Embodied Healing Techniques: How Somatic Trauma Recovery Boosts Interpersonal Relationships Transcript

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Introduction to trauma and embodied healing

A lot of people try Felton Christ and they're like, unlike me and unlike you, nothing happens. They don't feel a change, they get bored. What's happening there is that they are in so much functional freeze or they so riddled with what we would call that fight flight energy that the moment they lay down to sense their bodies, it's like danger, danger danger.

I can't sit still. This is Doctor Talks. Hello to you all. My name is Dr. Isaac Elias, and I'm very happy to talk about the subject of trauma, which is such a big subject with so many angles and aspects and solutions and understanding.

And today, my guest, who I am really excited to speak to, is Irene Lyon. Irene is really a master in somatic practice, in the understanding of how to take issues like trauma and bring them into the body.

From the perspective of learning Feldenkrais, the work of Moshe Feldekrais which I had the opportunity to interact with some of his original students and Peter Levine from the point of view of understanding somatic experience and Kathy Kane in integrating together into a program that she offered to thousands and thousands of people.

Today, we're actually going to talk specifically about trauma from the point of view of embodied healing, bridging somatic trauma recovery with interpersonal harmony.

I think even before we start, that interpersonal harmonic is so relevant these days where anybody that doesn't agree to our opinion almost becomes an enemy, an adversary.

And these are not only things that affect our outside, they affect the communication between ourselves in the body. They affect a relationship with the hundred trillion guests in our microbiome.

So this interpersonal harmony is just a reflection of the issues of inner personal harmony. And I'm sure that you will talk a lot about it. So thank you so much.

Why don't you share with us how you got interested in the topic of somatic trauma recovery?

Irene Lyonu2019s path into somatic trauma work

Yeah. Thank you, Isaac. Well, it wasn't something I was looking to do. It was just another piece of a puzzle, another pieces of puzzle. If I go back just to my background, my educational background we'll keep that.

Simple for now. I was trained in exercise physiology, exercise, physiology sport, science, nutrition, sport nutrition. I was in a lot of outdoor sport, a lots of adrenaline sport.

Not the best kinds, but that was what injured me and led me into some of my mind-body studies. So studied exercise science, sports science. And then you mentioned cellular biology a moment ago.

we were talking before we recorded, I got really interested in cell membrane physiology. It took me seven years to do my bachelor's degree, but towards the end, got very interested omega-3 fatty acids, the communication across the cell membranes, and the phospholipid bilayer.

and how when the layer of the cell, the membrane, is healthy with good fat, that communication is clean and clear and it provides, we would say, a anti-inflammatory effect.

So I got really geeked out, as we say in that, and I then went to study, did my master's in research in Australia. This would have been in 2001, 2002. And I thought, Isaac, I was going to study omega-3 fatty acids.

But then I realized at level of study, you would have to work with rats and mice, and you're in a little lab feeding them fish oil. And, for such things, we need to do experimentation on animals.

I know that happens, but it just wasn't what I wanted to. Truth be told, I didn't really enjoy my professor, the person that was my main supervisor. So I wasn't very happy.

And then someone knew this, scooped me up, and then gave me a study working with real people, elderly adults, so not too old. They called it elderly, but it was really 65 to 85. And the study was sponsored by the Meat and Livestock Association of Australia.

So this was at a time when people were afraid of red meat and saturated fat. And so they wanted to show that their product was okay on the human system.

I was brought in to offer these subjects high-intensity strength training. high-intensity strength training, mainly of the legs, the lower limbs, while feeding to different diets.

In the end, research showed that exercise is the more potent stimulus compared to diet, and we just have to exercise and keep our muscles. So that was my master's degree.

in research. But at the time, Isaac, I was recovering from a patella fracture. So I had fractured my patellar as a complication of an ACL reconstruction on my left knee.

It's a long story. And I have spent maybe six to eight months on crutches before I went to Australia, convalescing and figuring things out. When I in Australia I going to massage, Cairo, something called Bowen therapy, physical therapy.

I was doing everything, I wasn't in so much pain physically, but I very symmetrical, very strong, you know, still very fit. And my physical therapist was like, "I don't know what's going on, like everything is balanced visually, that you have all these patterns that are just tight." And of course, now I know that there was trauma still in my system.

tons of fascial tension, shock traumas in my bones. I didn't realize all the concussion and whiplashes I had had as an athlete as a kid. Now I understand why I was in so much pain and trying to figure this out, but I did it at the time.

So I went and saw someone who he suggested and it was a Feldenkrais practitioner. And I went and saw this Feldenkrais practitioner who was also a physical therapist.

And to make a long story short, within a month of doing Moshe's awareness through movement lessons with audio tape, and I saw these gentlemen maybe only three times, maybe four times.

Everything changed. I was light. I was strong but resilient. i had no more of that tightness through all my joints. And as someone who had just studied seven years exercise science and fitness and rehab and stretching and all the things, it kind of was a mind screw.

I was like, I just study all this stuff to teach people exercise and stretch and these neurodevelopmental things. And I got better by laying on the ground rolling around.

So I went back home to Canada and one thing led to another and I need to study the Feldenkrais method. That was an 04 to 07. And then I was in practice, private practice doing really well, doing lots of workshops and classes.

There was summer of 08, 2008. I had all these clients that came and saw me. Even the Feldenkrais wasn't helping them. And like me, they had been to the acupuncturist, the physical therapist, massage therapist.

They'd seen all the practitioners where I lived and they said, go see Irene because she's doing this other stuff. So I would see them for FeldeKrais and I'm like, hmm, why are some of these people not responding to Moshe's brilliant work the way I responded?

And that led me to find, and I can't remember how I found it, but that's when I find Peter Levine's work, Somatic Experiencing.

How Feldenkrais and Somatic Experiencing support regulation

And then as soon as I started studying SE in 2008, it was just I just went full on, did the training, I did all the master classes with Peter. I got to the point of assisting at his masterclasses, then studied with Cathy Kane, who is also one of his students who specializes in early trauma, pre-verbal trauma.

Also Stephen Terrell who specialized in attachment disorders, and again, in preveral trauma in utero trauma and intergenerational trauma So that just kind of all this education, lots of practice.

And then I was in private practice very much consistently, but started to realize, Isaac, that a lot of the things my clients needed to know was education and lots And so I kept telling them the same story.

You'd see a client for an hour and you'd educate and educate, and then you teach them how to feel and sense. And it became very clear that that was inefficient for my time and for them.

Here in Vancouver, we have to charge 200 plus dollars for a session to pay our rent. So it just wasn't cost effective for me to be sitting there drawing them a graph of the nervous system, and this is where it gets stuck and fight, flight and freeze, this what creates this.

So long story short, again, I put together all my materials, created materials and now I have online courses that teach people how to get into their body, how learn about their physiology, we've had people heal from all sorts of things, from complex PTSD to autoimmune issues.

mental health issues, pain, people who have had shifts in their diabetes, thyroid, I mean, just all sorts of things from learning, as you said a moment ago, how to beat internal, that internal awareness.

We would call it interoception. So that's the quick version of how I got to be where I am today doing this work. Yeah, it's people who don't, you really have to experience Feldenkrais work.

When I taught open heart medicine retweets many years in Israel and one of the key persons who was teaching Qigong has been a Feldekrais teacher for decades and also would work on me and in fact she's flying for my retreat here in Hawaii.

Oh, lovely. And it's amazing, right? It's all about letting go, it not about trying, and allowing the body to just come to its place. It is really a magical thing, especially once you develop the awareness, yeah, its remarkable.

And so how, maybe you can elaborate a little bit about how your expertise in the nervous system, working with the Friend and Christ method, which is movement and breathing method and then understanding, like with Peter Levine's understanding.

How really, how does it work specifically with somatic trauma recovery and really for fostering, you know, genuine and maybe long-term sustainable healing in people?

Yeah, that's a big question. So the interesting thing, and this is something I'm still learning how to speak, because it's something that I could feel intuitively when I was working with people and teaching, but the connection between the Feldenkrais method, it is more the principles, the foundations of Moshe's work, That's the gold.

The lessons are good, the movements are beautiful, but it's how we interact with our body, how listen, sense, think

about our movement, maybe don't think.

Moshe was very interested in early development, what babies do. When a baby is neurologically healthy, how they know how to walk. They figure it out, they roll, push, crawl, squat.

all these things, when you give a human infant the ground and safety, of course, and you provide encouragement just by being there, they learn how to come to stand.

It's in our genetics. But as adults, we don't remember that process so much. Obviously, it happens. And so if we take an adult, whom maybe they didn't have that early luxury, it's not a luxury birthright, of having parents that freely allowed them to roll and move and crawl.

And we know this, so many babies are put in devices. You know, they're put in walkers, we would call them, or these jolly jumpers or they are put a chair and strapped in so they don't move.

A lot of people will obviously put their children in cribs or in play pens so that they stay safe, and I understand that. But many of us didn't get that neurological development of the freedom to find our bodies and all that, so What I found was, and bear with me as I piece this together, Peter Levine's work was about or is about, it isn't just about somatic.

You know, people think it's all about Somatic because it was called Somadic Experiencing. It really at the core is restoring regulation to the entire person.

And so when someone is suffering or living with an old trauma, and for sake of simplicity, I haven't met anybody, Isaac, that's only got one trauma that they're having to work with.

It's typically many along with early trauma developmental trauma which isn't an event. Like we think about, you know, if you fall off your bicycle, and you break a leg or you brake an arm, that's a shock trauma.

That's fairly simple actually to work with if someone comes in and they know that they've got some old shock in the arm from falling off of the bike. But if somebody was raised, with parents, and this is general, but this very common in the West, whom held them with anxiousness.

Or when baby cried, baby was ignored, which is very commonly. You let them cry and cry, that will teach them how to self-regulate. And we know that that's completely false.

We need to connect with the crying baby and attune to them and help them get out of that activation. And so, so many adults are living in dysregulation because they didn't get that good attachment, that got attunement, gentle, but firm holding.

Maybe they did not get taught right from wrong. That's very common these days I'm seeing is kids are not taught what we would call healthy shame. Anyway, all these things that facilitate the health of a human, if we don't We're living in some form of this dysregulation of fight, flight, which is sympathetic activation of the nervous system, or freeze, which is where we shut down and we numb out, we might collapse, we might be in a state of just not having vibrancy, vital energy, life force energy because of survival, fight-flight-freeze.

So Peter, to go back to somatic experiencing, realized that humans, we hold our traumatic injuries and our shocks and stressors and emotions versus an animal in the wild.

If you try to grab a mother bear's cubs, she's going to fight. She's not going like that. I better not get angry. to the wolf or whatever she just expresses.

Whereas humans, he realized we can hold in. We can see someone being hurt and not do anything about it, right? Or we cannot like what someone's saying to us.

You might feel the anger and the desire to say something back, but we keep it in. And then if we think about abuse and traumas, we might have been attacked or held down, and we can't break out.

We can break free. So Peter realized, ah, animals in the wild don't typically get post-traumatic stress. Of course, when animals go into zoos, and are held, they have health problems.

They get lethargic. That's the freeze. So animals in the wild, don't have these complex PTSD problems, these dysregulations, but humans do. What's going on?

And it's because we're storing our survival stress inside, but it's not just in the nervous system, it impacts all of the systems. Of course, I want to point to two things.

And of course you're talking about animals in wild, animals get abused by their owners. Yes. Or you can see terrible PTSD. We adopt, we rescue a lot of dogs in their families.

But you said something important that people have to realize it. Trauma, there is a single event trauma, they can be huge events. But trauma can be a repeated, very gentle thing.

Really, trauma per definition is something that happens to us and leaves a scar, doesn't disappear completely. And so from this point of view, we're actually exposed to endless traumas in these lives and multigenerational.

They get to accumulate and they get a certain tendency in the body based on the emotion, the different emotional systems, et cetera. And so it's really this scar that if it becomes significant enough, creates adhesion, create stuckness.

It creates this freeze, you know, so Irene is talking about the basic survival response, and I talk a lot about it in my book, The Survival Paradox. It's a paradox.

What makes us survive is what gets us to suffer and to be sick and shorten our life.

Trauma, freeze responses, and accumulated stress

So we have the fighting mode, the inflammatory mode that you experience, then we really have fear and flight where we just freeze and we literally, physiologically, we create a coating around certain conditions.

And so Feldenkrais is very brilliant because it basically just teaches you, right? It's so amazing. Like they hold your neck and you realize, oh my God, you are holding your name.

Just let go. Or you're holding it for a part. And once you let it go, it's like, wow. Right. It is amazing the whole body goes into this dance and interesting babies.

Maybe still have it. I remember I was trained in the eighties, my god, I am getting older. So 40 years ago. in baby walking. You take a baby that is one week old, less than a month, they're not supposed to stand, and you will actually walk with them, but they never have the gravity, you maintain their movement.

Then I remember a good friend of mine, a brilliant person from the medical field, the child, baby, I was already living in the States, who never stopped crying in his first two years of life.

I told him, please bring them. And I remember they just brought them and basically it really relates, what I did is I held them, and I just, they always still have a remnant of this free movement.

Yeah, the flow. I've just moved with the movement and suddenly they're just relaxed for the first time after three years. And that's it. It was gone because it's easier to unwind a baby than somebody at our age.

Oh yes. Yeah, it's because of the multiplicity. So I just wanted to make this point that we look for the listeners for

their mega trauma. Yeah. And a mega-trauma in our response, is the best we could have done at the moment because I've survived.

We look at reproducible, subtle things that ends up accumulating and suddenly, you know, we get a serious problem. Well, they didn't come out of a blue.

And that's what we see is someone will often, and this is sort of the conundrum of those in the West, if I call it that, is they'll have not have been brought up in war zones, no natural disasters.

They had food on the table, shelter, they played soccer, or they went to movies. they had everything they wanted, you know, good school. And then they get into their older years.

and by older I don't mean, 70s, I mean 20s 30s. And then they have a life event that's quite stressful. Often it can be a car accident. It often can oddly be graduate school, like the stress of being in grad school.

Medical school you would know, you know the stresses of that. Someone dying suddenly, seeing something very shocking. But my classic example, because I saw this, people would have car accidents.

they'd be in a car accident, but not like a life-threatening car accidents, just like, a little car-accident. And then the next day, in the week, everything just deteriorates.

They can't sleep, their gut goes off, they're afraid to drive, afraid leave their house, and they get anxious, don't know what's going on. But what has occurred is when you talk to these people, these were the people I would work in my practice with, when you start to hear the history, there was violence in the home, excessive drug use in home.

There was no emotion, no love, or the opposite, so much violence and anger. or maybe mother was unwell or someone was absent or some one died, you know, or there was something like that.

And then you start to see, wow, this person has been storing and storing so much. Then they have this one event and it's like the saying, it is the straw that broke the camel's back.

Everything just, and then, then start you realize, Wow, humans are remarkable at holding, holding so much until they can't. And then it, and then often Isaac, you know, a lot of these folks that end up on disability because the medical system doesn't know how to work with that.

This is a big part of Peter's work being so revolutionary and Cathy Kane, one of his, uh, my mentors as well, of one his colleagues, is we realized that you have to go back to the basics of restoring safety.

You know, you asked about somatics and you had to work at the core organs that the autonomic nervous system connects with to let them know you don't have clench or you need to be collapsed.

The interesting thing with Feldenkrais is a lot of people try Feldenkrais, and they're like, unlike me and unlike you, nothing happens. They don't feel a change, they get bored.

And what's happening there is that they are in so much functional freeze. Right. They can't even feel that. they have feet under them or they're so riddled with what we would call that fight flight energy.

We would, we call it in our day and age anxiety that the moment they lay down to sense their bodies, it's like danger, danger danger. I can sit still.

You know, it's that hypervigilance. And so, for me, the Feldenkrais I use in a very strategic way when I start working with people, more so is how I instruct them to notice their bodies, and it is less about the movement.

So I've taken Moshe's principles and foundations and then I inserted them, it's like a hybrid, a genetic hybrid to

Peter's work and Kathy's, and so I'll teach people how to learn how have a felt sense.

how to tune into their organs, how do work with the layers of the body, but not with movement. And then of course, as we do deeper work, we will do classic Feldenkrais work.

But only until there's more regulation on board so that they can handle the connection of thought, because you need to think about the movement, the connections with body and then act the movements out, not in a stress response.

It's interesting because you have the Feldenkrais method which is very free and you structured, but it also allows the thought and it's profound. Alexander has a profound system.

It's amazing. They come to it practically with a very different manifestation, there is the thinking that allows thought to lead to lead the way. In Alexander technique, there's no movement because you do it, it's you think about it and you let the body just naturally come.

But yeah, felt and cry especially is magical. It also depends, you want somebody who is very well trained, but you like this freezing It's the root of trauma.

It is the route of causes, you know, of course, inflammatory and auto diseases, but what drives cancer is a tissue that freezes and no longer gets oxygen and then goes into this survival because survival comes when we don't feel safe and when you don' t go with the flow.

You know really it's about flow, it' s really about keeping in the floor. So looking at this, I know that in your upbringing you worked, your environment was closely related to the planet and to animals.

How this influence, like I was telling you prior to this interview about me being like, the youngest registered beekeeper in Israel, and it really helped me with Chinese medicine, with understand the seasons, because the bees will tell you what's going on in the season.

They're magical. And so how did this affect your approach to somatic trauma recovery and the interconnectedness, you know, between humans and all in our environment?

It's very important, especially with biodiversity disappearing. I mean, even I got back to raising bees and in the past when I was a teenager, twenties, I never lost a beehive.

It took me three years to get one beahive to go through the winter because the biodiversity is so, so problematic. You know, it's finally I made it this year and yeah.

Animal upbringing, attunement, and environmental connection

So why, why don't you elaborate on this? Because it is important for people to understand. Well, I would say my introduction, both my parents are veterinarians, so small animal, dogs, cats, birds, a few reptiles, that kind of thing.

But it's odd, Isaac, because my upbringing was literally in the animal hospital. Our home was their practice until they had their own practice that was a commercial space.

So I was literally raised in an animal hospital and it wasn't until in my SE training that I understood how much that impacted me. And it wasn't all good because when you're in an animal hospital, a veterinary clinic, it's not all nice.

It's a lot of illness, infection, animals that aren't being taken care of properly by their owners, and so they come in terrible. But there's also a lots of handling of the animals.

And I handled a lot of animals when they were in intense fear, even though we treated them well. They don't know what's going on. It's confusing. And so it wasn't until I was in my SE training that I realized, wow, I have an ability to

hold an animal or know what's happening in an animals, but it's not something that I learned intellectually.

It was just from being around that environment from such a young age. So one of my jobs when I was old enough to stand at the treatment table was to help the animals while they were being treated.

And two of the main things that happen in a veterinary clinic is you do surgery. So you have to put them under anesthesia and you need to usually get a vein from the front paw, you know, so you hold, or you'll hold them and they're being euthanized, right, they are being put to sleep.

So I didn't realize until my SE training how many animals, dogs and cats, I had held hundreds and hundreds, and I know what it feels like when something dies.

Wow, it's amazing. It's so well, you know, and so when I landed on that, what that did, interestingly enough, is it actually sparked a lot of anger and a a grief and sadness, which, I don't blame my parents for it.

This was just the family business, but as an adult, Oh, that's why I've been so functionally frozen. Because you hear about ER doctors and first responders, you know, ambulance and firefighters and police who are struggling with a lot of complex PTSD because they see things that are terrible and they have to shut down to do their job.

And so essentially that's what had happened to me was I had to shutdown to this job because I worked for them after school on weekends during the summer.

But it also gave me this incredible ability Isaac to attune So if I'm out walking, you know, on the trails, I live somewhere where they're not always, the dogs aren't always on leash.

And, friendly dogs, they see you and they run. Right. Of course the owner's like, he's safe, and I can tell if a dog is going to bite me. I would say 10 times out of 10, if the dog isn't going bite, me they are just excited.

But I know it because I've been around that for so much. The other more fun part of the job was when there were caesareans. So, you know, the cat comes in and you need to do an emergency caesarian or the dog.

I experienced at a very young age holding newborn animals, and that I think taught me attunement. Yeah, it's really fascinating. I was telling you about this two years old.

It's, yeah, I remember when I tried to do a residency again in family practice in the state at age 40, was already trained in so many healing arts for decades.

And the doctors wouldn't see it, only the experienced nurses. So in their first day in The Newborn, we have to look at their eyes and we And it's because they are closing their eyes.

And what I would do, I will hold them and just like I said, it would go into their movement. They would just open their eye. Then I was just do everything and they would never cry.

That's great. Very experienced nurses would ask me, Hey, Dr. Elias, What are you doing?" And I would tell them, no, I was already weirdo enough, 40. No, it's your imagination.

It's no imagination, you know, but yes. So there is something, this is a real gift, because we as humans have this in us, you know, genetically, but we lose it so quickly because of the habituation, right, and the comfort, not feeling the earth and not being in nature.

Yeah, wow, that's really fascinating. I can completely see Yeah, and what it reminds me of, you know, it feels like whenever I teach, whether it's my students or when I was with clients, I always go back to babies.

And what would a baby need? What does a not want, but need require to learn self-regulation of their own system, and they need that attunement. Like, you can throw out all the fancy words, that they may need to connect and be

attuned to, This goes back to what you said at the beginning about that intrapersonal awareness and interpersonal.

And I remember when I was younger in my 20s, if I had a friend who had crying baby, whether it was their baby or they were babysitting, they would call me over.

because they knew I could soothe the baby, and I'm not someone who's had a baby. Even to this day, I am not a biological mother. And it confuses people because, they think, oh, you haven't had your own kids, so you don't know anything.

It's like, that's not true. You know? You have the experience with all these animals. Wow, it's fascinating. So right now, do you also work with people one-on-one, or you mainly teach?

Teaching, mainly teaching online professional training with my mentees starting this year. So students that have been with me for many years, we're starting a professional trainer this years.

Where to find Irene Lyon and closing remarks

It's like a basic level. The one-on-one work that I will do will be with them to teach them. Which is also powerful when you have a group. So can you share with the audience how they can find more information about you and how how can they reach you?

Sure. Yeah. It's just my name. Just ireanlion.com with a Y, no S. irenelion dot com. Everything is there. Courses, articles, videos. I have over, I think now, 450 videos on YouTube with many, many different topics talking about the nervous system, trauma, somatic, healing, ailments, it's all there.

Thank you so much for joining me. I think we share the same passion for bringing the bigger picture into the body and understanding what's in the bodies, the reflection of the big picture and the animal kingdom is so amazing.

In fact, I'm going to finish interviewing you and I'll be running to our dog that we saved two years ago because- Lovely. taking care of her. And so, thank you very much for joining this summit, really.

Thank you, Isaac. Stay connected, stay healthy, and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.