

---

## Q&A Call #2 Transcript

Okay. So yeah, about 36 questions came in, so there was only one common theme throughout them. So what I did is reply to a bunch of questions via email, so I could sort of get it down to a number that I could answer live here on the call, and then we have one common theme, which I'll start with. And that is navigating social situations and loneliness. There were four questions about this issue.

(00:39)

There are many reasons that we may end up feeling lonely or have difficulty connecting with people, feeling isolated. It could be maybe our parents just weren't there, or maybe they were there, but they weren't there. They were emotionally unavailable or not attuned, not paying attention to us, not giving us what we needed. Perhaps, we were abandoned by somebody important to us. Maybe we were adopted, or maybe even later in life, we had a series of bad breakups, or just one really bad one. There's many ways that there can be attachment wounds or ways that we get abandoned or left, that can lead to it being difficult to trust people, to trust social situations.

(01:26)

I mean, it doesn't have to be directly related to attachment. It could just be the result of trauma in general, making our system very activated and difficult to access those ventral vagal social networks inside of us. So there's many ways it can happen. It's not unusual. I mean, for me of course, that's a big part of why I checked out of society entirely for many years. It's totally understandable. So, that ventral vagal system, when it doesn't get wired early on, when it doesn't get the proper support and attunement, that can be one major cause. Or, big ruptures later. But either way, very often what happens is we don't feel safe in a social

---

situation, or we have trouble even having any social situation. We tend to isolate ourselves, maybe. That's sort of the theme of all of these questions.

(02:24)

So what to do about that? Because what's happening, often, is instead of that nice ventral vagal system doing its job, and saying, "Oh, here's people, and yay, I feel safe," instead what happens is our sympathetic system will be running the show, and we may find ourselves defensively orienting a lot, you know? And sort of looking for danger, or even maybe doing that internally, if we're not literally looking around. I mean, I was super guilty of that. There's a great story that Irene likes to tell to embarrass me, where we were in Europe, and this was when I was still along the path towards regulation. She noticed that I had this habit of like I would just...

(03:06)

We'd be in a restaurant, and I'd be scanning incessantly, and like staring at people around me. I didn't even know I was doing it. That's part of this manifestation. Just, I'm looking for threat, or where's the exit, right? There's many ways it can show up. Or, perhaps it's more of a freezy thing, right? We may be checked out, or spacey, or numb, unable to connect, like we're in a room of people, but we feel alone, right? And because there's no resonance, there's nothing pinging inside of us or getting through. Those are all ways that that can show up.

(03:46)

And another way that relationships can be problematic is that we may have relationships, but it may be that they are not healthy. It may be that we are attracting relationships that are part of the trauma vortex, part of that field around us. This is something that's kind of mysterious. I'm not sure we fully understand the science behind this. I think there is science behind it, at the quantum level, where that which is unresolved in us is always seeking out resolution. So that may call for people and situations that are echos, exactly, of past traumas, past people, past situations. I think we all know stories of people who get in the same kind of toxic

---

relationship, over and over and over and over, or there's even been situations where I've heard of with clients, where someone may get in the same kind of car accident, like hit by a red car from the right three times.

(04:50)

These kinds of mysterious things happen, where we have this field that is unresolved, we have this energy that is unresolved. It is seeking resolution. The human system is always seeking resolution. So it will call in experiences and people that make that possible. But we have to recognize that as an opportunity, and then do the work and make the change. Otherwise, we just end up repeating and cycling. So that's another thing that can happen in terms of relationships. They may not be healthy. They may be part of our trauma vortex.

(05:23)

So, doing this work, it not only helps us cultivate the ventral vagal connection. It helps us get that thing online and working a little better. As we get out of the sympathetic a little, as we start to get out of the freeze, as the survival responses start to not be in charge so much, that ventral vagal system has a chance to do its job, and help us feel safe and connected to people.

(05:46)

It also, as we do this work, gives us a much better radar to sort of zone in and sense, "Ah, this person isn't good for me, or I recognize this," like, "Oh no, this is familiar. I'm doing that thing again," right? That is also part of it, getting more in tune with what we need. And also, as we resolve our traumas by just continuing to show up and do this work for ourselves, we need those negative reflections less. Because the stuff's being resolved, right? We don't need to do it through repeating situations over and over again. We can do it in the relationship with our body and our mind, our consciousness. So it's really important to understand that there's no magic pill for fixing relationships or fixing our social situation. It's about doing the work in general, and understanding how that is going to change our system, and looking for those cues. Like, "Oh, maybe I feel a little safer in this situation now."

(06:51)

And there's ways to practice this. One thing that I suggest doing with this kind of issue is can you start to practice going into social situations that aren't directly social? Like, you don't have to talk to anyone, you don't know anybody, but there's lots of people, so a mall, a big, crowded park, some kind of city street, a café, someplace where you can kind of be lost in the crowd, but there is a crowd? And practice your skills of orienting through curiosity. Don't be like me with the incessant scanning for threats in the restaurant. Just kind of like, "You know, okay, yeah." Maybe you read a book, and then you look around a little bit. You notice how it feels to look around. Can you feel your seat while you're looking around and noticing there's people here? Are you breathing, right? Basic orientation skills, basic tracking, in these situations that are social, but we don't have to engage. That's one really good way to start warming up that system to start to feel like, "Oh, you know what? Maybe I can. Maybe I can stay connected to myself and not be in survival mode, when there's people."

(08:04)

And then, a way to then graduate that, titrate it into a little bit more engagement, is to... maybe you put yourself in a social situation where you know people, but have one ally. Hopefully, there's at least one person in your life... I understand this may not be true for everybody, but hopefully there is at least one person that maybe you can be honest with about your experience. You know, maybe talk to them about the work you're doing, "And this is what happens for me when I'm in a crowd," and sort of recruit them as your ally in a more direct social situation. Maybe you go to, I don't know, a dinner, or maybe you go to a little event or a club where you know some people. But you have this person with you, and you sort of ask them to check in with you, or maybe you go with them over to a corner, take a break, breathe, say, "Hey, I'm feeling a little overwhelmed. I..." So you have a touchstone. You have one safe social touchstone in a sea of what may feel a little activating, or a lot activating. That's another way that you can practice and help make these situations a little bit more safe.

(09:16)

And of course all of this, it just all involves staying in touch with your body, right? Not overriding. It's not going to work if you just override those danger signals. You have to listen to them, notice them, and be honest about them. Take space if you need to. Go outside. Orient out a window. Find some way to give your system a break. Okay. Anything else I have about this? Ah, yeah.

(09:42)

So, another thing that someone asked about, was feeling difficult to express their emotions without another person there who feels safe. So they're aware that they have these emotions that are just bubbling, and they said they felt like a volcano, and when they're able to express, they've noticed the relief. So that's very good. That is online a bit. It can be difficult, though, if you are alone, if you're isolated. The best thing I can suggest is one, understand that you can develop that relationship with yourself. It is possible to be your own safe person, as crazy as that may sound. You can develop this ability to have an inner witness, that's sort of like...

(10:34)

It's the part of you, like you kind of know how you may be thinking about something, and then you notice that you're thinking, and you're like, "Oh, I'm thinking about that thing." That's, to me, the difference between the mind and consciousness. Consciousness is that thing that says, "Oh, I notice I'm thinking. I notice I'm doing this thing." And that can really be cultivated. That's really a lot of what we're cultivating with these neurosensory exercises, is that inner witness that isn't actively involved so much as watching, observing, being attuned, being kind, right? That's something that may take practice. I know that, I mean, for myself, there was an inner critic that can be pretty strong as well, too, right? So that's not so much consciousness. That's more an artifact of the mind and the survival energy, right? But that inner witness that is sort of more neutral, and balanced, and can just sort of say, "Ah, I notice I'm doing that thing,"

---

that's a lot of what we'll cultivate in this work, with these neurosensory practices. And that is a way you can be there for yourself.

(11:37)

Also, pets. Little mammals can be so helpful if you're isolated, a little cat or a dog, especially. I mean, you can do fish, and reptiles, and all that stuff too, but mammals are the best, because they have the same inner wiring as us, apart from the higher brain, so they have that ventral vagal system. They also know how to resonate, read facial cues, read energy and emotion. So a little mammal can be a really big ally.

(12:05)

And finally, the natural world. Whether it be just feeling isolated in general or feeling like, "I can't really get in touch with my emotions," the natural world is your friend. I mean, this is the shamanic perspective that everything is alive, everything is conscious, everything is aware of us to some degree, and we can be aware of it, and the more we get in that resonance of noticing, and feeling, and being with nature, the more it becomes a very real presence, a very real, tangible thing. And it can be as simple as taking a shower, and really tune into the water. Really tune into the warmth. Ah, warm water. How does that feel to the body? What is it like to relate to that as an element, as an energy, as a resource, as a... not a person so much, but as a consciousness, a form of consciousness? So the shamanic relationship can be a really helpful lens if we were feeling isolated and alone. And lord knows that's served me really well. I mean, that was my safety. That's what I went to.

(13:15)

Those are all different ideas, things to think about if you wrote in with one of these questions about "How do I cultivate safety in social situations? How do I feel safe with myself if I don't have that?" I hope that that's helpful for y'all. Okay. I just saw a note. Yes, "And get rid of toxic people." Yeah. That's another big thing that happens, and there's a big pruning that can happen with this work, I'm afraid. You may find... And hopefully not. Hopefully, your friends are

---

all awesome, but that's very often not the case. When we have relationships that have been formed out of echoing our trauma stuff and being part of that, we get what's called trauma bonds, where I'm mirroring some aspect of unresolved trauma for you and you're doing the same thing for me, and we're caught in this kind of messy loop, bouncing back and forth.

(14:16)

When one person decides to extricate themselves from that, and to start doing the work, and to come out of survival mode and address their stuff, there can be a real backlash from the others involved, who are like, "No, no, no. You're supposed to be part of this toxic system. Come back and suffer with me," you know? So we have to kind of say, "No, not so much into that. I think I'm going to..." And it can require some boundaries. It requires letting go of relationships sometimes. But what's great is it means that we then can attract really good relationships, relationships that are helpful, and in alignment with what we're doing for ourselves.

(14:57)

Okay, into the questions. "I saw a short video on Irene's Instagram where the vagus nerve was mentioned, and Irene said something about the vagus nerve being very popular to work with today. But her expression hinted about this not being enough. I'm very interested in knowing about her reaction to vagus nerve techniques." So yes, "Hack the vagus nerve," "Tone the vagus nerve." It's all the rage. Oh, man. You know, I wish I could talk to one of those people putting out those ads, who's saying, "We're going to tone your vagus nerve," and to say, "Oh, okay. So which branch are you going to tone? You toning the dorsal or the ventral? Are you toning the high-tone dorsal or the low-tone dorsal?" There's no awareness of nuance or complexity, and just maybe that's not what needs to happen. So that's why we're not into these vagal hacks and techniques.

(15:45)

I mean, it's possible that one of them will be helpful as part of an overall practice. I don't want

---

to totally poo-poo it altogether. There's things like toning that people are promoting, that yes, we'll get into later in the program, making sound, but it's not just... It's not going to resolve your trauma to use one of these techniques or hacks for the vagus nerve. Maybe it's the sympathetic system that needs stimulating. Maybe it's not the vagus nerve in that moment, or yeah, maybe we don't need to tone the ventral system. That might feel overwhelming, right? If people, if social connection feels overwhelming and we start pouring a lot of juice into that system, that could then spike us into a survival response. So hopefully you're all learning now through the biology of stress videos, the incredible nuance of these systems. It's not just about doing some fancy trick, it's about really understanding the complexity of the system and how to intervene creatively, based moment to moment to moment, on what's needed. That's why we're not into those things.

(16:51)

“In today's call, Irene gives the example of stubbing her toe and how to work through that in body orienting. Can you please give an example of something happening more emotional than physical and how to work through that in the body? For example, getting into an argument with a spouse or other family member. I feel very triggered by things my spouse says or does, and I know it's because of my dysregulated nervous system, so I'd like some tips on how to recognize that and release the ball from the pool.”

(17:19)

Yeah. So it's the same principle. It'll involve pausing. Don't just rush headlong into the next thing. If you notice there's an emotional intensity, a rupture, a conflict, something that's triggered inside you because of a relational thing, then okay, let's make some space for that. It's highly possible, at least early on, that you need to take space from the person. Later on, especially if you're both doing this work, you can actually do really great stuff together with this kind of thing, processing together in a somatic way.



(17:57)

But early on, not so much. It's probably better to take some space, attend to yourself, and the first thing that you're going to want to do is differentiate. We need to learn to differentiate between is this an accurate real time response to something that was really a violation? Or am I getting triggered because it looks a lot like something that I experienced that was a violation? It could be both. It could be something that was rude and disrespectful, but your response is like Hiroshima because it looks so much like something else that happened to you a lot, or it could be totally innocuous. It could be the person said something and it was totally harmless, but for whatever reason, that moment, those words, the inflection, the tone, whatever, just boom, you're triggered into your past and you're no longer present. So that's the first thing that needs to happen is differentiate.

(18:57)

You take some time for yourself and you sort of ask, "Well, okay, is this familiar? Do I recognize this? Am I having a thought loop in my head that's very familiar?" One way we can almost always notice that we're triggered is there'll be a familiar thought loop or a kind of thought loop where we're arguing with the person in our head and, "I'm going to tell them this and then I'm going to tell them this because my God, they did that thing and oh my God." And it can be a very familiar kind of pattern that we're used to. It may be that the somatic sensations are very familiar and like, "Oh, I'm feeling that headache that I always get when I'm triggered." So we really want to notice how much is this about the present? How much of it is about the past?

(19:46)

And then either way, we just apply the same kinds of principles in terms of allowing expression. What's the emotion? Maybe there's tears, maybe there's anger. We're going to be getting into how to work with anger a lot more in lab six and beyond. We wait till then because we want to build foundations before getting into the anger work. That being said, there is a

---

question about anger later on, and I'll address some things you can do with anger. But whatever the emotion is, rage, tears, grief, disgust, jealousy, whatever it is, let's relate to that somatically then.

(20:26)

So the same way you would attend to your stubbed toe and maybe talk to it, hold space for it, allow the sensations to move through, allow any emotions to move through, it's the same thing. You hold space for your whole system, you let the emotions come through, how do they want to express? And then once you do that and you have a little bit more clarity, some of the charge has gone down, then come back to the person, then come back to relating and maybe talking about what happened. Maybe you can allow some emotion to flow with them now and you can be more conscious about what it is that happened.

(20:59)

Okay. " So lately I've been having fear of falling asleep like I could die when asleep. Also, I'm having a jerking awake sensation while nodding off, sometimes up to 30 or more times a night. Would this be sympathetic activation? Any tips to calm myself down to get some sleep?" So this is interesting and what you describe is called myoclonic jerk. It's very normal, that sense where you're starting to drop into sleep and then it feels like you're falling and you, "Ugh!" Right? That's pretty darn common; not 30 times in a night though. The fact that you're also having this terror of death, of falling asleep because you might die, that is kind of telling me that I think that there is something up that's wanting to move through somewhere in the realm of fear, somewhere in the realm of terror, fear, that kind of thing.

(22:05)

It's interesting because they say myoclonic jerks are very normal. I used to have them all the time. I have noticed that since I've gotten regulated, I don't experience that anymore. So I just wonder if it really is normal or if actually it's a sympathetic charge, a piece of shock, which would really make sense to me. The more I do this work, it makes more and more sense

---

because as the system lets down into sleep, our defenses come down. And so things that have been waiting in the system and kind of percolating can then woosh, they can come up. My hunch is that's what's happening for you here.

(22:45)

So, what to do? There's a couple things. I mean, again, it's hard to just say do this and then it'll resolve this because there's so much nuance in this work, but it does sound like there's something around fear. It sounds like a sympathetic thing. So one idea is, okay, during the day when this isn't happening, can you revisit that? Can you start to tune into the sense that you get or just hold the intention? Invite the sense like, "Okay, I'm just holding the intention, I want to feel the charge that's arising as I'm going to sleep. I'm feeling terrified of death as I go to sleep, I'd like to contact that in the daylight, in the sunshine." So it's more conscious, it's more deliberate. See what happens. It may be nothing happens, but you can hold the intention and maybe some of that fear comes up and you're not in such a helpless position.

(23:49)

It's very difficult to work with this stuff. Or can be when you're laying down in the dark, that can feel very vulnerable and scary for some people. So sitting upright with a nice view of something, some nature, maybe you got some resources around you, a cup of tea, something, and you hold the intention of, "Okay, I'd like to invite this charge to visit now." And notice what happens. When working with fear, it is one of the hardest parts of this work to simply feel the sensations of fear without fearing them. It totally can be done. Usually it will involve allowing the breath to change. It might become very still, it might become very shallow and fast like that. It may be that you start to feel numb or tight or tingly or shivers going up your back. The sensations of fear are not that easy to be with; the physiology of fear is not that easy to be with, but it can be done, especially the more you do this work and get familiar with it and understand that you're safe now.

(25:02)

This is why we stress orienting so, so much. Orienting is the backbone of this work. The ability to notice I am here in my body now connected to the environment. The stronger that gets, the more we have capacity to allow these charges that aren't about now to come up through the system. Another thing you can do with fear is think about flipping the script with it. That is, "Okay, can I get some sense of what it is I'm afraid of? And then how would I defend myself against that?" So remember, fight flight, it's the same system, right? Fear and rage, it's the same system. So the same system that's activated if we're feeling terrified is the same system that can also power self protection, self defense.

(25:53)

So you might think, "Well, what am I terrified of? Can I get an image of it? Can I get a color of it? What does it look like?" And then, "Okay, how would I destroy that? How would I protect myself against that? How would I attack that?" And you go more into the healthy aggression work, which we'll get into later again. Yeah, so that is one thing you can do is think about a way to work with that sympathetic energy that's coming up at night deliberately and consciously during the day from a resourced place. The other idea is doing really intentional down regulating as you go to sleep. So as we get into labs four and five next week and beyond, we'll start getting into kidney adrenal and practices, so those will be very useful I think.

(26:44)

It depends, it may be that they're not useful yet, it may be that they're useful later and the first thing that happens is we have to work with the sympathetic energy, or it may be that they're super useful now. It's always hard to say person to person, but there's always two options kind of with this work. It's like, do we work with the charge or do we think about resourcing and coming down from the charge? Ultimately, I mean the way these things truly resolve is we have the capacity to allow them to reach their peak. We'll have the capacity to stay present while the full force of all that rage or terror or grief or whatever it is, and all that survival energy and

---

all the sensations and the emotions, all come to their absolute peak and then they turn off. It really does happen. But you have to develop that capacity slowly so that you can allow that charge to get to its peak.

(27:39)

That's what they're designed to do, right? Those survival responses are designed to reach a threshold and then turn off, so all of this is kind of in service of allowing those things to happen and that is a slow process. So along the way, how much can I be with this peak as it's coming up? Or then how do I want to let it come down? Do I want to support the down regulation? So those are all different options to think about when working with charges like this. As we get into the kidney adrenal lessons, I'll encourage you to really see what it's like to use those as you're going to sleep, to really support the downregulation as you're going to sleep.

Okay. "I know dysregulation often causes reduced hunger and appetite, but can the opposite be true?" You betcha. "I'm always hungry, never satiated. When I intentionally eat a balanced meal, I still feel hunger sensations even if I'm physically full and stuffed. I eat more than enough calories every day, about 2,400. I'm overweight and desire to lose some weight, but I'm so triggered by hunger because of the low blood sugar symptoms, so I remain overweight because I'm hungry all the time and am very uncomfortable with hunger."

(29:05)

So yes, this absolutely is part of trauma, for sure, and dysregulation. What's probably happening here is that your system is really being dominated by freeze. So when the system is really dominated by freeze, we don't feel those full signals, those signals of satiation, not nearly as well. Also, the system is in conservation mode, so it's wanting to hold onto every single calorie it can get because it thinks it's going to die, "So just keep giving me more, keep giving me more." And it can be very easy to get in that situation where you can't really feel being full and you always need more because the system is in conservation mode, so that's likely what's going on here.

(29:57)

It's possible from what you say that this has its root in issues with not being nourished enough in some way early on. I don't know if you were breastfed or if there were issues with that, but not getting enough nourishment or maybe even emotional connection nourishment. But usually with this kind of thing, there's something involved with the mouth, with the suckling response, with nursing, with having difficulty with that. That's a very common thing with this kind of issue. But like I said before, there can be many diverse causes; it's not always direct. But yeah, there's probably some issue there about not getting nourished in some way enough as a kid, so that might be something just to turn your attention to consider the roots of this.

[\(30:45\)](#)

In terms of what to do about that, I mean, really just keep doing this work in general. We need to help the system come out of freeze because then you'll be able to feel that you're full. I also think that it's possible that a lot of the sensations that you're feeling as hunger are not actually hunger signals, they're emotions. So terror, grief in the gut can feel a lot like hunger, and when we eat, we make that go away. It can sort of numb it out and that could be highly possibly why you're terrified of feeling hungry because it's actually not hunger, it's terror. You're actually sensing that there's terror in there. You don't need to force yourself to confront this by totally abstaining from food or anything, what I would encourage you to do is start to notice what happens if you wait a little bit like, "I'm going to give myself permission to have the food, it's totally fine. I'm going to wait one minute." What happens within that one minute where you're going to get the thing but you're intentionally waiting and you turn your attention to your stomach to hear these sensations-

(32:00):

You turn your attention to your stomach, to these sensations of hunger with a curiosity that perhaps they're not about hunger. What would that sensation sound like? What would it look like on your face, to express the feeling here? Start to maybe explore those possibilities in little

---

ways. Maybe the next time, you wait 90 seconds, maybe you can eventually wait five minutes before eating and really notice what's happening in your system. Start slowly expanding that envelope, and also just keep doing the work in general, because as the freeze lifts, you will feel much more of your authentic body signals.

(32:39)

"Sometimes during containment, especially if it's a trauma sensation I'm working with, I get very vivid visuals. Can you explain why? They're not always necessarily a memory. Often, they have a more spiritual or fantasy component to them. I still feel embodied with them."

That's fascinating. I'm not sure. I know that it's not unusual. One way to think about this, is with this model that Peter Levine talks about called SIBAM, S I B A M, which means sensation, image, behavior, affect and meaning. And that is a model he developed to represent the sum total of our experience. Those are the elements of human experience, sensation, our feelings, what we physically feel, images, our thoughts, our inner vision, behavior, which can be movements. It can be things that we do, ways that we act, movement of the body. Affect, our facial expression, the emotions, and meaning.

(33:53)

What do we get? How do we interpret all these other things? How does that land for us? So if you consider that, so you've got containment, you're saying. So touch, sensation, that's what's happening there. And then, image is coming online. So maybe explore what else is there. What would be the affect of the image? What's the emotion? If you're seeing some magical thing, a fantasy kind of thing, or how does that feel? What's the emotion of that? How would that look on the face? Behavior, is there some way in which the body wants to move a little bit? Is there something you think about doing as you encounter this? So start exploring other aspects of your experience as these things come online, and maybe that will lead to meaning and you'll discover for yourself, what are these images about?

(34:54)

Okay, so this is some answers here, to the last one, or a previous one. "What are some of the most effective ways to deal with invasive suppressed memories of sexual abuse?" To stabilize and get out of the terror. So again, we're talking about terror and fear. "I started to retrieve such memories and practice such as orienting helps a bit. However, I can't sleep from fear of being attacked again." So again, I could have put these two together, I suppose, I'm realizing. "How do I work with terror at the time it flares up, that does not suppress it, but helps digest it instead?" Any specific exercises for the time the experience is at its most intense? So Leah, could you go to my website and find the article, Healthy Aggression? It's in the blog, and you can all write that down as well too, but we'll see if we can post it in the link.

(35:55)

This is one of the things we're going to get into. It's an open source article, so you're all welcome to go to it any time. It's on my website, sethlyon.com. It's called Healthy Aggression, The Way to Unfrustrate Frustration. And this is part of the course curriculum as well, but there'll be a lot more as well. There's two whole training calls on anger. There's supplemental materials, there's a couple neurosensory exercises we do that work with anger, but that's a way to get started if anger is happening or if terror is happening, because you ask, "How do I work with terror at the time it flares up, that does not suppress it, but helps digest it?" And like I said, sometimes the easiest way to start doing that is to actually flip the script on it. How would you defend yourself? How can you use that energy in a proactive way?

(36:46)

And the healthy aggression article can give you some ideas to do that. Thanks, Leah. That's awesome. She just popped it into the chat. That will give you some basic tools to start working with aggression, and that's sometimes an easier way than working with the terror itself. That being said, you certainly can work with the fear. One way to do that, the most... I don't know, I want to say advanced. Direct, the most direct way to do it, is to just sit there and allow the



---

sensations, like I said, to come through and maybe the breath gets really fast and the eyes get wide, and you start to feel the chill and you start to really allow that to come through. That takes a lot of practice and capacity to be comfortable with allowing that. But if you can do that, great. Otherwise, what's really helpful is some kind of mobilization, some kind of mobilization, because being frozen in fear is the most terrifying thing.

(37:47)

We want to move and act in some way. So if we want to work directly with that fear, one way is, let the legs start to move. Let the legs start to run. And you can even see yourself, again, bring it into the mind. Visualize what you're terrified of, maybe it's the person who attacked you. And you start letting the heels go. Just start with the heels. Let them go, in sitting, while you're sitting. And then if that feels okay, and then maybe the whole legs start to go and that might get the breath involved a little bit. And you just run in sitting and see yourself successfully fleeing, that's an important part. You're aware of the thing behind you and you're aware of a destination that is safe. So it can be something imaginary that you make up. It can be something from your childhood or your adult life that you know is a resource for you, a safe place.

(38:47)

It could be nature, whatever, but you're some place that you're going to get to, and you let those legs run and you really go and you see yourself running and you're getting closer to the thing. And you use that energy until you arrive at the place. And then pause. Notice your body. Notice what's happening. Someone I just saw out of the corner of my eye, "Can fear and anger exist at the same time?" Absolutely. And that's what I mean about flipping the script. It may be maybe you start out running and then you say, "Fuck that. I'm turning around. I'm going to kill this guy." That's awesome. So yeah, they can boom, they can come with each other. Maybe you're running and you start to feel pissed off about it, right? Yeah, totally. But mobilization of

---

some kind is really helpful when dealing with these high intense charges, until we get the capacity that we can just let them flow on through.

(39:54)

And then another one, "I've been experiencing intense anger. I am able to orient to the environment and my body. It doesn't seem to lessen the intensity. Is there something I could try to move through this?"

And again, just, yep, exactly everything I just said. Healthy aggression work. Go check out the article. Start to use your physicality, use your face. Learn what it's like to start... There's many ways to get into it. Start with just what's it like to let your upper lip raise? That's a motion that's very unfamiliar for many people, to start to do this. What does that feel like? The Healthy Aggression article talks about these things. Different ways to use the face, the muscles, that kind of stuff. Yeah. And yay, this is really when the client says, "Gosh, I'm just so pissed." Yeah, because it shows that the life energy is mobilizing. You're not so much in freeze. You're feeling your life force, you're feeling pissed off, and that is a really good sign. Just don't go taking it out on people, work with it creatively and positively within your own system.

(40:58)

"If one is experiencing sensation of their central nervous system, would practicing the neurosensory exercises regularly help calm that hypersensitivity over time? Would you suggest any adjustments to the exercises for hypersensitive SBSM participants who feel sensations way too intensely?"

So first off, I just want to clarify something, sensation of their central nervous system. That's not actually quite right. It's the autonomic nervous system and the peripheral nervous system that you're feeling. The central nervous system is your brain and your spinal cord. Those don't actually produce sensations. They receive all the sensation information from the peripheral and the autonomic system. So what we're talking about here is the autonomic system, the

---

peripheral nervous system, the sensory motor system. Those are the things that are making this sensation. So yes.

(41:52)

"Would practicing neurosensory exercises regularly help calm the hypersensitivity over time?"  
Yes. That's why we're doing this work. Just again, remember, it's not about exercise A solves problem B. It's not about just doing the exercises over and over again. It's about internalizing them and understanding how to apply them in real time, depending on the situation. So as we start, it's like, okay, maybe you have an exercise that's your favorite and you go to it and that's fine. But ultimately, the reason this material is here for life for you and why we want you to come back again and again and again and keep doing it, is that you become a master. You become like a musician who knows all their scales and all their notes, and then you know how to improvise. And that's where the healing really starts to roll, because it's not like, "Oh, I'm feeling activated. I got to go listen to Irene." It's like, "Oh, I'm noticing this thing. And all right, what would be useful here? I need to work with my breath. And what does that lead to?" And you learn to be a musician with your own system and this work. So that's really what it's about. And yes, that will calm the hypersensitivity over time, or more accurately, it will uncouple survival from your sensitivity. So we're all sensitive beings. Ultimately, we're all born very sensitive. I don't really resonate with the idea of neuro divergence and super hypersensitive people, and that's just how they are. I think that is a normal sensitivity that gets hijacked by survival energy, which is trauma. So I think that we all have the ability to be empaths. We all have the ability to be super sensitive and to feel our environments. But it's a problem when that is triggering the survival mechanisms.

(43:45)

So yes, as you do the work and the survival energy starts to leave the system, the sensitivity won't be such a problem. In terms of what to do for now, for people, participants who are really hypersensitive and that's feeling like a threat and it's problematic. Just go real slow, real

---

slow. Find your pace. There's no pressure. Little bit at a time, lots of breaks, lots of orientation, lots of going to your resources, use all the basics that we talk about at the beginning of the program, and they are your friends. Just really give yourself permission to go slow. And as soon as you start to feel a little overwhelmed, you stop. Can't say that enough. Stop it. Do not muscle on through. It's like, "Oh, I'm starting to feel too much." Okay, break. Go away. Go to a resource, go to something that's nice for you, go for a walk. Do something different. Come back later. Give yourself permission to go slow.

Okay. "You touched on the hyperactivity aspect of ADHD in last week's call and how it's rooted in a tight brain stem." It's not so much rooted in the tight brain stem, it's that the tight brain stem is a fundamental part of it. It's rooted in hypervigilance and a tight brain stem is a fundamental part of hypervigilance, but there's other parts as well. Your entire sympathetic nervous system is on way too much with hypervigilance. But that tight brain stem is a good place to intervene physiologically. So I just wanted to clarify that. "Can you address the hyperfocus, hyper fixation aspect of ADHD and why that would be related to survival and trauma as well? I can get very tunnel visioned to the point of dissociation and disembodiment." So this was a really interesting question to me.

(45:40)

I actually didn't know that was part of ADHD, The ability to be like hyper-focused on one thing to the exclusion of all else, to the point that you lose disconnection from reality. And so, I looked it up a bit. Apparently, according to them, it's not an official part of ADHD, but it's something that they see a lot with ADHD, whatever that means. So it sounds like it's part of ADHD. All of these things are labels that we give to constellations of symptoms that are essentially manifestations of unresolved trauma. So you say ADHD, ADD, whatever it was just symptom, symptom, symptom. They're just different symptoms. But that's fascinating. So yeah, that was totally me.

(46:27)

That was with music, that was my thing. That was my go-to. Part of why I was isolated in the woods was being able to focus on music to the exclusion of all else and just go right in that zone and the world disappears, and it's actually a really safe place. And I think that's fundamentally what that's about. It's about finding safety by being focused on one thing to the exclusion of all else. It's like the kid who puts a blanket over him and, "Nobody can see me, because I'm under the blanket." It's like that, I think. It's this sense of this, I'm just so locked in and everything else can go away and it doesn't matter, because this is all there is. My hunch is that's probably what it's about.

(47:10)

Also, it's possible that there's some relation to sympathetic activation in terms of the focus a predator will get. When you talked about it, I had the image of a stalking cat and how if they're stalking prey, they're locked in, they're going to get it. They're super focused. So it's a channel for that sympathetic energy, in a way that is often enjoyable. Being lost in a task can be really nice.

"I have pre-verbal trauma and I'm halfway through SBSM, having started in April and taken my time. I find with every lab I burp excessively during the process and not at any other time. Is this a release of storage survival stress that will resolve on its own, or a coping mechanism? And does it mean that I need to slow down even more with the process?"

(48:07)

This is pretty darn common. You may be surprised to know, but this is very common. I've seen this in quite a few clients. And generally what my hunch is that this is an early developmental layer you're getting into. So a baby's digestive system, they need to burp because their system isn't fully functional yet to digest it without the burping. And what I've seen in a couple clients who've had this is as soon as we start to get into those baby layers, their physiology, burp, burp, burp starts happening. That's my hunch of what's going on. It's not unusual. And no, it

---

doesn't necessarily mean you need to go slow. If you're feeling fine in general with the process otherwise, and it's just this burping thing that's happening, I think you're probably fine. Just recognize that it's okay. It'll resolve. It's probably related to that early developmental stage.

(48:59)

" When I wake up, and I'm still in bed, and evenings when I fall asleep, I have uncomfortable pins and needles that arise, kind of nerve pains in my feet and hands. It's automatic. I try to welcome the sensations without feeding the fear, but it always comes back like a Pavlov response. Most of the time, either I have trouble falling asleep or when I wake up in bed, I always have to come out quickly to not increase the sensations. What could I do to reduce it and not have those sensations anymore?"

(49:34)

So I have to point out something in the question here. There's a little inconsistency going on here, which is really important. And I don't say this to be mean, but it's like, I try to welcome the sensations without feeding the fear. What can I do to reduce it and not have those sensations anymore? So I hear you, that you're trying, but the overall thing is make that stop. I don't want to experience that, make it go away, I don't like it. Which is totally understandable. I get it. However, with this work, what is necessary is a welcoming.

(50:16)

Now, that can also get us in trouble. So I want to clarify that if you're worried about this, go to a doctor, have it checked out, have stuff ruled out. Sometimes the body is sending us signals that aren't about a trauma response. It's about something is wrong, and you need to address it. I had a bacterial infection once in my gut, diverticulitis, and I could have sat and made sounds, and meditated and moved all I wanted, and I would've died. Because it was like, "No, you idiot. Go to the fucking hospital." Right? So it's not always about processing. Sometimes we need to pay attention. So if you're worried about it, get it checked out.

(51:03)

But most commonly, what will happen with these types of sensations, and I imagine many of you have experienced this, is the doctor says, "I have no freaking idea." And 10 doctors say, "I have no freaking idea. It's all in your head," right? They don't know. So if you're worried about it, check it out.

(51:21)

That being said, if it turns out it's just something that's happening, it's a sensation that no one can explain and no one knows why, it's likely a survival response. It's an aspect of a survival response. And the way that I like to frame it, which can be helpful, think about your survival responses. Think about your sensations as a lost, scared little kid that's coming up to you at the mall, they got lost, they're separated from their parents, they've got tears on their face, and they need your help. That's your sensations. We wouldn't say, "Go away. Go away. I don't want you. I don't want to feel you right now." So if we can switch our lens to relating to our sensations of survival in that way, that is what enables so much to happen. Because that's what our system wants. It wants that kind, attuned, welcoming attention.

(52:17)

And what that means is those sensations will increase. Yeah, they're going to increase. Then that's where you start to use your tools. How can you breathe? Where do you need to breathe? What kind of sounds do you need to make? What do they sound like? What is the sound of your fear of them? There's so many ways to get into it, but that's just part of the work. It means feeling this stuff, welcoming it to us, like a lost scared little kid and saying, "What do you need? I'm here for you."

(52:48)

Okay. "For 25 years, half of my life, my brain starts shutting down at sunset, and it's worse in winter. I feel drugged, disoriented for hours once it's fully dark. I can't do much to affect it. It's hard to stay present, so I end up making it worse by zoning out on my computer. Early

---

childhood trauma with disassociation, yet this feels different. I've had 20 years of insomnia and my nervous system is extra sensitive to change. If early trauma is related to darkness, meaning if this experience is rooted in early trauma that's related to darkness, why would it take 25 years to express? What are your thoughts and suggestions?"

(53:39)

So again, I don't have a crystal ball. I'm not 100% sure, but I'm getting a sense that this may not be so much about an early developmental thing related with darkness that waited 25 years to emerge. I mean, that can totally happen, don't get me wrong. But what it sounds like is that your circadian rhythms are super disrupted, and your cortisol rhythms are super disrupted, all of which happens when survival energy is running the show. That's not unusual.

(54:08)

So it sounds like you had a lot of insomnia first before you started having this thing where you're feeling drugged once it's fully dark. That happened after 25 years. And it sounds like before that, you had tons of insomnia and a nervous system very sensitive to change. So my hunch is that your cortisol rhythm has been disrupted. That's the insomnia. And then over time, your circadian rhythms have gotten really out of whack, and that's why this is happening.

(54:41)

So again, one, just do this work, help the survival energy come out. Over time, this will change as we do the work, get more regulated. That being said, I think it could be useful to do some of the circadian rhythm work that Irene's been highlighting lately in her YouTube videos. Leah, if you can find these on YouTube, there's two videos, Understanding Sunlight for Health and Healing with Carrie Bennett. So if you go to YouTube and just look for Irene Lyon and Carrie Bennett, that will get you to that video. And Harnessing the Sun for Health and Healing with Sarah Kleiner. So again, just Google and YouTube, Irene Lyon and Sarah Kleiner. Both of those videos are about circadian rhythms, the power of the sun, why it's so important, and what you can do to start getting your circadian rhythms back on track. This may be a case where there



---

needs to be some kind of actual behavioral intervention, not a somatic one. That does happen. Sometimes we actually just need to do something differently to support the system in what it needs to do the somatic work.

(56:02)

So give that a shot. Go check out those videos and see what happens if you start applying some of that. That looks like... Yeah, thanks Leah. She's popping those in there.

(56:15)

All right, last one. Okay. "When I was a baby, I wore a harness that pushed my femurs into the pelvis to form hip sockets." So if you're online, if you can just clarify for me in the chat, it sounds like what you're saying is you were born with some kind of physical abnormality, that the doctors had the impression they needed to use some kind of corrective harness that helped the femurs go up into the pelvis and form hip sockets. Hip dysplasia. Okay, great. Thanks. Yeah, so I just wanted to be clear on that. "So my mother said she knew I got used to it because I stopped crying after a week. Sounds like I went into freeze." You betcha. Oh yeah. "I have had CFS for the past 20 years, I'm now 51, an extreme heaviness in my legs, perhaps from being strapped into the harness for months." Yeah. Yep. That is very likely. "I completed SBSM 11, but the chronic fatigue and heaviness have not budged. Any specific neurosensory lessons I can focus on to try and process this old pain?"

(57:25)

Yeah, you betcha. I think your sense is right on there that, yep, you probably went into freeze real early on. And of course, learning to go to freeze real early sets us up for things like chronic fatigue and these types of complex syndromes. So yes, there are many lessons, and I would suggest the Feldenkraisian lessons for working with this. In SBSM, the ones are, since you're an alumni, you can access these now, lab eight, lesson one, which is mini balance your back. Lab eight, lesson two and three, connecting the head and the pelvis. And lab nine, lesson one, rolling like a baby. Experiment with all three of those and see what happens.

(58:14)

And if those feel like, oh, maybe there is something here that's starting to touch into this, great. It feels like that you could use something more specific, there are tons and tons and tons of Feldenkrais lessons out there beyond our program. So two resources for great Feldenkrais lessons that you can download, Andrew Gibbons' Body of Knowledge website. He's really great. Sorry, I need some water. And Ryan Nagy. So that's R-Y-A-N, Ryan, Nagy, N-A-G-Y. And the first one was Andrew Gibbons, G- I-B-B-O-N-S. His website is called Body of Knowledge. So they both have lots of downloadable Feldenkrais lessons. You can look for ones that are about the hips, the legs, the pelvis. I think that Feldenkrais will be a really helpful tool for this. It's really useful for resolving these kinds of deep corrective things. Also, deep myofascial work, potentially, that kind of thing. Deep body work that gets into the fascia and the deep tissues.

(59:37)

Now, I have to add a caveat here. All of that being said, please know that all of these things I'm talking about and suggesting may trigger huge emotion. If you start to get into the hips and the survival energy, and the stuff that's related, there could be some really big emotion that comes. So don't be surprised if you're doing a Feldenkrais lesson, and then you're starting to feel something groovy happening, and then like, woosh, you get flooded. That's totally normal. Totally makes sense if that would happen.

(01:00:10)

It looks like someone else posted. "Tiffany Sankary has a good online Feldenkrais library too." Awesome. So those are all things you can check out.

(01:00:17)

Also, if you want, if it feels like, yes, this is a thing, but I need more personalized support, Andrew Gibbons is the finest Feldenkrais practitioner I've ever known. And he offers one-on-one online sessions. They're a little bit pricey because he's basically the best in the world, but he's totally worth it if you can swing it. Also, I think Ryan Nagy, who's also very

gifted, I think he also offers private sessions, but I'm not sure. But you can get direct one-on-one lessons in person or online with these folks and other Feldenkrais practitioners. If you can swing some privates with Andrew, that could be really amazing because he's a total Jedi.

(01:00:59)

So, all right. We did it y'all. 11:03, fantastic. So I'm about to hit the road and drive up to Reno, Nevada of all places, spend the night there and then go on to Oregon, see some friends, and I'll be back in Vancouver by Sunday. And I will be back on the call next week with y'all. So really good to see ya. Thanks for being here, as always. Yeah. All right. Be well, everyone. Have a lovely day. I will see y'all next time.