

Seth:

All right, welcome everyone. This is the second Q&A call for SBSM 15.0. Good to see you in here. So before we get started, I'd like to invite us just to take a moment to just arrive, and just use the SBSM basics. Just notice, can you feel your butt on the chair? Are you breathing? Maybe take a moment to just orient around a little bit.

Remember, we always have the opportunity to look away from the screen if we want to. Turn the video on and off, get up, go away, come back, whatever. Always important to take care of yourself and use even these Q&A calls as a way to notice your energy levels, how you may be responding internally. A lot of times there's questions that come in that a lot of people relate to, and can stir up some stuff for us, even if it wasn't our question. So just to be aware of that. And we'll get going.

Now, I believe Rebecca from our team is here somewhere, and she will be helping out in the chat. Let me just see if I can find Rebecca. Rebecca, if you're here, can you turn your camera on? Looks like maybe ... There you are. Hey. I should make you co-host. All right, thanks for being here, Rebecca. All right, fantastic. We'll get going.

All right. So, often as we get further into the course, we'll get upwards of 30, 40, sometimes 50 questions. And when that happens, what I do is curate. I pick questions that I feel will be the most relevant to the most number of people. If there's many questions about a common theme, I'll combine those together and do a lecture section. But now, early on, as is often the case, we only got about 15, 16 questions, so I'll just answer all of them individually and we'll get started with the first one.

So, "I have early developmental trauma and experienced physical and violence and injury from my father throughout childhood, and toxic shaming from my mother. Osteoarthritis and neck, which I think was injured by the father, fibromyalgia, anxiety, depression, chronic pain all the time. My posture is painful and coward. I feel unsafe easily, and I go into freeze, and then I feel partially here and struggle to think. I'm an alumni, and many nervous system exercises do help me feel safe. Question: How to best continue to engage with SPSM, how to get my thinking engaged."

So if you remember back to the early developmental trauma call, these types of complex syndromes and lots of stuff going on all at once, yes, this is a very normal representation of the

---

symptomatology of early developmental trauma/ fibromyalgia, chronic pain, anxiety, going into freeze easily, feeling unsafe, all of that.

So the first thing is it's really good that you found many of the neurosensory exercises that help you feel safe, and that probably will continue to want to be the foundation that you're building on. Remember that when we have early developmental trauma, we are building these systems from scratch a lot of the time. We're building the ability to feel safe, and it can take a lot of practice.

So one thing, the first thing I'll suggest, is if you know you have these exercises that do help you feel safe, start bringing those into the world in different ways, as works for you. Imagine that you do them at home, which is great, and you want to keep doing that in a safe environment, but one way to start building the resiliency, building the capacity, is to bring these practices that increase safety for you, and bring them into slightly different situations. So that doesn't have to be full bore in a crowded mall or anything like that, but maybe at the park. Or you can connect to nature and maybe see some people in the distance, or walking around. Maybe in the grocery store you use some of your practices that help increase safety. So bringing them into the world. Keep building that foundation of safety.

Now, it sounds like there's probably a lot of what's called incomplete self-protective response in your system. A lot of high sympathetic charge where you never got to defend yourself. You experienced a lot of adversity, a lot of abuse from people who were supposed to care for you. And so that can be very confusing, and nevertheless, despite the familial bond, there will be almost always this need to defend ourselves that didn't get to happen. To be able to fight off the dad, or run away from the mother, or whatever it may be. That fight-flight energy that's underneath the freeze.

So one way that you can start approaching working with that is with the posture. You say that the posture is painful and coward. So that is one very powerful place to start exploring. The potent posture lesson, of course, is part of that, but you can bring those principles, again, with titration, you can start it just in sitting. So notice maybe if you're sitting and you notice that your posture is often kind of like this, just feeling what it's like to start just doing this little movement, extending the upper part of the spine and noticing what happens. Can you invite the chest to open a little bit, the shoulders to drop a little bit, going back and forth. And then maybe you start exploring the tilt of the pelvis. So maybe you leave the top like this, but then

you start tilting the pelvis back and forward, feeling how that enables you to maybe get a little more contact with the ground, how that might invite this upper spine to lengthen.

So, working very simply in this way, you can start to challenge those postures that are associated with the freeze, with the collapse. That might start to spark up some of that sympathetic energy. And because you have early developmental trauma, again, you want to be careful in how you engage with that energy. Know that it's there, and when you start to feel a little blips of it, really welcome it, as you can, and know that you don't have to dive full in. Another way is to start, since you're an alumni, start playing with the Voo-Ahh lesson. That one may be useful to start tapping into some of that aggression. And again, you can titrate that. You can very slowly increase the amount that you open the jaw while making the sounds. That's another way. They're both –

Rebecca:

Seth? Seth, I'm sorry to interrupt you. Do you have any impact on your volume?

Seth:

Oh.

Rebecca:

There's just a few people saying it's not so clear or needs to be louder.

Seth:

Is that better?

Rebecca:

I think so.

Seth:

Okay. Yeah? Awesome. Thanks, Rebecca. Appreciate it. I'll have to make sure to crank it every time before I start. All right, great.

---

Yeah, I think that's about that for that one. Just using that foundation to build safety, and slowly entering into somatic explorations that start to tap into the sympathetic side of things, knowing that you can always back off. You can go towards it, that energy, you can come away from it, but really welcoming it when you start to feel it. That's a big part of it. Oftentimes when we've had this stuff deeply suppressed, when the sympathetic energy starts to arise, it's easy to be scared of it because it can feel quite intense. It can feel like an echo of what we experienced coming at us. So it's like, "Oh no, I feel that." I feel, okay, my heart's increasing a little bit and I'm feeling a little heat, a little tension or a little anger. Like, okay, I welcome this, and then I really come back to orienting building safety. Where's my environment? I don't need to dive in and go into full ... Recognize that that need to protect yourself is in there.

In terms of how to get your thinking engaged, that just happens as we come out of survival. Remember that the higher brain is not fully accessible when we are in survival mode, because the limbic brain is so active. So as we get more regulated, as we release that sympathetic charge that's under the freeze and we thaw out, the higher brain naturally becomes more available. There's, of course, all sorts of brain training exercises and that kind of stuff, but those don't tend to work too well as long as the survival energy is still in the picture.

Okay, second question. "When my mom leaves home, things feel like they get really fast and I feel extreme terror. I get super tired and feel disorganized and disconnected from myself, and this all happens simultaneously." So again, this is early stuff. "Then she comes home and I'm distant, or I pick a fight with her. What's going on here from a developmental perspective? Can you give some guidance on how to work with this?"

So this sounds like a really normal expression, really, of the classic double bind that occurs when we experience trauma at the hands of people who love us and who we love, which is, I need you and I'm scared of you. I want connection, and I'm scared of connection, and that happens at the same time and that does set up this real paradoxical situation. And it sounds like that's what's going on here. It's like when she leaves, you feel the loss and abandonment and, "Oh my gosh, where's my safe person?" And then she comes back and there's this anger maybe for her leaving, which is rooted probably in much deeper experiences, and this need to sort of fight, or to hide away. So there's this fear of the connection as well. So this really wanting it and really being scared of it, being angry.

So it's about building a safe connection with yourself, fundamentally. Again, that's what all of these practices are in service of, as different ways of exploring your own internal experience

---

with curiosity, with kindness, and that builds that safe relationship with you. That's really where it's got to start, most likely. It may be that a different living situation would eventually be beneficial. I don't know the details. So it may be that you need to live with your mom for financial reasons. Maybe you're young, you don't say what your age is, so I don't know exactly what the situation is, but eventually it might be good to consider that it would be good to perhaps live apart, as you build your own ability to be your own caretaker, your own safe connection.

In terms of navigating it in the moment, when she leaves, resources, all the basics. What are your resources? What are your practices that help you settle? Maybe it's containment, maybe it's a shower, maybe it's going into nature, maybe it's connecting outside, maybe it's talking to a friend or listening to music, maybe it's watching a show. Who knows? What builds safety for you? What helps you feel a little more calm? Use your resources and those practices.

When she gets back, try to see if you can work with that sympathetic charge directly. There's a sympathetic charge getting triggered, right? You want to either basically avoid, run away, or to fight. So how might you start working with that charge on your own, which again is part of building that connection with yourself. It may be that you just, okay, yeah, you stay in your room, but you don't avoid the internal stuff that's happening. You start to ... Maybe again, maybe it's postural. Maybe you start to feel, err, a little bit of that energy in the body. Again, there's always the basic healthy aggression practices, which you can read about in my article. It's one of the lessons in lab six, but it's also open source on my website. So maybe Rebecca, you could link that in the chat. Healthy aggression from my website. You can start to maybe refer to some of those practices.

Yeah, I think that's about it. Learning to build that safe connection with yourself, using your resources, using the ability to settle the best you can when she goes, find ways to soothe. When she comes back, if there's a sympathetic charge, work with that directly with yourself. It probably won't be useful to engage with her at that level, because when there's survival energy already going on, it usually doesn't work too well to try to engage with the people that are part of the source of that. You can communicate when it's not happening. You could say, "Hey, I just want to acknowledge that when you come home, you notice that I'm nowhere around. Don't come looking for me. I'm working on stuff." So that's part of, again, creating that safety for yourself.

---

Okay. "Any suggestions for learning what infants and babies need in order to grow in safety, especially from a nervous system standpoint?" Well, that's basically everything we're talking about, man. So one, we need to have an absence of chronic stress in the environment, meaning the parents need to have resolved their own trauma if they have it, which most people do, and they need to not be chronically stressed themselves. So that's the foundation. Obviously, babies need to not experience abuse or neglect. They need to be, in terms of the environment, relatively free from toxic exposure, if possible. There's a lot of things that have been normalized that are quite hard on the human endocrine systems, such as air fresheners, detergents, dryer sheets, perfumes, all these heavily scented chemical things are actually quite hard on the human endocrine system. That can be especially so with a sensitive little one. Anything else? Yeah, that's sort of all the stuff to avoid.

In terms of what they need, secure attachment with at least one primary caregiver for about three years. And that means essentially you're not ever ... The baby is never away from a safe person for the first three years. Think about, essentially, how a baby is raised in a tribal setting in the Amazon, and you get pretty close to what humans need. And so this is the conundrum we face in our society is it's not set up to support healthy development of little ones. It can be done, but it's quite challenging. There's all sorts of desires on the part of the parents to ... Maybe they don't want to just be a parent for three years and not have a job, or something else besides that. There's a very common tendency to get the kid into daycare or with a nanny at a very young age.

Now, sometimes the nanny is the safe person, paradoxically. That happens as well. Lots of times there's caregivers who aren't the parents who are actually more regulating for the child than the parents in this current paradigm. But ideally, one of the parents is with the baby basically all the time for about three years.

And then, let's see. Breastfeeding is very important if possible, to have that. There's all sorts of developmental things that happen in the process of breastfeeding that are extremely important. If you can't do that, then at least being very attuned and attentive with bottle feeding. Avoiding things like tummy time. That's really not good developmentally. We want to allow our kids to learn to turn over and navigate that process. That also is associated with neurological development. That entire process of learning to come from the back to the stomach to the knees, to crawling. That's all associated with brain development. When we toss them into tummy time, that puts great stress onto the system, and they don't get to learn how to do that naturally. Cry it out, of course, really bad. Sleep training, feeding schedules, all the

---

stuff that feels kind of necessary in our normal world is basically not that great for developing infants from a nervous system perspective. All right. Sorry for the bad news. That's the world we're in, so it can be really tough. Okay.

“I have a very big life story starting with trauma as an infant. Up until age 12 lately, I've been feeling a strong urge to tell the story in a full public way. The challenging part is holding both the part that absolutely doesn't want people to know, for intense fear of pity and the part that feels very ready to share and to serve. How can I better hold and reconcile these opposing parts and how will I know when I'm ready to share?”

Great question. And I love that you're wanting to share your story. The first thing I'll say is that what you'll probably find when you share your story, at least this is what I found, is not pity, but appreciation. Most often, "Wow, I went through that too." That's something that I hear. And I've written a lot of articles about my personal journey, and I've never experienced pity from anybody. So that's an important thing to know.

In terms of how you go about this, I'd say apply the principles of titration. See what it's like to begin just to write your story for you. Write it all down. See what that feels like. Then what would it feel like to read that to one person, or just give it to them to read? Then what would it be like to share it with a small group of people that feel safe? There's all sorts of ways you can sort of dip your toe into this idea of sharing your story and then work with what comes up for you.

It's possible that you'll never feel 100% ready. It can always feel risky sometimes to share our vulnerability, the things that we've been through that were difficult and what we've experienced. So just know that there may always be a slight feeling of insecurity, and that you just really get past that by doing it. But again, you don't have to do it all at once. You can find these little titrated ways to start to express it. And see what happens. See what that brings up.

Okay. “I've done SBSM four times, and I hear that many others know when they come in to freeze or dissociation. Can you help me to know what to look for to know this? I think I might override these feelings since I can't seem to tell when they arise or what they feel like.”

Okay. So there's many clear signs that we're going into freeze and dissociation. What I want to say first though is that functional freeze is a little different from that, just FYI. We can be dominated by the freeze response in a functional way, which means that we don't know it. We're existing in this norm of override where we're always suppressing it and it's kind of like

---

we don't know what we don't know, because it's always sort of suppressed under the surface. So emotions, sympathetic survival energy, sensations that come along with that, all that can be under the surface.

And so it's possible that what's going on here is that you're not experiencing acute dissociation and moments of freeze, it may just be more of a functional freeze kind of thing. And that's often the case. And that really is about... the resolution to that is doing all these practices. Building the ability to listen. To listen to your body in different ways.

And it takes a lot of practice. If you've been in functional freeze, say, for 30, 40 years, the body's not going to be convinced all at once when you start turning your attention to it. It's not like the first time you do a sensory practice, the body's necessarily going to respond with all these sensations and emotions. It's like, "Come on, you kidding me? We've been repressed for 30 years now. You expect me just to come forward?" Building that relationship with your body is a lot like building a relationship with someone else who has been maybe suppressed by you.

Now, it's not your fault. Again, we don't choose to do this. These are survival adaptations. Nevertheless, there can be a sort of feeling within the body of being betrayed, by life, by our experience, by us. And so we need to really be patient in listening, developing these practices. And it takes a lot of repetition sometimes to invite these deeply hidden things to start to unfold. So that's the first part.

Now, in terms of acute moments of freeze and dissociation, there's lots of ways that can look. That can look like losing connection with your sensations or with the environment. You can sort of realize, whoa, I don't know where I was for the past few minutes, I just realized I was spacing out. That sort of checking out thing that can happen. It can mean being lost in your thoughts, where you just totally go into your mind and you're just thinking, thinking, thinking, thinking. That can be a form of it. It could be an inability to concentrate at all. Feeling very scattered and unable to sort of focus on one thing, feeling kind of floaty, disconnected. Maybe you're listening to someone or there's a group of people and all of a sudden you realize someone's talking to you, and you didn't realize what they were saying until they said your name. That's a classic sort of dissociative moment.

And then finally, there can be numbness, which can be emotional, like a sense of I just don't feel anything. Or it can be literal, like the extremities can feel numb, there can be a lack of



---

sensation in the body. So those are all different ways that freeze, dissociation, depersonalization tend to show up acutely.

All right. "I have a friend who has an eleven-year-old grandson with Tourette's. As I read about it, it seems there is a direct connection to nervous system dysregulation, either as part of the cause or creating dysregulation from the ongoing stress if the family doesn't understand the impact on the nervous system. Any resources for the family would be greatly appreciated. The parents and grandparents are more aware than most regarding his need for support."

So we don't always answer questions that are about a friend or family member. We mostly answer questions that are about the participant. However, this is an important one because it does bring up Tourette's, which is definitely directly connected to unresolved trauma in our view. Specifically, it's an expression of very high sympathetic activation in the system. What we sometimes call global high sympathetic activation, where just the whole system is freaking vibrating with sympathetic energy. Freeze is not so much in the picture. This is very common in war veterans. When you get blown up by something that can leave you in this state. So it's this high sympathetic charge.

Then Tourette's is like an explosion of that charge. It's like the body's filter. It can't keep it packed up anymore, and it's just... Whatever it is that comes out. It can be swear words. It can be jerky movements and convulsions. There's different expressions of it.

So in terms of how to support, well, it's good that the parents have more understanding than most. It sounds like what needs to happen is education first. So I would definitely turn them on to Peter Levine's work. I actually bookmarked a video I'll share in the chat here. Because there's a specific video. So this is a video of Peter Levine working with someone named Ray who was a veteran who got blown up by an IED and developed Tourette's. So that could be a good place to start. I'm just going to pop that. There we go. So that's in the chat. That could be a good place to start because that's relatable to their situation.

And then I would really encourage them to read Peter's books, both *Waking the Tiger*, *In an Unspoken Voice*. Both of those are great. Also, Bessel van der Kolk's book, *The Body Keeps the Score*, is a really good one. That would be a really solid place to start.

And once they understand that, then they might sort of start to turn towards getting him the appropriate support. I mean, essentially he needs trauma therapy. The issue is he's 11. And at that age, he's coming out of the age where he's a kid and can really do play therapy and the

---

kind of stuff we would do with young kids. And he's not yet a teenager. He's not yet an adult. It's possible he won't be open to good somatic therapy until he's a little bit older. I just want to mention that. But certainly the parents can get educated.

I just saw a thing in the chat, "Are chat links successful after the Q&A ends?" The chat links themselves are not. However, we always post every link that is shared on the call replay page. So every link that I mention will be on the replay page with the link to the replay.

And, "How do you find a good trauma therapist?" Can you link the SE practitioner database, Rebecca? That's one of the good places to start. You can search by area.

Great.

Okay. "I have a freeze issue. I believe I have a fainting reaction. I can think of fainting and do it. I got a doctor's report this week and I felt the fainting feeling coming on. I think it's a defense mechanism, and I don't know how to calm it. I used to drive just fine and now I'm limited. It's fear of leaving my safe space and an anxious event of any kind. I try not to think about it and I distract my mind with music and prayer, etc, but I feel myself getting worked up in my mind before I even get in the car."

Yeah. So that is a defense mechanism. That's the system saying, "Let's go directly to freeze." Bypass go and just pass out. And again, this is pretty common in a system that's experienced early developmental trauma. What happens is the freeze response gets entrained as the go-to.

So a classic example of how this happens, the cry it out method, when you leave a baby just to cry. What's going on there, what people think is happening is they get their emotions out and then they feel calm and they go to sleep, and that's not at all what's happening. What's happening is the baby's in sympathetic distress. The cries are getting louder. Babies cry not because they're emotional, but because they need something, and they need to have that need responded to accurately. When nobody comes, it is perceived as a survival threat. So the sympathetic fight flight gets stronger and stronger. They can't do anything though. So then they go into freeze and they get quiet. Oh, nice, they fell asleep, right? So it's entraining the freeze response.

And what happens eventually is that system, that little system, will just be like, "I'm not going to bother going through the sympathetic journey. I'm just going to go straight to freeze because it's a waste of energy to cry." And then you have that nice quiet baby. So this is a

---

classic way that that freeze response gets entrained, and it's just like the system learns, as soon as stress starts to enter, go right there.

Now, you're feeling some of the sympathetic stuff. It's expressing in thoughts, it sounds like, and the worry. But there is, I guarantee you, a sympathetic charge in the system that can be worked with somatically.

So one thing that can be really useful is to work with what's called the prodromal and pre-prodromal experience. That means you want to start to get curious about what's going on in your body as you feel this response starting to come on. You say you can feel it starting to happen. See if you can get really curious about what's going on in your body when that happens. Don't go to the thoughts if possible, and then see if you can recognize, oh, this is happening in here. What can I do in here to work with it?

And there's a few things you can do. Containment might be useful. Just wrapping, holding the body. We have a whole three lessons on containment later on. But for now, you can check out Irene's video on YouTube, DIY Ancient Anxiety Medicine, which demonstrates a containment practice. That is possible. Sometimes when we start to get overwhelmed, that's really useful. Just that tight connection with the self.

Maybe stimulating the sympathetic gently. So gently squeezing the fists, pushing with the feet a little bit, maybe making a little sound, which can stimulate the ventral. Essentially what's going on is that emergency break is coming on, that big, high-tone dorsal freeze response. So we want to see if we can stimulate contrary systems, which are the ventral vagal and the sympathetic. And so there's all these different ways that you can do that. Orienting, connecting to the environment, with containment, feeling your edges. Maybe even just saying to yourself, "Here I am. It's March 7th, 2015." 2015? It's 2024. I don't know where I was there. I did a little time travel.

So yeah, just different ways of orienting to the present. What's happening internally, what's happening in the environment. How can you start to notice the early signals of this process and intervene there?

In terms of there being this specific association with the car, that's something that sometimes you can work with imagination. Like when there's intense fear and anxiety around a specific thing, you can just imagine that you're about to go get in the car, and it's possible that will start to poke up the same thing and you work with it in the same way. And then again, you can

---

titrate your process to actually driving. It can be really slow. It's like, I'm just going to think about driving. I'll work with that for a month. Next month I'm going to go sit in the car, but know that I'm not going to go anywhere. I'm just sitting in the car. And I'm going to imagine, again, what would it be like to drive? Maybe I'll put my hands on the steering wheel. What does that feel like? Maybe then I'll drive around the block knowing that I can pull over to the sidewalk at any moment.

So treating the experience of driving as a neurosensory practice, in which you bring in these different interventions to find ways to bring on those contrary systems so that freeze response can not be so sudden.

Kathy Kain once gave an analogy of, "These responses are like falling down a flight of stairs." It's like once you start to tumble, well, you're just going to go down that road because you can't stop it. However, if you catch yourself at the top of the stairs and grab the banister, you can stop it. And that's kind of what working with these prodromal experiences are. You're finding ways to get into the system earlier before the cascade goes all the way. All right. Rebecca, could you pop that video into the chat if you haven't already, the DIY Ancient Anxiety Medicine from YouTube? That would be awesome. So we're just over halfway. Let's just take a little pause, maybe if you need to get a drink or go to the bathroom, if you want to get up and stretch, have a little water.

I was just scrolling the chat a little bit, see if there's anything. There's a follow-up. "To clarify, if someone is constantly in their head ruminating, this is considered freeze. If they're constantly in their head but still functional, it's functional freeze." Yeah, so remember with freeze, there's always sympathetic energy under the surface. So with functional freeze, that can show up in a few ways. It may be that a person can feel like total zen. They may feel just like... Lots of people who are big meditators are in this functional freeze camp where it's just like, "Yeah, man, it's just so peaceful. It's zen. Yeah, I'm totally shut down." But this also is another representation where freeze is in the system such that we're not engaged with our body, but that sympathetic energy is still expressing through the thoughts. So yes, that is another representation.

If those thoughts are so intrusive that a person can't deal with life, that I would say that's actually not so much in freeze. That's more in sympathetic domination, but it's all mentally represented and so we need to get into the body and what's happening there. But it's pretty normal representation, walking around, lost in thoughts, but still functioning in society. Yeah,

---

that's freeze, functional freeze, but with the sympathetic being expressed in the mind. Yep. Twitchy toes, any sort of twitchy, jerky, spasmodic movement, that's sympathetic energy.

"Can you explain the ventral vagal?" Well, definitely just watch the biology of stress videos because it fully explains all of that. But briefly, ventral vagal is what enables us to find safety and connection. It's the part of the vagus nerve that innervates the heart, the lungs, everything above the diaphragm, and it's what helps us get those social cues, read social cues from other people accurately, feel safe and feel connection with other people. It's something that's built. It is not functioning when we're born entirely. It's a system that needs to be myelinated and that happens through co-regulation with the caregiver over those first three years. That's why those first three years of solid attachment and connection with someone who's not stressed is necessary for proper development. It's literally building the architecture of our ability to feel safe and feel connection with people.

"I had no attachment to my parents and I attached to my grandmother as a safe place. I lost her in 2020, and that's when I started to decline. I think her loss internally made me feel unsafe. The only person I have in my world that makes me feel safe is my husband. I'm scared if something ever happens to him all the time. How can I feel safe without having it be attached to a person?" So we do need people. We need safe people in our life and that is part of being human. However, it is possible to feel safe on your own and again, it just has to be built to practice.

All these ways that we teach in SBSM, all these neurosensory practices are explorations of the self. You're building that relationship with yourself so that you can feel safe with your own experience, you can understand your own experience. A lot of not feeling safety with ourselves is because that never happened. Again, it sounds like there's a deep wound here, which is you didn't have that with your parents. Thank God you had grandma, which is great. So that sounds like that was really helpful. However, there's probably a deep wound there about not having that primary person who birthed you and who was around during that process, the husband, having connection to those people is quite important. Safe connection.

So there's probably this deep attachment wound, and yeah, it sounds like it got triggered by the loss of your grandma, which is totally understandable. It's good that you have a husband that helps you feel safe. That's fantastic. And so that's a good supportive environment to start building this ability to connect with yourself. Oftentimes, it means working with the fear. This is one of the things that is difficult and requires some foundations of capacity to be in place, but

---

it's about learning to feel the sensations of the fear and understand you don't have to be scared of that because there's nothing actually wrong. And then eventually we learn to allow the sensations of fear to just move through.

Now oftentimes mobilization helps with that, moving the body in some way, letting the legs run, express the fear, "I'm running away from something. I'm getting away." But it ultimately comes down to developing the ability to tolerate those intense sensations of fear. And again, that takes practice and doing all the things that we talked about in the first call, the early developmental trauma call of building the foundations of capacity.

Okay. "My children and I have early developmental trauma and shock trauma, and I've realized lately over five years into this work that the guilt I feel is coupled with grief from losing my son in a car crash. I feel all that coupled with shame from early developmental trauma. Can you talk about self-forgiveness, how to get over the shame, guilt, and remorse of all the mistakes I made as a mom from a nervous system perspective and what it feels and looks like and how to uncouple the couplings?"

So coupling dynamics... Coupling is when things get tied together tightly. So I can't feel this grief without also feeling the shame or the guilt, whatever it might be. There's all sorts of ways things can get packed together. I would encourage you, if you haven't already, to read my article on coupling dynamics that's on my website. It's called Planes, Babes, and Incubators, Understanding Coupling Dynamics. It's a tricky thing. A lot of it involves differentiation and learning to engage with one thing, one element of the coupled pair and then the other, learning to differentiate somatically what does the grief feel like and what does the shame feel like, how are they different? And you're starting to tease those things apart.

In terms of self-forgiveness, well, it's really important to understand that this isn't something that you originated. It didn't start with you. It's not like you're a bad person. You're someone who, like so many of us, grew up with trauma and didn't get the support you needed in order to resolve it and you didn't have the education that maybe is important to resolve trauma before having kids. I mean, nobody in our world really knows that except for those who are starting to get into this work. And for so many of us, it's too late. Same thing for me. I made lots of mistakes as a parent.

Self-forgiveness involves allowing ourselves to feel the emotion of that, but not get sucked into self-recriminating thoughts. So that means staying with the body, the emotions, and the

---

environment. If we just get into a loop of the thoughts, thinking about how awful we were or things were, that tends to create a loop that doesn't go anywhere. So it's about working directly with the felt sense, noticing the difference between the different states. How are they not the same? How might they be expressed differently? And just understanding that this isn't something that started with you, you're doing what you can now to address it, which is more than most. So that's the best I can say. It's not easy. There really should be a manual that says, "Warning. Don't have kids until you've resolved your trauma." It's like Earth 101. But we didn't get that memo. And once we have kids, it's a lot harder.

It just is. There's a lot more complexity to it. So I feel for you and just know that it can be done. Communication with your kids about this stuff sometimes can be useful as well if they're grown. Not so much if they're younger, but if they're older adult children... I said to my son when he was around 18, 19, I said, "Look, man, I'm sorry I did too much for you. I didn't know how to be the dad with the strong boundaries and assigning you tasks and chores, and I did everything for you because I was terrified of hurting your feelings because my dad just controlled me and abused me all the time. So I overcompensated." I explained what happened when he was old enough to understand, which was quite helpful for both of us. So that can be part of it as well, communication.

"I have a very expressive and sensitive system. I cry often and I have an iron will to try to suppress. I can be with my emotions, but they're often super intense and overwhelming. I've done a lot of body work to heal and in a recent energy healing session, touched on a deep developmental trauma. Ever since, whenever I tune in briefly, my eyes flutter, a Grinch mouth forms, body shakes, et cetera. Wild. I'm trying to build trust, cry, hug myself, orient, let it do what it needs. I'm worried to stay stuck and it took so much to get here. Any thoughts?" Yeah, so there's a deep sympathetic charge that's been released. The eyes fluttering, the shakes, the Grinch mouth... I think I know what you mean by that. There we go. It's something like that. I don't know, like a disgust or an anger. This is a sympathetic charge, a fight/flight charge that's wanting to come through your system and let it just do what it needs, that's super important for sure.

However, sometimes we need to be proactive. So what I'd be really curious about is what does that Grinch mouth want to say? What are the words that want to come out of that mouth when it's held in that expression? That could be quite an interesting place to start. Maybe it's just sound. Maybe it's not even words. It can be unknown. You may have no idea, but just hold the intention of finding out. Start vocalizing, start making sounds from that expression. See

---

what comes. There's likely some movements that may want to come out, some expression, sound, words, and then yes, just let it happen as well. Crying may not be what's wanted here. There may be a pattern of the system sort of having an association that, "When I feel intensity, I cry." And it may be that actually what's wanted here is an expression of anger, disgust, self-protection.

"I have feelings of existential grief and pain, which feel endless. What's the best process for me to heal and integrate this? And will it take a long time? Does it ever go away as it heals?" Yeah. So again, totally normal experience of early trauma, this existential feeling. A lot of grief and pain can be processed and integrated. However, this kind of whirlpool feeling in my experience can't. And that doesn't mean that you can't heal and not feel that anymore, but it means that it's not necessarily something that can be integrated because very often that kind of emotional state, that just feels endless like it's some universal well of grief, that is something that is an expression of the freeze response. It's the system feeling, "I'm going to die." And there's really no way to integrate that emotionally. What we need to do is come out of the freeze.

I hope that makes sense. There's some emotions that are... Because freeze is not an active state. I mean, in one way, it's a high energy state and that the system is using a lot of energy into that high tone dorsal pathway in order to numb everything. So in that sense it is, but it's not sympathetic where we need to do something and get energy moving in some way or some expression or movement that then can integrate the feeling. It's like kind of this touchstone into this universal well of sort of endless despair. And that is not so much something that we need to integrate, it's something that we need to learn to orient out of so that we're not going into that whirlpool. So orientation, coming out of your inner experience, again, stimulating the contrary systems, the sympathetic system, the ventral vagal system, making some sound, listening to music, seeing where you are, know that it's not something you have to process necessarily. It's more about working with an underlying nervous system state than the emotions. Okay, I hope that makes sense. It can be a fine line to understand because there's oftentimes grief that's been stuck that we do need to process. That's not part of this entrained freeze response. For me, I had a brother that died when I was 13. My older brother died of cancer, and I never was able to connect to the grief of that. I refused to see his body. I left the hospital room, at a funeral. I didn't go to the viewing, so I totally avoided all that grief, and there was then grief that was stuck in me that did need to process and could process and could integrate. That kind of thing sounds different than what you're describing here.



---

Okay, "This is my sixth round. Does it make any sense that I'm still finding myself able to do less and less each round? I come fully committed, but my capacity to engage in the way I'd like decreases each time. I can understand why that would be the first few rounds, but I feel that by now my capacity to engage might have increased. I expect you'll say it simply takes time, but could you expand on what's happening? Is it about the time it takes to unlearn the conventional ways and expectations of learning?" Well, you sure hit the nail on the head of that last question. Absolutely, so much of what we've been taught of how to learn and take in is based on achievement. That is sympathetically-driven, that is survival-driven, so, so much unlearning needs to happen. I think along with that though, what's happening here is you are finally starting to understand what your real capacity is.

And again, when we've been in functional freeze our whole life, especially if we're in later age, our capacity is going to be tiny, our real capacity, so it takes a long time sometimes just to discover what that is, and then it can take a long time to learn to honor that. However, that is the only way I know of to build it. It's like you can't build your capacity when you're not in your capacity. You have to learn to recognize how big it really is. Then you can start to increase it. So it sounds like what's happening is, yeah, you're unlearning all the survival driven ways of learning, achievement based, et cetera, "I need to complete it. I need to finish, I need to do it all. I need to pass the test," right? You're unlearning all that and you're really landing, it sounds like, on what your real capacity is. And then, can you honor that and understand that that's how you increase it, is by learning to build from that place?

Okay. "Hi, Seth. I'd love to hear your take on inner child work and re-parenting as they relate to nervous system work. Where do they work well together and where might we see some differences in approach to healing? Thanks so much." Well, I haven't been trained in inner child work and re-parenting, so I can't comment from a super educated place. However, I understand the gist of it. From what I understand, there's a lot of mental work visualization in that process. Seeing the inner child, maybe seeing ourselves with them as an adult caring for them. That's sort of maybe what you mean by re-parenting, like I'm parenting my own inner child, becoming that safe parent for myself, and all that's great.

The way that this is different is what I would want to ask is how does that inner child feel? What is the physiological experience of that inner child? What's the sensations? What are the emotions? What's the nervous system state of that inner child, and how might you work with that at a body level? Or where is that inner child in your body? Is it in the gut? Is it in the heart? Is it in your arm? Who knows? Where is he or she hanging out? These are the

---

differences. I'd want to bring a body-based lens to that kind of investigation, which I've done a lot with clients. I've had clients who've done that kind of work, and they'll talk about their little me and we'll talk about that, and then we'll work with, "Well, what would it be like to invite that younger self into your eyes, to orient, and to see a little bit of the world?", and what maybe that means that we want to orient very closely. It's too much to see the big wide world: what if that little kid can come into your eyes and just notice your hands? "Oh wow, my hands are big. Look at that. Oh, what's that feel like?", and bringing in that kind of somatic lens is the difference.

"After the Q&A call, the last Q&A call, I received a suggestion to nudge my sympathetic nervous system when stuck in collapse by making fists or pushing," I've referenced that a couple of times on this call too, "It led to episodes of high activation starting in anger," okay, "I reviewed the site's FAQs and resources after the last week's call regarding healthy aggression. I've also been doing SE basic exercises for two years. After the anger charge came down, I started to experience disgust. Advice on working with disgust?" So it sounds like this really worked: you were going into collapse, you gave just some gentle squeeze and some gentle pushes, and boom, there's that sympathetic energy. And it sounds like you were able to work with the anger.

So yeah, that's all really awesome in terms of how to work with disgust, it's really literal. Now, I'm not saying that you need to vomit because that's not the best for the body. It does happen sometimes. Just FYI, sometimes that happens in processing disgust, the body will literally heave, but we want to work with it emotionally. If that happens, no worries, like, okay, good on you. That's like getting sick as happens in shamanic ceremonies, peyote ceremonies, ayahuasca, that kind of stuff. And if that happens naturally, organically, don't be worried. But we want to think about it as that level of visceral-ness. So, disgust is about building the bridge from the belly up through the esophagus to the mouth, and allowing that disgust to come on the face, the tongue protrudes, some sound, and you want to feel that sound coming from the belly all the way up and out the mouth. It comes with breath. So, it may be too much to do that all at once. You can titrate that by working with the upper lip: what's it just to, uh, you're smelling something gross? That's one way to go into that.

And again, really being aware of how it comes from the belly. The disgust is felt in the belly, pretty much always in the stomach. So, it's about getting it out through that expression, and understanding that what you're purging is essentially toxic projections that you receive, whatever it may be. You're allowing the body to have its expression of disgust. Sometimes that

---

is very coupled with anger, and sometimes anger comes first like you experienced. Sometimes it comes after. They're very often together because along with, "Oh, I'm disgusted that this happened to me," and that I've had to hold this shit, I'm also fucking pissed that you did this to me, ah. And then, comes more like the self-protective response, self healthy aggression feeling, how the face can be involved: there's a very close connection affect-wise between disgust and rage. They look very similar already. So very often, those things are hand-in-hand.

All right. Okay, last question, "How do I differentiate between an impulse and my parts stopping me from following my impulse? I'm stuck in my business and moving very slow and mostly find myself in freeze. Thanks." So, there can definitely be organic impulses that are healthy that tell us to stop. The first thing to understand about healthy impulses is that they're biological. They are felt in the body. They may also be heard as an intuitive voice, but fundamentally, these are signals that are coming from our subtle senses of perception. So, we are extraordinarily perceptive as human beings, especially once our systems start to come more online. And so we may get a signal like, "Stop, don't go down that alley," or, "Don't take that road, take this other road," there can be literal things like that, or, "Stop. Don't do that behavior. Don't say those words." Those can be healthy biological impulses. However, what this sounds like is resistance. It's the brain stem, your old friendly lizard trying to keep you safe.

So if you think about the brain stem as a little lizard that likes to stay safe under its rock because it's known, and it's contained, it's small, it's safe, and it doesn't want to go out into the big wide world, it sounds like that's what's going on here, that brain stem is sparking up this resistance. It's just like, "Nope, just stay small. Stay safe, it's okay here, and we don't want to mess with this." So, I think that's the difference that you're experiencing. It sounds less like you're feeling an impulse and more, you're feeling resistance. So I'll encourage you if you haven't to watch the pregame video on resistance because it describes how to work with that. Essentially, it's about finding the energy of the no, because somewhere your system is saying, "No," and a no has energy to it. You may not be accessible at first because it's currently expressing as collapse, freeze, immobility, but there is energy to that no somewhere. And so, watch that video because it talks about how to do that. That's again on the website, the Pregame video series.

Anything else? Again, working directly physiologically. So when you want to do something in your business rather than trying to force through and you're feeling the stuckness, rather than trying to force through will whatever the specific behavior is you're trying to accomplish, what might it be like to just stimulate your other systems in another way? Like you go for a walk, you

do some jumping jacks, do some squats, get the sympathetic energy moving, get the blood flowing, and then go back to it, see what happens if you stimulate the contrary systems like I've talked about a few times. Yeah, I think that's it.

Okie-dokie. Well, thank you all again very much. I'm just going to see if I've got a little bit more time, so I'm just going to scroll a little bit, "Lately, I've been following my impulse to rest and sleep, which brings up feelings of guilt and shame like it's not okay to do that. How to honor that impulse?" Well, where did those instructions come from? That's what I want to know: who told you it's not okay to take care of yourself and rest? So, I would be curious as to where I got those instructions from, and there may be a little, "Grr," in there somewhere, and just give yourself permission and understand that that didn't start with you: someone told you at some point it wasn't okay to take care of yourself. So, see if you can discover who that was and maybe work with some of the sensations, or feelings, and emotions that come up.

All right, "I should write a book," okay, well, I kind of have. There's a lot of blogs on my website, so definitely go have a read of all those. That's basically a book's worth. Yes, there are transcripts of the Q&As. There's also a list of questions. So again, on the replay page, when you go to the Q&A call page on the site, there's those little buttons that say, "Join the call," after the call within about 24 hours, it'll change to saying, "Watch the recording." And when you click that, it goes to the page and there's the recording links, transcript, list of questions, all the links, all that stuff. All right. Thanks, y'all, I really appreciate you being here. We'll see you next time. And yeah, keep doing the work. Bye.