

Seth:

All right. Welcome, everybody. Jen, are you there? Oops, sorry. I think I may have muted you by accident there.

Jen:

No worries. I am here. Hello.

Seth:

Great. And also, Carrie is here in the chat. We won't be able to answer many questions on the call that come in from the chat, but Carrie will do her best to respond to you and also will be sharing links and such. So the focus of this first call is on specifically early developmental trauma, and this is relatively new. We just started a couple rounds ago, and the reason was we realized that it was pretty important to make a distinction early on about how there may be different ways of entering into this work, depending on your history.

So before we get into more details about that, just a little introduction. I am Seth. I'm Irene's husband and colleague, and I'm just really happy to be here with you. I host all of the Q&A calls. This year or this round, we'll be having some various guest teachers coming in and joining us, and a few special topics like this one. Jen, if you want to say a brief hello?

Jen:

Sure. Hi, everyone. Some of you have been around for a while. Nice to see you. Some new faces. Nice to see you too. I am Jen. Believe it or not, I've been helping out with Smart Body Smart Mind for six years, and I work through a coaching and a movement lens, and I specialize specifically on early developmental trauma. So this is actually, Seth, the fifth call we've been doing together on the topic.

Seth:

That's right. A little bit more about me. I have a private practice, although it's pretty small at this point and I mostly just see people in person. I've been devoting more time to just teaching and also working with Irene on developing our future mentorship program, which is something else that'll be coming out relatively soon. So let's get into this. Just a little overview of early trauma versus shock trauma. When we're talking about early trauma, we're talking about stuff

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that happens that's overwhelming for your system. Adverse experiences. Anywhere between in utero to around three years old, that's generally considered early.

Developmental trauma is anywhere in the range between in utero and when we're developing. So that can be up to the 20s for the brain development to continue sort of refining. So early developmental has a bit of an overlap there in years zero through three and then after three, it's not so much considered early, but it's considered developmental.

Now, it's important to make these distinctions because especially with early trauma, when we have adverse experiences that happen, unlike later in life, there's generally no context. So when we're working with this material in a somatic way, it's very often without memory, without image, sometimes even without emotion. Little infants basically don't really have what we know as emotion yet, because they have raw sensation without context.

Now, we view emotions as basically clusters of sensation that we've given meaning to, right? This cluster of sensations means sadness, and this cluster of sensations means anger or jealousy or shame, whatever it may be. But that's something we learn. We learn through co-regulation and attunement and relationship with our family system, what these sensations mean. When we don't have that yet, it's really just raw sensation. So that can be quite overwhelming sometimes if we don't understand how that can happen.

We do understand that we may be experiencing these strange feelings and senses of overwhelm without context. It can give us a little bit more safety to understand, "Oh, I must be in an early layer. That's why I can't make any sense out of this." So that's part of the reason why we want to make these distinctions. Another really important thing with early trauma is that we want to avoid, and this is true with trauma healing in general, but we really want to avoid big cathartic practices working with lots of activation, that kind of thing, because it's much more about building capacity in little ways. I'll turn it over to Jen to talk a bit more about that, about ways in which we start to gently increase our capacity.

Jen:

Yeah, sure. If it's all right, Seth, I'll also back up a little bit to build on –

Seth:

For sure.

Jen:

– what you were saying. So first, I want to say that I've been diving into this topic since I discovered it a number of years ago, and there's always more to learn. So if this is new to you, if you're just discovering, because there's this nervous system world that you're obviously discovered because you're here, yay. And then within that, there's this early trauma piece. And so if this is all new to you, this may seem like a lot of information and just know that this, and really all of SBSM is something that you can come back to and come back to, and come back to, take breaks whenever you need to.

If you feel like it's too much, it can touch into early stuff. So sign off. You can always listen to the recording or read the transcript. So really the more I do this, the more it really is about honoring your own experience and your own system. So to pick up on what Seth was saying, most of you have probably learned from watching Irene's videos by now that we don't automatically develop access to all of the nervous system states just by being born.

There are certain parts of our physiology that we're finding require enough of certain conditions in order for us to develop access to. And specifically when we're born, we have access to fight, flight, and freeze. Even early in utero, we can do a version of freeze and pull into the corner of the womb. So those are very early and we have access to those even before birth. This is important because then if we have a lack of a lot of adversity, and if we have access to good enough attunement from the people around us, our caregivers, our parents, whomever that may be, then we start to develop access to those quieter, everyday parasympathetic physiologies.

We learn basically to self-regulate emotionally, relationally, behaviorally. What starts to happen is that our sympathetic and our parasympathetics, they start to work really well together. So the sympathetic comes on, and then the parasympathetic was like, "Okay. Time to come down a little bit." And then the sympathetic comes on, and we call that, if you want to geek out like I do, it's a reciprocal relationship. They're in a reciprocal relationship.

However, if we don't have access to that, remember that our options are fight, flight, or freeze. So what tends to happen is that we start to learn and adapt, and we start to do life from a place of survival physiology. And that means that one, we have to work a lot harder because humans are really good at going into survival and coming out, but we're not really made to go in and stay in for 90 years, whatever the case may be, wherever you are in your life.

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So that's important to know because if you're coming into this program and you had that good enough early experience, then you already have developed somewhere in you, even if it's gotten obscured by experiences later in life, you've developed access to those parasympathetic states. We call them ventral, vagal and low-tone dorsal vagal. So it's already there, so you don't have to build that from scratch. Those of us who have early or early developmental trauma, you'll heal early, you'll heal developmental or you'll heal early developmental. You heal all different things.

As Seth described, he described very clearly what the difference is. But usually we're referring to something early in life where we didn't get this parasympathetic access. So if we didn't get that, then a lot of this work is initially about growing it, and now I'm picking up where Seth handed me the baton. So we need to actually grow access to the ability to settle easily. That means that we go up and we come down. Is this making sense looking and talking? Okay.

So that means that we might... Often, we'll do a lot less, and that can feel really counterintuitive, and it can be really hard because a lot of us who have this physiology... Remember we're coming from survival, and when we're in survival, it's like urgent, do it now, do more, right? Must do because often there's this life or death urgency to everything. And so it can help to know that, that it's going to feel uncomfortable because you're doing things that are inherently different, if this applies to you than what you may have been doing most of your life. And so it will feel different, it will feel unfamiliar. A lot of things will kick up in response.

Often the mind gets very active, so it can help to anticipate that. But the essence of it will speak more of this. In this call, the next call, you can always ask questions. There's a resource. An SBSM that might help be helpful to read, if this is of interest. But the bottom line is that we often need to do a lot more and focus more on looking for those signs of settling, those signs of quieting than we are going after activation and really trying to stay with sensations for a long time. That's sort of the biggest differentiation I would say. I'll pass it back to you, Seth.

Seth:

Yeah, thanks for all that, Jen. Really great overview. And as she's saying when we're coming from this background of maybe never having that solid ability to settle and be in these okay areas of regulation where things are just kind of, "Yeah, everything is just okay." A lot of us may not relate to that at all because when we learned from the get go to be in survival mode, and this is something that's not like we didn't study it on a chalkboard, and it's something that was

autonomic response that happened before we had the ability to understand what was happening. Sometimes even in utero. When those systems, those survival systems are recruited early on where we're not going to have that access so much to this just kind of, "Yeah, everything is just kind of okay. I feel relatively good." So it can be a strange attempt, a strange effort to realize that we have to build that.

And the thing is that I've seen more and more over the years, especially in western industrialized societies, that's more the norm actually just because of the realities of our society. Most of our parents didn't have the support that they needed to work through their stuff before they had us. When they had us, many of them didn't have the right kind of maternity or paternity leave that would enable them to have and provide that solid attunement, or they couldn't even do that anyways because they were still filled with survival stress.

This is where we get into the ramifications of this long chain of intergenerational trauma where survival mode is the norm. If you look around at our society, it really wouldn't function that well without most people being in survival mode because the demands that it puts on us are hard to meet without being in that way. And you can do it for sure, and you can do it more effectively from a place of regulation, but we've all learned to, or at least a lot of us have learned to do it from a place of survival.

So when that's the case like Jen said, we want to understand that it's not necessarily about diving all in. We want to learn to develop our capacity. Another thing that can happen with this sort of early developmental trauma is that we get a false sense of our capacity because our sense of what we can do is based off of being in survival mode. So we don't really know a lot of the time. What we really can do from a place of regulation. When we discover that oftentimes it's shockingly little. It can be very humbling to realize, "Wow, if I'm not recruiting my survival energy, I only have energy for this much."

But that needs to be the focus at the beginning. Discovering what is my real capacity. Because as long as we're say we're entering into the neurosensory exercises from a place of survival, they're not going to do much, right? We have to learn to enter into these practices and explorations of ourselves from that true window of tolerance. So just discovering what that is in the context of early developmental trauma is the starting place. And that takes experimentation. It can take a little while to figure out first, "Well, what does it mean?" How

do I feel when I'm in survival versus, "How do I feel when I'm actually kind of okay and settled?"

Building that sense of okayness, noticing little things, little shifts, safety in the environment, subtle somatic cues that sort of are saying nothing is happening. It's kind of boring actually. It's not big cathartic work. That's not what we're promoting. It's about building these solid foundations so that when the time comes that it's time to engage with these big more sympathetic charges, we actually have the energy and the capacity to do that. Jen, do you want to say any more about that?

Jen:

I do. Yeah. Well, actually, I was wondering if it might be helpful, Seth, to talk a little bit about what it looks like in someone's life.

Seth:

Sure, yeah.

Jen:

That work?

Seth:

Yeah.

Jen:

Because often people will say, how do I know if this applies to me? And sorry, I'm like, "It can show up in a lot of ways, and sometimes those ways look really different." Because some of us tend to be... Even though most of us that fit in this boat have the tendency to shut down. Someone that I know said once, "Thank God for reading, especially as a kid because it's a very socially acceptable form of dissociating." So we might've had things that we did, that I used to read all the time, that just kind of let us disconnect from the world, but in a way that might've not been so obvious.

But feeling anxious as a kid. Even feeling anxious, but even going back to being a kid. Feeling uncomfortable. Social situations can be tough as humans, but feeling really kind of uncomfortable in social situations going pretty far back. Having a hard time making friends or kind of feeling like other people knew how to be human, but maybe you somehow miss that class. Depression and swings between anxiety and depression. Some of us tend to push really, really hard. I was one of those people a lot of my life. I was a serious athlete.

I got good grades, the whole thing. So we might push really hard or we might be really, really, really shy and we might have a hard time engaging at all, which... And so Seth might add to that. But before I pass it back, Seth, I just want to add that... I just had him glitch. Hang on, let me get it back. Oh my goodness. Oh, I know what I was saying. So you were saying that when we don't have access to that parasympathetic, we adapt.

And that is really, really, really important because we do have to find ways to adapt because we basically need to find something to substitute for that parasympathetic access, that part of it that we didn't get enough access to. A lot of our teachers call them defensive accommodations. You might also call them management strategies. Sometimes they're called coping strategies, but I think coping is a little bit different because this is something that's actually helping us to survive.

So that can look like, for me, reading was one of those things that I just mentioned. Sports were one of them. But it can also look like picking. If some of us pick at ourselves, it can look like OCD, like obsessively thinking about something or obsessive behaviors. It can look like drinking, sex. I'll pass it back to you to continue that on. But the one thing I want to say before I do is that it's really important to know that these are things that we weren't doing because we weren't trying hard enough for something. It's like we literally needed them to regulate. They take the place of that missing part of the physiology that we don't have access to.

So unless something's really harmful, imminently harmful, we also don't want to try and stop cold turkey because what we want to do is build up access, like what we call regulation, build up access to those, that true self-regulation underneath that so that then we don't need those things as much.

Seth:

Yeah. Very important point about adaptation.

Jen:

Oh, hang on. Sorry, Seth. Carrie has her hand up. I don't know. I think people were saying your volume is low. Yeah.

Seth:

Is that better? Check, check. Hello, hello? Hello, hello? All right. Okay, great. Thank you. For me, what it looked like, I was someone who had early trauma, developmental trauma. It looked like, only feeling okay if I was alone. Basically, I always felt overwhelmed unless I was by myself. And that is an adaptation, that ability to control my environment, to the degree that I literally left society for 15 years and lived really in the middle of nowhere a lot of the time.

So these adaptations can take many forms, but essentially it looks like needing to do something in order to maintain your sense of being okay. And for some people, they may never have had a sense of being okay. They may not have found a good adaptation. As Jen was saying, it's important to recognize how we've adapted and to understand that it's okay, it was necessary, and it's not something that we just give up.

It's something that we learned to slowly replace. And whether that be an addiction to a substance or a behavior or just a way of being, needing to withdraw from the world, we need this principle of titration that Irene talks about a lot is so important. It's like drop by drop, learning different things. So before we get into the questions, which we will in just a moment, just a little summary of how this may look. If this applies to you, this idea of having developed in this way, how might that look for you entering into the work in SBSM?

One, it's okay to skip stuff. You don't have to go sequentially. It's okay to follow your impulses, and one of the first lessons is, follow your impulse. And it's like, "What do I feel like doing?" If you go towards doing a lesson and you start to feel activated already, maybe that's not a time to push through and make yourself do it. Maybe it's a time to leave it and maybe I'll explore something else. There's so much on the site. You don't have to go sequentially in order. You can find a lesson that works for you and just stick with it for a while.

Say you've discovered one of the orienting practices and you realize, "Wow, this really makes me feel like I can connect a bit to that sense of just being okay in the world and that I'm relatively safe." Stick with that for a while and notice what it's like to maybe bring that practice just into different settings. What's it like to do it in your home when you can deliberately have



safe things around you? What's it like to go out into the park? There's ways to really build your foundations.

Use the FAQs. There's lots of the frequently asked questions. There's a whole list of the most frequently asked questions. And also each lesson, or sorry, each lab has a section of FAQs. Like you can just spend some time reading. Reading other people's questions in the chat. There's lots of ways to navigate the course. Another thing that Jen mentioned is we do have a resource specifically for early trauma tips is what it's called. It's in the additional resources section on the site, and it's just called early trauma tips, and it'll outline in a PDF that you can download and print a lot of what we're talking about here. So that can be a really good thing to refer back to.

And finally, it's really about, like we've said this before, but how can you slowly build a sense of just being okay and orient to that? And this may involve using your resources. So again, this is why one of the first lessons is researching your resources. Discover what is it for you that makes you feel kind of okay? What things do you have that you enjoy engaging with that bring a little sense of pleasure? What might it be like to combine that pleasurable resource with a little bit of orienting? What if you only did that for a few minutes, right? It's like, "Okay, I'm going to have this cup of tea, take a sip, look around, notice how I feel inside, feel my feet on the floor. Okay, good." It doesn't have to be fancy or a lot.

So I hope that's all helpful. And again, it's a lot of information that will come through in these calls, which is why everything is recorded. Everything is printed out and you can refer back to it over and over again. We really want to encourage all of you to discover your own pace, find out what that is, and learn to build that true capacity. Should we move on to the questions, Jen?

Jen:

Is it okay if I just throw... There are a few more things.

Seth:

Yeah.

Jen:

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It's really small. What I wanted to add to what you just said, and you touched on it earlier, but it could have gotten... I want to magnify it, which is that for some people, it may take... if we've been in survival, for, in my case, 50 years, I'm not going to look at a plan. And some people, seriously, I read these things because I've been working here for six years, but I started in the program in 21 Days, eight years ago. And people would start... They'd do the first lesson and they'd be like, "Oh my God, my whole life changed. I saw God." And I would do things for years and I'd be like, "I don't know what these people are talking about."

So just know that for some of us, we might do these practices and not notice anything, and that's okay. Just by virtue of paying attention differently and bringing our intention into the present, even for a nanosecond, something is happening. So it can be really important to know that the settling, this is okay, that Seth is talking about, if that's unfamiliar to you, that might be unfamiliar for a while. And to know that just doing the practices, just growing awareness is a big deal and it will lead to change over time. So there can be a leap of faith.

Alongside that, sometimes some of us come in with a lot of activation or a lot of shutdown. That was my case too. And when that's the case, the resources, what we're doing, it might just help us to basically survive or get by with what we're feeling at the time. So exactly. I just saw it pop in the chat. What if I'm in survival mode all the time? As Seth said a minute ago, leaning hard into resources, knowing it's okay to check out. I went through a period, a number of years ago when I was... I have chronic fatigue syndrome. That's when it started. And I was in a state of really, really, really high sympathetic activation, and I just needed to listen to things and sometimes have a show on that was sometimes a long-running show. So it was really familiar and there was a rhythm. And just to know that if you're doing this work, if you're connected to this work, it will change. Yeah, as Carrie said, lean into your resources. And that it's okay. I had to get to the point, I was always an achiever, and so it's a big identity shift to be like, okay, I'm just going to lay in bed and have the TV on all day. Because at the time, I couldn't physiologically do anything else. And honestly not fighting it was the most helpful thing. It took me a while to get to that point, and the CFS kind of forced me there, but then that did really help just because we're adding an extra layer of survival when we're fighting where we are.

And then I just wanted, just because they're so common, I wanted to say vigilance can be one of those strategies, sleeping a lot. Hello. That can be one of those strategies. Video games. And then also one more characteristic for a lot of us is that we've tried many, many, many things, many modalities, many approaches, and we've seen other people have these dramatic changes, and they didn't really move the dial for us much, if at all. And sometimes could even

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make things worse. So that's another characteristic experience with early developmental trauma. So yeah. Now I'm ready, Seth.

Seth:

All right. Absolutely. Just a little note about, yeah, shows. For me, it sounds strange, but yeah, I had a closer relationship with characters on some shows than with other real humans because it was safer. For me, it was *The West Wing*. Love that show. It was one of my biggest resources and all those characters and those situations. It's like putting yourself into an emotional experience where you know what's going to happen. And so you get to have that experience and it's controlled. And understand that when you're doing that, what you're doing is you're providing yourself with a resource. You're giving yourself a way to soothe. And it's also, strange as it may sound, slowly building your ventral vagal because you're still engaging in a form of social engagement, even though it's on a screen. So people just judge themselves a lot for their various adaptations and coping strategies. And what's really important is to understand is there for a reason and starting to learn what it is you're getting from it.

And what you said, Jen, that ties right into this first question in terms of, lots of people will engage with different practices and they're not getting results, and they'll think it's their fault. When, in fact, it's that the modality isn't right for them or the practitioner is not attuned. So this first question is, "Following the video on an increase in procrastination and anxiety when doing this work," she's referencing a YouTube video that Irene made recently, "I'm doing neurosensory and also osteopath and Rolfing and Feldenkrais. But how do you convey the messages to those practitioners to titrate? My Feldenkrais practitioner said you have to do enough so that you create a shift and not stay stuck. She said that I feel safe and my body responds well when I'm in session. And then I go back home in my life and I lose the safety of the container she created. So what do I say to that?"

Well, I'm not sure you can say much to her that'll be useful because she doesn't understand early developmental trauma, which is what you're dealing with. So this is a classic case where there's just not understanding on the part of the practitioner. She said you have to do enough so that you create a shift and not stay stuck. In fact, you have to do little enough that you can create a shift and integrate it. That's the reality when we're talking about early developmental trauma.

What is known is what is safe in that physiology. Whatever is familiar, whatever is expected is safe. So even if that's a survival state that isn't good for you, that is going to feel safer to you than something different that's actually better for you. So this person, this practitioner is like, "Oh, I'm doing this great work and helping achieve this great shift," but that shift, it sounds like, is way too much, right? It's too much goodness. Even if it's a great shift, that's unknown, it's unfamiliar. So it's going to feel dangerous paradoxically to the system, even if it's better for us. So this is the real tricky thing. And it sounds like when you say Rolfing, Feldenkrais, neurosensory exercises, osteopath, that's a lot of input.

So my intent, you can try communicating to your practitioners that, "Look, I need you to do less," but if they fight you on it and say, "No, we have to do this much so that you have this shift," well, it's not probably going to be useful to stay with that practitioner. If they can hear you and say, "Oh, okay. Well, let's just do way less work. Come in for a 20-minute session. Let's do 15 minutes of work, and then just chat a bit. And then maybe you can go." Like Kathy Kain, one of our mentors, she specializes in early developmental trauma, and she would do five-minute sessions with people. They would come in, she'd work with their kidney adrenals for maybe a few minutes, they'd chat a bit and they'd go, because that's what they needed.

So there can be this rigidity sometimes within the form of the practice that you're going to that says, "Well, this is an hour session." And so you have to do an hour's worth of work when that's way too much. So the problem is not with you or with your ability to communicate, it's with the rigidity of the practitioners you're seeing if they're not able to adapt and hear you. And when that's the case, you have to make a decision. Like, do I try to communicate more? If that doesn't work, maybe I just need to leave that, try to find someone else.

So I'm sorry because it's unfortunate, but the reality is that very few practitioners understand this level of things. Jen, do you have anything you want to add to that?

Jen:

Sure. Yeah, you covered a lot. I'll just add a few things, Seth. Yeah?

Seth:

Yeah.

Jen:

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So I'm halfway through the Feldenkrais training, and Feldenkrais has two parts, really, at a big level. It's got lessons called awareness through movement lessons that people might guide you through, and you can do that in a class format. And then there's something called functional integration, which is more one-on-one work. And when I went to training, I hadn't had much experience, only a little bit with functional integration. And all these people are like, "Oh my God, it's so amazing. My whole body's different. I have never walked this easily before." And I do it and I'm like, again, I'm like, "I don't really get what the big deal is about. Not too much has happened here for me."

And I do this. This is what I do, this is what I teach, and it still took me a while to be able to advocate for myself. And then my fourth module of eight, we have eight month long modules over four years, and I said to the practitioner, I said, "I know this is really different. I feel a little emotional, but I have a highly responsive system." So I've learned that less is more for me. And that's a principle in Feldenkrais, so it's helpful to refer to that, that as we do less, we notice more. And I said, "Can we try 10% of what you would usually do? So I know that's really different, but just try it and see what happens." And it was so different.

And then to Seth's point, some people, some Feldenkrais practitioners work in a more subtle way than others do, and I found that the practitioners who do work on those more subtle ways, my system responds much better to that. So it can take time, but to learn to advocate for yourself and to just understand very, very, very, very few practitioners out there, even... These are trainers. These are Feldenkrais trainers who studied with Moshé like a million years ago. They still don't necessarily understand, definitely not the early trauma piece, and many don't necessarily know as much about the nervous system and trauma piece, right? So, yeah. It can take practice because it can show up with doctors, it can show up in many places. But to learn to advocate.

And to expand on what you said, Seth, about partnering, remembering that a lot of this is about attunement, to listening to ourselves and to having someone listen to us. And so even though they don't know, some of them are willing to listen and partner and some of them aren't. And finding someone to listen and partner, there can be repair in that. There can be healing in that part of it, like the relational part as well as whatever healing modality you're within. So that.

And then there's one last thing, which I just assisted Steve and Kathy the other weekend, Steve Terrell and Kathy Kain, so this is like, it's really in my cells. But so to your point about why the

work can be too much, in a system that already has more regulation on board, access to that down regulation we'll call it, we do something, then we give it a minute and it settles out, and then things get quiet again, and it's ready for something else to happen. It's like a rock in a pond. It sort of drops, it ripples, and then it goes still. Yeah.

In a system that has early developmental trauma, you drop a much smaller rock in the pond, you probably get a bigger ripple. It might start to quiet, but then what the system does is it starts dropping its own rocks in. So the system's dropping its own rocks in, that continue this ripple effect. And so if a practitioner then comes in and is trying to do more, then it's like the system's got its rocks and the practitioner's got its rocks, and the system's just like, "What is going on here? I'm just going to go back to what I know," that homeostatic state that Seth mentioned. That familiar place, safe place. What's safe is what's familiar.

So it might help to think in terms of there's already a lot going on, and so it takes just a little bit to make a big difference. Yeah. Good there? You got anything else on that, Seth?

Seth:

No, that's great. And well, the only thing I thought of is when you were talking about advocating for yourself, it's like, yeah, it may help to be specific. Sorry, I just had a little power shortage. So Jen, why don't you start the next one? But yeah, being specific, saying specifically, "I need you to do five minutes of work." And they may not understand, and that's okay. But like you said, just developing that relationship and that ability to communicate makes a difference. So I have to go run to the fuse box real quick. So why don't you start the next one, and I'll be right back.

Jen:

I will start the next one.

Seth:

Okay.

Jen:

Yeah. And while Seth runs, that's actually a good opportunity, we might just take a moment, just see if you want to maybe notice the contact between your body and whatever surface that

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you're on. Like, I have a nice pillow behind me, so it's nice to kind of like, ah, lean back. If you want to get up, you can get up at any time. It really does help because a lot of times we can feel like, "Oh, I have to stay, or I can tap into that sense of feeling trapped or told what to do." So it can feel free just to get up and walk or move. Wiggle the toes. Yeah. Okay, here we go.

This next question, "I'm an early trauma alum with deeply rooted loneliness and an inability to connect with others. Is it possible to overcome this with more recovery work?" And I will say yes. From what I've seen, yes. That's what we're doing here. Many of us come in with... Sorry, I'm distracted by the... Just got a message pop up that I want to close. So we come in and that's a common denominator that many of us have is feeling deeply lonely, a tendency to isolate, feeling like we don't belong. Having a hard time with social connections. As this alum said, an inability to connect.

So yes, because remember what we've been talking about is that as humans, we have different physiological platforms that support different behaviors. So if we're going to go for a run, that's a very different physiological platform than if we're going to take a nap. And so we also have physiological platforms that support connection. And when we didn't get access to those physiologies, then a lot of us didn't get access to much or enough of what we would optimally want to support the ability to connect. Is that making sense so far? Yeah?

And so as you do this work, if you can turn towards just anything that feels at all comforting, at all soothing, at all just kind to your system... Like I have soft things all the time. My sweater is super soft. I have a very soft blanket on my lap. It's actually soft on both sides. There's different kinds of softness. I have the plants all around me. And then starting... And Carrie, actually Irene's video about Four Ways to Spark Up Social Connection, because often it's more accessible to start to connect with non-humans. As Seth said, we might connect to humans through music, or through TV, or through listening to things. But in terms of real life connection, plants are a lot safer for most of us than humans or animals, or taking a walk or looking out... When I was in bed, I would look out the windows at the trees.

And then if it's possible, the softness, the warmth, the nature, the nourishment, just letting in little bits of a time and almost imagine that it could just be this soft, I don't know if it snows where you are, whoever asked this question, but almost like this really soft snow could almost land and just kind of sink in. So, yeah, I will...

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Oh, the other thing that I wanted to share before I turn it over to you, Seth, is if you can find ways to connect with others, when you're ready, you might wait for this, but when you're ready, but without needing to actually interact directly. So for example, I'll use Feldenkrais since I'm taking that training. A lot of people have classes. Carrie, I don't know if you have classes. Carrie is a Feldenkrais teacher. I know Rebecca is a nervous... Carrie. We're blessed to have a number of Feldenkrais practitioners who are also nervous system practitioners on our team. But I use that example because you might be able to join a class from your living room. And so you're with people, you're in a field with people, and you're being guided by someone kind and caring, but you don't actually have to talk if you don't want to. It's helpful with Feldenkrais to have your camera on, but ultimately, most teachers, if you really need it to be off, you could even do that for a while.

So the point though is finding ways to be with people where you don't have to actually interact or you can take that stress off. I'll turn it over to you, Seth, to see what you have to add.

Seth:

Well, not much. You did great there. And the only other thing that I was thinking of as you were speaking was that when we were little ones, we're supposed to have this ability to find safe connection with others, built by our relationship with our primary caregivers. That attunement and responsiveness, then responding to our cues appropriately, learning about what our inner sensations mean through facial expressions, that whole thing is supposed to build our ability to find that safe connection with others. So when we didn't get that, as an adult, ultimately the ability to find safe connection with others comes from our ability to find safe connection with ourselves. That's really how we build that capacity. It starts with how we pay attention to ourselves.

There can also be, like Jen said, many ways to find a safe connection with external things, objects, materials, a tactile sense. That also taps right into those early layers. If you think about how a baby explores, and grabs things, and sticks them in their mouth. It's exploring through the tactile sense, and that is a way of also building safe connection with the external. And then that might graduate to plants, hugging a tree. Believe it or not, hugging a tree releases the same neurosensory chemicals as hugging another person. So there's ways to start building that in safe ways that don't involve other people.



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Ultimately, though, it's about learning, how do I build safety in the way I connect to myself? And that's what all of these neurosensory practices in the program are there to support, a way for you to connect with yourself. And the way that you do that safely is by learning what your capacity is for that interaction.

I realize I really only want to spend three minutes doing this practice. When you discover that and you honor that, you're increasing the safety in your connection with yourself. So the way that you engage with the program itself and with your internal world through that is a way of building that ability to have safety within yourself that can extend out then into the world.

This question is, "I had a traumatic birth and almost died. Are there differences in how you would work with a near death experience that occurred early in life compared to as an adult?" Absolutely.

So let's start with the adult. Say you had those solid foundations, and later in life you had a near death experience. As an adult, if you have that kind of experience, there's going to be context. There's going to be memories, images. What was the day like? What was the weather? What season was it? Who was around you or what was around you? Who was the first person who responded to you? What was happening before? When did you know that you were okay? There's all sorts of ways that when there's context, we work with this.

One of them is called the T model, where the event that was stressful, the T, the time of trauma is the middle, but you don't start there. You go way back and you go way in front, sort of like what was happening that was okay before that big thing happened. And when was the first moment you started to sense that maybe something wasn't okay? And then, okay, when did you know, long after this stressful thing happened, that you were going to actually be okay? Who is the first person you interacted with that felt kind of safe? There's ways in which we build and work with the container when there's context.

When you don't have any context, then it's about learning to develop the capacity to be with the raw sensations and sense of overwhelm. And that takes time. So that means that instead of thinking about, "Okay, I need to try to imagine it, or I need to tap into some memory, or I need to feel the emotions of it," no, let's build the foundations. Let's do all the stuff that we were talking about earlier in the call to learn to feel a little bit more okay. Let's really connect to our resources, gradually increasing our capacity such that we can start to eventually invite. So assuming our foundations are laid, I think the way that I would start to work with something

like this is I would just start to hold intention. I would think, "Okay, I think I'm ready. I want to start feeling. I want to hold the intention that I start to notice some of that experience. I wonder what that was like."

You can use imagination. If you know where you were born or if you know where this thing happened, you can sort of visualize that building. Maybe you visualize your parents. There's ways to maybe trigger different ways into that. But really, once we build the foundations and honor our true capacity, and slowly start to build that, these things tend to arise on their own. And that really is the ideal, that we grow enough capacity that we don't have to try to make anything happen. The system recognizes, oh, there's enough space now in me for these early experiences of overwhelm and these very difficult sensations to arise. And at that point, you hopefully will have enough experience that you start to be able to just allow those sensations.

One of the biggest things that people do when a sensation is too much is they constrict against it, and that actually produces the difficulty and very often increased pain. We want to have the capacity that when these things start to bubble up, it's like a hand opening. Instead of like, oh, I got to try to manage that, it's, okay, I can let this be, and it's intense, but I can allow it to happen. But you can't do that without the capacity.

So that's basically, I think, all I have to say on that one. But, Jen, do you have anything you want to add to that piece?

Jen:

I might just put some exclamation points on what you shared, Seth, just briefly. And the main one is that, you actually answered this to another question, but because it's like we're so young and there's no context, and it's also often life or death, so the sensations and the charge can be massive. So we have this massive charge and we have this much true capacity. So that's why what Seth said about to really focus initially on just really growing that capacity, growing access to settling, growing access to okayness. I can't emphasize how important that can be.

And then, I hesitate to offer this because I know it's not an option for everyone, but with some of this stuff, when it is an option to work with someone a little bit, it can be really complimentary to the work of SBSM. So that's a personal thing, but sometimes it is helpful. I'll just offer that, with the really early stuff especially.

Seth:

Thanks, Jen.

Jen:

Sure.

Seth:

Yeah.

Jen:

Should I go into the next one, Seth?

Seth:

I think the next one... Yeah. Do you want to start the next one? Or I can.

Jen:

Oh, the PTSD?

Seth:

Yeah. Yeah.

Jen:

Oh, you go. You go. Sorry.

Seth:

Okay.

Jen:

I'm jumping ahead.

Seth:

No problem. No problem. Okay.

"I developed PTSD over two years ago following a period of chronic stress, along with suppression of anger and frustration. I also had an overwhelming feeling of not feeling safe, things not being right. Eventually it got to the point of overwhelm. Since then, I've been cycling between anxiety, restlessness, and racing mind, and low mood, low energy, and freeze. To complicate matters, I have a procedural memory trapped in my shoulder from a sports injury last year. How should I sequence the healing?"

So they're not asking specifically about early developmental trauma in this. However, it lives in this question. What is, I'm pretty sure, happening here is this is a really classic example of highly stressful events in adult life opening up the early developmental layer. And the reason I feel that is because of the things that they're saying here about an overwhelming feeling of not feeling safe, things not being right. So that is classic early developmental trauma like we were talking about. Like existential in nature. Everything's not okay. It feels so overwhelming. Oh my gosh, things aren't right. That's very indicative of early developmental trauma. And then also this cycling between high sympathetic arousal and freeze. That also is very indicative of that.

So in terms of how to sequence the healing, again, we probably sound like a broken record, but foundations, safety, okayness. I would not necessarily try to focus on the procedural memory right away because it may be that your system doesn't have the energy for that. It sounds like we're talking about the layers that are in here. Once the foundations and capacity and safety is increased, it sounds like one of the first things that may want to emerge is the anger, frustration piece, because that is what triggered this release of overwhelm. You had this period of chronic stress and suppression of anger and frustration. Now we all are going to experience periods of heightened stress in our life. If we suppress our internal responses to it that's what gets us into a lot more trouble than the stress itself. And as we grow more capacity, we can authentically move through these periods of high stress, even chronic stress and be okay. But where did the system learn to suppress the anger and frustration in the first place? And that's likely connected to an untrained freeze response that developed in the early time.

So supporting those foundations of safety, okayness, discover your true window of tolerance and stick with it. Build your pool. To use Irene's swimming pool and beach ball analogy, increase the size of your pool. And then as part of that journey, maybe start to hold the intention of noticing some of those pieces of frustration, anger, when we get into lab six, there's the healthy aggression work that we get into later on. But the reason it's later on is we want to really encourage people to build these foundations first. So that's my suggestion and what I think is going on there.

Anything, Jen, you want to chime in?

Jen:

No, nothing to add, Seth.

Seth:

Okay. Alrighty. Do you want to get the next one?

Jen:

Sure. Yeah. So this question is “what about religious trauma as a child? I was told every Sunday morning that I was sinful and unclean, and I believed them. White-knuckle bedtime prayers asking for forgiveness. I'm 58 and I left that church at 18 when I moved out and went to college. I currently belong to a wonderful faith community, but I think that sinful and unclean message probably went bone deep.”

So first I want to say, yay for leaving. Yeah. I hear that there's still echoes and things to work through, but the fact that you left and found a supportive community, that's great. That's really important. And that can be both a support and a resource as you continue to explore what got left behind.

So we call it an interject. What sometimes happens when we're young is we are told something, it's like we swallow it whole and it just lives inside of us and it can actually land in ourselves with this work. When it's really early, it can be kind of cellular. It can change, just to be clear. So this sounds like it might be related to something called toxic shame. Seth, you just talked about this, but where we kind of feel like, I am bad, I am wrong. Because developmentally, if something is going wrong, quote-unquote, outside of us, we tend to think that we are the problem. I am bad. I am wrong. And then on top of that we're given the message you are sinful and unclean. So it's very understandable why and how that would've sunk in pretty deeply.

So everything we've said so far, growing the access to okayness, you may have already done that, growing capacity and then that healthy aggression that Seth mentioned earlier is really important. Disgust will also very likely come up. Disgust is something like, ugh, yuck, that doesn't sit with me. Just the way eating some food that went off can bring up disgust, so can

being treated poorly. We respond the same way in the sense of, ugh. So disgust is an important link.

And then often as we work through that, we tend to start to have more access to healthy aggression. And again, Seth just talked about this, but that healthy aggression really helps us to disgust and then the help with the aggression can really help us to transform those kind of bone deep cellular experiences of feeling like something's wrong, feeling like things are sinful and unclean.

And Seth, do you want to talk a little bit about the annihilation and environment versus parents that you had brought up?

Seth:

Yeah, sure thing. When we take in this type of message that I am sinful or I am unclean, yeah, that's not something that feels good obviously, and it's an insult to the system. Essentially the disgust that Jen's talking about. It's not about feeling disgusted with ourselves, it's the way the body feels at having to hold that information. There can be a disgust in the viscera, in the cells, that's like, this doesn't apply to me. This was wrong. It doesn't feel good to hold this imprint that I'm somehow unclean. So that disgust it can sometimes be just, it often comes along with the affect, the facial expressions, the ugh, the tongue coming out, sort of this connection between the gut and the mouth, sound traveling along those pathways, bringing along a sense of that expression.

Again, this is a higher energy work. So foundations are really important. If those foundations are in place that disgust can very directly lead to healthy aggression. So that healthy aggression is about what didn't get to happen in the first place. What if instead of white knuckling prayers like, oh my God, please save me God, at night. If you think about that energy, what if that had been able to use to say, fuck off, I don't accept your message of that I am somehow bad. And that's what never got to happen, is you didn't get to protect yourself from this faulty message.

So that is often where this disgust can lead to. Is this outrage like, no, I don't accept that message. And that idea of a healthy aggression can sometimes come along with what we call annihilation work, where you give yourself permission to imagine the thing that insulted you being destroyed, whether that be a family member, a teacher, or in this case an institution. And sometimes it may be easier, actually, to do that kind of annihilation work with external structures or systems rather than something so personal as our parents.

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Now that being said, I've destroyed my parents quite a few times in my mind and I've written articles on it, which you can find on my site. There's articles on both healthy aggression and annihilation work, which you can read if you'd like to get a sort of head start on lab six. But again, just be aware, it's very high energy work. If you're coming from a place of early developmental trauma, you want to build the foundations first before really entering into it. But sometimes you can kind of prime it by reading about it.

But essentially it's okay when these impulses start coming to give yourself permission to couple your imagination with that self-protective response. And maybe you just see yourself breathing in fire and burning the whole church down or whatever it is. You have free rein, it's your imagination. And it's about ultimately getting to a sense of what we call victorious glee. It's like standing on the corpse with just that sense of I am victorious. That is the final sort of antidote to the collapse and the disgust and the I'm unclean. So that's kind of how that progression can work.

Another thing that came to me as you were talking, Jen, is that it also could be useful as part of building capacity and safety to do self touch work. We will get into a lesson later on called Layers Lesson, and that will be really helpful. I think you can start that practice in very simple ways, just like in the shower, this is my arm, these are my legs, this is my forehead. Just naming the parts of yourself with kindness, contacting your body. I hear you. I see you. You're okay. I love you. Whatever works for you in terms of languaging and messaging, that might also be helpful too. Okay.

Jen:

All right. Shall I take the...

Seth:

Yes.

Yeah, go ahead.

Jen:

Okay. So just really quickly, two quick things. One is that... Sorry, I keep glitching. I don't know what's going on here. I'll go with the fun one first. So what Seth was just saying about, who, yeah, there's something that we learn about in somatic experiencing called pronking. And

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since it's Leap Day, today, pronking is when an animal is victorious. And if you want, at some point you might search for gazelles and pronking, or antelopes and pronking. I think there's some videos and what happens is when they're gleeful, or if some animals have successfully escaped, like, a predator, they'll do this thing where let's say they're like jump, jump, jump, and they'll like jump and jump and jump. It's really amazing to watch. So yeah, so it's just, pronking can be really fun and I didn't know how to pronk for years, just in case that's your case, but when you get there, it's a really cool thing. It's this sense of like, yes, elation, I did it. Pronk is P-R-O-N-K, in case you're wondering.

So the next question is, "I am affected by EDT, early developmental trauma. The frequently asked questions are not 100% answering my question. When getting into contact with relaxation it seems that my body is shifting into freeze. Can relaxation be coupled or associated with freeze? I recognize that I need my hot water bottles more frequently when relaxing on the couch. Then also deep grief appears, but very slowly. Another inner voice is also there. What to do next? The slower and simpler it gets on the outside, the more difficult it seems to really stay present. Thank you."

Okay, so there's a lot here, but in the interest of time I'll try and boil it to the essence. Short answer is 100%, yes. Relaxation and freeze are very often coupled, or associated. What that means is, some of us, as we start to go towards that settling, the quieter physiology that supports rest and repair and I'm okay, our system is so well practiced at going into freeze some of us that we just go to that place that we know. So we start to relax and the system's like, oh, I know this place, freeze. And if you think about turning a dial on a stove, it's like the system's used to just going into zero, so as we start to turn the dial down, it's just like, okay, I'll go to zero. If you ever drive home, those of us who drive, and you don't know how you got there. You're just all of a sudden you're like, oh yeah. It's kind of like you're on autopilot. So 100%.

And what you can do is you can just start to notice that. Just start to, first, you're aware. Then you might get curious. Then right before it happens sometimes you might kind of take a moment to move a little bit, could be fingers or toes or just even look around or feel the surface you're on. Excuse me. That makes me yawn, I'm touching my blanket right now.

And then the part about the slower and simpler it gets on the outside, the more difficult it seems to really stay present, again 100%, yes. Because under that freeze, there's often a lot of activation. So as there's less going on to take our attention and we're starting to notice more inside, then we start to notice, oh, hey, wow, there's actually a lot going on in here. So again,



very common as freeze lifts or as things get quieter in our lives or we make more quiet time, we do tend to notice more when it gets more difficult. And then you just keep practicing what you're learning.

The hot water bottles, just in case you're new here, there's practices later on that are really great working with the kidney adrenals. You can use the hot water bottle anytime, I have something similar on my lap right now. But specifically for the kidney adrenals, you'll learn about how to use the hot water bottle. Excuse me.

And then what Seth just said about squeezing. He said Layers, also the containment lessons and lab six, just squeezing, holding. Irene has a free lesson already, DIY Ancient Anxiety Medicine. So those are some things we can do as things get quiet, they start to kind of spark up inside and we can just, here I am, feel on my arms, feel on the couch. Yep.

So Seth, over to you.

Seth:

And the only other thing I'll add is it's okay to come out of what's happening inside too.

Jen:

Oh, 100%.

Seth:

You don't have to try to stay with it. It's okay. That's a lot of what orientation can be about, especially at first. I mean, ultimately orienting is about connecting the outside to the inside and how those things are happening together. Especially early on, it can be just like I'm coming out of this internal experience and I'm focusing on something out here that is okay, and I'm really putting my attention out there. So that can be another way to bring in an intervention, when you notice this going into freeze or things are getting really quiet, I'm starting to feel stuff, okay, I'm going to come out of that a little bit and I'm going to focus on this thing over here.

Jen:

Because I took that for granted. I'm so glad you said that. I took it so for granted, you'll hear so much about focusing on sensations. While we're growing a lot of times we notice something,

Kathy Kain calls them micro bytes. Even just noticing that's starting to come up or noticing that I'm stressed, totally fine, encouraged even, to take your attention to the couch, to the plant, to the I have a breeze coming in through my window right now. So yes, it's not about white knuckling it, especially for a while.

Seth:

Yeah, absolutely.

Jen:

Thank you, Seth. Back to you.

Seth:

Okay. So I'm just noticing our time and we have got quite a few questions left. I would like to get through all of them, so we may go extra long. Just please know, again, you can leave. You don't have to stay here if you don't want to. It'll be recorded. You can come back later. Don't white-knuckle it. Even taking in these calls can be an exercise in noticing, what's my real capacity? Maybe I want to turn off my camera. Maybe I want to go get a drink of water. Just every practice in this program is an opportunity to notice what's true for you and honor that.

“Okay, I've experienced early developmental trauma. One of the things I experienced was feeling like I wasn't accepted for who I was, and I'm feeling this way with my partner who's wonderful. My somatic therapist thinks it's my childhood experience that's coming up and not due to my partner. How do I bring this charge down so I don't feel these big emotions all the time? It feels scary. I feel intense sensations running down in my spine in particular. So again, this isn't... Well, she says I have early developmental trauma.”

So okay, the first thing I'll say is, my somatic therapist thinks it's my childhood experience, it's coming up and it's not due to my partner. Yeah, and a safe partner can often trigger your early developmental experiences, paradoxically. Sensing that safety... Because they're your primary attachment person now. When you were an infant, your parents were your primary attachment people. So if now you have this primary attachment person who's actually safe, a system can respond to that like, holy cow, now is the opportunity to unpack this stuff. So yeah, it's not about your partner, but the partner can be a catalyst. So I just wanted to clarify that.

Again, you're going to have to focus on building capacity. If it's not quite there yet to work with these charges, it sounds like the capacity might not be there yet because you're feeling scared of these emotions. Ultimately, the way that you bring the charge down is by engaging with the charge. And again, that's why we have to build capacity. What you're describing by charge is a sympathetic activation, some form of that, and it has different flavors and emotions that can come along with it. The way that that switches off is by getting to its peak. So you'll learn more about this in the biology of stress videos if you're watching those, but that's how sympathetic activation completes, is, it gets to its maximum intensity and then “boop,” it switches off. And now that can take a while to happen.

Oftentimes that idea of getting to that peak of sympathetic charge so it can complete is the focus of somatic therapies, when it's actually the thing that happens the most rarely and doesn't happen to happen very often, and you don't want to force it. You don't want to push on it. It's something that will emerge when it's ready and you're ready to engage with it and have all the tools to do so. Because it's big. Yeah, you're right to feel scared. There's a reason that these things are suppressed in the first place because they were scary. So as you learn more and understand more about what's happening and develop your capacity more, you'll hopefully learn to accept these big sensations.

So for example, intense sensations running down my spine. Well, that's very often connected to early trauma because if you think about it as an infant, what can you mobilize? If you are getting a sympathetic fight, flight response, you don't have the musculature to fight or flee, but you can mobilize your spine and you can contract your abdomen. So again, that's sort of a cue of where these layers are coming from.

So yeah, capacity, capacity, capacity, learning to connect to the safety of your partner. The fact that you have a supportive partner is so good. So lots of cuddling, connection, cultivating that safety. Maybe they can make room for you to maybe start to feel and express some of these feelings like you're not going to be accepted while being accepted. That can be part of it. Once the energy is able to mobilize more and you're not so scared of it may be helpful to work with them in sort of expressions of that. So maybe pushing, you can push against their hands, you can push them across the room, like you make an agreement that I'm going to push and you're going to let me win, but resist. So you could mobilize that in safety, in connection with your partner. There's all sorts of ways that a partner could be really assisting when they're safe in this work. So those are all various ideas. But again, if we're talking about early developmental

trauma, capacity, capacity, safety, building a true window of tolerance, all the stuff we've been saying.

Jen.

Jen:

I have two super quick things to add and then I'll take the next question. Sounds good?

So one thing is that in addition to everything Seth said, and this is a general thing, so that's why I wanted to... Sorry. I need to slow down so I can speed up. Having support along the back, head and neck can be really important. And so that might be something you explore. If I were not trying to look professional for the call, I would probably be like this right now and just have my whole head, neck and back supported. I do have my shoulders and back supported. Because there's a couple reasons for that.

One, the sympathetic chain runs down the spine, and so it can give feedback to our sympathetic system, parts of it. And then the other thing is that if you think about a baby, we are really in the process of repairing and offering ourselves experiences that we might not have had enough of as a baby. And if you think of a really little one, especially the really little ones, their head, neck, and spine is always supported. They're laying back, they're being held, they're in a crib or whatever you call it in your part of the world. So having that support can be really helpful, especially when some of those movements along the spine come up or as you start to orient, especially the longer orient, it's very common for those of us with early trauma to start to discover, like, movements of the head and the neck and the jaw. And so with pillows or hands giving feedback can be important.

And a lesson that can help with a lot of the exploring, the touching in and touching out, although you might do it in a quicker way, is finding the painful and the pleasant lesson, and I think it's lab six. So just when you get there, for those of you who are new, I think that's one of the most underrated lessons in SBSM, honestly. Yeah. Okay.

So I will go to the next question. This is such an important one. They're all really important actually, but we don't often hear this question in these words. "Is it normal to feel anger or rage towards your wounded younger self?" Yeah. "I can't process these emotions as I can't connect to this concept of an inner child. I just feel angry and upset, sometimes rageful as opposed to compassionate and loving. Could you help me understand this, please? Thank you."

Okay. So earlier in the call, you might remember we talked about when things go wrong outside of us, we think there's something wrong with me. I'm the one who's wrong. We can feel that in ourselves. So often what can happen is we almost have an internal split, we have many parts as a lot of who are interested in part works, but there can really feel like there's a split. Where there's a part of me that's broken and then there's a part of me that's trying to be good enough. And if only I'm good enough, whatever that means to you, then I'll be okay. So if I can please the people around me, it's where fawning can come in. If I can be accomplished enough, you can fill in the blank there, or rich enough, whatever, then I'll be okay. And so we have a lot of healthy aggression that can come up too when our needs aren't met when we're young. And when it's not safe to express that healthy aggression outwardly, sorry, we direct it inwardly. So we internalize the healthy aggression and so we can direct it towards ourselves because we think we're the problem.

And then alongside of that, remember that if we haven't had that early support to develop optimal or good enough access to ventral vagal and the low tone dorsal vagal, those are the platforms that support experiences of care and compassion and nurturing. So we may not have had access to those experiences.

So as we do this work to know that if it's helpful to work with your inner child, then do that. But as you do this work, we don't need to from this perspective. Again, it can be very helpful for many people, it was for me at times. I also had the same experience early on. So I'm not dissing inner child work at all. I'm just saying that you don't need to focus in that way if it doesn't work for you, because by focusing on the physiology, by starting to just access those feelings of what does it actually feel like to be touched in a way that's supportive to relate to my environment in a way that's supportive and caring, we start to internalize those things and then as we're ready, we start to work with the healthy aggression and we learn to turn it around and direct it out.

As we do all of those things this starts to shift. But to know for a while that it's completely understandable, many of us have that experience, don't try and force it, just sort of work in the ways that are accessible and know that it changes over time.

Would you add anything to that, Seth?

Seth:

Not really. No. It's essentially aggression that is pointing inwards because it wasn't safe to go outwards and it needs to go outwards and just understand that that's the trajectory and that that redirection is fundamentally about self-protection. And that anger is actually about the people in your environment who weren't safe, who offered various insults to yourself and your soul and your physiology. So it's totally normal what you're experiencing, and it just needs to start to learn that actually it needs to come out this way in safe ways. And that starts with doing all the stuff we're talking about. But maybe just understanding that that's the ultimate trajectory might be helpful as just sort of an overarching picture to keep in your mind. And no need to try to discover your inner child. They may show up at some point. So yeah, it's not necessary.

Jen:

And actually the one that we feel heat towards, that's part of us too. And they may have a whole lot of aggression too. So just to know that, that there can be a whole lot of aggression to piggyback. Next question.

Seth:

Yeah.

Jen:

Okay. So this one we've sort of touched on already. So let's see what happens here. "Can a general fear of death be related to early trauma and how to work with it with more specificity? With other types of fear, it makes sense to notice and grow safety and to realize that trauma has passed, but with fear of death, it's harder since it will be inevitable in the end." I get that. "They're saying we're all going to die, right? Is it possible to go through the process of death if it's due to old age without it being a trauma for the body? I'm thinking about some Buddhist traditions where monks seem to practice this." So the first part, can a general fear of death be related to early trauma? Yes. Again, 100%. Absolutely. Right. Remember we talked earlier about those big survival charges we can have. A lot of things feel life or death, and then it's in the cells.

So it feels like really, really, really, really, I can't even emphasize how big this can feel for some of us if we had very early life or death experiences. And then that can sometimes show up as a fear of death. There could be other reasons that we would develop a fear of death. We could

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go through things. It could be one of those coping mechanisms we talked about, strategies, but so everything we've talked about, like you're saying, it makes sense to notice and grow safety with other types of fear. And remember, this just has a bigger charge and maybe more things associated with it. So noticing and growing safety will help with this too. And then as you have the capacity to just maybe touch into it with a little tiny drop, and that might look like the idea of death is on the moon, and I just sort of start to think about the fact that death is on the moon for a second, and then I just shift my attention back again, that's one of many examples.

But I share that to say we can, just a drop. We can really, when something's so big, when we just touch in a little bit, a lot can happen. So we can start to work in a very, very titrated way. We might call that micro titration. Is it possible to go through the process of death if it's due to old age without being a trauma for the body? I haven't personally experienced this yet, but I do believe so. My belief system is yes, some people who do come to a place of peace and they grieve if it's a longer process, for example, and they're surrounded by love and it's gradual. I believe so, but I think that that might be a personal belief. But what do you think?

Oh, sorry. One other thing is that healthy aggression can also be important here. So as we have more access to our healthy aggression, it also helps us to feel more of a sense of agency inside that changes the relationship to the fear, and we feel less helplessness in the face of the fear of death. We feel more of our aliveness, and that might shift the relationship to death. So yeah. Seth, over to you.

Seth:

That's the piece I was going to add. Okay. Yeah, yeah. Remember that fight flight is a coin and there's two sides, right? So right now, that side of the coin is strongly in the flight category. This tremendous fear of this unavoidable thing that's bound to happen. As you learn to access more of the fight energy, which is the same coin, it just shifts the focus and you start to get more sense of agency and aliveness. And yeah, it just changes the relationship. It's like you take the voltage away from the fear side and you put it more into the fight side, which has agency to it because it can act.

Now, there can also be... part of this can be learning to be with the sensations of fear itself, without fearing them. And that's pretty advanced and may be difficult to do definitely at first, but that can also be part of it is learning to be with the sensations of fear. Sometimes that involves mobilization, or very often it does, because being frozen and immobile with fear is

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really what leads to feeling of helplessness and being trapped. So one thing that you may just start to explore in terms of starting to get the energy moving differently is when you feel the fear, what would it be like to imagine yourself running from death? And you just let your legs start to go and you can do it, I'm doing it right now in sitting, my heels are just running.

And maybe you see yourself, yeah, death's on the moon and the moon's sitting on the other side of the earth and you're running away from it, and you're getting further away from that. So I mean, this can be organic in whatever way works for you, but in some way, bringing a sense of mobilization to a fear charge can start to help change it into more agency and more in the fight side of things.

And absolutely, I believe you can be at peace with death and it not be traumatic. I've witnessed it and I've heard many stories of that. So yes. Okay. "What's the connection between our nervous system capacity and our energy levels to do the things we want to in life? I've had early trauma and I moved out of functional freeze. My capacity is small and my sympathetic activation is high. Does that mean that I'll have less energy? That's what it feels like. When I get tired, I rest and I do not override my system. When I feel recharged, I resume my activities. Will my physical energy increase as my true capacity grows?" And so this is a really simple one, yes, and you're already doing all the right things, which is fantastic. So you've identified your real window of tolerance. You recognize when you're starting to move out of it.

When that happens, you rest. You wait until you feel recharged and you go... You're already doing everything right. So absolutely, that will grow your capacity over time. The only thing I'll add to this is you can think of it kind of like the edge of your capacity is elastic, instead of being rigid. So maybe start thinking of it as instead of a wall that either you bust through or you stay on the other side of, it's elastic and it can maybe be nudged a tiny bit. So this can be part of the process of growing capacity. As we meet it, we recognize we're at our edge, and maybe we just pause there and maybe we just orient a bit. We don't go totally into just rest right away. Maybe we squeeze our fists a little bit. Maybe we push with our feet a little bit. Maybe we just... eventually we stimulate the ventral system.

Maybe we listen to some music. It's kind of like you recognize you're at the edge of your capacity and instead of just immediately retreating, you kind of hang out there proactively in some way a little bit, if that makes sense. It's a way of recognizing our edge and kind of being there for a little bit and being a little bit aware and active and okay, now I'm going to rest. And what I'm talking about is maybe 30 seconds. So it's a metaphor that came to me as I was



reading this question of our edges, are they can be elastic and we can come to them and we can sort of let them breathe a little bit, and then we can come back and we can rest. So I mean, really, it already sounds like you're doing everything really well, so the energy will return.

Jen:

Can I add one? Yeah, just super quick. One is that I saw a bunch of people, and we see this a lot in SBSM that also have CFS. So if you do have CFS, you want to be more conservative, right? Yes. If you're expanding at all, I've learned personally what's helped is to rest around any kind of expansion and to be way more conservative than you think you need to be. Honestly, I am recovered, except for my physical ability. I'm better mentally, emotionally, I'm way better than I ever was, and I feel like if I had learned about this piece three years ago, I would've been physically recovered a couple of years ago.

CFS is chronic fatigue syndrome. It's very common. There's a lot of people who come to this work who have different types of mystery illnesses, and CFS and fibromyalgia are very common. And then the other thing is, remember that we rest and repair in states that support rest and repair. So if we've been running sympathetic as we integrate things, sure, that gives us energy, but we also need to learn to rest and to be in the physiologies that support true repair, and that gives us more energy too.

Seth:

Yeah. Yeah, a really good point and distinction around CFS. Yeah, when that's the case, yeah, forget what I said essentially, and just be way more conservative. I think what I was responding to was what I was feeling in this particular question and this particular person. But that's a very good clarification, Jen. Thank you so much. Yeah. When CFS is in the picture, you want to be way, way more conservative. It's like, okay, I'm getting close to my edge. Time to rest now. And getting into that recharge state.

Jen:

I only brought that in because I saw a few people had asked about it earlier.

Seth:

Yeah. Perfect. Thank you so much. Okay, just a couple more left. Do you want to get the next one, Jen?

Jen:

Weren't you next?

Seth:

One about no stupid questions.

Jen:

Oh, I think we... No stupid questions. Hang on. Where am I? I think I'm missing one. I have the high academic achievement. Give me one sec. Is there one you want to answer while I –

Seth:

Sure, yeah, yeah, yeah, sure. Yeah. “So I did the orienting exercise, feeling my feet on the ground. I was sitting up, and then my body just slowly collapsed into the fetal position where the top part of my body collapsed forward slowly, and I'm resting on my legs and thighs. What's the reason my body does this? Is it overwhelm? Is it self-soothing? I leaned into it and let my body do what it needed to do. It is strange.” All right, so one just, yeah, great. Following the impulse. And what's happening is you're orienting, becoming more present. And remember, when we experienced trauma at an early stage, especially when that stress was in our environment, we couldn't really do anything about it other than feel it. It's like, okay, that's where it was happening, was around us. So when we orient, what are we doing? We're deliberately coming into our environment, we're deliberately deciding to become more conscious and more present with what is around us.

And that will almost invariably at some point bring up those early impressions of what was around us. Now, it doesn't have to be early, the same thing can happen later in life, but the reason I'm thinking this is early developmental trauma, even though they don't name it specifically, was because of the collapse into fetal position. So I was like, I am starting to become present. I'm sitting, I'm noticing, I'm intending to connect to my environment and then, total collapse into fetal position. That sounds like an indication that that was connecting to some early layers of overwhelm. And that posture may also have been soothing. Being in that sort of child's pose, connecting to your thighs, that may have been self-soothing as well as an expression of collapse. And so what I thought of in reading this question is how sometimes it can be important to allow the collapse and to find safety from there.

Twig, our colleague Twig, talks about the planned collapse where when he'll realize that he's been going for a long time, he's like, oh boy, I just realized, I bet my system really just wants to collapse. It's like, okay, I'm going to set aside an hour or an afternoon or a day to just be a puddle. And so allowing yourself to be in that collapse and then orienting from there, what would it be like to, okay, I can feel the sensation of contact with my thighs, and then I can feel the ground and maybe I just look a little bit at whatever's really close, and then maybe I close my eyes or whatever's easiest, how can I do whatever's easiest for myself from this place of collapse to sort of bring in some indications of safety into that place? So yeah, with freeze, with collapse, it's not always about avoiding it.

It's sometimes about allowing yourself to really go into it and to build connection with yourself in that place, and hopefully not stay stuck in it. So it's about then maybe slowly moving out of it, what would it be like to roll to a side or to roll onto your back or to just move a little bit. There's various ways of bringing a little bit more juice back into the system from that place, but there's nothing wrong with spending some time there with consciousness and with care for yourself. So anything you want to add to that, Jen?

Jen:

Just very, very quickly is that that can look like collapse, can be in the bigger sense of the world. We're just going to go home and lay on the couch. But it can also, more specifically, I'll see if I can show you guys, also, it can be like a spinal thing where we start to go like this, and a lot of times we want to work with that in a titrated way, but sometimes there's just... It's actually can be helpful to keep curling if that's an impulse, and to follow it all the way down, as far down as it feels comfortable, and then kind of tune into that safety and see if there's then an impulse to really, and this is slow motion, come back the other way. That's actually happening from my spine automatically. So it can be in the broader sense of collapse and it can also be in the very specific sense of collapse.

Seth:

Yeah, that's it. Absolutely. Yeah. All right.

Jen:

I did find that one. Do you want me to do that one next?

Seth:

Sure. Yeah, yeah. Okay.

Jen:

Okay. Thank you. "So hi. Knowing there are no dumb or stupid questions, I post mine." I love that. "A few weeks ago I played with Voo and Ahh sounds almost every day." So if you're new, that's something you learn a little bit later in SBSM. "I didn't feel anything while doing it. And then two and a half weeks ago, I got really sick, flu with intense coughing, and last week I was diagnosed with pneumonia. Can one thing have to do with the other? Can it be that although I didn't feel anything, I was doing too much of the Voo, which triggered this illness, coughing, pneumonia."

So on one level, we really don't know for sure, we can't know where the pneumonia came from, for example. A couple things here. It is common to do a lot or to even do too much for our system if we have early trauma and not notice anything until later. So that's very common if you notice that. And it is common to have cold or flu-like symptoms. A lot of times the body, once we start to have more regulation on board, we start to access things inside. I think of it as we're processed, we have the opportunity to process things that we were holding onto in a deeper state of survival. So it is possible that it could have come up a few weeks later. Right? Definitely coughing. Coughing is very common. Cold, flu, I don't know. What would you add, Seth?

Seth:

Yeah, well, that delayed response, yeah, is very common with early developmental trauma because it's like we maybe didn't know that we were doing too much and there can be a slowness to respond in the system when there's lots of these layers all packed tightly together. So yeah, it certainly can happen. And just want to echo that it's very common to feel flu-like sensations and symptoms as part of doing this work. We don't maybe know exactly why, but my hunch is it has to do with detoxification. When things unfreeze, that can happen at the cellular level, at the fascial level, in the fat cells, the fats will hold toxins often. Having significant padding is part of being in freeze as I did for most of my life. And when we start to become more alive, it can certainly trigger these experiences of detoxification in the system, which is great. And it can make us feel kind of fluey and sick. That's not unusual at all. That

could then maybe lead to pneumonia just because of some other environmental complication or something. So again, can't say for sure, but it's not unusual. All right, last one.

Jen:

Wait, last one. Yeah, the one can someone, that one?

Seth:

Yeah.

Jen:

Okay. Okay. I'm usually pretty sharp. Today, apparently not. "Could someone with high academic achievement, honor roll and professional degrees be affected by developmental trauma?" I had to laugh like yes, 100%, that's the short answer to it. But we were saying earlier, remember those of us who, we've got that survival energy and then a lot of us have that, you combine the something's wrong with me. I got to fix it with a lot of survival drive. And for sure, I have friends who have 20 degrees from Ivy League schools. Yes, there can be a very strong desire. It's a physiological push and a relational push to drive, to achieve, to show that. And honestly, I just want to be clear, it can feel good to use our capabilities. It can feel good to learn. And also some of this has saved some of our lives. For me, sports definitely helped to save my life.

But yes, a lot of times it comes more from a survival place. And as we learn both to tune in more to our own sense of okayness and authenticity and we access, so we have more access to those ventral vagal acquired or parasympathetic physiologies, we start to learn to do things from a different place. I've been doing this work a long time. I really relate to some of you who shared, you hate the success stories, right? I mean, they're inspirational, but I too related. But I was sharing with Seth that the first time we did this call was just over a year ago. And it took me, I'd say a 10th give or take of the time to prepare this time than it did then, and it was a lot easier to do. So my capacity just keeps expanding and I'm learning from and doing things from a different place than I did for a lot of my life. What would you add, Mr. Seth?

Seth:

The only thing to add to that is that, yeah, that drive to achieve, prove yourself, to prove I'm worthy, I'm acceptable, et cetera. That is very often, yeah, driven by early imprints of survival

energy, learning to operate from that place. And then another thing that makes that even more possible is functional freeze. So with early developmental trauma, it's almost always both, right? You have a big sympathetic charge and this freeze on top of it. And for a lot of a person's life, that combination can enable extreme high achievement and performance. I'm thinking of extreme athletes, people who jump off of cliffs with wingsuits, high level CEOs, people who are extremely high functioning, achieving a ton, but they're only able to do that because they're driven by this high sympathetic charge and they're numb to their own experience, which is why we often see you need more, right?

You need more and more and more because the only thing that makes you feel in that place is adrenaline. So you get that boost from that adrenaline. Maybe you get some endorphins from that, then you need more of that, then you need more of that. Because when you're in that place, you don't have access to all the subtle, yummy, more things that are happening because you're frozen, you're not feeling your experience. This is Irene's story, why she did all the high achieving ski racing, paragliding, all that stuff only was enabled because she wasn't actually feeling what was real for her in a holistic sense. So yeah, very, very common. What tends to happen is eventually in such a case, a person will encounter some big stressor and then the system will pop. So you're going along doing great, achieving a high level, and then your wife leaves you or you get an illness or you get into a car crash and then all of a sudden the system gets flooded because the freeze becomes no longer functional.

There's too much, then, happening in the system, and it just pops and you get overwhelmed with symptoms and then you're not functional anymore. So that's something that we see a lot. Yeah. All right. Well, long call. Thank you all for hanging out with us and we really look forward to just continuing to engage with you and see it in the program and just... Yep. If you feel that these early developmental layers apply to you, just really tune into your capacity. What can I really do? All the things we've been talking about, understand it's totally, not only okay, it is the right way to go slow, to define your resources, to slowly build your capacity. All the stuff we've been sharing. So yeah, thanks so much.

Jen:

Yeah, thanks everyone. Thanks Carrie too for –

Seth:

Thank you Carrie, for hanging out, posting links. Appreciate it. All right. Bye everybody.



Jen:

Bye everyone.