut sense or our sixth sense.

(11:38)

Oh, loving all these sayings. In German, it goes to your kidneys. In Russian, my soul went to my heels. I like that. I like that. My ex-husband, who's from the north of England, whenever you get those shivers through your body, kind of like a hoof for him, he would say, someone just walked over my grave. I always thought that was kind of morbid. It's like, oh, very Halloween. I see some of the Brits nodding to that. So yeah, all these fun things that we use to describe our body, right? These really deep sensations. I'm sure there's so many. So this is why. Next line down. This is why we work to bring awareness, intention and attention to the diaphragms, joints, kidneys, adrenals, and gut. So there's a long string of things there. Of course, these are some of the key things we work with. In SBSM. You could list a million, not a million, but many things there. The heart, the blood, the marrow. There's another one. I feel it in my bones. I feel it in my marrow, right?

(12:58)

All right. So for example, the diaphragms encase our organs. So the diaphragms encase our organs, so they encase our feelings. We could also say sensations, emotions. Now that word diaphragm, it isn't just the respiratory diaphragm, the one that moves up and down when we breathe, I'm meaning all of the diaphragms that you'll start to learn with as you get into lab five that move through the body. Pelvic diaphragm, respiratory diaphragm, the area around what we might call the solar plexus. There's diaphragms at the top of the head, the feet. So all these we work with gradually. We could also say that the layers of the body are within that, the skin, the muscle, the fascia. There's a lot more information now coming out on the importance of our fascia and how it stores stuff. The fascia is that very skinny, thin sheath of tissue that wraps around the muscles. It's invisible, mostly invisible, but very important. Okay, so next one, living with chronic stress. Toxic stress and untreated trauma. So this is a very big statement to depict why we are here. We've got all these sensations, feelings, emotions, organs, all this juicy, good stuff inside of us. But of course when we have trauma that's untreated, chronic stress, toxic stress, our body space tightens. That's the first thing there, and shut down.

(14:41)

And this cuts off our capacity to have self-awareness to our emotions, feelings, and sensations. Oh, one thing I've forgotten to mention, when you're reading through this with me and you've got your handout and you're in a space where you can talk out loud, feel free to speak out the sentence that you're writing. There is something sometimes powerful around actually speaking out what it is that we're learning and what it is that we're writing. When children learn how to

---

read, they speak it out. And if we're really trying to read something and concentrate, we might read out the instructions. Does anybody find themselves doing that? It's like, oh, if you're reading ingredients or a recipe or following instructions on something, or signs, you're driving, no one needs to hear you say the thing like, oh, there's exit so-and-so, right? So, I share this because in the world of everything being very quick, and I'm really finding people are lacking.

(15:54)

I'm not saying everyone is, but we're lacking how to really study and really drop into information. This ability to read, write, take notes, have it not just be in your head but be in the way you express is I think really important. So it's a very long way of saying if you feel like talking along with me while I can't see you, if I see your lips moving, wonderful. If you can talk it out. So again, our body spaces tighten and shut down and this cuts off our capacity to have self-awareness to our emotions and sensations. Now of course, when the body spaces tighten, what does that do? Right? Think about the swimming pool, beach ball analogy. You make that pool smaller, but you still have all the same balls inside. It's just going to compress and compress. There's going to be no flow in that pool.

(16:54)

And so when you think of our organs, our vessels, heart, speaking apparatus, when there is a lot of tightness and there is lack of flow, it's very hard to distinguish and differentiate with accuracy what is going on in our internal environment. Remember the first drawing I have had you all do. And during training call number one with the circles and the lines and that flow, this is that ability to keep the flow going and to open up the spaces, knowing of course that if we do have true stress, and we will, we're going to have accidents, terrible things are going to happen. This is just part of life as a human on planet earth. If things are already tight or if things are very shut down, even then the system can't respond in an accurate, appropriate way that makes sense. Not only is it important for us to open up organs and flow so that we can heal all the things, we also want that flow open and in good health so that when new threats come in, we act appropriately.

(18:09)

Our organs do what they're supposed to do. And a lot of times folks will not feel a reaction even though they should. And then this is what can lead us to miss a very important internal cue. Has anybody here lived with someone or maybe a parent or a family member or a friend, or maybe this is something you've had when there's really significant diabetes type one, often circulation is very poor to the extremities and sometimes people won't feel their feet and



when they don't feel their feet, they don't take care of their feet. And a person can actually lose a foot because of the neuropathy due to the poor blood sugar and circulation. I'm really oversimplifying this, but sometimes we go, how could that person not have been taking care of their feet? They're not feeling them, right? They're not sensing them. And so they don't realize that there's a cut, that there's something going on there. And then this is how the system breaks down and doesn't do well. So that's an extreme example. But we want to be able to feel these organs and know, oh, that food didn't sit well with me, right? Or Oh, my heart is a little tense. What's going on? Oh, I don't think I like that person. Or whatever it might be. So when we can feel these accuracies, we are better able to take care of ourselves. Okay, I'm going to take a little water cause we're going to get into a fun hypotheses here. Hypothetical.

(19:44)

Yeah, Jeannie said my auntie had two amputations of her feet because of diabetes. Yeah, it's a real thing. A very important thing, to understand these things. And I think this is another reason why understanding our biology is so important. It also allows us to advocate for ourselves when we do use the medical profession to know little bits about how our organs work. Very important. Okay, so here's a hypothetical question for all of you who have done this before, don't tell anyone the answer. So let's say you encounter a tiger or any threat, but I like the idea of a tiger.

(20:32)

You encounter a tiger, what makes you afraid of it? Number one, there's three options. Is it the body's response to the threat? Two, is it the conscious thought about the threat? Three, is it an emotion connected to the threat? So is it the body's response, the conscious thought? So you see a tiger, something happens. That's one. Number two, you think about this tiger that's in front of you. Oh, that's a tiger. Oh! Or three, emotion connected to the threat. I'm scared. These are just some examples. So, anybody want to guess one, two, or three? We'll have some fun, put some answers in there. Got some ones? Lots of ones. 3, 2, 3. All of the above. Yep. Three, two. Okay, so it's a bit of everything. So according to my teachers and this research that I'm about to explain on page two, it is the act of movement and going into survival. So it's really one, it's the body's response to the threat. It's what happens before you even know it's happening. So I'm going to use a totally different example. You're chopping onions in your kitchen. I always use the example of this, and the knife drops, and you're wearing no shoes. What does your body do?

(22:21)

Jump back. You don't even have to think about it. And again, we're assuming your reflexes are there, everything is there, you can move back. So you jump back. It is an unconscious written procedure. That word procedure is connected to our procedural memories that you learned about in biology of stress. Number five. So there is this automatic autonomic nervous system response to get out of the way of that sharp chef's knife, right? So it's very similar when we see a threat in, say, the wild. And I have no doubt that many of us here have experienced that, depending on where you live, where you've been, I know I've had many encounters with black bears here, living in British Columbia. The good news is that they're pretty docile and don't do very much. They're more scared of us than us of them. But the thing that's interesting is even though you know cognitively it's safe, relatively, you still get that reaction.

(23:25)

It is a big creature and it could hurt you if it wanted to. So there's that. And then you realize, oh, it's okay. He's already going into the bushes, he doesn't want anything to do with me. And I know, Carrie, you're another fellow British Columbia, and you could back me up on that. They just kind of scoot away. They're going to go, keep eating my berries, and we're fine. So, Nina Bull. So let's get into this interesting research. This is from 1951. And so this woman, Nina Bull, lived a long time ago. She was born in 1880, died in 1968. And I learned about her through Peter Levine, and she wrote a book called *The Attitude Theory of Emotion*. This isn't a book you can order on Amazon, it's one of those books that you would find in a medical library on like the 10th floor, dusty, because I found it once, and it's not something you can just check out.

(24:29)

At least that's how I found it. So Bull's research, and I think it's so interesting that her last name is Bull. So Bull's research found that it was the preparation. The preparation, that's the first word there. The preparation of the nervous system, specifically the motor movements to prepare for action, which then gives rise to emotion and feeling. so that if you were to highlight a word, there it is. Motor movements, hint, hint. That's why we have to work with our movement, our sensory motor movement when we're healing and rewiring our nervous system. So it was the prep of the nervous system, next line. In other words, our neuromuscular activations. So all the little electrical things that go on in the nervous system that go, muscles fight, right? Get going, blood to muscles, leave the guts. Let's go to the movement of the legs

and all the things. It's that neuromuscular activations are primary in the development and experiencing of our emotive sensory state.

(25:47)

So another reminder that working with the body obviously is essential for working with our emotions. Hence “smart body, smart mind,” not “smart mind, smart body,” right? That was a joke, but not really. So even as far back as her time, gosh, I would've loved to have met this woman. She believed that it was important to recognize a somatic pattern, in italics, or, her words, to recognize a somatic pattern. And from here one could create a practice to shift that motor muscular pattern deliberately - sound familiar? This is exactly what you're doing when you do the Feldenkraisian learnings and lessons in SBSM or 21 days, or you go see a really good Feldenkrais practitioner or a class, and you change the way you move based on how you sense your body, and you look for paths that are easier to move.

(26:54)

So the importance of recognizing a somatic pattern, and then from there, creating a practice to shift that motor muscular pattern deliberately. Everything that is done in SBSM, if we really boil it down, is doing this. Even when you're tuning into your kidney adrenals or touching your joint - who's done the joint lesson - and how that works. You're touching your feeling, your breathing, you are doing intention work that is shifting the whole system, right? Not just, it isn't about the joint, but it's about how you approach and how you touch and how you feel that movement. So next line down, she believed that seeing, so sensing and feeling the tiger, puts you into immediate reaction to run and flee. First two words there, run and flee. Get the heck out. And it's this internal preparation to act. It's the preparation to act that generates the sensations we associate with fear.

(28:06)

So the ‘I'm afraid’ happens once our physiology starts to go into go mode, and anyone that is trained deeply in high skill, say combat or martial arts, or I have a good friend who flies really big, crazy planes, like you are moving and acting in a very kind of rote, not robotic, there's finesse, but you're anticipating, you're moving, you're not thinking, Ooh, that thing's coming this way. I better shift my steering wheel. Has anybody been in a car driving and you avoid something really quickly and you wonder, how did I do that right? And it's this motor reaction, it just happens. It is a procedure being written saying, swerve this way, slam on the brakes and then you are like, wow, I just really avoided that accident or that animal or whatever it might



be. So it's this ability to really sense our body, this preparation to act that is what associates in this case us with fear.

(29:23)

So quick review, it all comes back to the body and its responses. So I love this quote that I'm going to read from Gabor Maté. It's from his book, *When the Body Says No, The Cost of Hidden Stress*, I still think that is probably, in my opinion, one of his best books. It's probably one of the oldest books, but it still is. It's quite concise, has good stories, and it really talks about the stress response in relation to chronic illness. So a really good read. He writes in that book, awareness also means learning what the signs of stress are in our bodies, how our bodies telegraph to us when our minds have missed the cues in both human and animal studies, it has been observed that the physiological stress response is a more accurate gauge of the organism's real experience, rather real experience than either conscious awareness or observed behavior.

(30:34)

So our stress response is a more accurate gauge of what's actually occurring, more so than what we think, and more so than what it even looks like on the outside. Now of course we could sit here and pick that apart if we wanted to because yes, we can also think things and that can impact our physiology. It goes both ways. We can think about something that's about to happen. It hasn't happened yet, and before we know it we're in a panic about something that hasn't happened. This is the plight of humanity. We have this higher brain that can really look into the future and project that stuff that hasn't happened. And we can also sadly project onto other people and impact other people with our thoughts. So this is not pure physiology that we're talking about here, but I want to just note that that is also a case - we can think about things and it can make our emotions go off the rails. It can make our sensations go off the rails. This is what we would call psychosomatic illness, which is a real thing.

(31:46)

Okay, number three, page number three. So this is from *An Unspoken Voice, How the Body Releases Trauma and Restores Goodness*, this is one of Peter Levine's kind of magnum opus, and chapter 13, all on emotion and the body in change. So Peter writes, the reason the bodily felt sense has the power to creatively influence our behaviors is precisely because it is involuntary. Feelings are not evoked through acts of will. They give us information that does not come from the conscious mind. Emotional intelligence and emotional literacy. Literacy

communicates through the felt sense somatic markers, and are vitally important to the conduct of our lives.

(32:46)

He then continues, the balanced attention to sensation, feelings, cognition or thinking. And he throws a fancy French word in here, which is, life energy remains the emergent therapeutic future for transforming the whole person. So this is a very bold statement that Peter's making. He is hypothesizing that this balanced attention to our sensations, feelings, cognition, our life force energy, I'll add in there our sensory motor movement, is the emerging way that he believes we will see therapy transform people, and then I'll dare say humanity. So this real study of all these things, and as we know, as folks here know, some of you more than others because some of you are just starting, but the alumni know that as you really get this language on board, stuff really does change not just in your physiology but in everything around you. It is a very powerful process we're working with. Okay, I'm going to take a little more sip of something here. Got some coffee.

(34:11)

What I want to do is just have everybody take another second to reorient. We're going to get into some anger pieces. I'm going to let my eyes see the trees. Let yourself shift if you need to. I'm going to do that and just let some of this information, as it probably is, I hope, trickle through, really sense this complexity that we're working with. This isn't linear learning or healing, it's quite complex, but we are so complex. So we need complex stuff for us to be helped and healed. So that's why this has so many layers and learning and practice.

(35:29)

So I'm going to shift gears here into a different gear. So this is still from Gabor Maté's book *When the Body Says No*, but this is him in conversation with another medical professional. The name is Alan Kaplan, physician and psychotherapist. So I'll read these two paragraphs out. So he points out that both repression and rage... So we're diving into anger now, and that emotion, he points out that both repression and rage represent a fear of the genuine experience of anger. Just land on that for a second before I go on because that's really important. And of course this is their opinion and observation, but I would say that this is accurate, in all the work I've done, he points out that repression and rage. Rage is different from anger. Rage is violent outbursts and harm going out or towards the person. So repressing or rage represents a fear of the genuine experience of anger.

(36:50)

Healthy anger he says is an empowerment and relaxation. The real experience of anger is physiologic without acting out the experience, is one of a surge of power going through the system along with mobilization to attack. There is simultaneously a complete disappearance of all anxiety. Now I'm going to replace that word anxiety with survival stress, that's probably what he means. So we'll be more specific. So it's the disappearance of fight flight. So if I just speak now before I go to the next one, these are the survival responses, right? Fight, flight, it wants to fight, it wants to flight. And if we allow that to be felt and experienced energetically, maybe we do some movement or sound or whatever it is, it allows it to hit that kind of thermostatic reset, and then come down, versus I feel this fight flight, I feel anger and I'm scared of it, for whatever reason didn't get taught how to work with it, saw too much violence and rage, or saw too much repression in my home, whatever it might be.

(38:11)

I don't know what to do with this, I don't like it. I'm confused, it's unfamiliar. I'm going to stuff it back in. So again, this comes back to, we do what we learn or we oppose what we learned depending on how we were raised. For people who are raised in households where there was a lot of violence, one or two things happened, we become violent like what we see, or we go the other way and we say all energy, all anger, even healthy, is bad. And that is a lack of differentiation of our somatic needs and impulses for protection, and also life force energy. So he continues. When healthy anger is starting to be experienced, you don't see anything dramatic. What you see is a decrease in all muscle tension. The mouth is opening wider because the jaws are more relaxed, the voice is lower, and you see all signs of muscle tension disappearing.

(39:21)

So if you think about this idea, and you can just, even, if you want, touch your mouth, if you feel like experimenting, feel the air of your face where these jaw muscles are, of course the throat is where we produce sound. When this area has more space, back to swimming pools, beach balls, openness, flow, there's just more resonance, there's more capacity to feel, to sense. The opposite of having good openness in this, face and lips, is that I know we mentioned a British saying not too long ago, but who's heard of the stiff British upper lip? This is a very common designation for the tightness and stoic and I don't feel anything. And it makes the face taut, it makes the lip thin. This isn't just because that person has thin lips, it's

the holding back and we'll see, often, lines of holding, we'll see lines and we'll see tension in the throat, all sorts of ways that we see this.

(40:38)

And so this ability to have this experience of anger, feel it, sense it, and allow the body to go through those waves of fight flight, I feel this and I'm going to come down. One of the better examples I can give, that's a bit more benign, because I've experienced this. So again, I'll go back to driving. You're driving on the highway or somewhere and someone does something stupid, but it's not life threatening. It pisses you off, typically, you swear, typically. Typically you feel the urge to want to chase them down. This is natural. Don't do that obviously. But you've got this steering wheel that's very strong. And so if you squeeze that in those moments and actually allow yourself to let out that roar, that scream, that whatever needs to come out of your mouth, it lets that out. It lets that anger. And if you really were almost hit or you avoided an accident, that's a true threat to you.

(41:46)

Of course, if you have children or pets in your car, that makes it even more, makes you pissed off even more. Like how dare you? But the next time - I hope this doesn't happen. But if that should happen, or it's something similar, how can you feel that energy and allow that energy to go into the steering wheel and squeeze it and really put in that energy, get it out of your body, get it out of your body, feel the tension, and then the tension will come down when you get into some of the later lessons, one of them is called tense and relax. Some of you may have already done this in the 21 days. This is teaching you that more specifically can we go into tension, and then consciously.

(42:41)

So this ability to get that out, get that fight flight out is super important. So this is what he means here. We can have healthy anger come out, and he sees, it's like, doesn't have to be anything dramatic. You might do that with someone in your car and maybe you don't scream, but you do a little bit of, right. You move that energy out, you mobilize the tension out of your body, and that can be enough to get some of this excess fight flight out. Again, if you have kids in the car, and you don't want to scare them, which I do not suggest you scare little people when they're with you, that is one way of doing it. You can really move that energy out.

(43:25)

Imagine little fireballs coming out of your eyes, going out the car window towards that person

that just cut you off. These are all ways that we can move that energy out. Okay, the voice, the one thing I'll mention, I mentioned the voice in that quote, got lower. Has anybody here noticed as you've gone through this work, and this would be maybe more for my alum, that your voice has gotten deeper? Anybody noticed that or you've got, I see a few people nodding. I think this is really interesting. I think it's really interesting when you think about accents in parts of the world, some accents have very high pitch and other accents are a bit more baritone and deep. But you'll also find within a culture, people have different sounds of course. But there is a kind of a, I would say we are meant to have range in our voice.

(44:32)

This is called prosody, P-R-O-S-O-D-Y prosody. And it's something that shows that our vagus nerve, the ventral part of our vagus nerve, which you're learning about, has a lot of good health in it. Because we can have inflection, we can go really deep and we can go really high if we have to, but usually we don't need a high voice unless you're singing soprano. But typically humans like a bit more of a subtle lower voice. I will just give an example. We've got time, this is a personal example, but it's a good one for those of you who have, say, pets. There's a woman that lives around our home who cannot handle her dogs. And it drives Seth and I a little bonkers because when these dogs see someone, and this is also probably because they haven't been properly trained, the voice that she says to calm them down or to bring them back is very high-pitched.

(45:39)

I can't even mimic it. It's a very high-pitched voice. And having been raised around animals and farms, you need a really baritone alpha male's tone that reverb, they feel it. But if it's a really high pitch, like, come on, don't do that. Stop. And I sound silly. Thanks for laughing, folks. Please laugh with me, right? If you try to do that, come on, come on, stop. It's not going to work. There needs to be a stop. And when we get into healthy shame in a few weeks, working with healthy shame, when we're disciplining children, to say, don't touch the hot stove. It has to come from a don't, don't touch, it has to be felt in their spine. And then of course you'll learn, you then connect with care. But if it's a don't touch that, don't touch, it doesn't work. And I feel, I sense, that a lot of folk don't have that deepness. It's not because they don't want it, they can't access it because the diaphragms and the viscera are so tight. The mouth is so tight from all the repression, and so there's none of this flowing through the vocal cords. They're tight, they're repressed. Does that make sense? Right? So if we're holding back our words and our tears, it is going to impact our ability to expel emotion and pronounce with



prosody, and to really get attention, right? If you are calling for help in the street, you want to have a really deep, strong voice.

(47:34)

I don't have to give you those examples, but this is something to play with in your own shower, in your own car, play with tone of voice. And if you haven't experienced that deeper belly sound and you're like, I can't get it out, don't worry, it's probably just because the internal organs still need to get more flow and openness. We need that pelvic bowl also to be open. So that was a long way of teaching that little bit. But I think you will start to see this, and then you see it out in the world. And the animals are one of the best examples, you can really tell. When someone does not know how to be with their animals. If they don't have that ability to be, like, I'm the boss. You have to be the boss. If you own pets, I don't mean, it's not about being brutal to them, but with domesticated animals, you need to make sure they know who's boss.

(48:34)

And it's the same with kids. Kids need to know, uh-oh. Moms just raised, we see, we raise our voice, but it's the loudness. But when that pitch is really down, it's like, ooh. So yeah, someone said singing lessons. Yeah, I mean there's all sorts of ways we can improve this vocal tone. But the thing is, we can go to singing lessons, but if we don't have access to our lower diaphragms, if our gut is clenched, it's very hard to get that out. And I've known a few singing teachers and people who are professional singers, and people will damage their vocal chords if they don't know how to properly move air and sound out. And you have to have this breath online as well. And that pelvic bowl online, if you watch opera singers, their bellies. They're not, how should I say this? They have huge lung capacity.

(49:37)

When you think of the opera singers who come out and have that real range, they are not tiny little people. They're often very big voluptuous women, which is wonderful. And then the baritone singers, the men are often these huge dudes, right? Remember? And they weren't these tiny little stick figures. So that's the other thing is when we get more alive in our diaphragms, I've said this before in previous rounds, you might find your frame gets bigger. Has anybody noticed, through our alumni, that you, yeah, let's see. Some of my alumni are here. And yeah, you won't fit into the same clothes, if you were someone who wore a lot of tight-fitting clothing. This goes for men and women, you'll expand. And it's not necessarily because gaining fat, it's because we're opening up the chambers inside that have been so collapsed. And as you open up the ribs, expand all these things. So it's a good sign when you

---

can't fit into your clothes because you're opening up the chambers in your diaphragms. It just means you might need a new wardrobe. All right, page four. Page four. So, why it's important to let emotions move and do their thing.

(51:08)

Yeah, someone just said, I don't like clothing that's tight anymore. You'll find most folks here, you're going to be wanting loose clothing as you get more regulated, comfortable clothing, natural clothing, no tight belts, right? No tight bras for the ladies. It really will shift how you take care of your body. At least that's been my experience. Okay, so first bullet point there, why it's important to let all this move. They let us know that we're alive. So, this importance of moving our emotions, letting them come through, it lets us know that we're alive. And one of the hallmarks of dysregulation, especially when we have more of the shutdown, collapse energy in our bodies, and functional freeze, we actually don't sense that we're alive. It's kind of a strange thing. We know we're alive because we're alive, but it's like we're not tuned in to our biology, to ourselves.

(52:22)

And of course in getting this online, we want to titrate and go slow because shifting into too much aliveness all at once can be highly destabilizing. This is why at least myself and a lot of my colleagues who have been around the block a few times, we don't recommend big transformative weekend workshops and things where we break open the system all at once, because if you move too much out too soon, your psyche and even the organ systems will be like, what just happened? I don't know what to do with this. There's too much energy here, and I'm going to just shut it back down even tighter, or I'm going to blow up. And this is where we do get things like psychosis, and this is a true thing. So it can go both ways. So we want to open these things up. We want to let these things out. We want to feel real aliveness, but we also need to do it in a titrated way that's sequential so that we're not overloading the system.

(53:31)

That's why we say, take your time. There's no such thing as being behind. As much as we say that over and over again, your brains will think you're behind. And I'm going to say it again, you're not behind. It's very important to go at your own pace, and that gives you the framework and the map for opening that is good for your system. What's good for me is not going to be good for anyone else. And what's good for you isn't going to be the same as for your spouse or your kids or your friends or anybody else. Here we're all very unique in how we have stored our traumas and how we cope with things that we don't like. And so you are your

---

own experiment in this. So the next line, again, this is in relation to why emotions are super important. They give us important cues about our interoception and neuroception.

(54:36)

They give us important cues about our interoception and neuroception. So we'll talk about this next week in detail so I won't go into it now. So when we trap emotions or sensations, feelings, all those things, they accumulate, this creates toxic stress. So we can create toxicity in our own body. We don't need that toxic person to do it to us. We will create stress and stored survival, stress and toxicity within our system when we trap this stuff. Some of us are masters at that. That is why you are here, learning how to move this stuff out naturally, organically.

(55:27)

So let them move and we free up our life energy, our life force. So that's what Peter alluded to in that passage from his book, *The Vial, the Life Force Energy*. Everyone's always talking about the importance of connecting to source and God energy. And yes, that is all important, but what often gets missed is that is in us. It has to come through us and in us, if we stay closed and trapped and repressed, the external connection to that source can still be a resource, but we have to bring it into our body. And this is a lot of one could say even miraculous healing in some cases occurs because the system finally gets it. Like the light bulbs go on and you go, Ooh, I feel that connection. And people will say, I feel that humanity now. And it's often because their biology is finally a little less strained. Their biology is a little more tuned to how it should be, which is free of toxicity and stress and really being authentic to what is coming up. So again, another quote from Peter Levine here, Peter, as people learn to master their emotions, and like I said, we can put in feeling, sensations, which is all what we're doing in SBSM, they also begin to harness the underlying impulses to action.

(57:17)

So as we get into the next page, we'll talk a bit more about procedural memory. What this means is an underlying impulse to action, that is that fight flight. That is that I need to speak, I need to set a boundary, I need to say no, I need to say I need help, I need support. I need a hug, I need to eat right now. I need to go to the bathroom. It doesn't have to be a big emotion. It can also just be this underlying impulse to action, goes back to following impulses, right? When we master these emotions, i.e. sensations, I'm going to put it into the body, when we're really better at listening to our bladder. That was the organ. I forgot our bladder there. I caught myself. When we're really good at listening to the pressure in our rectum, we have an impulse.

(58:18)

I'm going to go to the bathroom right now, I got to go. I can't hold this in anymore, right? Dry throat, it needs water, grumbling, stomach, needs food. So this doesn't have to just be in relationship to healthy aggression, but this is the connection piece, everyone. It's very hard to have natural, healthy aggression if we can't connect to our basic biological needs. The baby doesn't have their healthy aggression on day one. It builds. I'm not good with the months, but it's later. It's like eight months, nine months later. The beginning is I'm hungry, I'm scared. I need mom or dad.

(59:06)

I need to sleep. I need to play, all very basic. So I'm really layering this a little slower today just because I want everyone to understand why it's so important to learn how to follow biological impulses at the beginning of this, because it will help when the traumas, the organic traumas start to come up and want to release, it'll make more sense because you've gotten better at listening to these basic biological needs. Again, if you didn't have that attunement when you were an infant, we got to work with that first. I'm convinced that if we can get more young women to understand this, we would have a much easier time, birth and babies, because their core and their diaphragms would just be so open. The fear wouldn't be there. I trust my body. I can go to the bathroom, I can feed myself when I'm hungry. I can ask for help when I need it. This is all connected, right? It's all connected. You sense when you need to rest, you sense when you need more calories. All of this connects to raising humans, essentially. So the final little sentence here, enter the completion. Completion. So I'm shifting gears back to anger and aggressive responses. So enter the completion of stored up anger and aggressive responses. And then in there, procedural memory memories and the uncovering of healthy aggression, the uncovering of healthy aggression.

(01:01:02)

So these things connect. I know I'm saying this over and over again. Like I want to work on my anger. I've got to get my anger out. It's like first you've got to learn how to go to the bathroom when you need to go, and then you need to learn how to not eat when you're not hungry, and feed yourself when you are hungry, and rest when you need to rest. All that stuff needs to proceed, these bigger responses. So, page five. Page five. So some notes on releasing and deactivating stored traumatic procedural memories. So again, just a reminder, this connects with the biology of stress video number five, in the biology of stress videos. So the first bullet point, it is impossible. That is the word. Say it out loud with me everyone. It is impossible for us

to predict when we might have an emotional release or have a procedural memory that wants to be deactivated, or renegotiating. The simple word would be, let out. It is impossible for us to predict this.

(01:02:30)

This is why it is essential that we build solid nervous system foundations. That's the word, foundations, grow our internal capacity, grow our internal capacity. Again, making the swimming pool bigger, and have tried and tried, and practiced tools, and resources at our disposal. So again, this is why we are going so slow with learning the basics, the basics, the basics, and then adding in a little bit of joints here, and a little bit of kidney adrenal there, and a little bit of diaphragm here. And now we're going to work with the breath, and then go back to the diaphragms, and go back to orienting, and always follow your impulses. So there's this constant building of foundation, and then resources. That's why resources were number one in the lessons. What are your positive external resources, so you know them, their go-to that you can grab, get tuned into?

(01:03:54)

Because we might miss something that's important and not even know it. So what that means, that miss, if we are not tuned into our internal body and we're on a programmed mode of just doing what we do, and we're good at that as humans, there might be that little tightness in the throat that pops up one day, and you think it's a cold or a sore throat, and maybe it is, or maybe it's a tightness coming up in your throat that is old and you have no knowledge of what that is, but it's something to do with times when you held back tears.

(01:04:50)

I have found that when there is big emotion coming out of my body, at least, has anybody felt this, the throat will burn. It's like a burning, matches, just, and if you're really with it and you follow it and follow it, often what comes out of that is a visceral, heart wrenching cry that then is very convulsive. But if we don't know that, if we just like, oh, I must be getting a sore throat, I must be sick. And then you go into the thoughts of damn, and better take vitamin C, and all the things you're like, you totally miss what that might be. So this is, again, why being really good at listening to this body of ours and trusting and not predicting or thinking, oh, this is what this is, is super important. Because when this is new to us, we might feel things we've never felt in our entire lives, and they might feel a little strange.



(01:05:54)

When I used to work with people in practice who had, let's say, representation of more shutdown in the body, lots of collapse, lots of tightness, you can still have collapse, but tightness. And as things started to become more safe, as things started to grow in capacity, and I would be doing say, touch work, they'd start to feel something and they would look at me like something's wrong. And I'm like, well, what are you feeling? And they'll say, well, I'm feeling this movement where your hand is. And often my hand would be over the intestines or the stomach. I'm like, well, that's called peristalsis. That's your digestion actually moving. And if you've never considered that, there's acid in your stomach, good acid that breaks down food, and there's juices that come out of your gallbladder, and you've got this spleen that carries extra blood, and you've got all these little things in your intestine sucking up things and moving things, and you start to feel it moving.

(01:07:03)

You might think you have something in your body that shouldn't be there, but typically it's just the flow starting. It's been so shut down. And so again, this ability to really be like, oh, that's movement in my digestion, but I've never felt that before. It's been there. If it isn't, you wouldn't be alive. But that sensory awareness hasn't been there. And when you feel that sensory awareness, this is also what connects to us starting to eat better for ourselves. We actually tune into what we need and we can feel it. We can intuitively feel it. So this is why it's important to grow capacity. So final little bit here on anger and healthy aggression. And by the way, I'm preloading this because we haven't gotten into the actual practices for working with anger and healthy aggression, at least those who are new this round. So this is a layering in and preparing you with the theory first before you get into those practices. So in working with and moving, freeing up stored anger, and healthy, and harnessing healthy aggression. Now you're going to see here I've got two phases. Typically, I don't like to do something like this that's super linear, but I find that for this subject, it's important to lay it out in a kind of linear fashion. So when we're working with anger, healthy aggression, we're moving stuff out. Phase one, we want to connect with the inner experience, the body, the viscera, the interoceptive quality, the sensation, the feeling, the felt sense.

(01:08:55)

That would be, oh, I feel that heat in my chest, or I feel a tightness in my throat. Or I could sense heat in my hands, or my face just went beet red. All these things. And then phase two, discover, if any, because there might not be, but discover what movement. So I'm going to read

these things - movement, emotion, word, sound, texture, dot dot dot. I can't give you every single thing that you might feel or want, but typically there's something around movement. Sound - texture's a weird one. But some people find that textures come up when they're processing things. So that's why I have that one there. Words, visuals. That could be another thing you feel. I'll just give an example. You feel the hotness in your chest and all of a sudden you see that teacher that was so mean to your best friend at recess on the playground, and you feel it and you're like, I want to run up and kick her so badly because she was so mean to my best friend. So again, it doesn't have to be an emotion, it could be a visual, it could be a memory.

(01:10:32)

So there might be something like that waiting to be experienced, processed, expressed, and integrated. So phase two, this discovery of what's in there must connect with phase one. If I were to say, I know you've got anger stuff, you've got anger stuff, you can't get angry. I'm going to give you the classic example. Here's a baseball bat. Here's my baseball bat, my pencil. I'm going to give that to you and I want you to take it and I want you to just hit the pillow or hit the couch or whatever. That's hitting. That's movement. The movement might be nice. Maybe you need to get your blood flow going, just like boxing. People think, oh, I'm going to work with my anger by boxing. Well, boxing's actually a really good exercise, very good for you, teaches you some skills, but it's not going to connect to that anger you felt on the playground when you were a kid, and your friend was being hurt by the teacher.

(01:11:34)

Because in that moment, you just wanted to go and kick her. You didn't want to professionally box her because that would be impossible, but a kid would go up and kick the woman's shins. So I say that strange example because just taking the thing and hitting for the sake of movement is not going to get the true inner experience, the true fight flight that was written in your body for that specific thing. It won't get it out. We'll not get it out. But boxing, good for you in terms of fitness, not good for getting anger out, for learning. Maybe it depends who you come across on the streets, but it all comes down to this phase one and phase two coming together and then letting it move out.

(01:12:30)

All I will also add, if we only connect to phase one, and we just process and feel cognitively, maybe there's a little bit of emotion. This is why we have found that general talk therapy or just meditating for the sake of meditating away our pains and sufferings isn't enough. We need

to bring this back to what Nina Bull said on page two. We need to connect it with the motor movements, the neuromuscular activations. So that human element of, oh, it feels terrible, and now I want to kick, right? That has to come together. So this is in service of trauma stuff. Memories that have what we would call declarative memory, meaning we remember that school teacher that was mean to our friend on the playground.

(01:13:36)

This is different from working with emotion and physiological responses that might come up when there's preverbal trauma. In those cases, this is why we are teaching you guys how to work with the kidney adrenals, with the diaphragms, with tracking sensation, with letting impulse through. Because often with preverbal stuff and in utero stuff, the anger and fight flight mechanisms aren't on board yet to punch, to kick, to run, to fight, to scream. So for some of you, this might be really important, tons of times where you wanted to go and kick that teacher or whatever the variety is. And then for some of us, there's going to be more pre-verbal stuff where it was just fear. I was not cared for or I was in an incubator, I was preemie, or I was under a lot of stress in utero when mom was carrying me. That is different from this. I want to be very clear, most of us have a bit of both. So again, this is for when we remember the other stuff, processing the deep fear and the terror from preverbal trauma. That is where the kidney adrenals come in. That is where the resources come in. That is where the learning to contain comes in.

(01:15:07)

We'll get into working with the gut brain, of course the diaphragms, feeling, all that stuff. So we can be with the terror, the fear, the scaredness, and not collapse again, or not go into more activation. So this is where there's a lot of things, that finesse, in here. Again, not linear, but the nice thing with working with some shock traumas. and anger in this case, you can say, this is kind of how we want to work with it. We want to bring those two phases together. Someone asked, how about the feelings of rage and wanting to destroy things, people and myself, it really feels like it's intense and it must come out. So when I read that, Kirsten, what I think of is this is often a sense of early trauma, you can just agree with me if you want, if you think that that's what it is.

(01:16:05)

Typically when there's this overarching, I want to destroy everything and nothing is to be trusted, I can't trust anyone. So let me just demolish everything. There's something going on with us not having been given what we needed when we were really, really, really young. And

so that can come out in some people, as like you're saying, I just want to kill everything. And that might be accurate, especially if I'll just give one example. It's very common. I see in children, babies who went through surgeries growing up, not growing up, but let's say they came out of mama and they had a spinal defect or a heart defect. One of my best friends' baby had a heart defect when he was born. He's healthy and well now, but that had to require surgery. That is scary. A little infant doesn't understand that, right? We can be kind and caring and touch and all the right things, but it's still a very intense event for a little one.

(01:17:12)

And so even though they might be under anesthesia when they are being handled in the operating room, there is, believe it or not, this unconscious part of them that wants to break out of that. I've got to get out of here. And so sometimes there can be this very strong sense of, get me out of here, kill everything in my way. I've got to escape, but I can't. Right? But I can't. So that is one of the things, oh, there we go. My psychic abilities paid off. Kirsten said, I can relate to that. At 18 months, with breathing troubles, you were left alone in a hospital and strapped down. Bingo. Thank you for confirming that. You see, sometimes these things aren't very elusive as you start to see patterns. Typically, if someone had physical overt abuse, not an infant as a little child, a teenager, you normally don't see, I want to destroy everything.

(01:18:19)

It's more I want to screw up that person that hurt me. But when it's a very all encompassing one, often what occurs is everything is scary, and I've got to destroy it all. So that's a great example. Thanks for sharing that, Kirsten, of how we can feel this stuff. And then for those who might've had this happen, this is where the kidney adrenals, the diaphragms, the gut brain building capacity - going slow. And then yes, there might be a moment when your capacity feels big enough that you can kind of let big energy out and big shakes and you can pretend, given though it's not happening, I'm going to fly out of that operating room with my special superpowers. And you see it, you're not in it. You can't go back in time, but you can find creative ways to burst out of that situation, that situation.

(01:19:19)

So if you haven't watched my video where I talk about the story of Teddy, I've released this twice on my YouTube channel. It's where I talk about the early trauma that Theodore Kaczinski had. He was known famously, at least in the United States, as the Unabomber, did a lot of bad stuff. But if you listen to me talk about him, and Peter Levine interviewed his mom. He was strapped down in a hospital for, I think it was, I always forget because I don't like to think about

this. It was like over a week in isolation because he had rashes on his body as an infant. And so he was scratching, scratching. And so they tied him down and left him there without his mother. His mother didn't come to the hospital once. And so what occurred when he came out, he was collapsed. She said he wasn't the same ever again. And so I'm just going to follow this thread that Kirsten shared.

(01:20:24)

What he did is very uncommon, but he destroyed things. He hurt people. He was very much a recluse and a hermit. And so he was looking to destroy not only what happened to him, but there's a whole other story with him. He was one of the subjects from MK Ultra in the CIA interrogation techniques with LSD, true story. And so he was also strapped to electrical chairs in college and being basically experimented on. And so it was after that he snapped and then that's where all the bad stuff started to happen. So that's a heavy way to end this call, but these are the things I hate to say, but these are the things that make sense. When you can trace back the history of what occurred to that person, what occurred to that little infant, and then how he kept finding himself in really bad situations up until college, it was Harvard, that's where he was at in Boston.

(01:21:34)

I think that's where this stuff happens and it makes a sense, oh wow, we have a little bit more. Not that it's right what that person did, but compassion. He just didn't have a good start. And then for whatever reason, his path just kept getting worse and worse and worse. You all are all here because you want to heal this stuff, and we now know and we understand. Back then in the day, they had no clue what would happen, right? So for those of you that maybe had early trauma in a hospital, in utero trauma, just be very patient with yourself, be gentle, be patient with those around you, and just know that your system wants to move these things out, but you've got to take it slow so that your system stays stable and you titrate as you move through them. So thank you everyone. Another full call, 90 minutes here.

(01:22:39)

And thanks, Carrie, for being in the chat and helping out. Thanks, Susan. Thanks to everybody here live and to everyone who showed up after, on the recording. Thanks for hanging out. Take some time. As always, if you can, get up, move a little bit, use your resources, step away from the computer, don't go into social media if you can help it, right away. Take a break, have a sandwich, do whatever you need to do, and we will see you next Tuesday for the next training call. And then on Thursday we have Rebecca joining us for the Q and A. She'll be offering



---

answers. She's lovely. So enjoy the Q and A on Thursday. Alright everybody, thanks so much. We'll talk to you soon. Bye.