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## Shock Trauma & Early/Developmental Trauma - March Bonus Q&A

### Call Transcript

Seth Lyon (00:03):

Yeah. Okay. Sorry about that everybody. So for everyone who's not here, I'm just going to briefly recap what we just did. Sorry, it's been a while since the last round of SBSM. Okay. Yes, we must hit Record at the beginning. Sorry about that.

(00:17)

So again, we're talking about early trauma, about zero to three, and then we're also talking about developmental trauma, which may be into later developmental stages. So developmental trauma, actually, Peter Levine has said that can go all the way into when the brain stops developing. So that could be up into your early 20s where we're talking about developmental stages. Where early trauma we're saying is more specifically in utero to three. So that's a good thing I started over. I forgot that the first time. Yeah. Early trauma, in utero to three. Developmental trauma, in utero to somewhere around the 20s when the brain stops developing.

(01:01)

And oftentimes, again, when we're experiencing early trauma, there can be no context. There can be no emotion. It may be all sensation, no memories. It can feel very overwhelming. It can feel existential. It can feel like everything is this. And it's often about things that didn't happen. We didn't get the attention or attunement or care that we needed to develop properly. We didn't get the environmental conditions that were necessary to support proper development. Maybe mom and dad were stressed all the time. Maybe there was an illness in the family that

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took attention away from us as a baby. There can be things that weren't abusive, that wouldn't be seen as abusive, that were more about a lack of what we didn't get.

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So on top of that, there can also be specific shock traumas that are part of early trauma as well. So it depends on what happened, but very often it is about what didn't happen. Not enough good stuff happened, and then maybe bad stuff happened on top of it, to put it simply. And then as Jen was saying, very often we need to learn to support things like being okay. So Jen, do you want to pick up again where you left off?

Jen (02:27):

Sure. Yeah. So many of you, I know we have people who have been around a while and people who are newer, so I'll just give a very brief background. We don't come into the world just knowing how to feel okay and to feel safe in connection. We actually rely on our caregivers to help us learn to do that physiologically. So we're really intended to be, originally it was raised in a tribal way, but really to be raised with other people there with us, really seeing us and reflecting us and being present with us.

(03:03)

So when we don't receive that, sometimes it can be very lonely, it can be scary. And what ends up happening is that in a nutshell, instead of really having as our default, this just yummy sense of like, oh, everything's all right, I'm here in the world connected to other people and the birds and the flowers. Instead of that, we can be running survival physiology where we can feel disconnected and we can feel like there may be a sense of threat, and we can be on alert for what might go wrong or what we need to do to make things okay. And so it's just a very different way of being in the world. Fortunately, you all found your way here, because that can change even at any point in life, really.

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Seth Lyon (03:52):

Yeah, absolutely. And now to get a little bit into shock trauma, what shock trauma is. It's also called acute trauma. This is more usually associated with a specific event like something specific that happened to us. It's also usually associated with a big activation in the sympathetic. So when we're talking about shock traumas, we're talking often about big, sudden, scary things. It could be a car wreck, it's being assaulted in some way. It's big threats to our system that happen quickly. That's generally what we're talking about.

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So in those cases, oftentimes there are memories, there is context. Unless that shock trauma happened during those early years. So then there may just be more of this sense of alarm. But it's more often shock trauma is what we're talking about, a specific thing. And what's interesting is the way that our early wiring sets us up for regulation or not greatly impacts our ability to process things like shock traumas.

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For example, this isn't very common because most people have some form of early developmental trauma in the industrialized world. It's just the nature of our culture, our lifestyle. The built world lends itself very easily to stress to people who are chronically stressed and maybe unwell, including our caregivers and parents, which can lead to that early trauma. However, miraculously, there seem to be some people who do get solid wiring and solid attachment and good connection early on. I've had a couple clients, maybe only two, who had solid wiring and good, healthy attachment and no early trauma. But then later in life, one had a bad car wreck that was very traumatizing. However, because her foundation was solid, she was able to recover from that relatively easily. It was a matter of a few months worth of sessions. That's really unusual in my experience. More often what we're seeing is big shock traumas

later in life that are on top of a foundation of early developmental trauma, and that is more of the norm in our society.

(06:22)

Let me just check in my notes here. I think that's all of that on my part. Jen, I believe you were going to talk a little bit more about what happens when shock trauma is part of early trauma.

Jen (06:36):

Yeah. So if you have something happen early in life, let's say you need surgery when you're an infant, that can actually, whereas later in life, that specific event might be a shock trauma. When we're very young, that can impact our development. So what later in life might be...

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Remember, I know this is a lot of information. So a shock trauma is really a specific event, like a surgery or an accident or getting hit with a ball. If that happens when we're very young, then it often does become developmental trauma in the first few years of our life. Because if you think about the little system, having something like a surgery, even if it's meant to save our life, we don't understand what's happening. We don't have the context. And so that does often end up impacting our development. Yeah. Does that make sense?

Seth Lyon (07:30):

Absolutely. Yeah.

Jen (07:32):

And so we're going to talk a little bit more about what this looks like in SBSM and what to do. But one thing I just want to say from the get-go, because I find it to come up a lot and be very important, is that when you watch videos and read books out there, there's a lot of emphasis

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on certain meditations. And I like meditation, so that's not a jest, but there's a lot of focus on really feel your sensation, really feel your sensation, stay with it, stay with it. But if you think about that little itty bitty person, like a baby or little toddler, they're intended to have that bigger regulated person teach them that these feelings can move through and they're not such a big deal.

(08:17)

If you're familiar with Irene's swimming pool and the balls, they help them grow capacity, the space for those feelings. And then the regulation allowed those feelings to move through and to move between, okay, and survival states when needed.

(08:34)

But if we were young and never got that, then we might never have gotten the chance to grow enough capacity to hold our feelings. And so what that might feel like is that our feelings might feel very big. We might be shut down to not feel them at all, but when we do feel them, they often feel very big or overwhelming or never ending. Or we might be very reactive. So some of us go from zero to 60, or zero to 100 very quickly. And a lot of those are signs of early trauma.

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So a common, very understandable thing that people do is they try and focus on the sensations and the sensations and the sensations. But with early trauma, a lot of times we actually have to also just learn to notice okayness. What's a little bit of okay like? Because we tend to be looking for what's wrong, where's the threat? So that's why some of the foundational practices are so important, because we really need to grow that swimming pool to be able to have more space and presence, really, to hold our feelings.

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Seth Lyon (09:40):

Beautifully said. Thank you, Jen. Yeah. This is one of the big foundational pieces which we, over the years, have learned to stress more and more and more, is that capacity matters. And so often, especially when we've been through early developmental trauma, we learn to fake capacity essentially. We learn to bear down and muscle through using our survival physiology. And that can look like capacity, but it's actually not. It's actually us still being in survival and tolerating what's happening.

(10:18)

So our actual genuine capacity may often be less than we think it is, sometimes way less. And a big part of this work at the beginning can mean just figuring out what is my capacity, actually? And that requires some careful attention, like really noticing, okay, what's the first moment when I'm starting to feel like maybe this is too much? And that's where you stop. You don't just keep on pushing through. It's like, "Oh, I'm starting to feel a little bit, maybe a little checked out or a little tense, or I stopped paying attention," and you just, "Okay, that's enough for now." And we learn to discover what our actual capacity is. Once we do that, then we have a genuine place to build from.

(11:11)

So a very important piece to consider as you're getting into this work, if you're like most people who have some form of early trauma, early developmental trauma, stress in the family system, overwhelm, that kind of thing. Okay.

Jen (11:28):

Can I add one thing there, Seth?

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Seth Lyon (11:28):

Yeah, totally. Yeah.

Jen (11:30):

Because I just want to give you all an example of what Seth said because I think it's important, and also because I relate personally. If you think about it, going back to what we were talking about earlier, when we feel like something's wrong, one of the compensations can be just to shut down. Another compensation is to work very hard to prove that things are okay. So a lot of us might work very hard to have our appearance or our body look okay, or it might work hard to be a good student, or it might work hard to be a really good athlete, or whatever the case may be, to volunteer a lot.

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So I think this is important because it's actually a little bit of a paradox because a lot of times people look, to give you an example, what Seth just said, look like they have very high capacity because they might be a high performer. It might be someone with a couple graduate degrees. It might be someone who was an elite athlete, or just in that direction. So it can look like, wow, this person's got a lot of capacity. But let me tell you personally, as someone who went through a massive crash, my capacity was this big, but if you looked at the things I was doing, you might have thought my capacity was this big. And that can be very misleading.

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I'll also share that it can be hard on the ego. Because if we're used to being good at things and then all of a sudden we're finding out that we have no capacity, it's like, whoa. But it's actually if we can wrap the mind around, it's actually very helpful and things go much faster if we can accept that that's just because of what our journey was. It's not anything personal, it's just that

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we never got the support we needed to grow capacity. And there's gifts actually that come from learning how to do that later in life.

Seth Lyon (13:14):

Absolutely. As you were saying that, it made me think of so often what didn't happen in early trauma is that just we weren't properly attuned to. Our parents had too much going on, too much of their own stress. They weren't educated, they just didn't know. For whatever reason, they weren't able to really attune to us and what we needed. So by doing what Jen is just talking about, working to discover what our real capacity is, we're starting that process for ourselves. We are attuning to ourselves and giving ourselves that attention that we never got as that little one. So again, just can't stress enough how important that is, figuring out what our actual capacity for these experiences are.

(14:03)

So we got a bunch of questions related to early developmental trauma versus shock trauma. And we may not get to all of them. We're going to do our best though. So to start, this is a very foundational one. "What does early trauma look like as I go through SBSM? How could I recognize it and differentiate from things that I went through later in life?" So it can show up in many ways. One of the most common ways as it relates to the SBSM material is either a real hard time getting started, or very little capacity once you do get started, like getting very easily overwhelmed. Maybe even getting overwhelmed, like you open the website for the first time and you get overwhelmed just seeing everything that's there. There may be a real resistance to doing the lessons. I just don't want to. So that's one thing to note. It could even be in one of the biology of stress videos. As you're watching the video, even though it's not asking you to actively do anything internally, just the information alone will be percolating through your system and activating things, triggering things.



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So it's possible that you may start to get overwhelmed and check out while you're watching one of the videos, educational videos. Or maybe you get really irritated. It could be another form of activation where it's like you start to just feel, this is too much. I feel overwhelmed. I feel like there's ants crawling under my skin or something. It could be like that as well.

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So if you have these types of big responses, either in the form of dissociation or more a sympathetic activation, which would be like that feeling tingly or tremble or weird or crawly, creepy kind of thing, those are all indications that yes, perhaps there was early trauma in the picture for you. And you need to look at what your actual capacity is. The way that you address that at a practical level again, is you stop. Just stop. You don't have to muscle through. You don't have to complete the task. As so many of us learned in our educational systems, you've got to do this on time, memorize this, regurgitate this. It's not about that. It's like, "Okay, I'm recognizing I'm feeling something new or potentially alarming happening in my system. I'm going to press pause and go back to basics."

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So resources, going back to your resources, knowing what they are. That's why that's the first lesson. Researching your resources is so important, because that is the thing that brings us a bit of okayness, as Jen was saying. Ah, this is the thing that I can interact with that makes me feel a little bit okay. Go to that. Use your resources.

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So as opposed to things that you may have experienced later in life, usually there's context. That's how you can tell the difference most often. Like, "I started breathing into this part of my lung and oh, whoa, I had this flash of pain and I had this image come of something." There may be context and more specific sharp emotion or sharp sensation. It's more differentiated. It's not so pervasive and overwhelming feeling very often. More specific triggers are usually something that you would notice with more acute later events.

Jen (17:59):

Okay if I add something, Seth?

Seth Lyon (18:02):

Please.

Jen (18:04):

It also might look like not feeling much at all. So you're just going through and you're not feeling much, and you might even be going through the motions. Or sometimes, this happens a lot with the diaphragms, people will do the diaphragms and nothing happens. And then the next day, their symptoms flare. So we're not able to really... Because we might have some freeze going on, and we might not have grown. I had to learn to grow interoceptive ability. I was one of those people, when you go to the doctor and they say, "Where does it hurt?" I'm like, "I don't know." So sometimes we have to grow the ability to feel ourselves from the inside out.

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Something that helps me is to remember that physiologically, we prioritize survival. That's like our number one priority. And it's not doing this course. Even though we know it's going to be

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good for us, it's actually to stay alive. And so what we look for to stay alive is safety. And in our physiology, what we know, what's familiar is what's safe.

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So when you're going to engage with this course and these lessons, you're asking yourself and you're asking your physiology to do something differently. And so I think just to keep that in mind can be really helpful, and to intellectually get why titration can be so important. Because it's often hard to communicate how much we can titrate. Seth was talking about noticing your resources. I have a soft pillow behind me. I can just notice that for a moment while I'm talking to you. And just those little tiny cues of okayness that we can take in.

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So two points there. One that along with feeling too much, having symptoms flare, it could also look like not feeling much. And to really get that, you're asking yourself to do something different. And that is often intellectually, but also physiologically a challenging thing to do. Knowing that going in can often help us to be more compassionate with ourselves, it can help us know that there's a community here that, if you're open to it, you can just even read what they're doing. Draw on your resources and support wherever you can.

Seth Lyon (20:29):

Absolutely. Yeah. Really good. Okay. One thing that just came to me while you were saying that is that, yeah, the point that what's familiar is safe. So in a traumatized system, this is especially so. It's true for all creatures. Familiarity is safety. But especially if we're dis-regulated, we can be clinging to what's familiar extra tightly and really be resistant to novelty, new things, and we can do that, even if what's familiar is bad for us. Again, this is really important to understand. It can be easy to beat ourselves up sometimes. "Why do I keep doing that thing that I know is bad for me?" Because it's familiar. It feels safe. That's really important, if you've been living

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with unresolved trauma. So recognize that you may have attachments to things that you know aren't the greatest, but they feel safe and familiar, and it's not the idea to abandon all those things right away. Oftentimes, we'll have people ask about things like addictions.

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Or "Do I need to quit smoking or drinking?" And it's like, no, no, those are resources for you right now. They're doing something for you right now. Maybe become just more aware of why you're going to them and what it does for you. That's my only suggestion. And it's not about abandoning your resources, even if they aren't the best for you, because they are familiar and safe. Over time, you'll learn new things, you'll learn new resources that are better for you, but it's a slow process. Okay, Jen, do you want to get this next one about watching the video? I think we sort of touched on it already, but do you have any more...?

Jen (22:16):

Yeah, I might give a specific example though, right? Put it into practice. So the question is, just to let you know, "I have early trauma and get easily overwhelmed and confused whenever I start to do a practice or watch a video, please help. What should I do?" So Carrie actually, I just saw, had a great suggestion in the chat, which is that sometimes you can just listen in the background. That can be a way to titrate, put something on while you're doing the dishes, or I used to listen.... For me, watching the video calls was too much for the first few rounds. So I would hike, and I would listen to the calls. And I would just stop them whenever I needed to stop them and take a break.

(22:58)

I find, you'll learn later on, and those of you who are alum are familiar with this idea of containment, it's really kind of putting boundaries around something. So sometimes you can set a timer, you can set a timer for 15 seconds, and do a part of an orientation practice for 15

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seconds. One of the things that I really appreciate about the way Irene structured the course is that many lessons have videos, audio, slides, transcripts, depending on the lesson. And so, find the one that's easiest on your system. Printing out the transcript and reading a few lines at a time might be easier on your system. So really knowing that you can do it in your way and make the steps as small as you want, and sometimes know that just thinking about the practice and noticing what comes up can be a way to titrate. I think about the practice. I notice, like, "whoa, I go back and I can't breathe," and then, I take a moment and I turn toward a resource. And so, even the way we approach the practices can be an opportunity to do the work. Anything to add, Seth?

Seth Lyon (24:12):

No, that's perfect. So many ways to creatively engage with the material. And you can read it, you can watch it, you can listen. There's many options. And this process of discovery, again, attuning to yourself, to your genuine physiology. I can't remember what the quote was, but it was something about... There was a quote from, it's one of Peter's books, I think, but they were basically saying, "a person's physiology is a much better indication of how they actually are than anything else." So our personality may be used to being a certain way or we may have a certain presentation that we're used to presenting to the world, but none of that is really an indication of how we really are. And so, we really need to learn to listen to the physiology. How are we really?

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Learning to listen to those subtle cues. And that, as Jen said, for some of us, that alone may be the practice. For this first round, say you're brand new, you've never done any of this work before, just learning how to feel your insides may be what you're doing this round. So it all depends on where you're coming from. There may be other people who none of this really applies and they have enough capacity already that they can just do the lessons and they

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experience the benefit, and it's no problem. So there's a wide range that we have here, and from alumni, who this is their sixth round.

Jen (25:47):

And just on that, Seth, I just had that thought, which is another sign of early trauma is, I don't know about any of you, but I went to so many courses and retreats and workshops. And then, other people would have these huge transformations, and they would seek out or whatever. And I'd be like, my mind's going. So that's another one is to sort of maybe doing some intensive course or program or retreat and not necessarily seeing the results that it seemed, at least seems like, some other people are getting around you and not creating the changes that you'd like to create.

Seth Lyon (26:25):

And this is why comparison is totally useless. When it comes to this work, comparing yourself to others is really pointless, because we're all so different in our history. Comparing yourself to yourself is really the only useful metric. "How am I compared to how I was yesterday or last year?"

Okay. This one is "I recently heard a team line member say that fear needs to be released through running, which doesn't match my experience. Could this be different when fear comes from very early experiences?" Absolutely. So this is the classic story of how Peter discovered this work. A client with tremendous anxiety, no one could figure out how to help her. She came to see Peter, because he was this weird guy, who was investigating this kind of interesting work. And he, on spur of the moment, Peter says, "Nancy, there's a tiger behind you. Run."

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And her legs just started running, and she ran, and sitting, she was sitting. But her legs ran for about 45 minutes. And after that, there was no more anxiety, all gone, because it was a classic simple experience of a simple sympathetic discharge. She just had this big sympathetic charge in her system, it needed to get out and she had the capacity to just run and release that energy. And all her symptoms were gone. So how wonderful that Peter got such a simple and straightforward person for this discovery, because it's not always that simple. It can be a very effective way to work with fear. Fear wants us to get the hell out of there. So we want to listen to the body, the muscle groups. Maybe we want to mobilize the muscle groups associated with getting the hell out of there. So our legs, our feet may start to run, and it can be very effective.

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However, yes, not always. They may not feel like the energy is there to summon in order to do that. It may just not feel like the right thing. Like "That's not doing anything for me." So again, in these cases, you want to be creative, listen to your impulses. I had one person, I remember, saying that they discovered they didn't want to run. What they wanted to do was get very low to the ground. They wanted to crawl a little bit, like a little creature, and they wanted to go back into the corner. And then, it was a very different kind of exploration of how they wanted to move. That could be much more about fear associated with early trauma. Like, "what are you talking about, run? I don't have the musculature to do that yet," if whatever happened happened when you didn't have that yet.

(29:03)

So yeah, it may be about being creative and discovering, well, what does my body want to do? Maybe I just want to be really wrapped up tightly, and maybe if I just, that's containment, a big blanket, just super tight around me. And I feel those edges, that may be what the system is

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wanting. So listen, be creative, see if you can feel what your body is asking for. And if there's nothing there, then that would be a case of, "okay, I'm just going to go to my resources. I'm going to just let it go. I'm going to distract myself. I'm going to watch a show. I'm going to make some tea. I'm going to have a bath." See, you don't always have to try to muscle through. Again, if nothing's coming to you, you can't figure out how to deal with this, it's okay to distract yourself.

Jen (29:55):

Is it alright if I add a little bit? Yeah, yeah, I was just going to say that, if you go back to what Seth was saying earlier in the call, that, when we're these little people, we experience things through the senses. It's like, imagine being terrified as a little person. It's very intense. And then, we also don't have access to our fight / flight. We don't have access to our agency in the same way. So for a lot of us with early trauma, we can keep fear pretty buried for quite a while. And so, it can show up as tension. A lot of times with early trauma, things can be in the bones. So you might not even notice fear for a while. So some of you might have a lot of it, some of you might not notice it, and it might just come through as a tremor or just a vibration or something.

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It might not actually... When we're really young, some of our fight or... Excuse me, I'm getting excited. Some of our fight or flight movements are actually in our spine. So before we can run and fight and everything, we have these movements in our spine. So you might also notice things happening in the spine. So just to really, as Seth was saying, to really just hold the space, to not expect it to look a certain way, and just to be open to what your experience actually is in the moment.

Seth Lyon (31:23):



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Yep. Yep. Great. And then, we got another question about not having content. Jen, do you want to get this one?

Jen (31:33):

Yeah, you spoke to that already a little bit, Seth.

Seth Lyon (31:35):

A little bit. Yeah.

Jen (31:36):

So when we're really early, if you think about it, our brain is still developing, and we don't have the same access, just to give you one example, to language, when we're a baby, that we do later. So often, we do experience things just through our senses. So we might have very strong sensation or very strong emotion, that doesn't have content, that doesn't have a memory. And sometimes, it can be disorienting, because if you're with a traditional therapist, and many are great, to be clear, but they might say, "but what are you thinking of? Or what's the content?" And you're like, "there isn't any." And it's like, the reason is because there's not any, because you might have had a very early experience.

(32:19)

And if we were in high survival, we also don't lay down memories in the same way. And Peter Levine has a book about that. I don't know, Mara, if you want to pop that in the chat, in case anyone's interested. So we might not have quite as many childhood memories, and some of them, people ask, "do they come back?" And often, we do remember more, but it doesn't mean that, all of a sudden, we're going to have a million memories, where we had two. But we do often remember more of our history as we grow capacity and work through some of our held responses.

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Seth Lyon (32:54):

Yeah, absolutely. Yeah, not much, but just sometimes, the memories are hidden for a reason and they surface organically as we get into the body areas that are associated with the declarative memories. So sometimes, working somatically will lead to a memory spontaneously arising, but lots of times, no. Like Jen said, if the faculties weren't online yet, there just won't be a memory. And that's okay. A lot of people ask, coming into this work, "do I have to remember all my traumas in order to heal them?" No, that's the beautiful thing about working at the body level, at the nervous system level. You don't need the memories. You just need to learn to work in the present moment with what's happening now. That's the basis of this work, what's happening now, and then, that may lead to discoveries about the past. And that's fine. Or it may not.

(33:49)

So this question is, "I have early trauma, and sometimes, I get these weird shivers, that move through my body if I drop in or if I ground in nature. Is that common? What is that?" So it could be many things. It could be, as Jen was just describing, a release of some kind of sympathetic activation that is moving through. Oftentimes, that can be experienced as shivers or tremors or shaking. It could also be a freeze starting to lift from your system. That also sometimes is associated with this sense of "Ooh," like shiveriness coming through. Or it's possible that you're just connecting to life force, connecting to good energy, that if you're grounding, and our systems really respond to that, being in nature, having our bare feet on the ground. It's very good for us. That may just be your system, "Ah," receiving those beneficial electrons and feeling that move through your system.

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It could be any or all of those happening all at once, so it's not too important exactly what. But what's important is that you notice it and you make space for it and you just allow it to happen, as is the case with a lot of this work. Or if it starts to feel like it's too much, again, then you do something else. You walk, you use a resource, et cetera. But it sounds like this is something that you're just allowing to happen, and it doesn't sound bad. It just sounds like it's part of your energy moving in some way, and it may be part of a trauma release happening. It may simply be good stuff coming in. Oh, so there's a question here about grief. I think, Jen, you were going to get this one? Yeah?

Jen (35:36):

I'll start, and you can see if you want to add anything. So it's a multi-part question. So I'll read you the first part, so you have the context. But someone asked, "How is grief that someone experiences when they have early trauma different from other grief? Is there a way to differentiate past and present day grief?" So this goes back to what we were saying earlier about things that can feel existential when we have early trauma, because again, you picture that little one. And if it felt like no one was there, you can imagine how there can be a deep feeling of being alone in the world. So sometimes people just have deep feelings of isolation. There can be images of black holes. So it's just sort of these deep feelings of grief. Sometimes when people go to feel their heart, they might feel grief, and it might be hard to feel the love or feel the love at all or without the grief.

(36:35)

So yeah, that kind of gives you a sense of what early grief might look like. And it's very common too, as people come to this work, to start feeling a lot of grief. So just know that, if that happens to you, that's not uncommon. So differentiating from past and present day grief, one, I would say that the past, the early grief can feel never ending. It feels like that bottomless

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hole or it's just sort of... It just doesn't end. It does, when you do this work, to be clear. But until we have those other options, it feels never ending. We can just cry and cry and cry.

(37:11)

Whereas present day grief, often, as Seth was saying earlier, we might have more context, we might have a memory, we might have an association with someone that we lost or something we went through. It might move through in waves. It moves through. And then, we might feel a sense of peace if we can really let it move through. So it can have more of that wave, where there's a big feeling going through, and then, there's maybe a sense of openness. So I would say, anything to add to that part of the question, Seth?

Seth Lyon (37:46):

Not really. No. I think that being aware of that existential kind of grief is really important, just that there is a sort of universal grief, well, that seems to exist, that is transpersonal. It's not just about us and our experience, and early trauma can very easily lead us into that well, where it is just like, yeah, we're just crying and crying and crying, and nothing is changing. And those are cases where it's not really recommended to just stay with the experience, stay with the sensation, just allow it to happen. If it feels like you're just looping and looping and looping, you actually want to pull yourself out of it, because it may be that you're connecting into that sort of transpersonal grief space, where there is no real end to it.

(38:37)

And it may be that part of supporting that is really coming into the external environment. That's why orienting, again, is so primary. Sometimes we need to pull ourselves out of our internal experience. And this would be one of those cases. If you just feel like you're looping in this grief and it's not changing, time to come out of the inside and really come into the outside,

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the outside world, whatever that is, whatever you need to orient to, be it visual or auditory or both. It's a good time to use that tool.

Jen (39:14):

So just the rest of this question, I think we've addressed it, but I'll name it, just so y'all know. So someone asked, "why can people with early trauma feel intense loneliness?" And I think we just addressed that.

Seth Lyon (39:25):

Yeah, totally.

Jen (39:28):

And then, "I recently lost someone and don't know how much I'm grieving the present loss and how much I'm grieving a past loss." And so, usually, it's both, right? So as we grow capacity and we can really be with our feelings and be with our grief, then we usually will, if we go through something in the present day, it will also be an opportunity to grieve something in the past. And we don't really need to know what's what. So just as Seth was just saying, we just really need to be with our feelings and support ourselves. And sometimes we might, sometimes we might have a clear memory of being with someone from the present or the past, but a lot of times, we might not. And that's okay.

Seth Lyon (40:08):

Yep.

Jen (40:09):

Want to add anything?

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Seth Lyon (40:11):

Well, I've got a story from my own history, that is a perfect example of this. So I lost my older brother when I was about 13. He died of cancer. And I never allowed myself to see his body. I wouldn't do it. It was too overwhelming for me. So I went through the whole process without ever actually seeing his dead body. And that was something that made a layer of grief in me that was stuck. Because there was a way at which I had never sort of completed the process of grief, of recognizing that he was gone. So I did a lot of work and thought that I'd probably moved through that and processed it. And then, I guess it was five, six years ago, we had a cat that died suddenly. And I came home, I had gotten the text from Irene, that Sid had died, and she had his body.

(41:08)

And I came home, and as I was walking, I was feeling my heart hurt, but it wasn't overwhelming or anything. It's a cat, which is very important, but it's a cat. So I was grieving, but I wasn't overwhelmed. I was like, "oh man, Sid." I got home. As soon as I held his actual dead body, woof, just completely flooded with overwhelming grief, which was all the grief that I hadn't processed from my brother. So that cue from the present moment, that was, sure, would engender some grief. That's natural, but not the level that I felt that sparked into the old stuff. So very often, that's what it can look like. There can be something in our life that is sad that happens, but then, our reaction to it, if it is like, whoa, that seems like way too much. Okay. You just connected into something older that was needing processing and then that trigger helped you get to it.

(42:17)

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Okay. “What's the path for feeling less lonely and coming back into connection and wholeness? I hear that co-regulation is important in healing, but when I think of connecting with people I want to run away. How do I work with this?”

(42:32)

So common. I see lots of people smiling and nodding. Yes and yes, me too. Yeah. We need co-regulation with other people so much, and other people – bad – run away. This is not unusual. How do we build co-regulation when the thought of connection is scary? Well, a lot of it is by doing what we're asking you, inviting you to do in the program, it's by connecting with ourselves. It's by learning to offer that attuned connection with our own body, our own physiology. That's a big part of it. Also, learning to connect and co-regulate with other forms of life can be very helpful. If other people are scary, how about a tree? Go for a walk in the woods and really hug a tree. I know it sounds maybe hippie, but hey, when you really get your heart up on a tree and hug it and you feel that bark and you connect into the wood, feel the presence of this thing that's just so still and yet alive and powerful and rooted into the ground. That's deep medicine. You can really get co-regulation from nature, from intentionally connecting deeply with nature.

(43:46)

Pets are another great way. Pets can also be overwhelming, so maybe it's a fish. Maybe you start with just a fish, one fish in a fish tank and you say hello every morning. Hey, how's it going, when you feed your fish and you're correlating, or maybe it's a mammal. That is, in terms of pets, the closest thing to a human, would be like a dog or a cat, some form of mammal, because we have the same nervous system, so that can also be really good if you have the capacity to handle a mammal in your life. That can be another really good way to build that connection.

(44:23)

Also, there's practices we'll get into, that are about working with the ventral vagal nerve physiologically directly, and the ventral vagal nerve is the architecture that supports connection and which enables us to feel safe in connection. Sometimes we also will need to just work physiologically with the ventral vagal system to tune it up, so that we start to be able to recognize connection and safety. Those are all different ways that we can build that. Anything to add to that, Jen?

Jen (44:56):

Yeah, just a little bit. A couple of things. One is the nature outside, but also, of course, I used to really love plants and flowers and just having Paperwhites and watching them grow, things like that. I've learned a lot of these things from the inside out. I went through a big loss a number of years ago and I crashed hard, so I went into very, very hard freeze where I couldn't really do much. Luckily I had trees outside my window to look at, but I really found TV and listening to things was really a way for me to co-regulate. I think TV can get a bad rap because a lot of us, I've also used it to completely just check out, stay up till 3:00 AM, but it can also be a way to hear voices and I would be drawn to shows where there was a family or a community dynamic. We're all in different situations, some of us have the ability to be more active than others right now and so if you're less active, know that music, Seth talks a lot about music and sound, but listening to things, watching things, reading, if you're able to read. A lot of us for some reason lose our ability to read as we do this work, it does usually come back. Just know that some of those things that might have a stigma can actually also be pretty helpful.

(46:25)

Then on that note, I just saw something pop up in the chat that I'll just address very quickly because it's a quick one. Someone asked about guilt and shame. Shame, those existential



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feelings, that can be any of the major feelings. We can have existential grief, existential fear and the existential shame can be like this deep sense that something's wrong with me. Guilt's a little different because it brings in a cognitive component, but the shame for sure can come with early trauma, that can be quite common to have a deep sense that something's wrong because what happens is if there's something off in our environment when we're really young, developmentally we think that we're the problem, so we'll internalize what's going wrong around us and think it reflects us, who we are, instead of what's happening. I just wanted to throw that one in quickly because it's a big one.

Seth Lyon (47:21):

Yep. We will always blame ourselves as little people first. That existential shame very much is a sense of just like, I'm bad. I am just bad in some way. I'm wrong in some way. Very common and really great point about TV. For years, one of my main sources of co-regulation was Garrison Keillor, I swear to God. Prairie Home Companion. He's just got such a soothing voice. If you're just listening to voices that feel comforting to your system, is a way to co-regulate and stimulate that. Absolutely.

Jen (48:01):

Andrew Weil has a nice voice, I find too.

Seth Lyon (48:03):

Yeah. Yep. Awesome. This is one that I am directly guilty of.

(48:13)

“I have early trauma and I find that whenever I'm with other people, I automatically morph into whoever I think I need to be in connection with them. Will I be able to find my authentic self and to connect with people from this place?” Absolutely.

(48:29)

That was absolutely my survival strategy, one of them. I will make myself into whoever I need to be for this person, so that I can stay safe and that can be really, really hard on the system, really taxing because authenticity is so connected to our vitality, our life force, our agency. It's so important, and one of the things that can happen really early on with authenticity is the conundrum that authenticity is a survival need and attachment is a survival need. They both are and yet, if we sense that our attachment may be threatened, we will sacrifice our authenticity. Attachment trump's authenticity, always, when we're in the early developmental stages. Later on, we may rebel when we get older and have that agency of a teenager, then we may say, screw you. Forget about the attachment. I'm going my own way. I'm leaving home, whatever. We don't have that option as a little one. If we sense, and this can happen really early on, that I need to be a certain way for mom or dad to be okay, that can set up a pattern where we will always put our attachment needs before our needs to be authentic.

(49:52)

Yes, absolutely, you can change that. It's deep work. It's not like there's one specific thing, one technique that will support that. It's something that emerges through this process of relating to yourself authentically at the biological level. That's how you build it, is through all these different ways of learning to pay attention to yourself and what's really happening for you. As you get stronger in that, you will learn to stay connected to that feeling and it will become more and more uncomfortable to go away from it because it's not natural. Naturally we want to just be who we are, no matter the context, and granted, you may use different language or different words or something depending on your situation, but in general we don't want to morph our insights and shape shift in order to accommodate different situations. We want to stay solid in ourselves and yes, that's absolutely something that happens. We can build that. I built that. Otherwise there's no way I'd be able to do this call with y'all because I'd be trying to

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figure out, oh my gosh, who do I need to be for all of these people? It's something that happens.

(51:09)

Jen, do you have anything to add to that or do you want to move to the next one?

Jen (51:15):

No. Sorry, I'm just looking at the list of questions. I don't think so. I just want to echo what you said about the fact that it's an emergence, and just the more you can really just get that you're doing your best, you're still here, you showed up here, you're in this class. I had a long time where I'd be interacting with people and I'd be in a hard freeze and it's hard because you feel like, where am I? Am I here? Are they going to want to talk to me because it feels like I'm not here? To just get that you're human and you're here and you're doing this and wherever you are, it's okay. You're doing your best and you're growing. I didn't really say that the way you wanted, but hopefully the message came through because I think it's easy to be harder on ourselves, those of us who have a long history of this stuff and then we know that there's an alternative and that can be something. Once we're aware of the alternatives, it can be like, well, I'm in freeze. I'm not in ventral and all these things. It's like, no, it just-

Seth Lyon (52:28):

Darn it. Stupid self. Why can't I be more ventral?

Jen (52:33):

Yeah and you're here, right? You're here, you're doing it and it grows with time. It really does grow with time.

Seth Lyon (52:38):

It really does.

Jen (52:40):

I think, Seth, I think the next one we already answered. It was about-

Seth Lyon (52:43):

Oh yeah, we did.

Jen (52:44):

... starting and sticking with SBSM, but I think we answered that early on.

Seth Lyon (52:48):

We did, yeah.

Jen (52:50):

We might jump down and if you want to take the next three.

Seth Lyon (52:54):

Got it. These are three questions that were sent in and they all have to do with how does this specific thing contribute to my experience of early developmental trauma, shock trauma or dysregulation, so it's about specific things.

(53:12)

“How might growing up in a family of five with one sibling disabled contribute to early childhood trauma?”

(53:18)

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Well, that could very easily... one, just a family of five, that's a lot of kids, and very often, and I'm going to guess, maybe they're closer together, perhaps. If you have five kids, they may not all be separated by three or four years, which ideally is what would happen is, you have at least three years or so with one kid before you move on to the next, but that very rarely happens in large families.

(53:49)

There can be an incompleteness in what happens and how you're supported because momma's or dad's attention naturally needs to go to the next infant because they become the priority. There can be an incompleteness in the kind of attention you've got and specifically so if one of the kids has extra challenges in some way, some form of disability, there can be a lot of focus on that kid and leave the other ones out in terms of the kind of attention they're getting. There could be a feeling of, you may be living with a feeling of, I'm always left out of things, I'm never included. I'm not sure how it's showing up for you, but there's many ways that that could lead to forms of early stress. Again, there may not be anything overtly bad happening, it's just you didn't get enough of this thing that you needed. The next one is more about a specific insult to the system.

(54:52)

“I've come to discover I was sexually abused by my biological father from eight months old to 16 months old. What would this mean in terms of nervous system dysregulation and shock trauma?”

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(55:04)

Horrifying, of course, but way more common than people think. I've had many clients who are sexually abused as infants. This is a case where you have a massive shock trauma during the early developmental stages, so it's so overwhelming. There can be just a real lack of any sense of safety at all in the world. It's just such an insult to the system and so overwhelming that it can be impossible to have any sense that there's any goodness at all. Very often, this may come along with a lot of body weight, excess body weight is very common in these types of experiences because it's protection from the world. It's also part of the deep freeze that can happen when we have such an injury to our system so early on. We very often will be living with deep freeze, which puts us into a conservation mode, which makes it very easy to hold on to weight because the system is trying to keep everything it can to survive and at the same time it's like protection, so that can happen as well.

(56:17)

One of the things that is very important in recovering from this kind of thing also will be about boundaries, very often because there really is no more fundamental insult to our boundaries than something like this. That is something that may come later, but just know that it may be in the picture if this relates to you. Boundaries are often connected to healthy aggression. This is the tricky thing when working with things like this, is the sympathetic system was online. Even if you're an eight month old infant and being assaulted, your sympathetic system is online, screaming get me the hell out of here or fight this person off, but there's absolutely nothing you can do about it at that stage.

(57:11)

Eventually what I found with my clients who have this history, is that deep sympathetic charge does emerge and then it's about what we call the healthy aggression work, annihilation work,

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really allowing this self-protective impulses that can feel also very overwhelming, to be supported creatively in a healthy way, and we'll get into that. We don't get into it until around lab six, talking about working with aggression and anger because we want to build foundations first, but we do get into it and it's often these are things that will emerge later if you are someone who has this kind of history. At first, it may be a lot more about really trying to find ways to notice little bits of okayness, like Jen was saying. How can you start to build little bits of safety into your experience and build that foundation?

(58:10)

Anything you wanted to add to that one, Jen?

Jen (58:12):

I want to add something. Someone wanted to ask you to comment more on something, if you would. The part I want to add is that depending on, well, it could really happen when we're too young to know, but that there can also be confusion between sex and intimacy. That can be something that's really confusing and something that I don't want to go too far, but at some point in the course you learn about something called coupling dynamics that basically, simply put, we can over associate things or under associate things. Things always have to go together or they can never go together and ideally we want to be flexible and be able to put things together and take them apart. Sometimes it can be hard to put sex and intimacy together, for many of us who've been wounded early, but especially when there's been that physical wound really early, that can be especially hard and so those things can get confused.

(59:16)

The other thing I wanted to ask you to comment on, Seth, is would you say a little bit more about the sensations that might be specific?

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Seth Lyon (59:22):

I was just thinking about that. Thank you. Yeah, totally. Very often with this type of experience, there'll be chronic bracing and drawing up in the pelvic floor and the abdominal muscles. This is the system trying to escape what's happening and that is something that can actually be held from that experience throughout the whole life, is a chronic tension and pulling up through the abdominal cavity, the pelvic floor. That's one of the most common things that we see with this type of experience and that can lead to all sorts of other tensions as the body then compensates for this tension in the core. That's one of the big ones. That also may not be noticeable. It may be completely numb. There could be no clue that you're chronically braced and tensed in the core and in the abdomen and the pelvic floor because that's where the freeze is because the experience was so overwhelming. That's a very common physiological experience for people who've experienced sexual assault at any age really, but especially if it's super early in these stages, the body can just learn to live like that in this sort of drawn up state. Conversely, it could be totally collapsed, that's the other way it could go, is a complete collapse in the physiology, so it might go either way. Okay. Then number three, about specific experiences.

(01:00:53)

“I grew up with an alcoholic father, a lone drinker. His moods were unpredictable, high and happy or low and depressed, volatile and angry. People saw us as a happy family. In the '90s film, Nil by Mouth, it was praised by its revelations on growing up with alcohol. I went to see it hoping for some kind of connection, but I left with rage and turmoil. It was nothing like my childhood. I felt the hype made my experience even more unseen and isolating. Can you speak about the many ways alcohol may affect childhood development?” Yeah. This is especially problematic, like you say, if everything looked rosy. Like, oh, they're such a happy family. My



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family was very much like this, but just a classic suburban slice of American pie and underneath the surface was all sorts of awfulness. There's many things that may happen here.

(01:01:51)

One, I'll speak to just the experience of that attachment wound where you never know what's coming. Dad is like, it's navigating a minefield. What's going to happen today? There's no dependency, there's no reliability. That is the kind of thing that generally will lead to hyper vigilance in the system, where the system is just chronically, just always scanning for danger, always prepared. Chronic tension, that's another very common thing that'll go along with chronic hypervigilance, where it's just, I have to be ready because I don't know what's going to happen. Also, a sense of being unseen and isolated, I think makes complete sense because if one of your primary caregivers is so caught up in their addiction and so volatile, there's no way they're going to be able to really be with you and this leads to the conundrum of the experience of parents are there, but they're not there, and that in many ways is so much worse than overt abuse, in some ways.

Like someone, a parent who's very present with their kid but gets angry and maybe lashes out, that sucks and is also a valid wound. But it can be really, really confusing and complex when our parents are present with us and may be okay even, but they're not really there. We're not feeling them. It's like you're there but you're not there. That is something else that can be part of this type of experience, and that's really, really confusing and isolating. It makes sense what you're saying there.

Jen (01:03:35):

Can I add one thing, Seth?

Seth Lyon (01:03:37):

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Yeah.

Jen (01:03:39):

Some of this echoes on my history. And this both speaks to this question and also more generally is that a lot of times the feelings can come up and they can be too much and so they can all come together, is almost how it happens. And so, there can be this sense of, for some of us, we might not be able to differentiate when we just go into freeze because there might be fear and sadness and grief and anger. And what made me think of it, Seth, is because when we think of confusion, we also often think of cognitive confusion. But there can be somatic confusion. And so. If you think about it, you're not sure. I saw in the chat, he said he had different parents when they were sober and drunk. It can be very confusing. You don't know what you're going to get when, and if someone's going to be kind or angry or scary, and so there can be this somatic confusion.

(01:04:45)

And I just think it can be sometimes helpful to know that that exists because I experienced it without having it named. And to just know that if you feel somatically confused, it's because you probably are somatically confused, and you can work with that in the same ways that you're working with the other experiences that you have, in the ways that you're learning here.

Seth Lyon (01:05:10):

Yeah. And that really speaks to some of the nature of the overwhelm we were talking about with early developmental trauma in general. There can be, very often, "I don't know what's happening. There's just a lot happening all at once and I don't know what." That's very much so. And that can be in the sensations and the emotions. Yeah. Alright. Okay.

(01:05:40)

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This one is about a mom living in freeze. "My mom is in heavy freeze and never emotionally present, and now at age 80, wants to make amends and learn what happened to me. Based on our talk, she's also starting to see a body therapist, as she never realized that she was in freeze in carrying trauma. What can or should I tell her about my early developmental trauma without giving her more guilt to carry at the end of her life? How important is it for my healing that she understands and can she at that age and fragile do some healing herself?" Jen, I think you were going to get this one.

Jen (01:06:21):

You can take it Seth, actually.

Seth Lyon (01:06:22):

Oh, was that okay?

Jen (01:06:23):

If you don't mind, I was just going through the chat to see what Amar flagged.

Seth Lyon (01:06:27):

Oh, thank you. Okay, no worries, no worries. Okay. Yeah, this is a tough one. I mean, it's great that at such a late age, your mom is starting to investigate these things. It can be tricky for you because if there's a history of her never being present, she was never there your whole life and now at 80 she wants to freaking get into this? I could imagine there would be quite a bit of resentment. Like, "Are you kidding?" I mean, the first call is for you. Do you want to sign up for that? If you genuinely have the capacity to show up for her in that way, then that could lead to healing for both of you. It's really if you're genuinely able to do that or not. If you feel like you

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should, but then the whole time you're with her, you're bearing down and gritting your teeth and repressing what you really want to say, that's not going to do any good for anybody. That's the first question to ask yourself, is can you genuinely show up for that experience and be present?

(01:07:40)

And that may mean having lots of emotions. Can those be part of it? That has to be part of the deal. It's like, "Oh, you want to be emotionally present for me now? Well, these are my emotions." At the same time, if you just vomit all over all your stuff, that won't lead to a good outcome either. That's what I mean about capacity. Do you have the capacity right now to be with what comes up in you for this experience and to allow it to be expressed, but to not be overwhelming for you or her? That's really the consideration, I think. In terms of what you should tell her about your trauma without giving her more guilt, her guilt's not your problem.

(01:08:22)

And this sentence itself shows the pattern that happens very early on where we learn to be emotional caretakers of our parents. And that's what's still happening here. What I see in this sentence is you're still trying to take care of her emotionally. It's really not your job. If she is inviting this experience, and again, you feel like you can stay relatively grounded and present with her, then I would share whatever she asks about. Maybe not volunteer the worst stuff off the bat, but if she's asking about your experience, then I would share it. And if it's hard for her, it's hard for her. It's not your problem. She's an adult. Very much so. And is, it sounds like, asking for this experience with you. There you go.

(01:09:08)

"How important is it for my healing that she understands?" Maybe not so much. I think it would be a really nice bonus to be understood by your parent, especially if they were part of

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what traumatized you. That could be really nice, but not necessary, I don't think. You've made it this far without feeling understood. And you can probably, I would say certainly find healing without that. I know I don't expect to ever be understood by my dad fully, and I've found my way to healing without that.

(01:09:46)

It's about your authenticity. It's about you and you being who you are. If you can get that bonus of feeling understood by your mom, that would be lovely. That would be lovely for both of you, I'm sure. For her at that age, can she still do some healing herself? For sure. Yeah. It's never too late. That may not be like, "Oh my gosh, now in her last year of life, she's suddenly regulated." That's unlikely. But maybe she gets some more self-understanding about herself. Maybe there's a little bit of repair in your relationship. Maybe she recognizes her own trauma and how it impacted you in a different way and is able to process that a little bit. Sure, absolutely.

(01:10:27)

She may not get to full healing. That would be unlikely. But she can have healing. She can, I would say, make some progress and growth. And the degree to which you participate with that, again, is really up to you. Just really want to encourage you to notice what's happening for you if you choose to enter into this dialogue and this process with her. And I would even encourage you to lay the groundwork. "Mom, I just want you to know I'm not sure I can do this. And I'm going to really be checking in with myself to see if I can stay present. I want to stay present with you for this. I may need to take care of myself by leaving," and set that up in the beginning, that it's possible you'll need to exit the conversation at some point. Those are all different ideas of ways to potentially navigate that.

(01:11:18)

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And it opens up the question to a larger question, which is, do we need to be in relationship with the people who wounded us in order to heal? And the answer to that is no. If you can be, that can be good, but it's not necessary. You can come to regulation and healing within yourself. And sometimes what happens, I've seen this many times, is a person may do that work on their own, and get regulated, and release their trauma and become a whole or healthier, more vibrant, authentic person, and that ripples invisibly out into the family system. It's very interesting how it can change other people in the system, even if they're not doing work, because we're connected in this mysterious way, especially the blood family, and we share DNA. I've seen that happen a few times where someone will do the work, they're not connected to their family, and then something shifts in the system and that opens up a possibility for healing later on, because of the work that they did. Alright.

Jen (01:12:29):

Can I add one thing?

Seth Lyon (01:12:30):

Yeah, absolutely.

Jen (01:12:32):

I was just going to add, to remember that in most cases... And I don't want to minimize anyone's experience, so I'm not suggesting this is all cases. But in most, our parents were dysregulated themselves. In my parents' case, I had it basically early on, it looked like, being raised, there was alcoholism and rage, and that's not okay. And my parents also were working really hard. They came in with their own dysregulation. And so, that's not to say anything about what choices you make or how you choose to relate or not to relate, but it is to remember that what you're learning here may be helpful to bring in, if you do want to have a conversation like that.

(01:13:19)

For example, to give things a little more trauma... Sorry, I keep going too fast. Trauma, too much, too fast, too soon, without enough support. And so, something I find really helpful is just to think about the converse of that. Too much – a little bit, titrate. Too fast, slow things down. Too soon, give it time, give yourself time. And without, and then bring in support. If you're going to have a conversation, you might think about those things for yourself, how you do them, and if it would be helpful to apply any of them to how you approach the conversation. Maybe, for example, instead of having this whole conversation, you just think about, "Well, I'm just going to pick this one topic and we're going to limit it to a 15-minute phone call." To really take what you're learning in SBSM about your system and about how our physiology works, and to bring that into conversations that you may want to have. Any conversation, but especially if they feel challenging.

Seth Lyon (01:14:22):

Great point, Jen. And it's really important to remember that in general, if you were hurt or abused by your parents, they were hurt and abused almost certainly, either by their parents or someone else. Hurt people hurt people. It's intergenerational. And that doesn't mean it's your job to take care of them. But as Jen says, having that in your awareness can be very helpful to facilitate a process of repair at some point. Absolutely. It didn't just come out of nowhere. What happened to them, essentially? And I'm not saying you should ask them that, but to have that in your awareness that, "If they did this to me, wow, what happened to them?"

(01:15:03)

Okay. Last question. "Only recently have I understood that being born with a cord around my neck is a near death experience. Early trauma. Is transgenerational trauma early trauma too? My maternal grandfather was a Holocaust survivor. I was the first long to four grandchild and

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my mom was overwrought in pregnancy due to a lot of advice from others. I didn't sleep through the night until I was four, and I was taken to docs for being hyperactive. My mom found me challenging. As an older child, I often woke screaming in the night and then began fainting at age 10. Is this PTSD?" Well, yes. I mean, PTSD, clinically, it's a specific thing that usually relates to a certain constellation of symptoms. I'm not sure if we would necessarily say PTSD. It's trauma. It's unresolved trauma. Absolutely. To break this down a bit, yes. This is a great example. Being born with a cord around your neck.

(01:16:08)

Nobody did anything wrong, that's nobody's fault. And yet something happened that was really overwhelming before there was any context, any ability to form memories, while you're in what's supposed to be the safest place possible. It sounds like there was also chronic stress while you were in utero. Your mom was really distressed the whole time. Now, is that connected to the cord being wrapped around your neck? Possibly. We don't know. It could be that even if everything was optimal and she was in a tropical paradise with sand and sun, it still would've been that way. It's hard to say. But it's true, we can say that, yes, both of those things were significant early trauma events. Absolutely. And now is transgenerational trauma, early trauma too? I mean, it could be expressed that way. And when we're talking about transgenerational trauma, we're talking about a couple things. We're talking about behavioral patterns that get passed down from parent to child, and that is one aspect. And so, my dad was always angry, and so I have all this tension and now I have a kid, and now I'm angry at my kid all the time, because I never worked on my stuff. I mean, that's a classic pattern, just passing on behavioral traits that are maladaptive abusive reactions to trauma. But we're also talking about epigenetics when we're talking about intergenerational trauma. And it's been shown that trauma, unresolved trauma, is passed through the genome. And how that works is we're all born with a set of potential genetic expressions. We have our optimal genetic expression of our genome, and we have a maladaptive expression of our genome.



(01:18:08)

And what gets passed onto us has a lot to do with the work that the parent does. There's a really fascinating study with women that were pregnant during 9/11, was one of the real fascinating studies about this, that really laid the groundwork for showing that epigenetics and intergenerational trauma is real. You could consider it very, very early trauma, the inheritance of a non-optimal genetic expression where there's things that are passed on due to what your parents didn't address. And yes, you could, I suppose, consider that a form of early trauma. In terms of resolving that, that would be interesting. I'm not sure exactly. There'd be many approaches you could do that might involve visualization. Going back to imagining like the DNA, and maybe you're cleaning it. Really, I think the work happens through the work we do in the here and now, but there can be sometimes some interesting visualizations or meditations that you could bring in to work with stuff like this that's before you even had a body, essentially, when you're existing as these bits of DNA code.

(01:19:25)

But really, the way that intergenerational trauma gets resolved in the genome is by doing the work now. It literally can change our genetic expression. Things that we may think, "That's just the way I... My family's got a predisposition to cancer, or I inherited this thing where I'm almost certainly going to get this disease because all my parents and grandparents had it." That can all change by doing this work. You can turn on what we call, I guess, the optimal genetic expression of your system. And that is something that happens through just doing the work in the here and now. Okay.

Jen (01:20:08):

I don't know, Seth, if you want to take... I don't want to add anything to that, but in the document there's a few that we might just quickly... Someone asked what if there's both... You

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spoke to this earlier, but it might be helpful to just review. What if there's both shock and developmental trauma in terms of how you work?

Seth Lyon (01:20:32):

It is still going to be about foundational safety, the most important thing. Building genuine capacity, learning what your capacity is, because you can't really work with the shock traumas without first understanding what your genuine capacity is. If you're going into it with what we call your faux window or false window of tolerance, you won't be able to do work that really is lasting and good, because you'll be operating from a place of management without realizing it. The first thing, even if there are both, is discovering what is my authentic capacity? What can I genuinely tolerate? And for how long? And what are my resources? What do I go to to soothe myself? Those foundational principles still apply, I think.

Jen (01:21:25):

I was just going to say that with early trauma, we're just more prone to shock trauma. If you have early trauma, you will almost... I don't want to say always, but in most cases you will also have shock trauma.

Seth Lyon (01:21:37):

Absolutely. And that's one of the things. When we go through early trauma and we don't get the right support to develop in our optimal way, we will be way more prone to trauma later in life due to all the different stuff that gets set up in our system. Be it relationally, maybe. I always pick partners that are echoing patterns that were unresolved from my parents. That's a very classic one. Like the case of, say, the kid who had the alcoholic father who wasn't sure what was going to happen. They weren't available, they weren't present. Well, if that happened from early life, that could very easily lead to a pattern of always picking men who are emotionally unavailable and or volatile because that wound is unresolved.

(01:22:25)

That's one of the things that we see in this work, is that what is not addressed repeats. The system essentially, believe it or not, trying to get better. And it will keep on putting ourself into these situations over and over again, because it's trying to find a different outcome. It's trying to find resolution. And until we give it that different outcome or different resolution, we can find ourselves in the same situations over and over and over again. That's something that can get set up, that predisposes us to further shock traumas. There's many ways in which that can happen.

Jen (01:23:04):

I think we're pretty much at time. Yeah.

Seth Lyon (01:23:06):

Yeah.

Jen (01:23:07):

I just want to say thanks to everyone for being here. And also we didn't... Sorry, Amar. I don't think we introduced you at the beginning, but we saw you in the chat. Thank you. Thank you for being here. And Bonnie, thank you too.

Seth Lyon (01:23:23):

Yes. Thank you to our entire team, Amar, Mara and Bonnie for being in the chat, answering questions. Usually that's how it'll be on these calls. It's usually just me. But thank you so much, Jen, for being here today. Really loved having you with us. Maybe we'll have to do some more tag team calls in the future. Awesome. Alright, y'all. Thanks so much. Good to see you as always, and go forth into Lab One and we'll see you next week.



Jen (01:23:50):

See you. Bye everyone.

Seth Lyon (01:23:52):

Bye everyone.