

## Q&A Call #8 Transcript

Seth (00:00):

All right. So here we are, week nine. We are getting to the tail end of this round of SBSM, and now is a time that can be very interesting. Some people may have really figured out how this work works for them and other people may be struggling like, "I've been through nine weeks. I'm not noticing anything," or, "I'm not noticing what I expected." Some people may be in a situation of trying to understand just how this work works still. And all of that's normal. Just please know, no matter where you are on the spectrum of your journey, if this is your first time coming through, if this is your fifth time coming through, if you are feeling confident and understanding how to use all these tools or if you're like, "I don't know what the heck's going on, I barely get this," all of that is fine.

(00:54)

This is complex material. It takes a long time to really grok, as they say, which is a lovely term because it means not just understanding at a mental level, but feeling. Really "groking it" means to fully take in, if you're familiar with *Stranger in a Strange Land*, great book. Yeah, Darren knows that one. Nice. Yeah, such a good book. So don't worry about it too much if you're feeling like, "Oh, I'm not sure if I'm where I'm supposed to be." Just keep showing up and really know that, these 12 weeks, this is a way to sort of get steeped into the material, get introduced to it, start practicing, get the support. We have support for another month after the program ends. And it's really, though, about doing the work and taking it into the world and learning how this is actually about an entirely different way of being.

(01:58)

That's what the 12 weeks is meant to facilitate, an introduction to a different way of living your life, a different way of paying attention to yourself and paying attention to the world around you. So here we go. We've got a couple. There are mostly just a wide variety of questions. There were two questions about anger and healthy aggression though that I'll group together. The first one was about starting to get into the healthy aggression work, but this is someone who had early trauma, and they're aware of the fact that it's a slow process to work with healthy aggression without disconnecting from themselves. And I love that observation, and the fact that you're noticing that is wonderful. Because, yes, healthy aggression is a high

---

energy state. It's lots of intensity. And when we have early trauma, our actual window of tolerance can be very small. And so that means from just this first sentence what I hear is you're in touch with your real window of tolerance. You're not living in a false window of tolerance where you're just pushing through and overriding and going through the motions. You're feeling your real window of tolerance, which is really good. Now, yes, how to work with healthy aggression when we have a small window of tolerance for high energy states. And so, for example, they're talking about, "A lot of people have been making me angry lately and I can see the aggression that wants to happen, but I can't fully enact it yet to resolve it so I end up being mad at the person who's wronged me and not really able to engage. So how do I go about my every day if I need to talk to someone, my mom or a grocery clerk, before working through the anger?"

(03:51)

So there's a couple things you can do here. The first I'm going to call consciously compartmentalize, which is different than totally ignoring it. Hear the anger, recognize the aggression that's in your system, and consciously say to yourself, "You know what? I hear you. I'm angry. I obviously know how to pack this stuff up," because for all of us, that's one thing we're probably good at, for most of us, is packing stuff up and saying, "I don't want to deal with that." Now the question is, can we do that consciously? Can we do that deliberately and say, "I hear you. I can't deal with this right now. I'm going to make space to work through this as soon as I can"? And then you just want to follow through and actually do that. So that might be when you get back home, when you get to a safe place like your car, when you connect with a safe person, whatever the situation may be. But you consciously compartmentalize and then say, "Okay," you make a deal with yourself, and then you follow through later.

(04:54)

Another thing that I would encourage you to explore are little bits of healthy aggression. So you don't have to go into the full on towel ringing, snarling, growling, frothing at the mouth kind of thing. What would it be like if you're on the way to the grocery store and you squeeze your steering wheel extra hard? You just, "Oh!" Really feel that grip. Instead of doing a lot of sound, maybe you just feel what it's like to mobilize the throat. Just maybe feel a little of that so you're not going into screaming or yelling or anything like that. It's just getting a little energy moving, squeezing, making a little sound, little bits, little drops of that energy to move through the system. So those are a couple things that I would suggest trying as you build that capacity.

---

And also just remember, with healthy aggression, it's not about engaging that with the person who's making you angry.

(06:01)

Now, if someone is actually threatening you, that's an entirely different situation because that's actual need for self-protection and then you would want to go into fight/flight mode and protect yourself. That's not what we're talking about. With healthy aggression, we're talking about accessing and working with old stored up anger in the system. So that is something that you want to do, not around the person who is making you angry, but with yourself or with a safe other person. I suppose there's some cases, I mean, if you have a spouse that's on the same page and they're also into this work and they piss you off and you both have the capacity to do healthy aggression work and support each other in that, then you could do that. Irene and I have done that a little bit. There's been times when I've done something and, "Okay, here's my arm," just let her reef on it. So that can happen too if you have a safe relationship like that.

(06:59)

And the other question was about annihilation work. "I understand you need enough regulation first," which, yes, you want to have a good amount of baseline regulation and safety to go into that annihilation work, which is quite intense, "but how to choose the moment and start when more capacity is on board? So is it an opportunity when being triggered for real by the person in question or when triggered by something else and then you channel the survival energy to the person in question, or when not triggered and trying to evoke and get in touch with the triggering events and anger?" So with annihilation work, no, it's different than healthy aggression work. Healthy aggression work, you can play with as a way to warm up those pathways. A lot of us aren't used to like, "Ah," using all this stuff connected to aggression. So sometimes we will just connect to it deliberately as a way to warm those pathways up.

(07:57)

The annihilation work, not so much, no. That you want to save until you feel like you want to kill somebody. That's what it's for, when you just, "I could fricking murder someone right now." That's what the annihilation work is for. It's for channeling that hatred, that sense of sadism. It's not something that you want to try and summon or fake. And in terms of when to direct it, how to direct it, it's about channeling that energy towards the primary cause of your held

anger. So if a person triggers that desire to kill them by doing something that actually was innocuous but it looked like or they looked like or it was a similar situation to someone or something that really was very problematic and threatening and dangerous, it's not going to be very helpful to address and direct that aggression towards the person who just triggered you, because they're just the catalyst.

(09:02)

It's about having that catharsis or resolution where you can allow the need to self-protect that never was able to happen go towards the image of the person in question. And, again, it's not something to do with an actual person. It's something to do in your mind with this internalized representation that we often carry around with ourselves when it comes to people who have hurt us in the past. It may be a negative voice in our head that actually comes from our dad or our mom. It may be an actual image of the person at a certain moment in time. But it's about redirecting that energy back to the source material, so not towards the person who triggers you. Now, if the person who triggers you is the same person, then, yes, but, again, you'd want to get away from them. You wouldn't want to do it around them, because it's not about actually wanting to hurt them. It's about the energy in you that represents them that's tied up with them, with this image of them that becomes self-created.

(10:16)

It's not about actually hurting anybody. It's about freeing up our own energy. And sometimes to do that, we need to allow that energy of sadism, of hatred to be directed at an image that represents the abuser. I hope that all makes sense. All right. So getting into individual questions, this is one that is, like I was talking about at the beginning, this is a very normal question for this period. "I'm confused about how I'm supposed to use all the exercises that I've learned so far. Am I supposed to set aside time and do some of them? How do I know which ones to incorporate? Do I focus on areas that are painful like my lower back and apply several of the exercises such as joints and layers? Are some of the exercises meant to be used to self-soothe?" So I will answer these in reverse order.

(11:27)

Are some of the exercises meant to be used to self-soothe? Yeah. They may not always have that effect though, and that's the funny thing about this work. Some of the things that are really meant to support a parasympathetic soothing state may actually activate somebody

---

intensely, whereas something that is often activating for many people may be soothing for another person. So it's really important to get in touch with how each neurosensory exercise affects you specifically. And that might change. Know that, that might change. All that being said, the kidney adrenal lessons, watering the brain stem, the layers lesson, containment lesson, those are all on the supporting parasympathetic side of things. So yes, you could say that those are meant for self-soothing, for supporting the parasympathetic, the down regulation, kidney adrenal work, containment layers, and watering the brain stem, also the gut-brain work.

(12:34)

Those are all from the touch work of Kathy Kane and are meant to support parasympathetic safety. And if they do that for you, then that's fine. It's fine to use them to self-soothe. It's part of the work. And then you ask, "Do I focus on areas that are painful and apply several such as joints and layers?" You can if you want to. "How do I know which ones to incorporate? Am I supposed to set aside some and do them?" So these questions are best answered by using an analogy. These lessons are just learning any language. Since I'm a musician, I'll use the language of music. It's akin to practicing scales. There's many different scales in music, and in order to really be a master of improvisation, you have to learn all your scales. And that's what this work is like. The neurosensory exercises are about learning all these different options that you have for engaging with your felt experience with your environment.

(13:43)

In terms of which one to use when, is there a specific thing to use for this, that's not so much what it's about. It's about learning this language so that you can improvise so that you can apply it creatively, and what eventually happens is you just start using these as tools without even really deliberately thinking about it because, just like happens with music and musical scales, they become part of your muscle memory. So you may be feeling a tightness in your lower back and so maybe you start by bringing in an approach like layers and you just make contact with your back with your hands and you're feeling your skin or you're feeling into the fascia. And maybe something starts to move and you have an impulse to bring some breath in there as you would with a diaphragm lesson. And you do that and that allows some sound to come out, oh, some sound wants to express like "voo" or "voo ahh", but it's maybe a different sound that wants to emerge.

(14:39)

And then maybe that leads to something else and now I want to contain, because I just got some energy moving and I just want to feel my edges. Or maybe I want to go into some aggression. It's about being spontaneous and allowing these things. These are all to facilitate energy moving through your system to find a resolution, a new experience. So it's really about practicing them until they become part of your muscle memory. So I would suggest really discovering which lessons affect you, how, what do they do for you? And, ideally, we want to keep on doing them, practicing them along with the audio instructions until we can do them without the audio instructions, until we can just, "Oh, I think I'm going to work with my shoulder and pelvis diaphragm right now." You bring it in organically. That's how it's meant to work. I hope that all makes sense.

(15:45)

It's not a linear process and that's what makes it so different from other forms of healing. It's not this thing that solves this problem. That's not how it works. It's about, we have dysregulation, it's chaotic, we want to move towards regulation. There's a whole variety of tools that we have access to, to help that happen, and we want to get skillful enough and practice enough that we can be spontaneous and improvise with ourselves and our system.

"What should one do to feel more? For example, be more aware of physical sensations? Are there prompt questions or exercises? I struggle especially to tap into anger and freeze, meaning extremes of fight, flight, freeze." Okay, well, I mean, every lesson in this program is about feeling yourself in some way or another. So just methodically working your way through the practices is probably a really good way to practice. And that's what it comes down to, is practice. If we have trouble feeling ourselves, we have to practice doing so. And it doesn't have to always be with the course material. For example, paying very close attention to your basic biological functions. Really noticing what it's like to eat, to take a bite, to lift the fork to your mouth, to chew the food, to swallow. Can you feel, can you trace the passage of the food down your throat? Can you feel it when it gets closer to your stomach? Right? Can you tune in closely to this basic process of eating?

(17:28)

Then can you listen, maybe after you eat, you lay down for an hour, and you just listen to your belly. You listen for the processes of digestion. You see if you can feel any of those little gurgling

things that tend to happen in that process. Even noticing the processes of elimination, whatever they may be, like as gas, or solids, or liquids move out of the body, really tuning into that, feeling that. What is that like? Tuning into these basic biological functions. What might it be like to just sit for 10 minutes and notice your breath and what it's doing? To feel, "Can I deliberately expand into different areas of my body? Can I be conscious in how I use my breath?"

(18:18)

So there's many ways that we can bring our attention to ourselves in these ways. The neurosensory exercises are of course a big part of that, and you have access to all of those. So I would suggest just really applying yourself to that, to those lessons, and working methodically through, and also doing these practices of just attending to the basic things of everyday life, everyday processes.

(18:48)

And if you know that you have a struggle tapping into anger specifically, then that is one case where practicing the healthy aggression tools, the musculature, the sounds, the facial expressions, just for their own sake, could potentially be useful.

(19:11)

In terms of tapping into freeze, that's a bit harder. That tends to be something that arises on its own. I think it's quite difficult to summon freeze forth. It tends to arise when the system feels safe enough, which isn't something we can deliberately produce. It's what happens organically over a period of time of doing good work for ourselves. The freeze will surface when it's ready to.

(19:36)

Okay. "As a baby, I was raised with good attachment, even though my parents didn't know how to deal with their emotions." So I just want to pause right there. I can see how you could have these things together. However, parents that don't know how to deal with their own emotions are going to feel unsafe to the baby. So I hear you, that there was probably a lot of care, it sounds like, a lot of love, but if they don't know how to deal with their own emotions, that's not going to be a secure attachment. That's going to feel unsafe, physiologically, instinctively. "I

had a few traumatic experiences after the age of three. My nervous system has always been very sensitive. Is that due to unmet emotional needs as a child, or are some people wired differently? I started experiencing trauma after age 10. Is the ventral vagus nervous system developed by then? Is this trauma as life-altering as pre-developmental trauma?"

(20:38)

Okay. So, are some people wired differently? I mean, yeah and no. I mean, we all are human beings. We all have the same basic architecture. However, the epigenetic expression of trauma, as it's passed down through the lineage, through the DNA, can end up such that we are formed with differences, different sensitivities, different levels of reactivity to different things, based on the epigenetic expression of our history. So yes, we all have the same basic wiring, but because of the many, many, many generations of unhealed trauma and how it's been passed down differently, we may indeed come in with different kinds of presentations.

(21:29)

That being said, you say, "My system has always been very sensitive," that's most likely due to the reality of your parents being unable to deal with their own emotions. Because as I said, that would have felt unsafe to you as a baby, as a child. There would have been an instinctive response to have your radar out, just because it wouldn't have felt safe, or maybe to shut down. When things feel overstimulating or unsafe as a baby, I think there's two instinctual directions we tend to go. We either tend to learn to go to freeze real quickly, and become numb to our experience, or we stay more hyper-vigilant, more hyper-aware, so that we're always sort of tuning into the field. And it sounds like that's what happened with your system, because of that sort of baseline unsafety that was there.

(22:23)

Now you ask, is the ventral vagus nervous system developed by the age 10? So I mean, ideally, yeah. If everything happens as it's supposed to, the ventral vagal system is fully myelinated somewhere between two and three, depending on the individual. But if you didn't get the proper support and attunement, then no, it may not be fully developed by 10, or 20, or 40, if the development gets paused, and then it stops. It stops myelinating. However, that can happen later as well. So ideally, it's done by two or three, but if that didn't happen, it can always happen later, the myelination process. It may not be exactly the same as if it had happened developmentally at an appropriate age, but it can happen later as an adult.



(23:15)

So is this trauma as life-altering as pre-developmental trauma? Meaning, trauma you experienced after the age of 10, is that as life altering as pre-developmental trauma? Really depends. Say that you both have the exact same support system in place, then probably not. Preverbal, pre-early developmental trauma generally has more of an impact in the long term than maybe specific traumas that you experience after the age of 10. But again, it depends on the kind of support you have. If someone had pre-verbal, early developmental trauma, and then had tons of really good support early on, they could be totally fine. And then someone who had a little bit of trauma, and then had big traumas in teenage years, but had no support, could be totally crushed by that experience. So a lot of it depends on, what kind of support have you had access to?

(24:15)

All right. "You mentioned previously that you worked with people with low cortisol burnout, perhaps even Addison's disease. Could you please share how their recovery looked? Do you think that if one is very fatigued during the day, more naps and rest are needed to stick, or are needed? Or do I stick to circadian rhythm retraining? Thanks."

(24:40)

Okay. So yes, I have worked with a few people who are in this area of chronic fatigue, flatlined cortisol, just the system completely burnt out. When that's the case, what that tends to look like is a lot of touch work spread out over a long period of time. Because when the systems become so depleted and so burnt out, there needs to be a lot of building, just slow, careful building of baseline capacity and safety. And that attuned, gentle touch work is the best way to do that. Sometimes that might mean a person comes in and we chat a bit, and we do five minutes of touch work, and that's it. At the beginning, it may be that their system can only handle a teeny little amount of that support. And so a lot of it is about tuning into the capacity of the individual, and so that would just then build. Maybe the next time, they do a little bit more. Eventually you would want to do weekly touch sessions, or even biweekly if you could.

(25:51)

Just very simple kidney adrenal support. That's probably pretty much it for a long time, as you slowly help build up that system again. Kidney adrenal touch work is probably the most directly

---

effective for working with that kind of burnout, chronic fatigue state. And it's just a lot of that. It's a lot of nothing happening. Just sitting there together, and nothing's happening. And you do enough of that, and it starts to build that baseline safety up again.

(26:24)

Now, "Do you think that if one is very fatigued during the day, more naps and rest are needed? Or should I stick to circadian rhythm retraining?" It's a tough call. I mean, yeah, getting back into the circadian rhythms can be a very powerful part of healing, which means, if you're not familiar with that, it means essentially trying to have your sleep-wake cycle be closely related to the sun rising and setting. And so obviously it fluctuates throughout the year, but one would want to get up generally with the sun, and first thing, get sun into their eyes. And then at some point when the sun's going down, see some of that light. And then you wouldn't want to look at any artificial light at all after that point.

(27:10)

So obviously, this can be problematic in the modern world. In the winter, for example, where the sun sets at 4:30, a lot of us are still going to be working, and looking at screens and stuff, et cetera. But that's the principles of circadian rhythm retraining. Can be helpful for sure, as part of recovery from chronic fatigue and burnout. That being said, I would not want to artificially impose that to the point where it's creating more suffering. If you're dragging yourself out of bed, and you're really like ... It's a tough call. You want to challenge the system a bit, I think. But say in the middle of the day, you just hit a brick wall, and you just, oh, you're exhausted, and you would have to recruit your adrenaline in order to push through, we don't want you to do that. So at that point, you would want to then take a break, have a nap, or maybe just a rest, a lay down. So it's really a judgment call. It's about connecting to that circadian rhythm if you can, but also not recruiting your adrenaline and your will force to push through fatigue. That's not going to help in recovering from a chronic fatigue state.

(28:17)

Okay. "Hello, Seth. It's my third time through SBSM. I had pre-verbal sexual trauma at the age of six months. I've lived life in functional freeze. When I feel my butt on the couch or the feet on the floor or orient to nature, I don't know if I'm somehow missing the boat. I feel, 'So what?' I try to be curious, but I get, 'Why? Who cares?' Do the exercises. Just go through the

---

motions. Can pre-verbal trauma make it harder to connect and orient, or be different in some way? Anything you might suggest to do or do differently?"

(28:54)

Yes. Absolutely. And with such a horrible disruption to your development at the age of six months, to be sexually abused, that's going to create a huge rupture in safety. And yes, that kind of experience can make it very hard to access the kind of internal safety that's necessary for real curiosity, which is what you're talking about. It sounds like you have trouble connecting to curiosity. Because when we're really connected to our curiosity, it is fascinating to pay attention to the environment, and to look at different textures, and to take in the air, and to feel our butt on the sofa, and to notice all these simple things. Like when we're really curious and paying attention, it's engaging to do those things. And so it sounds like your curiosity is not fully online, and of course that makes sense, because in order to be curious, we have to feel safe. They cannot really coexist without each other. And so with such a huge disruption, it makes sense that it would be hard for your system to have that sense of baseline safety.

(30:05)

So that's why in this case, again, the touch work practices are very, very important for helping support that internal safety. I'd say more important than trying to orient externally or anything like that is the need to build the baseline safety in your system. So again, all those practices that are inspired by the touch work, gut-brain interface, kidney adrenal work, watering the brain stem, whoa, there's more. All the touch work practices. I mentioned them a little bit earlier, so just rewind a bit. But yeah. Those practices that are informed, the kidney adrenal work, right, about layers, is the other one, that are about connecting and feeling the body in a very tactile way. Of course, if you could find a touch practitioner, that would be so great for your system. And of course they're hard to find. So I understand if that's not something that's available to you, and if that's the case, you want to do your best to support yourself with those kind of attuned touch practices. Mediastinum meditation. Yes. Thank you. That's also based on the touch work of Kathy Kain, the mediastinum meditation. Yeah. Anything else on that?

The other thing that I thought of for this question is it could be really useful to bring in your other senses. If you are going to do something like orientation, think about how a baby at six months would be exploring its environment, because that's sort of the level you're going to need to get back to. That's what got interrupted, was that process of discovery. And so there's

---

a lot of touch. So instead of just looking at the tree, go touch the tree. Go feel the texture. See if you can get fascinated by the roughness of the texture. Engage things like your taste. Can you orient to what you're tasting, if you're tasting something yummy? Smells, sounds. Bring in the other senses, so it's not so much about just looking. Because at six months, it's not so much about looking. I mean, it is, but it's also very tactile, and sticking stuff in your mouth, and trying to stick stuff up your nose. And there's all this stuff that goes on with the other senses. So maybe engaging some of those more deliberately could be good.

(32:51)

In the last Q&A call, on the replay page, there's a link to the touch directory, touch skills directory, if you want to look up a touch practitioner. Also, you can always search the main SEP directory as well. You can search for a practitioner in your area, and then if you look in their bio, it will say whether or not they've done ... If they've done the touch skills training, it'll say touch skills training, or it'll say somatic resilience and regulation, or Kathy Kain touch work. It'll say something along those lines. So yeah, there's a couple places to look, but they are kind of hard to find unless you're in a major city, mostly on the West Coast. But they're out there in other places.

(33:36)

Okay. "I'm struggling with some of the exercises that call for visualization. As far back as I can remember, I haven't been able to visualize. When I close my eyes and try to picture something, it's just black. Is it possible this was an early childhood trauma response? Do you have any suggestions for approaching the exercises that call for visualization?" Visualizing is interesting. I know there's some people who, when they close their eyes, they can literally see a picture of something. There's other people who it's not like that, and I'm one of those. I don't really see something with my eyes closed. It's more like I am with the idea of it. I'm not sure why this difference is. It may be different adaptations to trauma or just a different kind of wiring. I don't know if that's that important. I would just encourage you, don't worry about it too much. If you can't get a clear picture, just think about what you're being asked to visualize. If it's something in your body, for example the kidney adrenal lessons, where we're thinking about them dropping, don't worry about seeing it. Just place your attention in that area of your body, and hold the intention for settling. So attention and intention is just as powerful as visualization. I think that that can be just as useful.

[\(35:09\)](#)

Another thing that you can try is drawing. Actually drawing, coloring the thing that you're being asked to visualize may help get a clearer sort of internal sense of it. But I think there's many ways in which we see things differently internally, so I wouldn't worry, like that there's maybe something wrong or this is a fault. I think it's just a difference because, like I said, I'm very similar to that. So it's just holding the attention, using your intention, being with the idea of it, thinking about it. I think that's fine too.

(35:40)

"Hi, Seth. You answered a question on the last call, a very interesting question about a person feeling trapped, hopeless, alone, feeling pointless. You said that that can be felt when freeze is lifting and that you felt that many times. Does that mean freeze lifts many times and those feelings keep coming back, or how long can we expect this state to last? I relate to this very much. Thank you."

(36:12)

Okay, there's a couple things that can be happening here. If someone is feeling just depressed, hopeless, alone, there's no point to anything, it's everything sucks, it's just I'm numb, I'm cut off, I'm whatever it may be, that can be actually the system just being dominated by freeze. We're just stuck in freeze, and so we're feeling those freezy thoughts, those freezy emotions, which are very much about that. There's no point. It's hopeless. I'm stuck. I'm never going to get out of this. It's all useless. That's all very freezy thoughts because, of course, the freeze response is meant to only happen when we're about to die. So, because of the way that it draws blood to the core, numbs the limbs, less blood to the brain, encourages dissociation, helps us check out, all of these things, when that's stuck in the system, we can have thoughts that are very reflective of that oh-I'm-about-to-die state, essentially.

(37:20)

That being said, when you're feeling these things, it can also be an indication that freeze is lifting, but that tends to be more the case if it's something that is not chronic. For example, you're just feeling normal, feeling okay maybe. Actually, lots of times, this may happen if you feel especially good, you have a new level of safety, a new level of regulation, and then wham! You get hit with this freaking brick of just, "Oh, this sucks. I don't want to do this. This is

---

pointless. Oh, my gosh. My life is terrible. I'm all alone," et cetera, et cetera. If it happens like that, that's much more an indication that there's a layer of freeze that is poking up through the system, which can very often happen on the heels of increased safety. The system gets a new level of capacity, it feels more safe internally, and like, "Okay, now we can let this survival state lift up through the system to be released." As that happens, yes, it's very common to feel all of those things.

(38:27)

So, yeah, I've felt that many times. I never really lived in that state fully. It's more something I encountered in this way, as a process of healing, with it getting intense and then moving through. Also, though, it's not always like that. It was more like that early on. As I got more into the work, it tended to be more directly physiological, which can mean feeling literally really cold, shivers going up the spine, not able to get warm, teeth chattering. Just again, out of the blue, even though it's warm, I can't get warm. That can be a representation of a layer of freeze surfacing through the system as well. Or even feeling flu-like. That can be part of it as well, or feeling spacey, dissociated, checked out. If that's not your normal state, that could be an indication that freeze is popping up.

(39:26)

Yes, there can be many, many layers. There can be many layers of freeze. It's unusual that there would just be one. It would be more common, I think, that you would encounter this a few times, at least, this experience of freeze lifting up through the system. Also, of course, remember usually what's on the heels of that. There will usually be then, eventually, closely on the heels, some kind of big sympathetic charge, crying, anger, grief, disgust, whatever it may be. A more sympathetic kind of charge will often follow on the heels of that.

(40:05)

Okay. "My process has become quite intense recently. It's great to see, but often quite emotionally and physically painful. Along with this, I've noticed my thoughts have become far more intense too. I'm having to work much harder to get out of my head and into my body. Fear response, how should I treat this? Should this be seen as just an important part of my process or something that's trying to impede my process? Is it possible to overcome this destructive pattern and find a place of clarity?"

(40:43)

Okay. It sounds like what's happening is you've done a lot of good work and you're now reaching the edges of your capacity. So, as you reach the edges of your capacity, the mind will try to protect you from feeling any more of the body stuff by going more into the thoughts, and it can be more difficult to get into the body and out of the thoughts because they're serving as self-protection. They're saying, "Whoa, whoa! You've done a lot, and now this is starting to get pretty intense, and so maybe we shouldn't feel anymore." So, yes, it is something that's, you could say, trying to impede your progress, and, yes, it's an important part of the process as well to listen to that. It may be a good time to actually back off a little bit from the work to allow some time for just orienting to things that are pleasurable, easy, not focusing internally so much, focus externally more. Use your resources, give yourself some time to maybe integrate a bit. It is normal. Everything you describe is a normal part of this process. Checking my notes here. Just a sec. Yeah. So, yes, don't try to push it too much. If it's getting really intense and hard, that does, yes. I understand, it is great to see. It's like, "Okay, yeah, I'm really doing something here. I've been freeing up some energy. It's getting really intense." But you ought to remember the principles of titration, not getting overwhelmed again by this stuff. So, if it's getting hard, recognize you've done a lot of really good work and give yourself some time to back off a little bit and focus externally more. Go to your resources, go to external orientation.

(42:41)

Also, when we have lots of thoughts like this, sometimes it can be very helpful to write, to journal. Just let them out onto the page so they're not just stuck in your head, or it can be helpful to even sometimes verbalize them out loud, speak them out loud. That can sometimes connect you to the emotion of them a little bit more. If you are just feeling like you need to work through this a bit, that can be one way.

(43:12)

So many different options to explore there. Yes, this is a normal thing that can happen where you've just done enough work that you're getting to the edge of where your capacity is. It's getting to that edge but not going over it that expands our capacity. If we get to that edge and then we jump over it, then we get into a process of getting overwhelmed again and what's called re-traumatized. So we want to get to that edge, we want to push it a little bit, and then

we want to back off, allow for some integration, understand that we're increasing our capacity slowly.

(43:51)

Okay. "I'm noticing that I have points of activation that appear to be at very similar points in the day. Even if I'm not looking at the clock and I start to feel activated, I'm like, "Oh yeah, it's 11:00 AM, 2:00 PM, 6:00 PM," which seem to be my tricky times. Is there any logical explanation to this in terms of our biology, or is it more likely linked to my particular experiences?"

(44:17)

Again, like I've said before with a question like this, which is why is this happening, it's really hard for me to know for sure because there's so much variability, but it's possible that it's connected to your cortisol rhythm. I don't know what is going on internally for you, but, if there is, perhaps maybe there's a spike at those times for some reason in your cortisol cycle, or maybe it's connected to digestion, the processes of digestion, and for some reason those moments are significant. You could also look into Chinese medicine. There are specific times of the day associated with specific organs, so it's possible you'll get some insight from that. If there's some, like, oh, yeah, these are all 11:00 AM is... I don't know what they are, but maybe there'll be some connection. 11:00 AM is the kidney, and 2:00 PM is the liver. Oh, how interesting. I've been feeling these aching in here or something. I don't know. It's possible there's some kind of connection there.

(45:25)

It's also possible that it is connected to your experiences. Maybe there were things that happened at those points in the day that were chronically stressful. 11:00 AM is around maybe recess time, 2:00 PM as well, maybe. I don't know. 6:00 PM's family dinner time. Maybe there were stressful moments in your life growing up, but it's very hard for me to know for sure. I would just be curious about it, and use those moments to work with the activation. If you know it's coming, then you can be prepared. Okay? I hope that some of that's helpful. I'm sorry I can't give a more clear answer. It's just hard to know why with some of these things like that.

(46:07)



---

Oh, nice. 11:00 PM to 1:00 AM in Chinese medicine is liver time. Okay, awesome. This is 11:00 AM, 2:00 PM, and 6:00 PM, so it could be interesting to look up what those are. Who knows? There's a lot of wisdom in Chinese medicine.

(46:26)

Okay. Okay. "This is my first round of SBSM. When I do any neurosensory exercise, I notice waves of survival stress sweep through my body. At first, these lasted only a second, but are now several seconds long. It feels manageable. It has so far been silent and without movement. My question is can I go with my impulse and let this progress at its own pace, or should I be trying to stimulate sound and movement already? I think my system might not yet be ready for expression of healthy aggression. I do practice Voo and Voo-Ahh."

(47:08)

Okay. Always go with your impulse. If your impulse is that this is your way of doing it that works for you, that it sounds like it feels manageable, all good. You don't need to try to force anything else to happen. It may be that, for your particular system, just sitting and feeling it and allowing it to move through is all you need to do. That is totally possible. There's no need to try to force something.

(47:36)

Mobilization and expression, these are very useful if we're feeling stuck with something. Like, "Ugh, I have this thing and it won't go away, and it's this sensation, it's just not moving." Then moving the body, using sound, using breath, using these practices to get something happening can be very useful. But it sounds like, for you, you're just feeling the survival energy. It's moving through in this wave and this rush, and then it leaves. Great. That's great. Nothing wrong with that at all.

(48:10)

If you did want to explore movement, if you're feeling like you want to maybe explore sound and movement, and of course you can, I would suggest Elia's movement lessons. That's a great way to get the body moving in ways that can open stuff up and lead to discovery because sound and mobilization can also lead to new things being found in the system. So, if you're

---

feeling a curiosity or a desire to move, then, yeah, his movement lessons are a great way to do that and explore that.

(48:40)

Okay. "I'm wondering if you can speak on healing sexuality. I don't have any specific sexual trauma, but, for some reason, I've always felt quite repressed and have toxic shame in regards to my sexuality. Maybe this is just societal repression. After anything sexual, I can feel extremely low, freezy, and ashamed. I'm just curious if the process of healing this is similar to everything else or if there's any sort of difference you can elaborate on."

(49:14)

Okay. Yeah, it's the same. Trauma is trauma, and it shows up in different ways. There are some specific practices that we can work with, with working with sexual energy, which I can explain a bit, but really it's just healing is healing, trauma is trauma. If you've never had any specific sexual trauma, then this is more likely maybe connected to your sense of intimacy with yourself. Our sexuality is originally, ultimately about our connection with ourselves. That's how we start exploring it. Originally, for most of us, in a healthy developmental pattern, we will, at a certain age, start exploring our own sexuality through self touch.

(50:04)

So I would maybe say try that. Try working with your own sexuality in a very titrated way, so there's no other person involved, it's just you. You could explore a little stimulation of some kind and then pause, really notice if anything comes up. It sounds like, when you're having a sexual experience, there are things that you are repressing in the moment and then afterwards you're being flooded by. So it sounds like removing the other person from the equation, if there is one, for a while and exploring your sexuality on your own in a very curious, therapeutic way, where it's not about necessarily having an orgasm, it's about stimulating the system a little bit in a sexual way, and then pausing, noticing, checking in, feeling the system. Is there emotion there, is something that needs to move, then maybe you do a little bit more, or you pause. Exploring it in this very gentle, slow, titrated way with yourself is one way that you can explore that. Also, working with the pelvic diaphragm, working with touch with areas associated with sexuality, but non-sexual touch, so like the layers kind of approach. So touching various erogenous zones, but without any sexual intent at all, just with the intent of healing and presence, that's another thing you could explore. And then, finally there's a practice that I

---

saw Peter do with a client when we were working specifically with sexual trauma. And I know, that's not the case, but it sounds like trauma or a trauma response is showing up anyway around your sexuality. So this might be useful. And that is, you sit ideally on an exercise ball, those big inflatable balls that you can sit on, because of the way that those come up to fully meet the pelvic floor.

(52:15)

And then, you sort of tune into that contact, and really feel the pelvis, feel the genitalia, being supported, being contacted by the ball. And then you just imagine that all the genitalia is opening up, unfolding, opening to accept the support of the ball, and seeing if you can connect to that very directly. And that might get some stuff moving. It could be interesting to potentially explore that, just be aware that it can get some energy moving, it can get some emotion moving, if you do explore that exercise. So, those are all different ideas for working with this.

(52:59)

Okay. "As I progress with SBSM, a role that I play is becoming clear. I am the one who speaks up when things don't feel right, seems to be happening in multiple areas of my life and it's tiring. Recently I witnessed toxic shaming of young children in kindergarten at my child's school. So I have to name this with a setting, which isn't easy. That's just one example. Do you have any insights on being that person who names things? It seems that the daily life situations mirror my experiences in my family system." Okay, so, one, it just sounds like you're someone who has an innate capacity for courage and speaking your truth in front of others, that's actually a very positive thing. Very powerful. And I'd say that the world needs people like you. The world needs people to call out injustice and harmful things and toxic behavior, especially around kids. That being said, yeah, that could be totally exhausting. I can imagine how that could be exhausting, and maybe you don't want to do that all the time.

(54:16)

In terms of insight on being that person, well it's likely the way that you found of navigating your own home environment as you were growing up. For you, it felt like the safest thing to do, is to step into the role of protector, it sounds like. That's great. There's different ways that we adapt. I was the comedian, I was the one... I tried to always make everybody laugh, and feel okay, because that was a way of making it safer for me. Right? And so maybe for you, you felt it

---

would be safer for you, if you could call out what's happening. So it's like, hey, it's not hidden. Look, it's on the table, everyone, see, look what's happening. That's a way of creating more safety for yourself.

(54:56)

So, it just sounds like your particular adaptation. And then also you have this innate courage within you to speak your truth, which not everybody does, so that's very positive. I'm not sure if you're saying that you want to stop doing this or not. I don't know if you have to. I mean, it's a judgment call, right? If it's like a compulsion, where you're like, you're feeling you must go out and address and fix every injustice you see, well yeah, that's not going to work out too well, because the world as it is right now, it has a lot of that to offer. So, it could be totally overwhelming. If that's the case and it really feels like you don't have control over it, that's one thing. However, it doesn't really sound like that, it sounds more like you're just saying, I notice I do this when I see it. And I'm not sure if that's a problem or not. I mean, you could see what happens in yourself if you don't do that.

(55:54)

If the next time you see something, maybe it doesn't directly involve you personally or your kids, but you see something going on, on the playground or at the park with something that's toxic or feels abusive to you. See what happens if you don't say anything. If you keep it to yourself, maybe that will lead to something. If this is a survival adaptation that you developed growing up, then not engaging it, could perhaps lead to some feelings of vulnerability or fear or something that could perhaps lead to some form of healing for you. But I'm not sure if you need to do that or not, it could just be that this is part of how you're meant to be in the world as one of those people that calls out stuff. So, yeah, I hope that's helpful. I wasn't sure by your question, if I hear you, that it's tiring, but I wasn't sure if it was something that you wanted to stop doing or not.

(56:49)

But, yeah, either way you could explore what happens if you don't. And maybe you just get frustrated because you didn't say anything. So I'd be curious, if you feel like following up, to see what happens.

(57:02)

---

All right. Okay. “Dipping into a Bob Frissell book you mentioned somewhere, I came across his breath alchemy program.” So this, just for a reference, something totally esoteric. Most of you know, I spent many, many years as the hippie meditator shaman guy in the woods, who was not connected to mainstream society and was just researching all things esoteric. As part of that, one of the books that really had a huge impact on me was this book, *Nothing in This Book Is True, But It's Exactly How Things Are*, by Bob Frissell. And it's very esoteric exploration on UFOs, and extraterrestrials, Egypt, secret societies, all that kind of stuff that I was into in my twenties and such. But there's some really interesting stuff in there, including, yeah, some breathwork and energy practices, stuff called Flower of Life, from Drunvalo Melchizedek, all various sorts of new AG spiritual practices and stuff, some of which is quite interesting.

(58:08)

Well, so yeah, I must have mentioned that somewhere and you've been reading it. Cool. So you came across his breath alchemy program. “I'm familiar with circular breathing, have you done Michael Brown's presence process many times, but I was so dysregulated and frozen, that while the presence process helped and was very interesting, it didn't reach the core. Is there a real and helpful place for breathwork, as we've become more regulated? And if so, what type? So many are put forward as healing, or do I just keep going on with SBSM without distraction?” So, yeah, breathwork is, I would encourage you to look at it as just another tool. I don't know how useful it is as a trauma healing practice in and of itself. A lot of the breathwork practices are way too overstimulating, especially for people with early developmental trauma.

(59:11)

One of the ways to think about it again is, say a baby is in distress, you're not going to go up to it and say, okay now, breathe in for four seconds and then I want you to hold it for four seconds, and then breathe out for four seconds, that's not going to work with early physiology. Right? So, when we're talking about early developmental trauma, breathwork can be useless pretty much, or overstimulating at worst. That being said, there's times it's useful, that's the thing about this stuff. I've learned a few breathwork practices, began back in those bad old hippie days. And some of them, sometimes will just show up spontaneously as part of my process. I've noticed in particular sometimes, maybe I'll spend time really feeling into a place of contraction, and getting into this deep place where I'm really feeling getting into the center of this place of contraction.

(01:00:04)

And then once I'm there, I might notice that the breath pauses and stops even, this can be entering like a place of somatic freeze. And then perhaps, the breath will come back and then, it'll feel natural to let my breath sort of do this. It is sort of a, which would be a rebreathing or a holotropic breathwork kind of approach. And that just feels right, like it just happens. And so in those cases, having awareness of those practices can be potentially useful, if it surfaces organically. Right? So, again, it's about having it in your palette of tools. Yeah, Elia uses the breathwork in his movement lessons, some forms of breathwork, but very gentle, more like inspired by qi gong, which is different than some of the other breathwork practices. So, when it comes to breathwork, I think it's fine to explore them, just don't necessarily think that they're going to heal your trauma, and be aware of the capacity for overstimulation. That's about all I have for that. Sometimes it's useful, sometimes it is.

(01:01:21)

Okay. Lastly, okay, "I hope it's okay to ask an intense question. From the perspective of this work, could you talk about suicidal ideation and suicide? I want to better understand some people in my life, and I'm curious what is happening in the nervous system?" Okay, so, of course it's fine to ask about this. If somebody is actively suicidal, that's not something that we work with in this work. We need to do this work, a person needs to be relatively, at least relatively stable. So if someone is actively feeling suicidal, we would always recommend contacting a crisis hotline, where they're actually trained to deal with someone who is in that place where they might actually hurt themselves. That's not really a great place for doing this work.

(01:02:16)

But in terms of what's going on, what you're looking at is, I believe, just a representation of being stuck massively in freeze. Again, this is the state when most people kill themselves, they're going to be in a place of hopelessness, despondency, no connection, feeling isolated, feeling numb, feeling cut off from the world, that's all freeze. So, that's it in a nutshell, I think, is that if someone is feeling very much in that suicidal place, it's probably coming from a place of a chronic freeze, or perhaps like a bipolar, what people call bipolar, which is essentially flipping between extreme sympathetic activation and freeze. So, that's a move back and forth,

that can also sometimes lead to that. But freeze is always going to be in the picture, I'm pretty darn sure, if we're talking about suicidal ideation or that kind of thing.

(01:03:14)

All right, here we are. What time is it? All right. Wow, we are actually just about on time today. So, thank you all for being here. We've got one more of these next week, before the next round in spring. So, I look forward to hearing from you, and what your questions are. And just keep up the work, keep up the work, keep going. Remember, it's about learning your scales. It's about becoming that skilled musician with yourself, so you can play all the notes as they're needed, you can improvise with your system. Right? Just keep on practicing those scales doing the work. All right. All right, y'all. I'll see you all next time. Thanks so much. Bye-bye.