
Q&A Call #9 Transcript

(00:03):

All right. Welcome, everybody, to the final Q&A call for this round of SBSM. Can't believe we're here already. So I just really want to say a quick thank you to everyone who has been attending these calls, listening to the replays, taking them in, showing up, asking your questions. Just love to see your involvement and participation here. Really great. So thank you once again for showing up. And we've got Rebecca in the chat today helping out with stuff, and we will get going.

(00:37)

Right. So we had a few sort of thematic groups today. The first, there were actually a few questions about what to do if you want to be a practitioner. Someone asked about my story, if I would talk a bit about how I became an SEP, and how that worked, and what recommendations were for training these days, because it is a little bit different. When I became an SEP, it was still in the days when you didn't have to have a degree in psychology, or counseling, or massage therapy. You didn't have to, necessarily, already have some sort of professional training in order to be at SEP, in order to take the training. My only qualification was sound healing, which was not a degree. I have a bachelor's in music composition, but sound healing is something, and shamanism, all that stuff is self-taught.

(01:42)

Back in the day when I started the training, that was still okay. Now, not so much. That is not going to serve as a criteria to get you in. Which is unfortunate, in my opinion, because really,

somatic experiencing, when you're doing it well, is very close in some ways to shamanism, much more so than it is to psychology or psychiatry. And when people go into the trainings with a degree in psychiatry and psychology, they can have a lot of difficulty, because somatic experiencing, in order to do the work well, you have to violate tons of the basic principles of psychology and psychiatry. You want to feel what your client is feeling. You want to merge with them to a degree. That's what informs your decisions as a practitioner, is you're attuning to your client, and oftentimes your client is not able to feel themselves. So it's your job to go in, attune, feel what's happening, and that's what provides the information for how you work with them. That's a huge no-no in psychiatry and psychology. You're supposed to have a barrier and a distance, and it's not about making suggestions, even. It's about listening.

(02:52)

So it's a big issue, in my opinion, in how that training is going. So I still think they can be valuable. There's lots of good teachers and trainers. This is getting into, I guess, what I would recommend. Because someone asked, "Would you recommend doing the SE training? Would you do Kathy Kain's training? Stephen Terrell's training?" They asked about the somatic attachment therapy certificate by Embody Lab, which is a big no. That's nothing. We've looked into that and there's no rigor there at all. It's just listening to people talk, and then they give you a certificate.

(03:37)

So in terms of what I'd recommend now, I would probably recommend starting, if you can, with Kathy's training, or Stephen Terrell's. Those are, I think, really valuable in laying foundations for understanding some of the more theoretical stuff that you get into in the SE training. They're

much more about highlighting that process of attunement, of really coming into the field with your client. So I think that would probably be the best way to start.

(04:14)

Irene is developing a professional training. We just did the beta module this last few months, of the first iteration of seeing how that's going to work. If you can wait a year or so, it's possible that Irene will be having a professional training that will be available, and SBSM is the prerequisite to all professional trainings that we will be offering, so you have already done that. And then the SE training, yeah, I would probably do that after doing Kathy or Steve's. That's just my personal opinion.

(04:51)

And there are some problems with the SE training, I think, and there's no ... You don't have to show competency. There's no critical evaluation. When you're in groups, in triads, the assistants really aren't allowed to provide feedback. They're only allowed to say what you did well. It's really not a rigorous training in my opinion, but there's still lots of good stuff in there. And if you get a good teacher, then you can learn a lot. So that's my recommendation.

(05:24)

Someone else says, "Can you explain what is meant in the somatic practice, the word interfacing?" I'm not sure exactly what that means, but I was talking about, in somatic experiencing, somatic practice, when you're working with a client, you really ... It's about attuning to them, much the way that a mother attunes to their baby. Like a mom who's well

attuned to their baby knows when the baby's about to go pee, and when they're about ... Right? They're attuned to the biology of their baby. The good somatic experiencing or somatic practice practitioner is doing the same thing with their client. You're deeply attuning to your client's physiology, and feeling in your system what is happening in their system.

(06:06)

In the SE trainings, they'll also teach about looking for visual cues. Sometimes that's helpful as well. You notice the eyes doing something, you notice the jaw tightening, or maybe the shoulders getting tight, the breathing increasing, or the heart rate. There's physiological things to look for, but really it's about feeling. It's about, like Peter has said, "If you're doing this work well, you should know within about a half a second what to do with a client when they walk in the room." Because you're instantly feeling. You just know.

(06:36)

"Will Irene's training be for somatic experiencing practitioners?" No. No. Not at all. Irene's training will be for people who have been through this program. I don't know what all of the criteria will be, because we're still working it out. But no, you won't have to have a somatic experiencing degree, or be a psychologist, or any of that stuff. So, awesome.

(06:58)

Okay. I think that's everything there. Oh, someone wanted to know what happened in between when I was living in the woods and then becoming an SEP. All that happened is I moved to Canada, and I spent a year working in a restaurant while I was getting my residency, and I

started doing sessions for myself. I spent another year sort of kicking around before I could work, doing busking on the street as a musician, doing handyman work. Worked again in a pizzeria for a little while. When I started seeing clients, there was a time when I would go to the office, see a client or two, and then go work at the pizzeria at night. So there was a long transition where I went from sort of working in the food service industry and doing various musical things to doing what I do now.

(07:50)

All right. Great. Now the next section was all about, "How do I know what to do?" Lots of questions about, "What exercise do I apply when? How do I know what to do when I'm feeling a lot of high emotion? What to do if there's, say, movements, I have movements coming, but it's always the same, nothing changes?" And so like I talked about last call, this is where it's a little bit on you guys to figure out. We're giving you all the musical scales, all the musical theory, and then you have to practice so you can improvise, get good enough and skillful enough that you can be a musician with your own system, and improvise and apply as needed. And it takes experimentation. It takes failing. It takes, "Oh, I'm going to try this." And, "No, that made it worse." It takes some of that. It's like we are doing something that I'm not sure has been done before, which is teaching people how to be their own practitioner for themselves. So it takes experimentation.

(09:01)

Now, that being said, I thought what I would do, rather than trying to address every situation, because this is the thing, I can't really. I don't know exactly what the right thing for you to do is in each situation. But there's principles. There's basic principles that you'll want to remember.

(09:17)

So the big one, the big primary decision is, do we go with the activation, or do we support parasympathetic? That's the first choice point in any situation where something's happening in your system, and it's like, "Okay, do I want to work with this energy and help it? Is there something it needs? Am I going to maybe mobilize it? Am I going to express? Do I need to move my body? Do I need to make sound? Am I going with the activation?" Or is it feeling like, "I just need to settle this. This is just feeling too intense. I want to support my parasympathetic. I want to come down. I want to relax a little bit. It's a little too much." That's the first choice point. And so once you determine that, then there's a variety of tools for each one of those. But again, those specific tools will vary.

(10:11)

But if we think about things like, okay, healthy aggression, voo, voo ahh, those are various forms of expression mobilization. Maybe working with the diaphragms even can be, like using your breath. That can be a way of working with the activation. Like, "I'm feeling something in here." And, "Okay, I'm going to make a little space around that. I'm going to make it ... I'm going to see if it can move a little bit." Right? There's many ways, and people respond differently to the practices. That's the thing. We have individual systems.

(10:46)

In terms of supporting parasympathetic, things like the kidney adrenal, the watering the brain stem lesson, the joints work, the layers work, the gut-brain interface work. Any lesson where

you're laying hands on yourself essentially, or containment, these are all supporting that parasympathetic. At least ideally. Again, someone might go to do some layers work, and it makes them more activated, right? So this is where there's no formula. I'm sorry. I wish there was, but it takes experimentation.

(11:20)

So another piece, someone asked about, "I'm feeling I have this high intensity happening, and I'm noticing the sensations, and I'm orienting, but now what?" Okay, so that's the starting point. Good. You're noticing the sensations, you're orienting, you're staying present to the moment. You're here and now. So then the question is, well, what wants to happen? It may be that just noticing sensation and orienting is enough. And if you notice, as you're doing that, I'm noticing, and the sensations are moving, they're changing, you feel a sense of energy moving through the body, something's happening, great. You don't have to do anything. There's stuff moving all on its own.

(12:08)

However, maybe you're just sitting there, and, "Okay, nothing's changing. What do I do?" Then it's usually going to involve some form of expression or mobilization. When things are stuck, we want to help get them moving sometimes. So that may mean I feel into where the sensation is, and I sense, what is the sound of it? How can I make a tone that goes into it? Or what's the facial expression that would emerge from the sensation? What does it look like? If it's something happening here, "Oh, is that pulling my shoulder? Oh, yeah." It's like, "Oh. Okay, I want to move." And you sort of feel, "Okay." And then I come back. A very Feldenkraisian approach lots of times, where when we're going into movement, we may move a little bit,

come back. Mobilization, expression. Get something happening, if just orienting and noticing is not changing anything.

(13:13)

Someone asked to explain the gut-brain interface work. If you haven't seen it yet, that's one of the lessons. Gut-brain. I can't remember off the top of my head which lab. Rebecca, maybe if you could check that real quick, that would be awesome, and just pop it in the chat. And it's one of the later lessons. Gut-brain interface.

(13:35)

What else? Another thing. So someone asked, "There's all these ..." Oh, interface. The way that they interact. The way the gut and the brain talk to each other, which is through the vagus nerve. The dorsal vagal nerve specifically. And remember that 80% of those nerve fibers are afferent. They communicate information from the gut to the brain. 80%. So that is a huge amount of information coming from the gut to the brain. And that's the interface. And then 20% is going from the brain to the gut.

(14:15)

Okay. Now another thing to remember, if you're not sure what to do, remember SIBAM? I've talked about this a few times. S-I-B-A-M. Sensation, image, behavior, affect, and meaning. This is a model that Peter used to talk about human experience. SIBAM. These are all the things we can remember to pay attention to. And if we feel like we're stuck, then bring in some of those other elements.

(14:49)

So if you're orienting, you've got an image, you're working with your eyes, sensation, you're feeling sensation, but nothing's happening, well, okay, what's the affect? That means the facial expression, the emotion. What is the affect of it? What is the behavior? That's what I mean by movement. Behavior is movement. Or making a sound. Or maybe it's a sound and a face together. What is the meaning? That could be a creative interpretation. So you go and find the color. It's not about, necessarily, what it means in a psychological sense. It can be, but it can be, "Okay, what's the color of this sensation? What's the texture of it?" You're starting to bring in some elements of meaning. Also, that could also be applied as an image. There's many, many ways that you can bring in other factors of human experience if you're feeling stuck.

(15:51)

Oh, thank you, Rebecca. So Rebecca just posted, yeah, gut-brain interface. That's lab seven, lesson four. But I get you were just asking about interface. Got it. And finally, use what you know about yourself. Use what you know about yourself cognitively. Someone in one of these questions asked, "I know I've got lots of suppressed anger and emotion." So it's like, okay, if you know that cognitively, it might be appropriate to then, "Okay, what if I start to explore healthy aggression, at least in a small way?" Someone asked me to say what SIBAM stands for again. So sensation, image, behavior, affect, or emotion, facial expression, and meaning.

(16:56)

Okay. Yeah. If there's something you know, you know that you have emotion repressed, you know that you don't express your anger, well, okay. Yeah. Use that knowledge. Sometimes just using what we know about ourselves, even if it doesn't feel necessarily organic, it can be helpful. It's like, "Okay, I'm going to see what it's like to do a little bit of this, and make a little sound, and what happens there." Yeah.

(17:25)

Someone also asked, it wasn't in the call, but I just saw a question in the Q&A comments that goes along with this a bit, but someone had asked, "What about a healthy expression, or healthy aggression, or working with the activation, if you're in a situation with chronic fatigue, if you have CFS? You can't do a lot of mobilization." And I just wanted to say that there's a lot you can do with a face. So if you can't do a lot with your body in terms of intensity, you can do a lot with your eyes. You can do a lot with your teeth, your mouth.

(18:02)

I don't want to scare anybody, but if I were to for a moment, let my eyes get really intense, that's not taking a lot of energy, but it's sending a lot of energy, right? You don't need to have a lot of energy to really let your face become expressive and broadcast. So remember the power of the eyes and the face if you have CFS. And then a little squeezing the fists, or maybe pressing. A little growl in the throat. That's not taking a lot of energy, but I feel energy moving. So remember that you don't need to necessarily do big movements.

(18:46)

Someone says, "I got hurt stomping and kicking." That's usually not very helpful. We hardly ever recommend hitting or stomping. It's just a bit too explosive. We have to remember the parts of us that are delicate. A lot of us have physiology that is still kind of baby, or two, or three inside of us. And so maybe there's part of us that wants to break that thing, but that's going to scare that other part of you. So that's why we like to think about more things like squeezing, twisting, channeling the energy in ways that's a bit slower, a bit more mindful, not so much explosive.

(19:26)

Okay. Now, a final broad theme was all about sex. Now, when we've been traumatized, sex can be problematic and intertwined with trauma, and that can express in many ways. Some of the ways that we talked about is having disgust coupled with sex. That there's the initial sort of thrill, and you have the chemistry, and everything's good, and then you start to get into the relationship a little ways, and then disgust starts coming up around sex, so they said a few months in. Or then there's various forms of sex addiction. There's going to porn in order to soothe, and to have some kind of connection.

(20:16)

There's wanting sex for reasons that have nothing to do with sex. It's more about our trauma history, like going to have sex simply because we want to be seen, and we want to be appreciated. And then that enabling us to make bad choices, or maybe just not the best choices about who we have sex with, because we're not choosing based off of necessarily sex.

It's more about, "I just want to be valued." And then that can get us ... Or, "I want to be touched. I want to ... Yes, I want to be held." That can get us into some tricky situations.

(20:48)

Also, sometimes maybe our radar just isn't that attuned, especially if we've been through sexual abuse. It can be really problematic. There can be a coupling between violence and sex. So there's all sorts of ways that this can show up.

(21:05)

Now, we're specialists in sex work per se. There's people who are, but generally speaking, a lot of it is ... And it depends if you have a partner or not. One person who asked about, "What do I do with the fact that disgust is ... I have the loving, healthy relationship, and I like this person, but disgust is showing up when we get sexual?" Well, that's where you really get to see what that relationship is about. Is it, can you explore that with your partner? Do they have the capacity to hold that? To start to initiate sex, the closeness, intimacy? But then when the disgust gets up, that then is what it's about, and you get to allow that disgust to express, and they hold space for that. And that will probably lead to some emotion.

(21:56)

And so it would be about allowing the disgust to be part of the experience, which means that both partners have to have the capacity to leave the sexual agenda behind, and be like, "Okay, yeah. We started down that road, but now we're doing something different. Now we're doing this." And that, I think, is probably the most powerful way to move through that, is just to

allow it to be part of the experience. What's on the other side of that disgust? And that's something that you can discover together. In terms of things like addiction, porn, that's something that I unfortunately got dragged into through my trauma when I was a teenager. Got addicted to porn, because it was very safe. Also, I think it had a lot to do with my time in an incubator as a baby, cut off from the divine feminine, really wanting her, but she's behind glass. It's a situation that I could control, that was very pleasurable, and powerful, and entirely under my control, which was another thing that happens with trauma, is you need to control the situation, especially your sexuality sometimes, because it's such an intrinsic part of us, right? So, I wrote an entire article about porn addiction, which you can go read on my blog, and I think rather than trying to get into all of it here, that's going to be my recommendation, is just go read that article. And then, if you have further questions, feel free to ask me in the comments section of the Q&A. So, it's on my website, sethlyon.com, it's called The Powerful Roots of Porn Addiction And What You Can Do About It. Rebecca, if you can find that on my website, you could link that in the chat too.

(23:46)

Finally, what was the last piece? So, this one was about someone who made choices about having sexual partners. Like I was saying, not because that's necessarily what they wanted to do, but because they were wanting attention, approval, that intimacy, that closeness, but out of a trauma-driven need. And they said, "I'm treating myself with compassion, as I know my unmet needs caused me to act out of alignment with myself and my values. How do you suggest I work with this?" And honestly, it sounds like you're already doing it. I mean, it sounds like you have a clarity about why you did what you did and you have compassion for yourself, and I really think that's probably... I mean, that's it. And if anything, it sounds like maybe, there's a need to grieve. Perhaps, there's a need for some grief to come through about those

experiences, and that might mean tapping into the part of you that was so lonely, that was wanting that in the first place.

(24:55)

There may also, perhaps, be some aggression in there about the situation that caused that in the first place. But, what I'm really sensing in your question is more, perhaps there's some grief that needs to move. Okay. Oh, yeah. And because, you also said, you've been remembering the men and bringing up feelings of disgust and a retching motion. So yeah, you're already feeling the disgust. You're already, "Ugh, why did I do that? Ugh." And so, it's important to allow that without beating yourself up. Allow the disgust to move through and allow the grief to move through, but also to understand, "Yeah, that's just what happened. This is what happens." When we're traumatized, we make poor choices a lot of the time, and it's not because we are faulty, it's because that's what happens. So, how to move grief through? Well, grief is largely about, like I've talked about in the past, it's about getting out of the way.

(25:59)

I mean, first it has to come, we have to invite it. You can't force grief so much, it can be elusive. Sometimes, it hides under anger. That's some ways to tell if grief is present, if you're just always angry for no real reason. I mean, sometimes it's just about aggression. But, oftentimes that chronic frustration, irritability is actually a mask for grief. Sometimes, it takes just connection, one-on-one work, a supportive person. But, when the grief comes, when it's ready, the best thing to do is just get out of the way and you allow it to come through the best you can. So many people associate tightness in the throat, in the chest, in the eyes, and the forehead with grief. But, that's actually the breaks on grief, from what I've seen. That's trying to

stop it, that tightness. And when we get out of the way and allow it to move through, it actually is quite expansive.

(26:58)

It's very, very intense. It's like this wave that, it comes through the body, it comes out the eyes as tears. It's not unpleasant from what I've found, actually when we get out of the way of grief and really let it just take us over, it's shamanic, it's powerful. So, it's about getting out of the way. A lot of the time that requires support, it requires someone we feel safe with. Myself, I didn't cry at all. My brother, my older brother, I think many of you know, died when I was 13. And I didn't cry at all from that point, up until I was 23. And I was in a relationship with an older woman who was much wiser than me, and she was able to hold space for me and now allowed that grief to just come through. But, there was 10 years where I just, "Nope, nothing, not a tear."

(27:59)

So, it sometimes requires connection. What I mean by shamanic experience... Well, literally what that means, is being in relationship with the earth, as one's primary source of information and interfacing at the felt-sense level rather than necessarily your mind. That's what I would define Shamanism as. It is a relationship with a natural world, where we're listening, we're getting our news from the weather, right? "I get the news from what the birds say to me in the morning and the squirrels and what they're doing." That's a Shamanic relationship with the earth. "I feel how these things feel, rather than try to think about what they mean." It's direct information. So, when something like grief is really moving through... I guess, what I mean by Shamanic, is it feels elemental. It's like you become the grief, you

become the water, you become the force of that coming through the body. And that's what I mean, I think, by that.

(29:06)

Okay. All right, moving on to individual questions. "It's my third round of SBSM, and now I'm in a state where I just want to be left alone. I don't want to play with the kids, or do anything with them. I feel so annoyed and irritated. It's like I'm a child myself with this behavior. I'm finding it hard to change how I feel and act. Any ideas what to especially work with, which lesson?" So first, I just want to highlight, "It's like I'm a child myself, with this behavior." Yes. Okay, good. Good, that you notice that, that's very good. Because yeah, that's what's happening. All of us, when we get stuck, due to trauma, there is a portion of us that stays underdeveloped. It stays stuck at the age that the trauma happened. And especially with kids, they will poke at that. If we have kids, our own trauma, as a kid, gets unpacked. And that sounds like what's happening.

(30:17)

It sounds like you're feeling the need to protect yourself and have boundaries. I mean, that's what I'm really hearing here. You want to be left alone, you want to have boundaries. You want to be able to have personal space, where you're not being bothered. Unfortunately, if you're a parent, that's not always going to be possible, and you don't want to traumatize your kids, if possible. So yeah, this is a tricky situation. But, it sounds like the main things that are going on here, in terms of what to focus on, are healthy aggression. That's a big one. When it comes to wanting boundaries, "I'm always annoyed. I'm always irritated. I just want to be left alone, give me my space." Right? It's about then, channeling that healthy aggression energy into a

boundary. And you can do that. And I don't mean literally, this isn't something you want to do with your kids, this is something you do on your own.

(31:11)

So, it means getting in touch with that anger, that frustration, that energy, and allowing it to channel through the healthy aggression practices. And specifically, see what it's like to focus on thinking about a boundary. So, a classic healthy aggression practice, is of course, the ringing of the towel and the growl with the jaw and all that. But, perhaps instead, you feel what it's like to push against... Put a pillow on a wall and really push against that pillow. Feel the force in your hands and stay away, right? Feel the push, feel the energy into your hands. If you have a safe person you can do that with, that's really fantastic too. I don't know if you have a partner that can help, but that's a really great exercise, or a friend. But, you make an agreement beforehand that, "I'm going to push against you, you resist me, but you let me win."

(32:11)

So, it's, "You are going to win the push and you're going to push them across the room, but they're going to make it hard for you." That's expending the effort, but having the ability to push someone away from your space. Again, it's not about being explosive, or violent, it needs to be mindful and there needs to be trust in that, if you do that. Also, you can do that just with your imagination. You can think about, and this is with the voo-ahh, there's in the supplemental video for the voo-ahh I demonstrate this, if you haven't checked that out. You do the voo and the ahh, and as the ahh comes, you let the jaw mobilize and you let the arms come out and those things work together. So, I'll demonstrate it just once. Making space, right? Making space around you. And then, finally, it may be that there's some deep grief there as

well. Just be mindful that with all this irritation, all this anger, this need for space, it sounds like there's probably some grief in there as well. And grief and anger are very often layered together. That's something to be aware of. Finally, last note about this, it depends on the age of your kids. I mean, if you're feeling this, so are they, pretty much unavoidably? If they're of an age that you can have a conversation with them, then I would recommend that, because they're going to be sensing it. So, that means, mm, seven, six, or seven, or older. Just saying, "Hey, I'm going through something right now. It's not about you. I love you so much. I'm feeling these things where I need to have space, so I'm just working with that, the best I can."

(34:15)

You can have a conversation about it. You don't really want to do that, if they're younger kids. The reason I say six, or seven, it depends with every kid, but generally around there is when there starts to be more differentiation, where they have a sense of being their own person. If you have that conversation earlier, there's going to be much more of a tendency, where they're going to feel like they need to take care of you and fix you and support you. And we don't want that. So, on the side of caution, maybe even eight, or nine, to have that conversation with your kids. If they're younger, then you just got to suck it up and you fake it, until you make it. I mean, there's a degree to which you've got to show up for your kids, so...

(34:59)

All right. Okay, this was a question about arthritis. "Due to my big T Trauma, I had arthritis in my neck, shoulders, and my shoulder muscles were torn. Doctor of physical therapy says it's hard to treat arthritis. What neuro-exercise can I do to heal them? I'm now doing tense, relax and containment." So, this is a tough one, because arthritis, I mean, I think anything is

changeable and fixable, potentially. Arthritis though, I'm not sure how well it's going to respond to these types of practices, because it's a chronic inflammation. And so, it certainly could respond some, but I have a whole lot of other suggestions actually. So, you're already doing containment, tense and relax, that makes sense to me. I would suggest adding the layers work, the layers lesson, which is about communicating directly with touch to fascia, muscle, skin, bone. That could be potentially, quite useful for that.

(36:05)

But, most of my suggestions are actually going to be about other things. So, getting a lot of collagen can be very helpful for arthritis. So, oxtail broth, beef broth, or just meat in general, red meat in general is very good for collagen. Mitochondrial health can be very important to support with arthritis, and that means things like circadian rhythm. So, if you haven't seen them, go check out Irene's interviews with Sarah Kleiner. And also, oh, there's another woman that I'm spacing her name, but just put in, in YouTube, Irene Lyon and circadian rhythms. If Bonnie, or Rebecca know what I'm talking about, there was another recent one... Carrie Bennett, thank you Bonnie. Carrie Bennett. So, Sarah Kleiner and Carrie Bennett. Irene has interviews with both of them, and that's all about mitochondrial health. All of those practices are great for treating arthritis. Someone suggested curcumin, which is, yeah, a powerful anti-inflammatory, that could potentially be useful. That's the primary active ingredient in turmeric.

(37:15)

What else do I have here? Grounding practices, getting your bare feet on the ground. Hydrotherapy. Hot, cold therapy. Going from hot bath to cold plunge, or hot sauna to cold

plunge, back and forth can be useful. Red light therapy can be useful for arthritis. And there's many people who make red lights, which are specific for treatment of various aches and pains, work really well. There's a new product out that we've just become aware of, called the THOR Laser, that is showing amazing results for treating things like arthritis and pain, chronic pain. Unfortunately, they're really expensive. So, I don't know if that's accessible. There's some in the UK. I think, there's a couple places in the UK where you can get treatment, but I think the units are \$10,000. So, they're pretty darn up there.

(38:12)

But, you can get a red light for very affordable and do your own red light treatments. So yeah, those are all different suggestions for arthritis. This work doesn't do everything. It can do a lot, but there's other things that are also important sometimes for various symptoms. Oh, finally, Feldenkrais and massage, body work. So, Mara Yale, who's part of our team, she teaches Feldenkrais. There's also other people out there who do offer private Feldenkrais lessons online. Ryan Nagy is one. Andrew... Oh, spacing on his last name right now. I'll try to link it in the notes for the replay. Feldenkrais Access has a free library. Thank you, Samantha. Yeah, Feldenkrais work, you can do... Of course, there's some in SBSM, Andrew Gibbons, thank you Jean. Yes, Andrew Gibbons is an amazing practitioner. Mara's great. Yeah, Feldenkrais can be helpful, especially that one-on-one, attuned Feldenkrais practitioner, which you can do... I know, Andrew works online, so does Mara, that can be useful, also massage.

(39:32)

So, all right. "I hear often, through this work, the term re-traumatization and every time I hear it I get scared. What if I'm doing something wrong? And doing more bad than good? I think

there isn't enough education out there on this. Can you please explain what re-traumatization is and how to know when it's happening?" So, what this means is pretty much always, when someone's talking about that, they're talking about it in the context of a therapeutic intervention, that is overstimulating. And really all that means, is that you're trying to heal your trauma and you go into some practice, some piece of work, that's about healing this trauma. And then, what happens is you end up getting overwhelmed in that practice, in the process of trying to heal it, you become overwhelmed again. And it is not so much that you add new trauma so much, it's just that the trauma came up and it's like, "Okay, here we go to heal. And then bam, I just had the same freaking experience I had in the first place, which is I just got overwhelmed again in the attempt of trying to heal this." That's what they mean by re-traumatization. So, there was a lot of, back in the day, battle days, of exposure therapy, primal scream and counter therapy. Things like, oh, what's that horrible group? There's a couple... Oh, what's the name of it?

(40:58)

I'm sorry, I can't remember right now. But, there's... Landmark, that's what it is. Yeah, just some really crude, unrefined, exposure therapies. Where it's like, "Let's confront you. We're going to make you really confront you in your stuff and make you face it." And it just ends up being totally re-traumatizing, because there's no safety, there's no education, there's no groundwork. It's very confrontational, really explosive, no titration, right?

(41:25)

Those are the things that tend to re-traumatize somebody. That's pretty much it. It's doing this work, self-guided, on your own. It's possible that you could re-traumatize yourself. It's less

likely though, because generally, your system's going to tend to protect yourself. If you have a really strong will and you're just, "I'm going to do 10 neurosensory exercises today." Sure, I guess, that's possible. But, don't do that. So, err on the side of less is more, okay?

(42:07)

Yeah. Another way I put that is, if you unpack more survival energy at once, then you're able to process. That's another way of explaining it. Yeah, too much too fast, which was the problem in the first place.

(42:25)

Okay. "I'm 51 and in a loving relationship for 11 years. I've since the start, had my nervous system going into a hypervigilant mode around my partner's involvement with his ex and his kids, which feels like a big threat to my internal safety. It's all above board in doing the right thing from his part. I think I've got complex PTSD from being exposed to this regularly. I was born breached with hip joints not developed properly and was put into a contraption for a few early weeks and I never cried and I slept a lot and I wasn't interested in feeding. Freeze? Any advice?"

(43:04)

Okay, first, the last part, yes, absolutely. That sounds like you were in freeze as a baby. So, a lot of threat early on around very foundational experiences. So, your hips are so connected to a foundational sense of safety and wellbeing, and that certainly could be part of why you're getting triggered by this relationship that your partner has with his kids and his ex.

(43:37)

It could feel like it's going to the core of that foundational home, family, foundational safety. So, that's interesting that you mentioned that, because I think there's likely a connection there. Now, an important thing to be aware of is that, you say here, "I think I've got complex PTSD from being exposed to this regularly." I don't think so. I think you have complex PTSD already, and this is triggering it. If, as you say, this relationship that your partner has with his ex and their kids, it's all above board, it's a healthy relationship. There's nothing really wrong with that. That's good, that's appropriate. If you're feeling like it's a major threat to your internal safety, that means you already had complex PTSD and this is triggering it. I hope that makes sense, because I wouldn't want you blaming him and his kids for this.

(44:41)

It sounds like this is something that was already happening for you, and now this is feeling really threatening, because you already had all the trauma in the system. I certainly believe you, that it's continually aggravating. I'm just saying, it sounds like the roots are deeper. Now, you say, "I've, since the start, had my nervous system going into hypervigilant mode around my partner's involvement." So, this is the first point to inquire about, what happens? What do you mean specifically, by you going into hypervigilant mode? And how might you work right at that point? So, that means, as soon as you feel that coming up, it's about, "Okay, there's the choice point." Do you go with this activation? What would that look like? Hypervigilance, right? Maybe, like the eyes, you let them bug out a little bit and you feel the energy of that and maybe then, you start to feel some of the anger. Right?

(45:40)

The hypervigilant is a very activated state. It's related to situational awareness in some ways, which military people are trained in. It can lead to aggression, it can bridge into that. So, the first inquiry, is what is happening specifically, when you feel your nervous system ramping up? How can you work with that? Maybe you need to settle it instead. Maybe it's about feeling that and then like, no. Okay, I'm going to go to some containment. I'm going to feel my edges. I'm going to do some long exhales, maybe some voos, whatever practices work for you to settle, soothe your system. It's about intervening, somatically, as soon as you start sensing this activation happening, because that is a doorway. This is a trigger into, I think, from what you describe, these very early experiences of foundational danger.

(46:42)

Let me just check my notes here.

(46:48)

Yeah. My last suggestion was to see how your body responds to the Feldenkrais lessons in these later labs. The rolling like a baby, mini balance, your back, there's a few in labs eight and nine and 10. I'd be curious to see how your system responds. Those are going to work. Some of those lessons are going to get into the hip joints and the pelvis in various ways. My only thing to say to that is be sure to make space for what may get opened up. If you go into Feldenkrais lessons and all of a sudden you start to feel overwhelmed, you start to feel very emotional, you don't just keep doing the lesson, you pause, you make space for what's happening.

(47:36)

Then, again, that's true with any neurosensory exercise in this program. If you're engaging with it and stuff's happening, pause and then attend to yourself. Work with what's happening. You don't have to keep on listening and trying to follow the lesson. The lesson is to support a change, or to support some kind of evolution in our physiology or emotion or consciousness. When the change happens, then sometimes we need to leave the lesson and just attend to what's happening. I think that's everything I had for that one.

(48:12)

Okay. "Hi, Seth. I have a tremor mostly in my left hand, but also in my right hand. I think I've had it for a long time, but lately it's come to my attention and seems to be worse. I have surgical and childhood trauma. Can SBSM help with this? I worry about it getting worse." If you're worried about it getting worse, I mean, one thing to do in this kind of situation is to actually get a medical examination with a neurologist, see if there's any problems at that level. It doesn't help to be worried about our symptoms, ever. If ruling stuff out or getting an examination is going to help you not worry, then I would suggest it. Just, of course, bearing in mind that very often if you do that, they will say, "Yeah. There's nothing wrong with you." Just understand that then you get to say, "Okay. It is my nervous system and they don't understand all that stuff." It doesn't mean that there's no issue, it just means that they can't identify the issue and that there's nothing neurologically wrong with you from their lens. Okay?

(49:17)

Let's see. So a tremor. If it is a trauma-based symptom, if this is just because of unresolved trauma, well, it's an expression of sympathetic energy. A tremor, that's a sympathetic response.

Just keep doing the work, in general, see if it changes. There's a few specific things that you could check out. One is when it comes on and you feel into the tremor, what happens if you just gently touch the area that's trembling, not with trying to make it stop, but with holding space, that sort of attuned touch like we do with the layers. What might it be like to feel into the skin or the fascia, muscle, bone as the tremor is happening?

(50:13)

What else? Yeah. Sometimes thinking about it rather than feeling it as a ... You're feeling this tremor, can you sort of imagine it being a wave? Can you think of it being this wave form that's vibrating through the system and imagine the skin becoming transparent and it's vibrating through the tissues, sort of visualizing it that way. You can also explore other movements. When the tremor happens, what happens if you mobilize your arms in various ways? Does that change the experience of the tremor? Does something shift if you make a fist or if you move your arm in a certain position? If this is connected to, say, an incomplete procedural memory, for example, and something's wanting to really come through, exploring different movements with arms, the wrist, could potentially lead to something.

(51:18)

Again, maybe it's not from trauma, maybe this is from some form of chemical exposure. Maybe there's been an allergic reaction to some kind of pharmaceutical intervention that you had. It's hard to know for sure. There can be multiple causes for tremors and shakes. If it is more of the allergic reaction, poisoning kind of side of things, then you wanted to look into detox protocols like the Pure Body Extra spray that we use, we think is very good for supporting detoxification from heavy metals, which we all get exposed to in this world. Again, red light therapy can be

very good. There's various forms of detox protocols you could explore, if it doesn't seem like the nervous system work is changing it at all.

(52:12)

The watering the brainstem exercise is in the additional resources. Go to the additional resources section of SBSM. Connecting the head and pelvis, it's a Feldenkrais exercise. The purpose is something you discover on your own. Feldenkrais, it's a mysterious thing. It is not about solving a problem, it is about understanding yourself. All Feldenkrais lessons are about understanding yourself and what you do. There's just very many ways into that. It's about understanding how you do what you do.

(52:52)

Okay. "In a previous Q&A on being triggered by watching the news you said to differentiate between new grief from the news and our own stored grief being released. I can't tell when grief is from current, minor, sad things in my life or old unprocessed grief. I have tears, my chest and belly squeezes till I run out of air. I gasp and this repeats until it stops and then I'm numb. How can I tell if I'm just blowing up at minor things and never touching the old stuff?"

(53:27)

The physiology of what you describe here, tears, chest to belly squeezes until I run out of air, I gasp and it repeats until I'm numb. That's a big response. That's not just a little welling up of tears at something that's kind of sad, that sounds like old stuff. Just something to be aware of. "How can I tell if I'm blowing up at minor things? Never touching the old stuff." If you're

blowing up at minor things, you are touching the old stuff, that's what's happening. When that happens, that is the old stuff. It's about recognizing that. Wow, this is a huge reaction to that sad story about the puppy dog. This is probably old stuff.

(54:13)

For myself, of course, I'm not going to judge everyone by my own experience, but I mean I've noticed that there's quite a difference between being moved and there's like a little welling up and you feel touched in the heart and then versus gasping and sobbing. That's a big difference. Generally speaking, grief is one thing, sadness is another. Sadness or being touched, being moved is more like a gentle experience generally from what I've experienced, what I've seen.

(54:53)

Of course, one way to find out is to just turn off the news entirely and see what makes you sad then. I'm just not a big fan of taking in the news, as I've talked about in the past. Much more into taking in the news from the immediate environment, the plants, the animals, the weather, that kind of thing.

(55:18)

Pure Body spray is the name of the spray. Pure Body spray. If you go to Irene's website and go to her blog, there's a little search bar. If you type in 'Pure Body' or you type in 'Zeolite,' that'll link to an article where she talks about it. She interviews the founder. You can learn all about it if you like. I think there's also a link where you can get 20% off your first bottle or something like that.

(55:46)

Okay. Anything else about that? Yeah. The final thing about that is you might want to inquire if you see something and you just have this big grief come through, apply a little critical thinking. Just think, "Oh. What does this look like in my own history? What just happened? What did I just see? How does that relate to my history and my story?" That might come later, but just inquiring, that can be useful.

(56:39)

How are we doing on time? Okay. Well, I've got a lot more, I don't know if I'll get through all of them. I'll try to do my best here. "I've always struggled promptly replying to messages from friends and family. I find it a struggle to authentically express myself so everything feels really forced and empty, like there's doubt laced into every word I type. This has become more visceral since beginning this course, and I feel anxiety while trying to reply or knowing I have messages to respond to. What is happening here, is this something that will change with more regulation?"

(57:05)

Yes, absolutely, this will change with more regulation. In terms of what is happening here, it sounds like there's a core worry about how you're going to be received, essentially. It sounds like you're not sure if it's going to be safe to be authentic. It's kind of like the thing that I had, in terms of who do I need to be for this person in order to be accepted. It sounds like that's sort of at the core of this kind of struggle. Then, in terms of some things to do that you could try,

well, I would suggest try a stream of consciousness reply. Go in to write your reply, knowing that you're not going to send it and just write whatever. I don't know if you've ever done that, but stream of consciousness writing can be very powerful. It's like you just let yourself start writing. It can be total nonsense. It doesn't matter at all what it is. Just let yourself babble on the page, whatever comes out and see what happens if you do that. How does it feel? Then read it. You might discover some things in there about how you actually feel about the person or the situation. Then you won't send that, of course, but that could potentially inform you about what your feelings are around this.

(58:24)

In terms of, again, why you're maybe feeling this more as you're doing this work, as you feel your system more and more deeply, it means that you feel everything more, including symptoms that aren't so pleasant sometimes. It's actually good that you're feeling this viscerally, rather than it being just an avoidant thing and you're just avoiding doing it and maybe you're not sure why, but the fact that you're feeling it, viscerally, is good. It means you're feeling your system more. Yes, it's not always pleasant, but again, anytime we have a more powerful felt sense experience that's an opportunity to work with the felt sense, to apply some of these tools.

(59:09)

Another approach is like, okay, I'm going to reply and I can feel it viscerally in my body, these sensations. Leave the reply and work directly with the physiology. Use your tools, use whatever. Use the gut brain interface or the touch work or the layers work, containment. Maybe it's about doing some voos. Maybe you need to do some diaphragm work. Maybe

there's just some expression, some emotion that needs to come. If you can feel it viscerally, you can work viscerally. That's what this is about.

(59:44)

“During SBSM I'm noticing bracing patterns specifically in my gut, which I consciously then release. I take dual prokinetics for my bowel to work, and I wondered if this issue could be a result of these bracing patterns. How does bracing relate to dysregulation? Can you have one without the other? A few questions here. Can the issue be the result of bracing patterns? Meaning, digestion problems, can they result from bracing patterns?” Absolutely. For sure. I think it's really the fascia that is bracing, when we're talking about the abdomen, it's kind of squeezing the intestines. It's like if you think about when you're a kid and you walk into a room and people hate each other in that room, but they're not saying anything and your tummy is just, ‘ahh.’ That's the fascia just gripping, saying, “Oh. Danger, danger Will Robinson.” Yeah. That can absolutely interfere with your digestion.

(01:00:45)

Also in terms of dysregulation, you've got poor barrier keeping in the gut, oftentimes, because less access to that low tone, dorsal vagal state where your rest, digest, repair and all the good stuff, the barrier keeping in the gut is happening. Also, there can be mixed messages to the gut from the freeze and the fight-flight if those are both in your system. Freeze is saying, “Stop all digestion entirely.” Fight-flight is saying, “Eliminate everything right now.” When you have those two messages at the same time, gas on, break on, that can seriously mess with the digestion as well. Those are all factors.

(01:01:25)

How does bracing relate to dysregulation? Bracing's a form of somatic freeze in the tissues, that's how I would describe it. It can start off just as, like I said, as a kid you walk in, your stomach hurts because things aren't being said, it feels hostile. That's not bracing, that's an alarm signal to your system. If you grow up in that, over and over and over, and that's the dinner table every night is like that eventually that forms a bracing pattern where your system is always protected. It's just armored. It's like a shield. That's how it relates to dysregulation. It's a form of self-protection from being exposed to chronic stress.

(01:02:05)

Now, can you have one without the other? I would say you can certainly have dysregulation without bracing. I don't think you could have bracing without dysregulation. You could be dysregulated and traumatized and not have bracing patterns. You could instead be totally like under coupled, way too loose, hyper mobile, this is a different kind of adaptive response. Rather than sort of tightening up and hunkering down, everything becomes kind of disconnected. You can have dysregulation without bracing, but if you have a chronic bracing, you definitely would have dysregulation, I would say. When fascia grips and stays gripped ... When initially it grips, that's what I'm saying is an alarm signal.

(01:02:50)

Again, this is my opinion, don't go looking for scholarly articles on this, because people barely understand the fascia. There's a lot of colleagues I have, rolfers, people who also do this work, myofascial release, osteopaths, we all kind of agree about this, but it's going to be hard to find research. Yeah. Fascia is meant to be silky and soft and smooth and supple, and pliable. It can

also be as hard as steel. It can get completely rigid. When it grips, what we feel is happening is, it's an alarm bell. It's like your fascia is a form of nervous system all on its own that's saying danger, protect. And when that happens over and over and over and over and over, they become chronic bracing patterns.

(01:03:37)

I think that this happens very often in the abdomen, because if we think about the fact that early developmental trauma is the most common kind of trauma in our industrialized world, when babies are in chronically stressed environments, they're not getting the attunement that they need, the first thing that will happen is fight-flight. Eventually a baby's system, very often, learns to default to freeze because it can't do fight-flight, but that will happen for a while. What can a baby do with fight-flight? It can brace its abdomen, that's about it. It can maybe wave its arms a little bit, but it can sure brace its abdomen. I think a lot of the chronic bracing patterns in the gut start there. Again, just my opinion.

(1:04:24)

Okay. "I used to think I was lazy or not smart when trying to read anything information, science, technical, et cetera. Even in subjects I'm passionate about, I cannot concentrate. I reread lines. I feel like I have to highlight everything in order to remember it, to understand it. Bookshelves filled with books that I only read a few pages, many of which have been recommended in SBSM, and I am truly interested in. I realize now that reading these things is very activating to me." Aha. "Suggestions on how to heal this."

(01:05:04)

Yes. First, this is super common. Okay? Don't beat yourself up. It doesn't mean you're stupid. It doesn't mean you're lazy. If your system is more in freeze or gets highly activated, you can't concentrate, it's not a character defect. You're going into survival mode and that means you don't have access to this stuff, the neocortex, nearly as much. It's just physiological. It's nothing to do with you or your personality or your capacity, your capability, or your intelligence. It just means that your system is getting taken over by survival energy and it's making it so that you can't access the stuff that lets you do the critical thinking and remembering.

(01:05:44)

Read less, titrate it, see what it's like to pick up a book and read a sentence. Can you retain that sentence? Cool. Okay. Tomorrow, can you read a paragraph and take that in? Or maybe two sentences. Really treat it as a neurosensory exercise. If it's bringing up survival energy, treat it that way. Do just a little bit at a time, just a little bit at a time. Yeah. Just keep doing the work in general, it'll change. As your system gets more regulation, as the trauma gets released, as you get more ability to access those centers, in general, this will change, for sure. Yeah. Yeah. All those years in college feeling inadequate. Yeah, totally. Yeah. It's not you, it's survival energy. Yeah. You can't access that higher brain stuff, you just can't. The limbic centers, they're so much more primitive and they're so much louder. The neocortex is so refined and delicate in its function. The limbic brain, the brainstem, the amygdala, when those come online it's like, forget it. They take over. They are running the show. All right.

(01:07:09)

“I had a spontaneous kneecap luxation after coming out of deep freeze and starting healthy aggression and annihilation work. The luxation happened during a normal, calm movement.

What relation could there be between a spontaneous luxation of my kneecap and stored survival energy in my knee? I would expect my body to work more naturally and aligned, because of this work. Do you have any tips for recovery and prevention?" I had to look up what luxation means, I didn't know that one. Basically it just means the knee comes out of alignment, the kneecap comes out of alignment from where it's supposed to be.

(01:07:44)

"I would expect my body to work more naturally and aligned, because of this work." Yeah. Eventually it will. But when the system has been in freeze for decades and then it comes out of it, stuff is going to go wonky a lot of the time. There could be many reasons. Perhaps there are some tension patterns frozen in that knee and then you came out of freeze, which is great, but that means the force vectors in that knee were then able to express and move and there goes the knee. Or it could be that the muscles around the knee were part of that freeze. Then you started doing some healthy aggression, annihilation work, you're getting those sympathetic muscle groups moving. What happens? The muscles come out of freeze, they become more active. All of a sudden they're pulling on the kneecap much differently, because they are no longer frozen and there goes the kneecap. There's so many ways that this could happen that absolutely makes sense.

(01:08:48)

Irene has had so many of these experiences recently, if I can talk about her. Hopefully she won't get mad. She's talked about this before, but she did tons of extreme sports in her twenties when she was in functional freeze. So many falls on the ice as a kid in functional freeze. So many injuries: whiplash, head injuries, torsion, force moving through the body, all

while in functional freeze. During the past couple years as she's been coming out of functional freeze, all of this stuff, pain, stuff coming out of alignment, things moving... Because the experience of the injury was frozen in the tissues, and then it becomes unfrozen, and boom, those force vectors are coming through the tissues, and stuff is getting popped out of alignment or feeling like it's bruised. So this work, it's not something that happens all at once. It's not like you do some good trauma work and then everything is in flow. We have to repair. We have to repair all the years in which we've been held in patterns that maybe weren't functional, or stuff that's been frozen in the tissues. So I hope that that's making sense. In terms of recovery and prevention, again, the Feldenkrais lessons, maybe one-on-one Feldenkrais work can be very helpful for that kind of thing. So again, I will link those in the replay, but Mara on our team is great. Andrew Gibbons, Ryan Nagy, various people who are available for one-on-one Feldenkrais work, that can be really helpful for this kind of thing. A good physical therapist can be very good, but you got to feel safe with them, and you got to have a sense of their attunement and competency, because a physical therapist could also go in there like a mechanic and not be good. So if you can get a recommendation for a good physical therapist and if you feel safe with them... Massage. Again, red light therapy can be very helpful for this kind of thing.

(01:10:57)

Okay. "In one or maybe more of the lessons, we're instructed to push out our exhale. I have so much clenching when I'm exhaling, and especially when I'm pushing out the last of the breath. I also hate the pauses due to having to clench. Is this not normal?" Well, I'd say it's normal for someone with trauma, yeah. It sounds like you're tapping into the diaphragm, is my hunch. The diaphragm is very connected to emotion, and you're doing this practice of really pushing out the last of the exhale. You're exercising that diaphragm, and that can potentially be leading to poking at some very deep emotion. That's my sense of what's happening here. Now, what I'm

curious about is what you say when you say, "I have so much clenching when I'm exhaling. I hate the pauses, due to having to clench." What is clenching? Because you don't have to clench anything in order to push out an exhale.

(01:12:13)

I'm not clenching anything. I'm just pushing. So I'm really curious about what is clenching. That's what you want to figure out, and how might you work with that. How might you start to go into that exhale, being mindful of what tends to clench, and at the same time really work on allowing that to be soft, supporting it and staying supple? And that may mean not doing the full exhale. That's fine. I think really, it'd be more important to get curious about what's clenching. Because my hunch is, what's going on is you're activating the diaphragm. That's perhaps poking at some tense emotion, and then the clenching is trying to stop that from happening. So we want to get in touch with what is clenching and where, and then work with that directly.

Okay. "The second I am asked to think, I lose my awareness of sensation. So sometimes you or Irene will tell us to notice our sensation, or consider if we're inside or outside our window of tolerance, which all requires thinking, and then I lose my attention to sensation. Any suggestions? I'm so thinking-oriented that I struggle here." Got it. So, noticing when you're in or outside of your window of tolerance is actually not about thinking. It's actually about feeling. That's how you know, is you feel that you're in or out of your window of tolerance. Now, it makes sense. You say you're very thinking-oriented. I get it. So what might be very helpful is to be very logical at first. Sit down and just make a list of the ways that you know you're out of your window of tolerance. I don't think you need to worry so much about how you know that you're in, because if you're in your window of tolerance, it means that you're in, and things are okay. They're working.

(01:14:09)

When you're out of your window of tolerance, that's when the various alarm bells start to go off. That's really what you want to train your system to notice. So since you're thinking-oriented, take advantage of that. Sit down and make a list, a detailed list of all the ways you notice that you're out of your window of tolerance, and really sort of memorize that, and see if then you can hold that in your awareness. Train yourself. Okay, these are all the things I know that I'm... And before you get to do a lesson, go to do a lesson, review your list. Okay, these are the things I'm looking for. Okay. And then go into the work and try to stay connected to your felt sense, because that is where the various alarm bells are going to happen, whether it's that you start to feel agitated or angry or grumpy, or maybe you're still flushed and hot, or your muscles start tensing.

(01:15:03)

Or maybe it's like that you get numb, or you feel spacey or dissociated and checked out, or you can't feel your legs anymore. Whatever it is, they're all felt sense signals that tell us we're in or out of our window of tolerance. So just train yourself to know what those are, and then listen somatically. Feel for those signals. And when they come, stop. I hope that all makes sense.

I'm just going to keep going. It's our last call, so if you have to go, that's totally fine. I've got four more questions, so I want to get to them all, since it's our last call. All right. "Hi, Seth. I had, in 2013 and 2017, a vertigo attack. Since it didn't stop, I had to call an ambulance, and the other time I went to the hospital, I've seen specialists, but they couldn't find any physical issues. I'm worried it'll happen again. Now, when I'm in social situations, I feel dizziness, which

comes up from the neck and head, and I have anxiety, which makes it worse. I've got generalized anxiety and early trauma as well. What can I do?"

(01:16:12)

So without any physical issues, this is most likely a dysregulation issue. It's not an uncommon one. Having some kind of dizziness, disorientation, vertigo sense, yeah, that's very... Could be very connected to dysregulation. And inflammation in particular could be one cause. Inflammation in the inner ear could make us feel that way, and that can come from a held sympathetic charge. There can be different causes. POTS is kind of in that realm, where you stand up and then pass out because of the sudden freeze coming on. So without any physical issues, it is most likely dysregulation. And in that case, it's about taking action as soon as you notice the first indications of that dizziness. It's like, again, training yourself to notice the signs, and then intervening. Because we don't want to wait until we're falling down the stairs, as Kathy says. That's one of her analogies when it comes to symptoms.

(01:17:23)

It's like you train yourself to notice the first moment. Because if you're walking and you're at the top of a flight of stairs, and then you start to lose your balance and then you trip, and then you're falling down the stairs, well by the time you're falling down the stairs, there's nothing you can do. You can't intervene creatively or supportively if you're falling down a flight of stairs. But if that moment comes when you start to lose your balance and you trip and you grab the banister, there you go. So it's about noticing the early signs. How can you intervene at those early points? So start to see if you can notice that. What are the first indications of dizziness? You're saying it's happening in social situations, so that means you're getting overstimulated.

So as soon as you notice the first signs of overstimulation, do something else. Go outside. Go orient at a window. Go to the bathroom. Do some voos or some breaths. Do some containment, whatever works to help settle your system. Leave the situation if you need to, but show your system that you're listening, you're paying attention, you're attending to it. And also, this is a situation where it could be really useful to do what I call recruiting an ally, where you have someone that you feel safe enough with, you can go into the social situations with and say, "Hey, this is the person that I'm going to..." You have a conversation beforehand. "I'm going to talk to you as soon as... Because this happens for me. We're going to this party, and you know I can get dizzy."

(01:18:56)

And then you have your person with you, who's safe. And so as soon as you start to feel like you're... Hey, it's happening. Let's connect with me for a moment. Let's go together outside. Or, maybe just talking to them helps. You start to get some of that ventral connection. Give me a hug. Give them a hug. Having that ally that you can talk with who can support you in a social situation can be really helpful in this kind of stuff.

All right. "Part of me feels I'll never get to feel safe or at ease until my family passes away." Yeah. I recognize that. "I'm completely out of my body when I'm around them. I'm constantly attuning to them, slowly practicing, asking myself, 'Can I feel my feet? Can I notice where my shoulders are in the space?' It lasts a few seconds, and then it's gone again. Is there anything else you advise?"

(01:19:51)

Yeah. Boy. It's true. There is a way in which our parents specifically will always be affecting us at some level, just because of the nature of that bond. I don't think it's escapable. At a cellular level, there is a way in which that's true, maybe a karmic level or energetic level if you want to think that way. But you can limit the time you spend with them, hopefully, and that's what I would suggest. If being around your family feels so unsafe that you're out of your body entirely, I'm assuming that they were part of your trauma history significantly. Then I've got to ask the question: Do you even need to see them at all? It's hard to know what the situation is. Maybe they're nice, loving people who just didn't know any better. And in that case, that can be harder, because they didn't do anything wrong, and they don't understand why you don't want to see them. And that can be tough, but it can be necessary.

(01:20:58)

And if they are nice, loving people, well hopefully they'll understand, and not... It's like, "I love you, Mom and Dad. I'm doing this really deep work on myself. I can't be around my family for a little while. I need to take this year to just completely be on my own." I know as a parent, I would completely support that if my kid said that, because I love him. So if it's that situation, still, it might be appropriate to just have a boundary, take space while you're in this process of healing, gaining capacity so you're not overstimulating your system with that. Because it really can be important to not expose ourselves to the family system that traumatized us for a period. Now, if it was real overt abuse and they're just horrible people, then I'm definitely in the camp of why see them at all. Why? It's not serving you, and there's no reason if there's no goodness there. So I'm not sentimental about families, in case you couldn't guess.

(01:22:08)

All right. "I never saw myself as having anxiety, but I've been feeling into it a lot lately with much shaking and teeth chattering. The shaking just keeps going unless I stop. Maybe too much of this is overwhelm and trigger, and it led to being sent to A&E with a very high blood pressure." I assume A&E is a name for emergency. "Seven hours there crammed amongst lots of spluttering children led to horrendous flu, and now my blood pressure is perfectly normal, but heart rate's still high. Not been ill like this in a decade. It's been agonizing. Feels like endurance and suffering are inevitable and relentless." I'm sorry. That is... Sounds intense. And it sounds like your sympathetic energy is emerging from underneath your freeze. It sounds like that's what's going on, which is really uncomfortable and really positive. Because all the symptoms you described, shaking, teeth chattering is just going on. That sounds a lot like big sympathetic energy is coming up from under a freeze layer. The freeze is thawing out and lifting. That big energy's coming through, and that is what needs to happen. We can't work with the energy, we can't resolve it if we don't have access to it. So I hear you that it sucks. One thing that I've become pretty clear about in this life is that pain and suffering is inevitable. I think that's true for everybody. So we better accept that, rather than try to avoid it, because that's just reality of life on earth here. The question is: How do we respond? So I really want to encourage you to care for yourself. It sounds like you have the ability to make it stop, and that's fine if you need to do that. But as much as possible, really try to welcome this shaking, vibrating, teeth chattering, uncomfortable energy in, like "Yes, here is my life force. Here is my energy returning to me. Welcome. Come in, come in."

(01:24:25)

Whatever you need to do, whatever resources you need to do, containment, however you need to hold yourself or soothe, take a bath, have some tea, wrap up in a blanket, check out and watch a show, whatever you need to do, it's fine. But try to welcome this energy in, because that's your life force returning to you. It really sounds like that. And if you can,

mobilize. Mobilize. Just walking is fine. But when this is happening, when freeze is lifting, when energy is returning and it's all shaky and sympathetic, well, walk. Walk, walk, walk. Just get your body moving. Get the blood moving. Really, really important. And if you can do even a little bit more vigorous stuff, a few squats, that kind of thing, anything that can get the heart rate moving in a healthy way that you're choosing to do that's proactive, it's not about trauma, it's about engaging your life force, do that as you can. Don't worry about overstimulating. You don't want to get overstimulated, but get a little movement going. Okay, okay. Got it. Okay. Yeah, after the flu. Got it. Yeah, no energy to... Yeah, got it. Okay, good. I'm glad you're recovering. And yeah, try your best. It's uncomfortable. I know.

Okay. "My daughter was born at the start of COVID when stress was high and I was having career uncertainty. I remember I freaked out when she was born, and recently through SBSM, I realized how this moment was kind of a stored survival stress that made me see parenting as scary and overwhelming. Any tips on how to work on fully releasing that so I can shift my relationship with parenting? I recently started tapping into the joy of parenting after those insights, and I want to experience this fully." Great. Okay.

(01:26:34)

Well, the biggest suggestion is keep doing that. Keep tapping into the joy of parenting. Engage with your child. And for this, your daughter was born at the start of COVID, so now she's around two or three. Then, great. Play. That's a great age for play. Play, play, play, play. Engage, enjoy. And really that's going to be the bulk of it, I think, is proactively engaging with your daughter in healthy ways, active ways. What I wonder is what aspects of how you were parented was scary and overwhelming. I hear you saying that you think this moment made you see parenting as scary and overwhelming, and it sounds like you're associating it with COVID. But again, when we have children, anything that's been packed up from our own childhood will

be unpacked. That's how it happens. So I'm curious if, since you have trauma and you're doing this work, your own childhood was scary and overwhelming. And that would be something to pay attention to.

(01:27:45)

What about how you were parented felt that way? And that could point to some healing work that you need to do about your own childhood that's not so much about being a parent to your daughter. It's more about how you were parented. And one way to do that, you could do it through memory. You could try tapping into that moment you describe, where you got... When you freaked out, as you describe it. See if you can still get in touch with that fear. But it's likely... Has deeper roots. So see if you can discover some of those roots. Inquire about that for yourself. See what that brings up in your own system and how you can work with that. And play, play, play, play with your daughter as much as you can, and really engage and just get fascinated by her. Kids are so fascinating, amazing, so beautiful in their imagination and creativity, so just get sucked into her world. Let her lead the way. It's such a great way for parents to surrender to the agenda of the kid. Let them dress you up and turn you into stuff, whatever it is. It's so awesome. So yeah, discover, play, enjoy.

All right, everybody, we did it. That was a long one, and the last one for this round. So thank you so much as always for being here, and I'll miss you. I'll miss seeing you, all you who show up. And love seeing your faces. Even those of you without your camera on, it's totally fine. I feel you, feel your presence with us and just... Yeah, really, really appreciate you being here. So just keep up the work, y'all. The material is there, and the moderators will still be there for another month. And again, the next round will be starting in spring. And there was some concern from some of the new members that there's a few months in between this round and the next one with no moderation, and yeah, you got to swim on your own for a while. That's

part of it. It's just part of the deal, and it's good. It's about how can I take what I've learned and be on my own with it for a while and practice it.

(01:30:08)

So lots of love, everybody, really, and take care. I'll see you all in the spring. Okay, bye.