

Seth:

Okay. On the last call, I just want to make a quick note, someone had asked, towards the end of the call in the chat, that they had said, "Seth, your eyes move around a lot." I don't know if they were concerned or if it was distracting, but just wanted to say, yeah, I like to look at all the people on the screen and orient to different people as I'm talking. And also I have notes underneath that I'm looking at as well. And also sometimes looking at links and that kind of stuff. So yeah, it's just kind of part of doing these calls and seeing you all in this kind of format.

So today, we did get a lot of questions, which is now normal for this time of the session, so we can't do all of them individually. But there were a lot of common themes. So we're going to start off with three themes, which we'll do a bit of a lecture section on, and then we'll get into your individual questions.

So the first one was about exercise. The role of exercise, what role can it play in this work? And that all depends on capacity. So for example, there's this one, the first talking about how, "I feel really stable," the person says. "I'm a good father, but my 12-year-old boy on the spectrum has extreme behaviors, which trigger me due to my early experiences. And sometimes I react when he gets wild." And he's done the healthy aggression work, he's an alumni, but he needs a different way to practice outside of these difficult moments. So being proactive, and that's great.

So my answer is based off of what I'm sensing about his capacity, which is saying, "I'm a very stable, good father, but sometimes I just get triggered due to my early experiences." So it sounds like there's some capacity on board here to do the healthy aggression work. So my suggestion, in this case, is to actually do some form of martial arts. Specifically what I did is boxing. Super helpful for developing capacity for intensity.

Now, I mostly only did training, but I also did sparring at least three or four times. And I can tell you once you learn to stay calm while someone's trying to hit you in the face, you get a lot more capacity for activation in general of the sympathetic variety. And now, again, that's based on the person's capacity. I'm not recommending that to everybody, but it kind of feels like this question, this person may be in this camp of being able to do this. So it starts with training and that might be enough. Just learning to strike, learning to hit, learning to dodge, learning to block, or maybe you feel called to a different one, like kickboxing, or Tai Chi, or something. But martial arts, in general, are a very good way to up our capacity for intensity and activation.

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So that again, though, is based off capacity, because the thing with intense exercise is if we don't have the capacity to do it can actually be really bad and it can send us into a kind of a tailspin. If we're coming from a camp of chronic fatigue especially, or other syndromal representations, we want to be really careful about how we sort of titrate our way into that intensity.

So the other question about exercise was someone who says they notice... They do both intentional Feldenkrais type movement and also intense explosive movements, like they do indoor rock climbing. And they're noticing that they're getting this elevated heart rate, it's physically intense. They're worried that maybe it's limiting their progress. And again, it depends. They ask, "This intense workout can be quite stressful on the nervous system, yeah?" It's like, yeah, but again, we have to make the discernment. Is it positive stress? Meaning is it pushing our capacity in just enough of a way that we are growing. Or is it tipping us over the edge of our capacity such that it's actually too much and kind of harmful?

The way you can tell is how your body responds afterwards and during. So while you're engaged in physical intense activity, it's normal. You want your heart rate to be elevated. That's what happens. It's meant to power that activity. It's meant to feel intense. And hopefully as you're going, it gets a little bit easier. I can work out really intensely and my heart rate, it takes a lot for my heart rate to get really high, but that's because of all the experience. So it depends on what you're noticing and where you're at in that journey.

One big key to notice is if you start feeling really emotional, that is a sign that maybe what's happening is you're actually operating in survival mode. You're starting to go into fight flight, and that's not a place we want to exercise from. If we were actually fighting for our life, yes, we want that energy, but we don't want to entrain that response more by going into fight-flight when we're exercising. So if we're feeling really aggro, like you see those guys at the gym and maybe all sorts of people, but it's like, ah, they're really full of just aggression. And that's like, okay, yeah, there's more going on there than just healthy exercise. There's some fight-flight energy in the picture. So that would be a clear sign that maybe this is a bit past what I'm actually ready for.

Or if you start checking out, you start noticing that you're having difficulty concentrating, maybe your thoughts take over and you're totally in your head. Maybe you start feeling emotional in other ways, like defeated or sad. If afterwards you totally collapse, like it's not just that pleasant post exertion fatigue. You literally can't move. You feel exhausted, like you got hit

by a truck. Again, if you feel emotional, if you feel spacey. Those are all indications that it was probably too much. That was probably a little bit too much intensity.

So exercise is such a tricky thing. Irene actually has a vlog on it that if, Mark, you can find that, that would be great to link. And there's also a pregame video in SBSM. So that is also worth watching. So I suggest tuning into both of those.

But essentially it comes down to your capacity. What's your capacity for intensity genuinely? And can you find a way to stay within that genuine window of tolerance and slowly push your edges in a healthy way without having to exert your will or go into survival mode. So, Jen, I know you have a lot of experience with this paradigm. Do you want to add anything to this?

Jen:

Sure. I think you already covered it, but I'll add a few thoughts that might come at it from a different direction.

Seth:

Okay.

Jen:

Because some of you have heard me say that I'm recovering from CFS, and I know a lot of people in the community are, and they ask about that. And so this applies to that, but it could also apply to anyone who's been severely depleted for a long time. And I think there's an important distinction there. Because it's the same thing as what Seth was saying about honoring our capacity. And there can be a difference between people who come out of freeze and then they have a whole lot of access to their energy and their life force, and they can just dive right into exercise. And then there's people, those of us who might have a chronic illness and/or we might just have been depleted, we become depleted over a very long time. And for those of us in that category, we might need to actually rebuild our energy stores and rebuild our ability to produce a lot of energy in that sort of way that we need to to exercise.

Seth:

Yes.

Jen:

And so that can be an important distinction because otherwise, if we're in the second category, some of us in that category, at other times in our lives, like me, might've been highly active and athletic. And so just to not expect ourselves to be now where we were then, which doesn't mean that it might not be possible to really build back up to the ability to be highly active, but the key phrase there is build back up. And so for some of us, really thinking about it like building capacity, we also have to build our capacity to be active in those ways. And sometimes we need to support our body's ability to actually function in that way.

And we might even, like in my case, they believe that the mitochondria needs to start to function differently again. And so that's a much more gradual process. And in that case, sometimes it can actually be helpful to leave up to three days as you're getting started again, to really give yourself a chance to see how you respond, knowing that there can be a lag. For some of us, this is not everyone, but just some of us in this category, there can be a lag between when we exercise and when we notice a response to it.

So that's the only piece I'd add, Seth.

Seth:

Awesome. Yeah, and when you're talking about really building the foundations, like you're building the mitochondrial health, there's a whole other playlist of videos that Irene has on YouTube that is all about that. It's a whole playlist on her channel that says quantum health, mitochondrial health, or circadian health, something like that. But it is all the different things you can do to support that level of cellular health, which can be really important as part of that process. Awesome.

And someone asked, "What if you're exercising and you're starting to check out? What did you do, just stay present and focus on your breath?" Yeah, that can be a good thing to do. And it's a great question because if you're exercising and you start to notice, "Oh, I'm starting to check out, or I'm starting to get irritated or angry," then okay, great, that's a really good awareness and that's an opportunity. Yeah, stop. Maybe go someplace, if you're in a gym, that's a little bit more quiet. Or if you're outside, orient. And just be with your breath, but also be with the environment. Remember the importance of being present with where you are externally as well. So building that basic orienting connection. "Here I am, this is what's going on. Here's my

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breath. Okay, what's the date? Where am I on the planet?" Just connecting to the present moment. Yep.

Okay. Now this other section, this next section is about working with sympathetic energy. There were a lot of different questions about working with sympathetic energy. And a couple of them, two or three were about what's going on when I'm engaging in a practice that's supposed to be calming, like I'm engaging in some kind of meditative practice, or I'm receiving a massage and it's really relaxing, or even I'm falling asleep and feeling like I'm drifting off, and then boom, I need to get up and run. I suddenly feel agitated. I can't sit still. I feel fidgety, I feel like I have to leave the session. What is happening there? And essentially what's going on there is it's an indication that you're not maybe quite ready for that level of relaxation, or at least that level of relaxation is allowing the held sympathetic energy to be unpacked. So the guards are coming down, and those guards are there for a reason.

This is one reason why it can be so important for people like massage therapists to be trauma informed, because I guarantee so often there's people just willing themselves through a session when they really just want to get up, or they want time to cry or to process some emotion. It's really important that if you know you're in a process of trauma healing and you're receiving body work, that you have at least a discussion with your practitioner and say, "Hey, I may need to ask you to stop. And if I do, I need you to stop. And I may need to process. I may have emotion that comes up. I need to know ahead of time that there's space for that. And if you don't work that way, that's cool, but that's what I need." So it's very important to advocate for yourself going into any kind of bodywork, practice.

Meditation, mindfulness, most of that is way too advanced for almost all the population. Irene's done tons of videos on that with Chris Dierkes. There's a whole playlist of interviews with him, so definitely check those out. But yeah, meditation is not meant to be relaxing. Newsflash, Western civilization has taken this practice and imported it in the wrong way entirely. Meditation is about a deep introspective process that is very much about the felt sense a lot of the time. And it's often way too much without first having some foundations of education. Because when we go inside, what we find is not necessarily relaxing. Most often, for most of us, it's not. Meditation is really about deep internal work.

So yeah, these practices are being misapplied a lot in our world. And if you want to, again, learn more about that, check out those videos with Chris Dierkes on YouTube. Great interviews with him.



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So it makes sense that if we're full of survival energy and we start to concentrate, "I'm just trying to be calm and I'm focusing on my breath," and everyone around you is trying to be calm, and there's a part of you that's like, "Ahhh. Get me the hell out of here." And probably in them too, which you can also be feeling, right? So it's a really kind of messed up paradigm we've gotten ourselves into in the west with these practices where really most of us are not ready for them. And so it's not a problem with you, it's a problem with the practice. Okay?

And then yes, we're falling asleep, the same thing. Defenses are coming down. And boom, that can be a signal that, okay, time to release some of this stuff. Now there is, in the most frequently asked questions on the site, there's an entry specifically on this. How do I work with activation? What if it's in the middle of the night? What do I do? So go have a read of that. But essentially, it's about, don't try to just go back to sleep. If this stuff gets unpacked, work with it. Even if it's 3:00 in the morning, you'll have a quicker path back to sleep if you actively work with the activation rather than just try to calm yourself down.

Another couple questions were about starting to do this work and anger increasing. And this is pretty common, and again, healthy really, if we think about it. For a lot of us, we've been frozen a lot of our life. Anger is a huge one that many people learn to repress very early on in order to maintain their attachment. So when anger starts to emerge, that's actually really healthy almost all the time, in the context of this work. It's like, okay, the freeze is thawing and here comes these fight-flight responses that never got to happen. And it can be weird.

I remember in my healing process when I was doing lots of sessions, when I was doing sessions every other week, there were two or three months where I could easily have hit anybody I saw. Just this aggression. A bicyclist is riding past me across the bridge. I was just, "Oh, I'm just going to clothesline them." These thoughts, these impulses just happen because the aggression that's been suppressed for so long is now free in the system. So it's very important not to act on this stuff, to be clear, and it's totally normal to feel it. And so that's when the healthy aggression practices become very important.

Also, getting your sympathetic system engaged in other ways, like circling back to the exercise question. Again, staying within your capacity, but mobilizing sympathetic energy in healthy ways that don't have anything to do with trauma work can be an important part of this, well, life in general really, but especially when the anger is starting to get unpacked. And the healthy aggression practices as well, finding good positive ways to channel that stuff. Totally normal.

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And that may show up feeling very competitive. Maybe it's a good time to play some sports and channel that again in a healthy way. But again, try not to go into total aggro mode.

And also a question about what, if anger is starting to release naturally? So in this question, they said that they've been doing this work for a while, and the other day they woke up growling. They woke up growling with a clenched jaw. Great, okay. So this anger is starting to release organically. You're not having to do anything. It's just coming. That's a good sign. So maybe that's where you discover, what else wants to happen? The person who asked that question said that the healthy aggression practices weren't really cutting it. And again, you can always fast-forward and check out the healthy aggression article on my website if you want to get the basics. That is part of the course curriculum. It's also open source. And it's on my website, healthy aggression. Just look in the blog. Mark, maybe you can link that.

If those practices aren't enough, then we want to start to look at what else might want to happen. So sometimes just doing the physical movements doesn't cut it, like you say, because what's missing is the content. The imagination might need to get involved. We might need to visualize destroying something or someone. Again, I have another article on that, that's more advanced. It's about something called annihilation work, which is also open source on my site, if anyone feels like skipping ahead. But again, just be mindful. These practices, there's a reason we wait until lab six because working with aggression and anger and rage is high intensity work. Just like with exercise, we need to be mindful of staying within our capacity, which can be kind of tricky if we have a lot of rage surfacing, but not yet the interior bandwidth to handle that voltage, then we have to do little bits and keep on coming back to the basics of building capacity, building foundations.

But if you're having organic releases, like you say in this question, the energy, the anger is just coming organically, well then I would be curious to say, "Well, what else wants to happen? Maybe the practice of twisting the towel just isn't doing anything for you. What does that clenched jaw want to do? Do you want to bite something, right? Do you need to imagine tearing into somebody? Are there words that want to come out of that clenched jaw? Are there images that would be helpful to see? What other emotions are present?" There's all sorts of ways that we want to explore bringing in different elements.

And again, I don't think we've talked about this yet this round, but this refers to something called SIBAM. So this is a model that Peter presents that represents all the aspects of human experience. Sensation, image, behavior, affect, and meaning, S-I-B-A-M. And if we are just

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focused on, say, the sensation and the affect, that would be the feeling of heat, and affect is the expression on the face, and we're feeling the heat, but that's all we're doing, and maybe we're disconnected from the meaning. We don't have an image.

So generally speaking, for something to successfully process, a lot of the time, we need to have all these parts of human experience included in order for the system to get that full, like, "Oh, okay, that's what wanted to happen. I was missing the fact that it was actually about my brother that time that he came in and did that thing and I wanted to leap at him." Or whatever it is. Sometimes the context is important. Sometimes it's not. Sometimes with early developmental trauma, there is no context, so we have to be aware of that complexity as well.

Okay. Jen, anything you want to add to that section?

Jen:

Just a couple quick things. One, and again, some of this you may have covered, but just to language it potentially a little differently, just that sometimes we get a lot of questions where people are like, "I've been screaming and yelling for months, and it's not changing." And Seth said sometimes something different needs to happen and that we need to bring in something like a protector, or we need to imagine something happening that relates to our experience and didn't get to happen.

Other times, we might need to titrate a whole lot more, because especially this is almost always the case when early developmental trauma is in the picture, anger comes associated with other things. So there can be this tendency to not feel angry sometimes and then to explode and get really angry. And so then we can think like, "Okay, I'm just going to explode and get angry, and I'm going to work with my healthy aggression that way." But then we don't really see anything changing over time. And as you'll hear us talk about over the course and more today, one of the things we want to look for is difference in this work. We want to look for something changing.

And so when that's the case, sometimes when we titrate a whole lot more, we might notice that actually something else wants to happen. So maybe I go to feel a little anger, but my stomach starts to clench or my throat starts to clench, or I start to want to curl up in a ball. It can still sometimes be helpful to get really mad and yell and scream, but we also want to make space for that other thing that wants to happen because that's how we start to tease apart, let's say, we might have fear associated with anger, or we might have grief associated with



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anger, or we might have shame associated with anger, or healthy aggression of course, what we say in this course. And by making space for those other experiences and then practicing what you're learning here, like what Irene's been going over in the training calls, then you start to separate those. They start to become their own experience. Like fear is fear and anger/healthy aggression is healthy aggression. And they don't always have to come together.

So I just want to throw that out there that sometimes we actually need to really titrate to see if something else might want to happen that we're just skipping right over.

And then the only other piece is a lot of times when we have a lot of self-judgment and we get angry at ourselves, a lot of times what's happened is developmentally, if it wasn't safe to express anger when we were young, then what we do is we don't not get angry, but we turn it towards ourselves. So it can just help to really grow that awareness that if we really have harsh self judgment, if we feel like we're angry at ourselves or a part of ourselves, a lot of that can actually be healthy energy under there that we want to learn to turn around and start to externalize.

So that would be it. Back to you, Seth.

Seth:

Awesome.

Jen:

Yeah.

Seth:

Thanks, Jen. Yeah, very good. Yeah, it's interesting sometimes when we slow down and titrate in the way she's talking about that, yeah, it may be, "Oh my gosh, I actually really needed to sob and have these deep movements of the diaphragm," that's actually what wanted to happen. It was the suppression of that that was making me feel angry. And anger can be a mask for other things. Absolutely. And when we slow it down, we find the doorway into those other things.

All right. And then the last part was just really just what are indications that we need to focus on building foundations, rather than really working with activation so much? So I saw on the

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chat somebody asked, "What about that example where you're activated at 3:00 AM and you need to work with it?" Well, again, it depends on where you're at. If you're in the camp of being ready to work with that activation, then it's using the healthy aggression practices. A common one is restless legs. And then you get up. You sit on the edge of your bed and you just let those legs run, man, let them go. Let that energy mobilize. Maybe there's sounds that need to come out. Maybe you need to press, push something. It's mobilizing the sympathetic energy.

And maybe your system's not ready for that, right? In that case, it'd be more about soothing, settling. What are my resources? How can I bring in a sense of containment, closeness, connection. Make some tea, warm water. Anything that you know is helpful in settling would be more the direction to go.

And so how do I know if I'm in that camp? That's what this last section was about. We had lots of questions. So what happens if I feel very easily overwhelmed by little things, like brushing my teeth or sending an email? Or when there's activation all the time, like things are really intense all the time? We call that global high sympathetic activation.

What about when we're feeling lots of freeze and sympathetic, and they're flip-flopping back and forth, or you're feeling them both at the same time intensely? These are all indications that we're more in the camp of needing to build foundations. We need to make that pool bigger to handle the energy before we can start processing it successfully.

Another indication is if maybe we're having extreme symptoms. Like someone asked, they were having lots of vertigo attacks, a lot. That's not a time to be trying to do trauma work in any kind of traditional sense. That's about building your safety, building your foundations, your resources. Maybe there's other vectors of support that are needed first. That's the other thing. This work doesn't do everything. This work is an important foundation, we believe, for all human health and healing and for other supports to be effective, but it doesn't do everything. Sometimes we may be deficient in minerals, there may be certain things that we're reacting to allergically that are inflaming our system. There can be many different ways in. And if we're in a place of having extreme symptoms of some kind, we want to really examine all possibilities for that. And also in the terms of this work, focus on those, that kind of just foundation building, resourcing, what soothes me, what settles me, who are my safe people, all that kind of stuff.

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Another thing is if we were recovering from illness, there was a question from an alumni who had four weeks of really bad coughing and was having intense back pain and just really got wiped out by this cold. It's like, yeah, don't try to do any trauma work. Just focus on how do I rebuild myself? How do I rejuvenate? What's soothing? What's nourishing for me? What's going to help my cells revitalize, get my energy back, all these kinds of things are indications that it's time to focus on this foundation building, capacity building kind of approach.

Let's see if I have anything else. Yeah, I think that's it. So yeah, all indications, it's better to focus on foundations and that kind of stuff. And again, if this is you, it may be helpful to review the past Q&A calls that are focused on early developmental trauma. We've had five now, I believe, including the ones from past rounds. Which reminds me, someone had asked, how do we access the past calls? If you just go to the calendar on the site, you can scroll back to years and years worth of calls. I am currently in the process of working on a database. It's like a page in the site that will just have all the Q&A calls on it in one place. So if people want to go back, they can, to make that easier. Until that's done, just go to the calendar and scroll back and you'll find all the past calls. All right. Anything you want to add on signs we need to build foundation, Jen, or is that good?

Jen:

Just a quick one, Seth. One is that if someone has a pattern that just repeats and repeats and it's for a long time without a lot of change, and we will talk about this a little later with one of the questions, but that can be a sign that you might need to grow capacity. I've talked to people before who spent days releasing, right, and over and over, not like they do it once and then everything changes and they have a while and then it happens again. But on a regular basis, they're releasing for days. Then that can be a sign that it would be helpful to grow some capacity.

And then this is kind of in a different category, but it could be worth mentioning just when something's lifelong. So when something's been with us for a lot of our life, often it's helpful to grow capacity to navigate whatever we're experienced that we've practiced for decades in some cases, or many decades in other cases. So anything else there? Does that make sense?

Seth:

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No, that's great. Yeah. So someone had asked, "If this is our first round, can we still access the older calls?" Absolutely. Yeah, it doesn't matter which round you're in, you can access all the past calls.

And someone asked, "The answer is probably no, but is there a way to speed up the process of building capacity?" Not so much. There are some things you can do. So, supporting from multiple vectors, I would say. So using the mitochondrial health approach, looking at your diet. Are you getting the right minerals? How's your hormonal health? Looking at your relationships. Do I have any relationships that are really stressing me out and that I want to avoid and are putting strain on my system, cut those out? How's my living situation? Am I in a living situation that feels safe? Do I feel like I can express myself? If not, maybe that needs to be changed. So there's lots of ways to set yourself up for success that involve these more practical approaches. So yeah, I think you can potentially speed it up a bit by really zeroing in on all those different factors. Absolutely.

I just updated a blog on my site because I wanted to send it to someone. I realized it needed more detail. So it's How to Come Out of Freeze and Into Flow, and that's on my website. And that is sort of a big picture all about freeze and what happens when it's lifting and how do we best support it. And I also talk about all the many different ways you can support your system. So if you have further reference in writing, it's in that article. All right. Okay. Jen, do you want to dive into the first question there?

Jen:

Sure. I will dive into the first question, Seth. So the first question is, "What is a well worked with stressful incident supposed to feel like afterwards, neutral, positive or a toned down version of the original feeling? Will it feel like it happened ages ago? And how can we tell if we feel better because we actually dodged that specific beach ball or we just got out of an emotional flashback?" This person says, "I grew up with gaslighting and emotional abuse."

I'll start at a high level and then drill down a little bit. And so first I want to say it can really vary pretty widely. So there can be a wide range of things that we might notice after, this person says "well worked with", I'll say after we effectively navigate an experience or renegotiate an experience or work with a held survival response, we can language it in different ways, but the key thing there is it can look and feel... Sorry, I'm tired. It's late here. I'm on the East Coast and it's the end of the week. The way it looks and feels can take many different forms. And the key

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thing that we're looking for, and we're going to come back to, this might be a theme, this call, is that we notice that something is different.

So the key thing there, I'll say it again, is we notice that something is different. I did not say we notice that something is better or we notice that something is easier. It may be, but it may not be, because working through something may make space for another layer that actually can be more intense. So the theme there or the thing to remember is that we notice something is different.

The next thing that I want to say is that sometimes someone can have a lot of capacity and they had one thing happen, they had a fall off their bike and that really, for whatever reason, they didn't get the support they needed, too much, too fast, too soon, and that sort of maybe they held their shoulder and their head differently after that and they were afraid every time they thought about a bike. That person with a lot of that capacity and that single incident, they might be able to work on their own if they're doing this work or with a skilled practitioner. And in one or two sessions they might have a completely different experience so that their shoulder goes from here to here, their head can realign and find it kind of a more supportive alignment. They can release tension. And when they think about a bike, they're like, oh, cool, I'm going to go biking.

So all that to say, someone with capacity in a single incident who works through it effectively can have a completely different experience both inside and outside after working through it in one big wave or a few big waves. However, those of us who have accumulated experiences or there's a much bigger... a lot of times we have one thing to happen, but it actually links into a lot of other things. It may take a lot of capacity in regulation building and it may take a lot of working through something over time in order to really change our experience with that.

So for example, I've had a lot of social anxiety and I used to have a lot of fear around people. And so some people in particular, especially certain... I grew up with a very large male, and so large males would especially bring up that response in me. So at first I do a little work and where my fear might've been at a 10 on a scale of zero to 10, maybe I notice it's at a nine. And then I do a little bit more work over time and it's an eight. And then it's a seven. So sometimes we just notice that there's just a little noticeable but subtle change in the intensity or the duration or the frequency of what we're experiencing.



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And sometimes though, the key thing there is that it might change a little at first, but that can be cumulative and progressive. So over time that can really add up to a dramatic change, because now I would say for me, the fear I just mentioned is pretty much gone. It's like close to zero a lot of the time. But that happened gradually over time. So sometimes some people can work through something in a big chunk or two, and a huge experience. Others of us, it can happen over time.

So other things that we might notice, in either case, either of those scenarios, is that let's say I noticed that my shoulder... Obviously I'm focused on my shoulder today, I don't know why. So let's say my shoulder's just doing this, and then as I work with it a little bit more, maybe I notice actually that it's my head. And then maybe I notice more and more of my body gets involved. And so a pattern can start to grow and organize sometimes as we're working through something effectively, more organization happens in the system in one way or another. And a very easy way that some of us might notice that or a clear way is a movement may organize where at first we're just doing that and then we notice like, whoa, it's actually that that I want to do.

We might notice things in more detail, we might have more awareness, we might notice more subtlety in our experience. Specifically to the question, we might think about the situation. They said, what happens after, we might think about it and it's just no big deal. Or we have Bessel van der Kolk who writes about his research or research with vets where, when they still have PTSD, they would tell the same story over and over the exact same way. And as the healing happened, they would tell the story in different ways and there would be different nuances. And so our perspective can change basically. And in short, we can have access to new possibilities, so new possibilities specific to that event and new possibilities in our lives because usually working with one event will actually ripple out and impact many different aspects of our life. So Seth, would you like to add anything there?

Seth:

No need. No, that was great.

Jen:

Okay. All right. Over to you.

Seth:

Really, like you said, it's about difference and you highlighted very well, all the many ways that can show up, but something is different. And maybe that just means I feel instead of sad, right? So yeah, there's so many ways in which things can be different, but we want to notice difference. The nature of trauma is for things to stay the same. That's very much the case for most of the time, you're in a holding pattern.

All right. "I've done three years of SBSM, and in the start I used to make noises like blowing out the air, but lately I want to do it a few times a day, especially when I get up in the morning. However, it's difficult to do when I'm with people. I can't go to the bathroom to do it. I feel overwhelmed if I don't express it. Please, can you tell me what's happening? Also, I cannot wait until I come home because I feel suffocated if I wait. Any suggestions?"

Okay. So in terms of what's happening, well simply put, it sounds like your system can no longer tolerate you suppressing your authenticity. That's what it sounds like is going on. You want to make this sound, and if you don't do it, it's like you've done enough work that it's like, no, I'm not repressing myself anymore. And your system kind of is getting pissed and rebels a bit, it sounds like, if you do, if you repress it. And it sounds like you feel like you're in a bind because of that, because it feels like it doesn't feel safe where you are to make sound when you're in the workplace or around people.

So in terms of what's happening, I'm pretty sure that's what's happening and that's normal. In this work, there can reach a point where it's like, okay, I've gone too far in to go back out. I've discovered what my authenticity is. I've discovered I know now how important it is to honor that, and the ball's rolling and it's just like, yeah, you're going to pay a big price. If at that point knowing what you know, still suppress yourself, man, yeah, that's going to have lots of times some intense consequences. And maybe it's just a headache or maybe it's fatigue or maybe you just feel shitty, it's like you don't know how it'll show up, but the more we know and understand what our authenticity is, the more important it is to honor that.

In terms of suggestions, I mean it sounds like what you're talking about is just, if that's the case, just do it. That's the best suggestion I have. If someone in your workplace gets upset by you exhaling, well, that's their problem. And if maybe someone will say, like, "Oh, are you okay?" I mean, in our society, we're not used to people expressing themselves. So be a part of the paradigm shift and just let yourself exhale.

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If somebody says, "Are you okay?" Well then they say, "Yeah, I'm fine. I'm just releasing a little stress." And then you're becoming a teacher for them. Maybe they'll get interested. Maybe you can explain how a long exhale helps lower your heart rate and actually taking a deep breath in, which everyone says takes a deep breath, well, that actually raises your heart rate. So focusing on the long exhale is much more supportive for releasing stress. And then you're helping spread the change. That's really the best thing I can think of.

I'm not sure why you can't go to the bathroom to do it, and that would often be my suggestion, is take yourself away to someplace private like the bathroom and just do what you need to do there. But it sounds like that's not a possibility. Maybe you can go outside, maybe you can find some way to get privacy, but if you can't, then just do it. It's not like you're talking about screaming in a fit or something. It's just, all right. And the worst that may happen is that someone else learns something and maybe other people will feel a bit more permission to express themselves.

All right, I think that's all I have for that. Jen, do you have anything you want to add to that or just want to move to the next one?

Jen:

Nope, move to the next one. Is that okay?

Seth:

All right.

Jen:

Okay. So the next question. The person says, "I've experienced EDT," which is early developmental trauma, "and I have almost no memory of the first 10 years. I meditate every day and do somatic exercises with my hips. I regularly shake during the exercises and also during meditations. What's new? During meditation while shaking, now there's this growling like sound followed by a screen. Doing the orienting as instructed in the integration audio in lab one and turning right, I started to cry and shake and scream again. Would you please provide some context to this? Is this an organic release?"

So in terms of context, I just want to offer, because we get this a lot on the SBSM site, people asking, why is this happening? Can you tell me what's happening here in this work? In a lot of

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cases, we don't actually try and figure out what's happening in terms of where it came from or what it means. It's more about noticing what is happening and how we might be with what's happening. So that's I think part of the first question.

Is this an organic release? It sounds like it could be, and the key is, is something changing is something different. It sounds like something is different here. So something is probably being released.

I do want to offer though that... First of all, I always want to couch this, that there's no way to do this wrong. So we try things and we learn. Those of us who are more symptomatic, we might want to err on the side of doing less just because we don't want to have to live with an exacerbation of symptoms if we can avoid it. A lot of times it may not be avoidable for a while. But just to remember, there's no right or wrong here. It's like we try different things.

In this case, this sort of goes back to what we were talking about earlier, I would wonder, because one of the things we want to keep in mind is the relationship between how much activation and how much charge is coming out, and that could be in movement and sound and emotion, but the relationship between that and how much capacity we have. And when we work outside of our capacity, it doesn't necessarily mean that nothing will happen. But going to the question about what's the faster route, staying within our capacity or closer to within our true capacity is definitely the faster route because we're really then supporting the system and building capacity and regulation from the ground up.

So in this case, the other thing that can happen, and there is change happening here, so I want to highlight that, but sometimes we can just have a pattern that repeats and repeats and repeats. And in that case, we may need to grow more capacity because something else may be wanting to happen alongside or with that. It may take more capacity and/or more titration to notice something else that wants to happen there. And sometimes it can actually help, this comes from, Kathy Kain talks about this, if it really is repetitive, repetitive, sometimes it can help to intentionally sort of break the pattern. So we might actually, like, my hips are going, my hips are going, I can get really carried away with my hips. I might just sort of say, okay, what happens if I actually stretch and focus on my arms instead and then I notice my jaw wants to move.

So we don't always have to stay with what's happening, right? There can be this thought that if I stay with it, then I'm going to release and then I'm going to get better faster. But not

necessarily, right, because there's this whole thing about regulation capacity, about staying present to our experience. So just really kind of throwing in that piece.

Yeah, I'm just looking at my notes just to see if anything... Yeah, I think I covered most of it that I wanted to cover. But what would you add there, Seth?

Seth:

The only piece I'll add is that it sounds like this is connected to a specific movement, and when that's the case, it's very often connected to what's called incomplete procedural memory or self-protective response. Something about that turning to the right is related to something that happened at some point that was overwhelming. So when that's the case and these experiences are connected to a specific movement, then that principle of titration becomes even more important. Really slowing down that movement even more. Going to it, but not all the way, then come back. Maybe go a little to the right, as soon as you start to feel something happening, come away from it. That's part of how you would build that capacity in a practical sense. Maybe next time you go a little more to the right, then you come back. Know that you don't have to just plunge into it and follow it, like Jen's saying.

And also eventually noticing, again, like Jen said, what do other parts of the body want to do? As I turn to the right, what happens if now I tuned into my foot? Or what happens if now I tune into my sit bone. Discovering what's going on in other parts of the body can be supportive of working with this kind of stuff?

All right. "This is my second round of SBSM, and recently I've been having this part come up that every time I'm able to stay with a sensation or activation, this part of me says, 'Wow, good job. That's what you're supposed to do.' It's like a proud voice or a reward voice followed by feeling good about myself. I know it's related to my conditioning. I was praised a lot for being overachieving, perfectionistic, et cetera. Can you give me insight on how to work with this?"

This may be surprising, but I don't think this is necessarily something you need to work with. This is actually a really good thing because it's coming from you. The problem with praise is when we learn that we have to get externally validated by other people in order to feel good about ourselves. That's the trouble with praise. Praise and blame, that whole continuum, it's like it doesn't work because we need to be internally motivated. And that's what's going on here. You're getting a voice of praise, but it's from you. So yay. I think that's really great. That's a good sign. Even better, is that you notice this feeling of feeling good about yourself.



And so in terms of how to work with it, that's the only suggestion I have is one, just accept, yay. How cool, I'm getting my own validation from myself. Focus on the felt sense of feeling good about yourself. So the words happen, there's nothing wrong with that. But see what happens if you focus more on what is the literal sensation, the internal felt sense, experience of feeling good about myself, what does that feel like? Where is that in my body? That's the only other piece I could think to add. Really not a problem.

Jen, do you have anything to add to that?

Jen:

I do not have anything to add to that, Seth.

Seth:

All right, go ahead.

Jen:

All right, so... Well, I guess actually one really quick thing would be to, kind of building on what you said, to tune in and see, does it feel like it's someone else's voice? Right?

Seth:

Oh, sure.

Jen:

Just to imagine, does it feel like, oh, well actually that's my mother there saying, "Good job, Jen." In which case, going back to what Seth just said, what would it be like if I pictured myself there and it really came from me? So that would be my only 2 cents.

Seth:

Nice.

Jen:

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All right, next one is, "Are there areas of the body that hold on to stressors or trauma for longer? I've been aware of tension and holding in my jaw for years and feel as though the release of tension here will be one of the last areas of dysregulation to be soothed. I'm hoping I'm wrong, but so far nothing has shifted."

So lots of what we've already talked about relates here, sort of the idea of if something's around a long time, we may need to build more regulation capacity until we have enough of that internal safety and also capacity to hold what's happening. The other thing that can be happening is, remember the jaw is often connected to healthy aggression. Also, often connected to very early experiences. Remember, when we come into the world, we're often experiencing the world through our mouth, that's how we eat. We're sort of like fingers in the mouth tasting the world through our mouth. So a lot of very early experiences can relate to the mouth and the jaw. So there can be a lot there. And of course there can be other things too. We can get a knock to the head. So a lot can be happening with the jaw.

And to the point about, do some areas of the body hold on for longer? Yes, 100%. Some areas can hold onto patterns for way longer than others, whatever the pattern is, whether there's some freeze there, whether there's a movement there, whether we tap into some emotion. But some areas can 100% hold on longer, and there can be layers. It can be in layers of our tissue and parts of our body.

And again, it can be different for everyone. It depends on a lot of different factors. For example, sometimes if there's a really big charge, like a life or death charge, for some people that's actually going to be right there on the surface. It actually impacts their daily life because there's this huge charge that needs attention. For other people, a charge that big, like this life or death experience, is associated with so much on safety that we might bury it very, very deeply, and it may take a lot of regulation, capacity building and peeling away layers until we get to an experience like that. So it really can vary. Remember too, I don't know how much we've talked about it this round, but we can have things over or under associated with a different experience. We call it, in this work, over or under coupling. And Seth actually has an article about that, Planes, Trains and Incubators. Is that something... Yeah? Something like that.

Seth:

Yeah. Planes, Babes and Incubators.

Jen:

Planes, Babes... Okay. I'm thinking of the movie, right? Planes –

Seth:

Yeah.

Jen:

Some of you, the movie might be before your time. But anyway, it's an old comedy. So all that is to say... So if we have a lot of terror associated with an experience and then we keep terror out of our awareness, it might take a while to get to that. And that might be more like in the diaphragm or in the chest or something. So all that to say that there can be different associations for a whole host of reasons. We may have more access to something sooner, and it may take longer to access other things. And that can happen in any part of our body and any part of our experience really. It's not just the body.

Also, very early imprints can tend to hang around a long time, I tend to find. The things that happen very early in life. And I'll just throw it out, again, this is my mantra... Well actually, our teachers say this all the time, but "regulation, regulation, regulation." That helps to grow the capacity to help to have more internal safety and capacity to be with what's happening and stay present and embodied. Seth, I'll throw it back to you to see if you have anything to add.

Seth:

Awesome. The only thing I thought of while you were talking is that sometimes areas that are chronically painful, sometimes, are directly connected to held emotional states like... Definitely. Yeah. Rage, anger, frustration very much live in the jaw. Or sometimes, there's other areas of the body that are actually the root of that area being tense. And again, all of this will be discovered and unfolds in its own way over time. For example, the jaw and the hips can be seen as one and the same in terms of what they hold a lot of the time and how they will mirror each other. Maybe the solution to the tight jaw is actually in more hip mobility and something that's stuck there. We don't always know, which is why it's a process of discovery that tends to take a while.

Jen:

Can I throw one last thing in there that I thought of while you were talking? The other thing is that when something has been holding something for a long time, a lot of times, less can be

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more. It may be counterintuitive when the jaw is really locked, but it's like there's been so much work and holding for so long that sometimes, not always, but sometimes actually being really subtle, gentle, more tender can actually help those areas to start to feel safe enough, you might think of it that way. And look for very subtle little shifts sometimes. When it's so tight, we want it to be open. I am going to go from here to here, but just sort of starting to even feel like, oh it's so tight, but I can actually... There's a little more give now when I take my finger there. So just looking for any little difference and going in with less sometimes can be more.

Seth:

Yep, absolutely. Absolutely.

Jen:

Back to you.

Seth:

Okay. "I have an upcoming surgery where I will be awake, and I have a lot of anxiety around it. What practices can help me build capacity and cope before, during and after the surgery? Thank you." With surgery, first off, I'll say the fact that you're going to remain awake is actually much better most of the time than being put under in terms of the effect on the nervous system and what it takes to recover. I totally am not trying to minimize the fear, but understand that when we actually get anesthetized to the point of unconsciousness, that can be trickier to recover from than if it's a local anesthetic and we're awake. So it's actually a bit better in terms of the nervous system perspective and the trauma perspective that you're able to be awake. Now there's a whole article from our colleague Twig that I'll link here that's about suggestions for before and after a surgery. Let me just put that into the chat here.

Essentially, it's about, you want to feel as safe as possible up to the moment of the surgery and as safe as possible as soon as possible afterwards. And from a practical standpoint, that means you have people, you have your safe person with you for as long as possible until the surgery. Different hospitals have different rules in terms of... And the situation may determine how long you can have your person with you, but really advocate for yourself to have them with you as long as possible so that you have that safe social engagement presence. Then after they're gone, engage with the nurses, engage with the doctor. If you're nervous, tell them, talk to them

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about how you're feeling. Social engagement with all of them, it will almost certainly help. Most nurses are pretty great people that I've met. I'm sure there's some bad apples in the bunch, and hopefully, you don't get them who are like... I know Irene has had some bad experiences with nurses when she was a kid, but most are pretty great and most are quite understanding when it comes to someone who might be nervous.

Doctors, kind of less so a lot of the time, but there can still be some great doctors out there. So give them the benefit of the doubt, do your best to stay socially engaged with the staff. Orient, feel the surfaces that are holding you, keep coming back to that. This is true of dental experiences. I've had so much dental trauma. And I used to have huge anxiety around going to the dentist, and that's one of the things I had to work through. And a lot of it is the very basic practice of can I still feel my butt, can I still feel my back, can I feel my arms being supported, where am I? See where you are, feel the support from what's holding you. That's going to keep you tethered to the here and now. We get into trouble when we leave the here and now during stressful experiences.

That's one of the ways of just defining what trauma is. Something was too much. We check out. We're not able to stay present. So you want to do your best to remain present and oriented to what's happening. And then afterwards, again, you have your safe person with you as soon as possible. And give yourself plenty of time, hopefully at least a few days, if not a full week, before you return to work and responsibilities. As much social engagement as you can, understand there may be emotions that need to move, make space for yourself and also just have a read of that article by Twig. And I'll make one note for anybody else who reads that article in regards to going under. Since you're not going under, this doesn't apply to you. But in that article, Twig talks about one particular medication, which isn't the best, called Versed, which is a general anesthetic, and to advocate if possible to not get Versed.

We've since talked about that with Kathy and Steve, and we realize actually the best thing is for the anesthesiologist to use what they're comfortable with. For the best possible outcome, you generally want the anesthesiologist to not try to use something that they're not familiar with. So you can have the discussion well ahead of time like, "Hey, I'd kind of like to avoid this one. Is this possible?" But you want the anesthesiologist to be comfortable with what they're doing. All right. And the next one, looks like also I'm going to take, but do you want to add anything to that, Jen?

Jen:



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Very quickly that... You'll read this if you check out Twig's article. It's in there. But to highlight it, a lot of times, what can lead to trauma is when we don't see what's coming, and so anything you can do to familiarize yourself with what's going to happen. When I had surgery a few years ago, I went down the week before, and I saw where I was going to park. And I walked into the hospital and found how to get... It was a big medical facility, so I found where I needed to go and how to get there. Knowing more about what was going to happen and what I needed to do just was one less thing I had to worry about. And that was super helpful. Anything you can do to ask questions or know what's going on, yeah, prepare yourself. It can just lower the anxiety and help us to feel like, okay, I've got this.

Seth:

Yep, yep. For me, for dental stuff, I actually like watching what's happening. I can see in my dentist glasses where they're going in, and I actually like watching that. It's like I see what's going on, and I feel what's going on even though I'm numbed, obviously. So yeah, anything you can do to stay present and connected to understanding the experience. This is a question actually about the annihilation article I referenced earlier. "In your article on annihilation, you said, "We create internalized avatars of other people." I've been doing this all my life, but this is the first time someone coined it so simply. Could you explain how/why we do that and how to work with strong positive emotions? In my head, I can have a loving relationship with a person who hardly knows me. It gets confusing when I see them in real life. I have developmental trauma and fibromyalgia. And I've done the 21 days, and I'm progressing with healthy aggression."

So yes, when you read the article, it'll talk about this, but what we tend to do as human beings is create versions of people inside ourselves, and then we have conversations with them. We create these avatars, these internalized avatars of other people within us, and we relate to that person in our imagination. And that can lead to a lot of problems when you are confronted with the actual real person who may not line up with your internalized version. So it's just something we tend to do. In terms of how, I'm not sure. It's some mechanism of the psyche, for sure, that uses the imagination. And in terms of why, I'm pretty sure it comes down to safety in that an internal version of someone that we created is much more predictable than the real thing.

When we grow up with lots of stress and chaos and in our environment, those real people aren't safe, and we can create safer versions of them within us. Now this discovery, though,

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goes way, way back. I reference, in the article... It's actually a story from the Buddha when he was teaching. And he had a king and queen that came to one of his courses, I guess, I don't know what you would call it back then, where he was teaching his meditative practice. And they went through the process of self-introspection and everything that he was guiding them through. And after a week, the king and queen came together, and they said, "I realize I don't love you. I only love myself and the version of you that I've created within myself." And that was the step towards enlightenment and them really being able to love each other for real instead of just loving the internalized versions they had created.

So this is something we've been doing as humans for a long time. I do suspect it's fundamentally a reaction to stress and un-safety in the environment, which also goes back a long time. So I think that's why we do it. I suspect that people growing up in, say, a tribal setting in the Amazon, perhaps, where life is much simpler and kids get what they need and have all the attachment and there aren't the same kind of stressors of modern life, maybe humans in that kind of situation don't do this thing so much, but it's something that most of us do. And so the annihilation work is essentially about destroying those internalized, we call them introjections, that are negative. We've created internal monsters inside of ourselves like that critical dad that just is always nagging us from the inside. The annihilation work is about destroying the internalized, the introjections.

So that's why. And like I said, I'm not exactly sure how. In terms of what you said here, what about strong positive emotions? I can have a loving relationship with a person who hardly knows me. Well, that's a projection, and projections can be positive and negative in terms of their tone. They're always ultimately negative. And a projection is when you take something that is unresolved within you and you project it to somebody else, you put it on them. And that can be both negative, like, oh, this person is my abuser, or this person is my savior, this person is the lost love I never had. Projections can take all sorts of forms, but they're never helpful.

I don't think you asked really what to do, but in terms of what to do with this kind of thing, when you're projecting, you notice you're projecting on someone, well, one, stop and notice what's happening in your mind. What are you doing with your imagination? And maybe once you recognize that, come away from it and see if you can discover what's happening in the body because there's going to be some unmet emotional need that's driving this mental psychic behavior. So see if you can, one, just recognize what's happening, how are you doing it in your mind and then can you come away from that and connect to what's going on physically? All right. I just want to acknowledge we're getting... It's about an hour and 15

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minutes now. So again, if anyone feels a need to leave, definitely take care of yourself and do so. I think we'll keep going, but we should probably continue on with the next one, Jen.

Jen:

Are you ready?

Seth:

Mm-hmm.

Jen:

“So I often dream that I can't see, hear or move properly. Often, I need to fight someone or something or get something done, and time is running out or I'm late. I think this is confusion. Things have been confusing when I was a kid. Things have often been confusing... Sorry, you know what I'm saying. When I was a kid, and that confusion has stuck in me. I often don't trust myself and am anxious when learning something new. I was wondering if there is a good or adequate confusion and also how to work with stuck/traumatic confusion. Thank you.” So first I'll say, remember that it's common, very common that stuff comes up in our dreams and that we start to work through things in our dreams.

And then you're really asking about confusion here, but I also want to highlight that there's fight. It sounds like there might also be flight in here. So just that it might be helpful... Because remember, confusion can be different things happening at once is often one form of confusion. So when we slow down, often, we can start to sense what's happening within that confusion. And sometimes if it's very early, there might be just a sense of somatic movement and facial movement and maybe sound that wants to come out. Other times, as we slow down, we might start to see like, oh, actually, I got mad and then I got scared and then I shut down, and it happened in such quick succession that it just all starts to come together. And then it feels like this experience of confusion. So in terms of good or adequate confusion, I don't know if I would say it's good or bad. It's just an experience like any other experience to work with.

Sometimes when we're starting to have a very different experience of ourselves or of the environment and the people around us, we can start to feel some disorientation. And there can be a slight tinge of confusion to that, but it's a little bit of a different experience. So that's sort of like there's something new and different or kind of like, hey, what's going on here? I

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don't know this place. But that's different from what it sounds like you're describing here. In terms of how to work with it, so again, continuing, I'll just say growing capacity and regulation gives us more access to everything, but then we can work with things that happen in the night, in the day. So if we remember part of our dream, we can take just a part of our dream and start to imagine that it's happening.

You can practice what you're learning here, tune into what's happening in the body. Is there an impulse present? If you needed to fight someone in this scenario, can you imagine that you were actually able to fight them? Because it sounds like there may be some incomplete survival responses here that get interrupted in your dream. You start to move in a direction and then can't complete it. Time is running out, you're late. So what happens if you imagine that the thing is happening, but you do have time or you are able to finish it? So to imagine that what wants to happen can actually happen and as you're staying oriented to the present and noticing what's happening in your body. So that can be a way to work with it. What didn't get to happen? What wants to happen?

Oh, I do want to name that... Sometimes if we're having dreams that feel very young, that sometimes when we're young, we're not meant to be able to protect ourselves all by ourselves. So sometimes imagining that someone helped us, we had help doing whatever it was that we wanted to do or someone came in and helped to rescue us, that's totally okay, can be helpful. And remember, we don't have to confine ourselves to reality or to what's possible or to what really happened. We can imagine that we have superpowers, or that Wonder Woman comes in and she helps us to fight off the bad guy or whatever. So that's what I will offer there. Would you like to add anything, Seth?

Seth:

No. All good. All right. "I started to have burps or hiccups about a month ago all day long and kind of tiring sometimes. Is that some kind of sympathetic release? Seems to be from very early, even in the womb. And how long can such a period take? It seems to never end. Burps arising all the time, can that be related to spine or compression in the spine also?" So this is actually pretty common, and it may be connected to a sympathetic. It's definitely connected to changes in your parasympathetic, for sure, because if you remember the digestion and all the stuff underneath the diaphragm is innervated by the dorsal vagal branch of the parasympathetic. So very often, when there's a shift, when freeze starts lifting, for example, we

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may see this a lot. Gurgling, stuff happening in the gut that's new, burps. What you describe is specifically, yes, very connected to early trauma or early states of being.

Babies need to burp because their digestive system isn't fully formed yet. It isn't fully functioning. That burp is actually part of the digestive process for babies. So when you're going into this burp and hiccups, yeah, that's probably connected to a deep shift in the autonomic nervous system in the parasympathetic side. And that, of course, can also release sympathetic energy. But the burping and the hiccuping itself is probably more related to changes in your parasympathetic and likely related to freeze lifting off a bit and the digestion coming more online and getting more in touch with those early states where there may have been chronic stress. In terms of can it be related to the spine or compression in the spine, I suppose it could be. If there's compression in the spine, there may be compression in the abdomen, but I think it's more directly related to the dorsal vagal branch of the parasympathetic. In terms of how long can such a period take? It totally depends. I had a client who had frequent burping for years, but that was before she started the work.

And then once we started working together, I think it took... I don't know. I don't remember how it was. But it was many months before it started to change. That doesn't mean that that's how it's going to be for you. We really have no way of knowing. You just want to focus on doing the work, connecting to your resources, to safety. If it is an early stage you're moving through or for anybody in this work, when we're moving through really early stuff, we want to think about what does a baby need and treat ourselves that way as much as possible because these early states are coming up where we didn't get what we needed. And so especially with infancy, very often, it's about what we didn't get. And so that is something we want to do our best to support using all our knowledge about what a baby needs. Safety, as little stress as possible, comforting food, connection with safe people, a comfortable environment. And we want to try to support ourselves in that way as much as possible.

All right. I think I'll just move on to the next one, unless Jen, is there anything you wanted... Okay. All right. "Can you elaborate on the relationship with coping mechanisms such as stimulants and early developmental trauma freeze states? On the last call, you mentioned that it's not about giving up the coping mechanisms but about slowly replacing the habits. Rather than addressing the coping mechanism, which is a symptom, it's better to work on building regulation. What does that look like in practice? Thank you." Yeah, our coping mechanisms are there for a reason. So in practice, what that may look like is, well, one, you're learning all these different somatic tools. So that's the first thing. Keep on moving through the labs, learn the



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different practices, the different ways of engaging with your physiology and yourself because all those are going to come into play.

When it comes to the actual thing, say it's smoking, and you want to go have a smoke, the first thing to do is to make that process more conscious. So first, notice what is happening in your body when you have the desire to have the smoke, whatever it is. But what's going on physically? What's happening? And then as you have the smoke or the thing, whatever it is, what does that do for you? Really notice, make it a meditation. What's happening physically? How am I soothed? Why is this helpful for me? You really want to know what the thing is doing for you. That process alone makes it more conscious and makes it not so much of an automatic thing that I've just got to go to this thing in order to deal. That alone starts to shift it. Then you can start to delay your gratification.

As you have more tools to work with yourself, when you feel the urge to have the thing in order to cope, just give yourself five minutes. Know that you're going to get the thing. You're going to get to have the thing. It's okay. But wait five minutes. And is there some other way to work with what you're feeling inside? Maybe it's what happens if you bring in the diaphragm work? What happens if you do a little voo-ahh? This is stuff we'll get into later in later labs. What happens if you just really orient to focus on containment?

Bring in your neurosensory tools and see if you can work with what is arising when you want to have the thing, and then go have the thing. And in that way, you can slowly uncouple the need to have the coping as you bring in more underlying tools that can be supportive. I hope that all makes sense. Also, not all things are bad. I used to drink beer. I don't anymore, but I love good Scotch. I love it. I'll have a little bit. Most nights, I'll have a little bit. It's not a bad thing. It's not that I'm using it to cope. It's part of enjoying life. And so the things that we use to cope, sometimes they transform into just things that are part of life that are nice to have. So that can be true of even things that are viewed as negative. So it's all about the associations. There's very little in this world that's really bad for us, it's about how we treat it. I mean, obviously we don't want to consume poison directly, but tobacco, alcohol, cannabis, whatever it is, whatever your poison is so to speak, it's about the relationship you have with it, not the thing itself in terms of the impact it has on your health. The Native Americans smoked tobacco for thousands and thousands of years, and cancer was unknown in their society. It's about why is the relationship with the plant that way? What are you doing? How are you using it? What's it compensating for? All those things are much more significant than the thing itself most of the time. All right, go ahead Jen.

Jen:

Okay, so next question. "I found kidney adrenal work..." If you're new, that's coming up this next week maybe. I'm getting confused, but soon.

"I found kidney adrenal work incredibly helpful. However, as I do it, lost parts of me can show up psychically, and at times I cannot grasp these parts. So it seems like if I'm understanding doing the kidney adrenal work, I have a sense of a part that's lost, but I can't really hold onto it.

This person says, "I had early developmental trauma and obvious transgenerational stuff and a severe shock trauma at age 11." That sounds like it was like a life or death experience. "How can I differentiate and work with these parts that show up one by one if they're all linked up and interfering with one another, especially if these parts are happening on what feels like a soul level and the confusion from the trauma when I was 11," it sounds like they dissociated when they were 11. And then that sort of starts to come in too. And they're saying as they grow the more ability to sense their body, then they feel this experience more. They have more access to it.

So the first thing that I want to say is it sounds like there may be some seeing yourself from a distance and the parts that feel disconnected. There can often be some disassociation there. And disassociation in this work we see as part of the freeze response. And remember that we do that, we go into freeze, we split off from ourselves when something's not safe. There's something happening and it's dangerous or we don't have the capacity to be with it. And so that's sort of how we survive or how we make it through what's happening. It's a survival strategy.

And so because of that, you're saying that as you're becoming more embodied, you have more ability to sense your body, you're having more awareness of these different parts. So likely as you continue to go in that direction, you'll probably have more clarity about the parts. And then what often starts to happen, whether it's a part psychically or whether it's a sensation or emotion, as we grow capacity and regulation and awareness, we start to be able to differentiate more. So things start to be able... Instead of just all these things that are jumbled and confusing, we start to be able to see like, "Oh, there's this part and there's this part, and there's this part." And as we're able to do that, then we can start to tune into the different parts and to see if we can...

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In all the different ways that Seth and I have talked about today with dreams or with different experiences, you can use the imagination to talk to the part or imagine that you could sense what that part might need or might have needed. You can also sense what happens in your body when you connect to that part. So starting to get a sense, and that might lead somewhere. That might lead to, like, "Oh, when I was 11, I actually really needed someone to help me when I was in that accident." And so then renegotiating or imagining that you could go through that and have that different experience and see how that feels inside. Of course, noticing too, if there were impulses. Was there an impulse to get away? Was there an impulse to fight something off?

So the other thing to remember too, that we can bring in supportive figures. These different parts are showing up. You can also see, well, would it be helpful to bring in a part that can actually create safety or provide support to all these different parts? Maybe there are young parts and there's an adult part that comes in that could be someone fictional or something fictional. It doesn't have to be someone you knew. It could also be a grandparent. So whatever works for you.

The other thing is just to remember that often when there's too much, for a lot of us containment can help, like different forms of containment to help us to stay in the body when there's a lot going on. And then of course, practicing titration a little bit at a time when there's a lot happening. That little bit can help us often to... That can be a way to tune into and be with what was too much. And so for example, we might notice something that was really charged or scary, and then we notice, like, "Okay, here I am on my bed practicing my kidney adrenals," and then going back and forth that way.

So Seth, I'm wondering from a shamanistic or another perspective if you would want to add anything there.

Seth:

Not much. I mean, we're talking essentially about internal family systems parts work, which isn't what we're trained in, but we've both, I think... I mean we encounter it so much that I kind of have a sense of how it works. It can go really well with somatic experiencing, but the key is to keep reorienting to the felt sense. If it feels like there's so much happening psychically that you can't process it, don't worry about processing it. Come out of that realm and come back to here. And then that means maybe opening your eyes is a good start and really just see

externally and understand it's okay to leave that and just come to the sensations, feel what's happening physically if there's too much to process in that sort of more psychic realm.

Another useful inquiry can be where does this part live in my body? Because everything that's being represented in the psychic plane has a physical component. And we are usually disassociated from those physical places when there's something being only represented as a part. It's like something that's just floating astrally and I feel like I need to bring it in. Well, actually, there's an area of your body that's representing that you're probably not in awareness of because everything that is in the psyche is represented physically. So bring the lens back to the body in that approach. All right.

I just want to acknowledge we're going long. It's an hour and a half now. There's four or five questions left. I'm fine staying on, Jen. Do you have enough time?

Jen:

Yep, I'm okay.

Seth:

Okay. And again, if anyone needs to leave, please take care of yourself and go. You won't hurt our feelings or anything. All right.

"If I'm truly honest, at times I'm noticing a sense of feeling sorry for myself. Usually I deny or cover this up, just not indulge it and find some turnaround. But this has become harder. I'm wondering if it's a sensation to work with or simply a mental activity to stop. It's a disempowering feeling and seems to lack life, similarly with hope, which seems to be gone. But now I'm wondering if hope is a way to escape being with one's experience here and now. Is it okay or helpful to feel this sense of lost hope?" Okay.

So this sentence here, "I'm noticing a sense of feeling sorry for myself. Usually I deny it or cover it up. I would not indulge it. I'd find some turnaround." To me that tells me that it's actually very important that you're noticing this and that this is connected to freeze. This is connected to collapse. That held freeze response in your system that is finally starting to shift. Because as the freeze shifts, we feel the elements of it more. We feel the emotions of it more. When we are totally dominated by freeze, we usually feel very little and we have the ability to do, like

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you described, "Oh, I'm not going to indulge that. I'm just going to find something else." It's the freeze that enables us to disconnect in such an easy way, and we may feel very little.

So as freeze starts to lift, it's very common to feel the emotional state of freeze more, which sounds like what is happening here. So you ask, is this a sensation to work with or simply a mental activity to stop? Yes and yes. Yeah, you don't need to pay attention to the mental aspect of it. That's not useful at all. The story of whatever it is, yeah, not useful. However, the sensation of feeling sorry for yourself, well, that sounds pretty close to self-compassion if it's not turning over the edge into pity and despair. So I wonder if there's a way that just making the space for acknowledging your own suffering is really important here. It feels like that's needing to happen. It's like, yep, it's been a long hard life, and it's okay to feel the weight of that and to not stay stuck in it.

Remember that the emotions of freeze often don't lead anywhere, but that doesn't mean they're not important to witness. It just means that we want to hold space for them but not stay stuck in them. So that may mean allowing yourself to feel the sensation of this experience, the emotion of it, and I'm going to contain myself and I'm going to orient around and see where I am now, and maybe I'll make a little sound and stimulate the ventral vagal. Or maybe I'll squeeze my fists a little bit and get the sympathetic blood moving a touch. So yes, feel it and don't wallow in it. With freeze it can be tricky. We want to allow ourselves to feel it and to feel all those emotions that never got to be honored or accepted. This sounds really important one. Yeah, it's been really hard. This life has been really hard. Yeah, that's important to feel and don't stay stuck there.

All right. Jen, it looks like the next one's for you, which ties right into what I was just talking about.

Jen:

Exactly. I was just thinking that. "So can you talk about the relationship between functional freeze and fake capacity?"

Just to clarify, fake capacity, or sometimes we'll call it faux. You'll hear us talk about the faux window of tolerance. And what that means is there's a place at which the system can sort of organically have a stressor come in. It can sort of move through, activate, deactivate, and keep going. And so often, for many of us coming into this work, that true window is very small and our capacity is pretty low. So what we've done a lot of our lives is a lot of us have used survival



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physiology to do a whole lot more than we could within our true capacity. And so that looks like there's a lot of sympathetic, but then a lot of us will then sort of like we can only take that for so long. So we go into freeze.

And functional freeze just means that we can be in freeze and we're also functioning and doing our lives. So basically functional freeze allows us to, lets us be a bit numb, lets us disconnect from our experience. We don't feel so much. So we can go way beyond what we would normally be able to do because we're not really feeling it. Irene talks about this with extreme sports. A lot of people who are doing these extreme things are just in functional freeze because we're not really feeling the intensity of what we're doing. And so there's a huge relationship. They're basically kind of like one and the same. You might look at it that way, functional freeze and full capacity.

So yeah, it just really allows us to do a whole lot more than we have the true capacity for. So as we come to this work, or if like me, you get CFS, it can be a real wake-up call because we're like, "Oh, whoa, my true capacity is a whole lot less than I thought it was because I've been using these other physiologies to be able to do more in my life." Seth, add anything?

Seth:

That's it. Yep, you got it. Functional freeze enables us to be numb enough to achieve at a very high level, and that's all fake capacity. All right.

"I have early developmental trauma and have always lived in functional freeze. When I was pregnant, this intensified, I was so lethargic and had tunnel vision. No medical reason was ever found. After the birth of my eldest, I didn't sleep for four days due to survival energy. My kid is now five and still can't sleep through the night. I suspect this is due to sympathetic activation. What can I do to help her other than following the SBSM curriculum? Her bad sleep impacts my own sleep, which makes this healing work more challenging for sure."

Yeah, it gets way more complex once we have kids. So I suspect this is due to sympathetic activation. If she can't sleep through the night at age five, most likely it's because she's holding onto sympathetic activation. Now, I can't say that a hundred percent. Again, maybe there's something environmental that's disturbing her. Maybe there's too much light in her room. Maybe there's loud sounds. Maybe there's some toxic smell. I don't know. But most commonly, yeah, it's probably due to some kind of sympathetic activation, especially given what you describe.

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So in terms of what can I do to help her, it always starts with your own work as a parent. The more regulated you are, the more regulated your kids will be automatically. Especially at that young of an age, they are copying your system. It's an autonomic thing. Their system is reading your system, and that's how they're learning how to be. So as you become more regulated, they will become more regulated. It just happens.

In terms of what to do specifically for her, help her get that sympathetic energy out during the day. So activity, sports, play. At age five, it's a beautiful stage for supporting healthy sympathetic energy. "Let's play. Let's pretend we're big animals. What kind of dinosaur are you? Oh, okay. What kind of sound do you make?"

"I make this sound... Oh, what do you make?"

"Oh yeah."

"How would you move?"

"Stop! Stop! Stop..."

It's very easy to engage their imagination to just, "Yeah, let's be big, loud, heavy creatures making noise. Let's build a castle and destroy it." There's so many ways that you can engage creatively with someone, a young person of that age, because their imagination is totally online, and that can come into the physicality. So you can do a lot just through that. Doing that and doing your own work would go a long way.

If there happens to be that rare bird of a good somatic experiencing practitioner who also knows how to work with kids, that could be good for her because she's not too old for play therapy. So if you could find such a practitioner as well, that could be useful too. But again, they're hard to find. A good somatic experiencing practitioner is hard to find in general. Finding one that works with kids in person can be even harder, but they do exist. So if that is a possibility, then I would encourage you to do that as well. It really though depends on you and how regulated you are.

As you get more into this work, as you learn the kidney adrenal work, as you learn the layers work, that can be something you start to do as well in the downtime. So during the day, support the big energy to come out and through play. At night as she's going to rest, or if it's a nap time, then just support her kidneys, rest a hand on her back. TTouch can be really

soothing. So, Tellington Touch, and one thing of that is the TTouch circles. So going down the back, that's where you do a full circle and then a half circle. And then below it a full circle and a half circle, full circle and a half circle, tracing down the spine. That can be very soothing. Those are all different ways to approach just supporting, really soothing and settling when it's time to rest. When we're up and active, let's be big and use our energy. All right, that's all I got.

Jen:

All right. Ready for the last one? Can you hear me okay?

Seth:

Yeah.

Jen:

Okay. "I get a bit confused about resources after hearing Irene talk about regulation before relaxation. For me, yoga nidra, and specifically sleep yoga has been a resource to really relax and be able to rest deeply. I've had issues with sleeping for nine years, and now I'm a little anxious to practice yoga nidra because how can I tell whether it isn't getting me deeper into functional freeze. Well, being honest, sleeping doesn't really replenish me while yoga nidra used to."

So this is really, really important. If something works for you, it's fine to keep doing it. This whole thing is really about listening to and trusting your own experience. And a key clue here is that you said that you felt replenished. So that's a clue to like, okay, it's shifting your system into a parasympathetic state that sounds replenishing. So then trust that.

I think one of the points Irene's making, there's a couple, but to highlight it, given our time, relaxation isn't necessarily regulation. So some of us could do yoga nidra for years and it could help us and it could shift us into a state that helps us stay healthier, but that won't necessarily grow regulation. And often doesn't. So the key here is if you're doing this work and you feel really stuck for a long time and you notice that nothing's changing, then you might say, "Hey, maybe this yoga nidra practice is like keeping me in freeze. Maybe I'm going to take a break for a couple weeks and see what happens." But that's only if you're really, like, you're doing the work, nothing's happening, you're feeling stuck for a long time, then you might start to experiment. But if you're doing the work, it's working for you, you're noticing you're becoming

more aware, you're starting to feel more, whatever the case may be, then stick with what's working for you would be my short answer. Would you add anything there, Seth?

Seth:

No, no. That's great. There's one last question on my sheet.

Jen:

One last question. Gotcha.

Seth:

This is the last one. Okay. "For close to a year now, I've been in a state of holding my breath whenever I'm moving my body. Even just using the hands, my breath will start to hold and brace. I know that I was sexually abused as an infant, and I'm wondering if this could be the layer I'm moving through causing a lot of bracing and very tight breath."

So yes, what this sounds like is you're feeling one of the earliest possible survival responses, which is to be immobile. This is something that down to cellular organisms have this, the emergency break, just stop. And if I don't move, I can't get hurt. No one will see me. So it sounds like you're feeling that desire to be immobile, and that really is rooted in the brainstem. If you can think about the little lizard of the brainstem, the reptilian brain, and it just likes to stay under its rock because it's safe and it knows where everything is.

There's a couple of ways to work with this. If you're an alumni, I would encourage you to check out the Watering the Brainstem lesson in the additional resources. If you're a new member, that won't be available until April 19th. So bookmark that, and that's a nice exercise for working with the brainstem. In the meantime, I would just encourage you to approach this as a very intentional neurosensory practice. We can't change what we do until we know what we do. And you know what you do, which is awesome. You're aware that as soon as you start to move anything, your breath wants to stop. So what is the littlest movement you can do that allows you to keep breathing?

Can you wiggle a toe and still keep breathing and just do that? Whatever it is, find some tiny movement that enables you to still breathe and then build from there. Of course, every time you catch yourself not breathing, you'll eventually breathe. But make it a practice and discover how little can I move and still have my breath come, even though it's almost imperceptible.

Maybe it's like you twitch your nose or you just purse your lips a little bit. There's going to be some little movement that enables you to keep breathing most likely, and then build from there and see what happens as you move through those layers.

All right, well, that was a marathon of a call. Thank you for hanging out, Jen. And everybody here who's been here, thanks so much. And we will see you all as always in the program and on the next call. So thanks again. All right.

Jen:

Bye everyone.

Seth:

Bye everyone. Take care.