

Seth:

Okay, so this is our Q&A call number seven, and it's our second call with a special focus on early developmental trauma. And Jen, you just want to say hi?

Jen:

Sure. It's great to be here. I always enjoy doing these calls with Seth. I do want to just give you a little heads up that I work hard to have good tech and I'm staying in a town where my Wi-Fi might cut out. Just know that.

Seth:

Oh, your internet's a little choppy right now, Jen. You're freezing there a bit.

Jen:

All right, let me try a different option.

Seth:

[00:01:00]

We will get going pretty soon, and hopefully that internet connection will work itself out. Jen has traveled right now for our training and so, yeah, it may be a little spotty, but hopefully it will work. Looks like it's a little better now.

Jen:

Can you hear me now, Seth?

Seth:

Yeah, yeah.

Jen:

Okay. Yeah, it's good 98% of the time, so hopefully we'll be in good shape. And you're there if I'm not there, so.

Seth:

Okay. And if worse comes to worse, you can always turn your video off and [00:01:30] just do audio, and that usually fixes it too.

Jen:

Yeah, it actually drops though. It's almost like someone in the Comcast place, it's like they turn it off and turn it on is how it feels, like once an hour.

Seth:

Yeah. Okay. All right. All right. So before we get into the questions we just wanted to start with just a little overview just why are we doing this? And why have this special focus on early developmental trauma? And [00:02:00] what are some common experiences for people who have that, which is so many of us? It's something that has really only come more into our awareness, I think, in the last few years, just how prevalent this is. And it takes a bit of a refinement of understanding, well, what is trauma? Because of course most people think it's the big things, which they [00:02:30] are, assault, or war, or natural disaster, abuse in the home, severe neglect, all that of course is traumatic. But it's these more subtle stressors, misattunements, or un-attunements, parents that just don't know how to connect because they never got it themselves, and they're chronically stressed because working all the time. And things like surgical experiences early on that are maybe [00:03:00] necessary to save the life of the infant but are hugely traumatic, and that's rarely recognized as the case.

So there could be so many things, things that have been normalized. Of course the cry-it-out method, spanking, children should be seen and not heard. Emotional repression, having to repress your authenticity in order to maintain the attachment. We talked about that last time. So there's so many ways in which these more insidious subtle [00:03:30] things can build up over time and it has an effect very often of making it such that the primary wirings that we were supposed to form that enable us to tell like, oh, this is safe, this is not safe. This is me, this is not me. Just basic foundational things. I feel okay in the world. My home space just feels like a safe haven that I can rest into, [00:04:00] or not.

So when that happens there's a lot of wiring that may need to get linked up for the first time, and the effect of that in terms of doing this work is that we may need to go much slower. We may need to focus really on building capacity, rather than following sensations and really

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getting into the emotions and lots of expression. [00:04:30] It may be that that has to come a little bit later, or it has to be very pendulated with lots of resourcing, lots of connecting to external things. So it is an important distinction and understanding where one is along that spectrum of am I in my real capacity? Do I still need to figure out what my real capacity is even? Did I learn so early to work [00:05:00] from a place of survival that I never actually figured out what my real tolerance for activation is, or experience?

There could be a wide range of spectrum in terms of that capacity, and sometimes it's just a process in itself of figuring out where we are in that, and then we can start to shape how we work, how to do this work appropriately.

Anything [00:05:30] else you want to say there, Jen? Just a general sense overview.

Jen:

Yeah. You can hear me okay?

Seth:

Yeah.

Jen:

Okay. So the only thing I'll add, Seth, is that the intention is that we learn if we do have a history that includes early developmental trauma. Seth talked about how we want to build capacity and focus more there on the feeling and the expressing. 100%, [00:06:00] but it's someone like, I remember one time I was at Esalen in California and we were talking about Buddhism, and the guy said, "Well, it's not that you are the Buddha, it's that a direction that you're aiming towards." It's guidance that you're aiming towards. Because a lot of times when we come into this, we might feel nothing or we might feel so much that it's hard to feel just a little, right? So at first it might just be about if we feel a lot, we [00:06:30] feel a lot, like a wall, like we're doing some containment and we know that we're in our home and we're not under imminent threat.

So I just want to point out that these are things that we're actually building towards, but it might take some time for us to grow that ability. And sometimes, especially if we've been in freeze for a long time, it might help just to have a huge cry, or to get really mad, whatever the case may be. And so there's space for both big emotions, and then also just what gets under

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emphasized [00:07:00] is the emphasis on building capacity and learning to feel a little at a time, or express a little at a time. So those are really important, but also a practice that we're moving towards, not something that we're going to come in expecting ourselves to be able to do if we've never done it before.

Seth:

Absolutely. Yeah, it's so important to have a lot of patience for ourselves, compassion for ourselves, when we are figuring this stuff out. It's [00:07:30] interesting because this work is based on science and biology, and yet the application of it is more like an art form where you have to mess up and make a little mess and then clean it up. It's much more organic in that way. It's not an exact science.

And it's a really good point Jen made there about sometimes, yeah, we just feel too much all the time and we have to learn actually how to feel less, or how to come out of that inner experience. [00:08:00] Sometimes it's that we don't feel anything at all and we have to learn to start to find a little nuance of sensation that leads eventually to emotion. Sometimes we need to have a cork pop out of the bottle, so to speak, and we have this big cry or anger that's more than we actually are ready for, but it just has to happen, and then we pack it up and realize, okay, that happened and that's [00:08:30] good, and now I'm feeling that and now I need to resource. Now I need to contain and soothe and distract myself because that was a lot. Yeah, very good.

So just some common experiences. We put together a little list that I'm going to read through of just very common experiences for people who have early developmental trauma. So chronic experiences, chronic tension, chronic fatigue. Those are two flip sides of the activation point. Chronic tension [00:09:00] is someone more who's stuck in activation, sympathetic activation, and everything is braced, everything is firing. I see someone raising their hands. Yeah. Yeah. And chronic fatigue is more the other side of the thing, where we've been in freeze and the system is more collapsed, hard to get any energy, very lethargic. Both of those are common indicators of this early developmental trauma being in the picture.

[00:09:30] Another thing we see is what's called global high intensity activation, which is we're just vibrating like a live wire. That's what we're saying, how you're just feeling so much all the time. Also, a tendency to push. The personality is just go, go, go, push, push, push, push through everything all the time. Sometimes there is a lack of sense of self. [00:10:00] There can

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be just I don't really know who I am, I don't know why I'm here. What's the point? What's the purpose? Why bother? Where do I stop and other people begin? Messy sense of boundaries. Or maybe a sense of just I don't belong here, or there's something wrong with me, or there's something wrong with the world. I mean, of course we can all agree there's various things wrong with the world, but [00:10:30] there could be this sense of I just don't fit, or just nothing's right. It is off. Something feels off all the time. Everything feels dangerous.

Attachment issues, that's a big one. There's problems in relationships, feeling codependent or pushing people away, doing both. Being really anxious about our partner and if they're going to still be with us, then maybe we go [00:11:00] into compensation through behaviors where we're mean and angry because we're anticipating them leaving. All these types of things can show up in various ways with attachment. And then syndromes. So all the different syndromes, fibromyalgia, autoimmune disorders, multiple chemical sensitivity, Crohn's, all of these things that tend to come after the system's been in dysregulation for a long period of time. [00:11:30] So those sometimes come later down the line, but not always.

So just common stuff that we see, and it's not unusual if you find yourself with one or many of these things, it's just to know, okay, well, there's probably some early developmental trauma in the picture, as there is for so many of us. Okay.

Jen:

Can I just add one quick thing?

Seth:

Absolutely.

Jen:

And you might've said this, I missed just [00:12:00] a teeny bit, but that global high intensity activation, it can show up as one of two extremes. One is the live wire all the time, but then the other is shut down, like fawning, good. So just that, yeah, so that can have two faces.

Seth:

Like more on the fear side of things.

Jen:

You do have more of the don't feel as much, everything's okay on the surface. Then as you do the work you might discover the other version, which is where you feel like a live wire.

Seth:

Mm-hmm, [00:12:30] absolutely. Absolutely. Yeah, yeah. And just so you know, Jen, it looks like your video's frozen again, but your audio is coming through so it's possible you'll have to switch to audio at some point. Okay.

So this first question, we're just talking about attachment stuff, this is right in line with that. "I've noticed I tend to push people away. I've never had a great loving relationship either. I'm wondering if I have some abandonment issues. When I was [00:13:00] born my mom went back to work when I was only six weeks old. Another family looked after me, and they were good people, but could this have caused some issues for me around love and security?"

So yeah. And again, here we are. This is one of those things that is not... Very few people understand that this is traumatic for a developing human being. It's so normal. Yeah, of course mom's there for six weeks and then she goes back to work, and you got the family down the street who's [00:13:30] taking care, or maybe it's a daycare, or it's a grandparent. So yeah, absolutely. Even though they were good people, which is fantastic, at least they were good people that you were left with, nothing replaces that primary bond.

Now a father can also serve as that, but really early on it's hard to replace mama. I mean, you are in mama for nine months, you're hearing [00:14:00] her voice all the time, from the inside as she's speaking, you're sharing her feelings. You're literally one being, and then you're two. And so we can't really underestimate the power of that, how potent that is, that connection. So it's no substitute, even if it's a good family, to suddenly lose mama. I mean, that is a huge attachment rupture that has been normalized in our [00:14:30] society, and absolutely it can lead to this, what you describe as wanting to push people away.

And it'd be interesting, I think, to explore working with the energy of that push. Is there a way that when you're not in that behavior, you're not in the context of the relationship itself, that you can tap into the sense of [00:15:00] that pushing away? Because that's essentially it's a self-protective response. I'm going to push you away so that you don't leave me. It is a way of



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making it safer and under your control. So there is likely some aggression in there that is wanting to come through.

Now also, it's very likely that underneath that there is a bunch of loss, maybe some much more tender [00:15:30] feelings, hurt, abandonment, like you say. So one thing that came to my mind as just a purely somatic exploration of this is getting something that you can push literally against. And maybe you tap into the sense of what happens to you when you feel yourself wanting to push people away, or maybe you do this when that's actually occurring, or maybe [00:16:00] you just do this just purely as a somatic exercise without any context. There's many different ways you can try it.

So just setting something up that you can push on. So this could be a pillow against a wall, or something like that. It could be very powerful to do with another person. If you have a safe person that you can push against and you set it up ahead of time, like you agree, look, [00:16:30] you resist me, but you have to let me win. That's the agreement beforehand. And you feel what it's like to literally push someone away with your strength, getting some resistance, but you are going to win. Maybe you even push them across the room a bit. They take some steps back as you push them. What's that like to feel that and to see that experience of pushing away?

Then what might it [00:17:00] be like, as part of that, or as a separate thing, once you push your arms out and I wonder what it would be like to change the orientation of the arms? And then you're reaching instead of pushing. What might it feel like to feel that sense of reaching out for someone versus pushing away? Even if there's no one there you can do it just with intention. Like, oh, I'm going to push, or [00:17:30] I'm going to reach because I want, I want.

That might be a valuable exploration in terms of navigating what's happening here, which is essentially a deep loss. And I think the most fundamental thing there is probably I want, I need, but on top of that is this defense, which is go away. Go away because you're going to hurt me. So exploring those [00:18:00] with your body, either by yourself or with a safe person might be an interesting way to work with that. All right.

Jen, are you still there? Looks like she might be having some internet stuff.

Jen:

Yeah, I'm here, but can you hear me if I log in?

Seth:

Oh, boy. It sounds like you've got a psychedelic delay [00:18:30] on your voice. Let's see what happens if you... So you're just on audio?

Jen:

I'm going to log in.

Seth:

Ah, it looks like maybe you're logged in twice or something. Let me see if I can remove one of you. Just a moment. Sorry about this, folks.

No, I only see you once, Jen. So [00:19:00] maybe while you're figuring that out, I will go ahead and move on to the next one.

“So I have early developmental trauma, no touch as a baby, no talking, and no expression of emotion. I have a void inside which feels like part grief and another part is a sense of no self, like there's nothing there. [00:19:30] No wants, no needs or feelings. It feels like a black empty hole. I am really noticing it. I have difficulty attaching and I've always known something was missing inside. I just thought that I was broken, like a defect. Is noticing it more, I'm 62 years old, is that considered progress even though it is disturbing?”

Absolutely. So first off, I just want to say this makes complete sense. [00:20:00] If you were not touched as a baby, if there was no expression of emotion, no sharing, no talking, basically left alone, yeah, that's a huge, huge wound. And I can totally understand how that would feel like this void, this abstinence inside because you weren't met appropriately. So yeah, it totally makes sense. And yes, you are correct that feeling it more [00:20:30] in this case is likely a sign that you're actually making progress. It sucks, but very often in order for these things to change we first have to feel them fully. And again, we don't want to dive into that, but it sounds like this is happening naturally.

It sounds like you're starting to just feel this sense of this void more and more, and that is a sign [00:21:00] that your capacity is growing because it's likely that your body and mind would've protected you from feeling that, right? It sounds like before maybe you sensed just a blankness, but now you're actually sensing some of the hurt perhaps that's in that black hole,



as well as still a sense of a no self as well. So yes, this definitely makes sense, and I would say that it's considered progress.

I think that an important way you could work with this [00:21:30] is to really understand the principles of pendulation and how important that is in a case like this. So pendulation again is simply the idea of moving our attention from one place to another. And there's many ways we can do this. So one way is within the body. So you say you have a sense of void inside. Well first, where is that? See [00:22:00] if you can discover where is that sense of void? Is it in a part of your body? Maybe it's in the belly, or the heart. See if you can discover that. And then where is an area of your body that is not at all like that, that feels different? Now, it may not be sunshine and rainbows, but it may just be a sense of neutrality, or solidness, [00:22:30] or I can feel texture here, I can feel a sense of meatiness, or me. I don't know what it'll be exactly, but finding someplace in you that feels different.

Another way to do this is with images, because you said it's like a black hole. Well, okay, if you can feel where that is and see the image of that black hole, well, what image is different [00:23:00] than the black hole? What might that be? Maybe that is something outside of you even. For example, another way of pendulating this is going from the inside to the outside. Sometimes that can be a little bit easier with something so intense as this. That might be a way to start actually, is just, okay, I have this sense of a black hole, an image of a black hole, maybe I can start to locate [00:23:30] where that is. And then I open my eyes, where is something that's not at all like that? This may mean maybe you bring in something purposeful. Maybe you have a piece of artwork or some flowers or something that's very alive. And you see that and you see, well, can I see that and get a sense of the color of that, the aliveness of that? That's different and that's out there. And then, okay, this is here, [00:24:00] in here. There is that, but then, oh, that's out there and that's alive. Notice just what happens. It may be that as you do that, some other feeling occurs within you, something else may spark up.

Another thing to consider is what are some things that [00:24:30] are safe to attach to? This is like what I was just talking about. Maybe it's that painting or those flowers or a tree. Maybe it's a pet. Maybe it's a plant. Finding something that does feel like, you know what, yeah, I can connect with this. And then, what does it feel like to connect with that thing that's safe? And again, this may happen in little pieces. It's something [00:25:00] that may take a lot of practice because that is such a foundational wound of not having that touch and that connection early on. But you certainly can build it by building the connection with yourself and with the environment. All right, Jen, it looks like you're back. I skipped the one that you were going to

do. Do you want to do that one now? Oh, just a second. Make you co-host again. There you go. [00:25:30] Can you do it now?

Jen:

Can you hear me?

Seth:

Yes, I can.

Jen:

Yay. I switched devices, so it should be better. But I just want to share with you all that I give a lot of thought to my Wi-Fi, and I've been here three weeks. And other than the one-minute issue, it worked consistently until last night. I did go get a hotspot, but that doesn't seem to be working. So hopefully, this will work. I have three plans, A, B, and C. We're on C.

Seth:

Well, [00:26:00] thank you, Jen.

Jen:

Just maybe, I think we'll be good. So, next question. Sound like a –

Seth:

Yeah.

Jen:

So this question is, “I was humiliated when I was afraid as a child and I stopped showing fears. Now, I don't trust my feelings and have huge difficulties knowing what to feel fears for or not. It's mostly about [00:26:30] my body. I need someone else to tell me that it's okay or not, and the practices I'm doing, the way I'm approaching this works some days, then it's the same again. I feel I need to find this trust in myself, but how? I'm doing exercises, orienting, and a lot of soothing. It works for a short time, and then the fears are back. It's some shame in

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[00:27:00] this as well." So there's some similarities, differences, but also similarities to what Seth just talked about.

As you mentioned, when we're humiliated as a child and then we're taught to be afraid, then we just have this default setting of fear and being afraid. And that also creates this sense of chronic threat and toxic shame. It can just be good to [00:27:30] know that because you say, like you don't trust your feelings, whether to feel the fears or not, to know that there's this default setting of fear. Because when that's the case, we can start to consciously check. A lot of this work is about how we get the physiological signals of safety. We can consciously check, okay, here I am. I am sitting in [00:28:00] a living room, I feel my hand on my arm, I see the light coming in the window. Is there anything telling me what are the signals of safety and is there anything telling me that I'm not safe? Because we can just let ourselves know through our physiological cues that we're giving, noticing the surface we're on, we can move, let's say we can move them many [00:28:30] ways, but fingers or toes are often helpful.

So we give ourselves these cues over and over again that in the moment there are signs of safety. And then, we can consciously check to notice, yes, right now there is an absence of threat, even though my system knows very well how to generate these signals of threat. And so, cognitively knowing that there's a very well practiced pattern [00:29:00] of threat signaling can be helpful, because otherwise we're just going to be feeling these feelings of threat. What happens is that our mind looks to pattern match, and so it'll go and try and find something that matches this thing, this signal that we're getting, that there's a threat present. And so, we just want to know that cognitively so we can practice over and over and over again.

You say it works some days and then it's the same again. [00:29:30] Part of that is that it takes time. Some of us have done this for 20, 30 up to 70 or 80 years. So it can take time to create a new pattern in the nervous system. So just really knowing that. And so, what we do, as you've heard us say, is we can look for little signs of difference. Is it easier for me to notice more quickly what's happening? And then, I can come back to the present more quickly. Do I [00:30:00] yawn or do I take a deeper breath or does my system have more access to settling? Do I have more awareness? So it could be many things, and they could be subtle. Sometimes too, if we're practicing, practicing, practicing and we don't notice much changing, it can also be assigned to titrate a bit more or to do what we were talking about earlier, which is focus on growing capacity.

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So the three things there, it can take some time. It might be [00:30:30] a clue to titrate more or to focus more on capacity. You talk about not knowing whether to trust your fears or not. Some of this was, you might infer from what I just shared, but know that a lot of the time the fear is going to be just habitual, because we learned. There was an early absence of safety, so we learned to default to fear. So that's where we want to check it out though. We give ourselves a cue [00:31:00] so we can learn over time to have more access to feelings of safety, and we check it out so that we know there's also, that helps to build that self-trust that you're talking about, because we know that I can tell that the sun is shining. There's no one else here except all of you, lovely people on Zoom, which I'm grateful to be able to talk to at the moment. So that helps to build that self-trust.

[00:31:30] I'm just trying to see which other piece of this I might've missed. Oh, the other thing I wanted to mention is that sometimes some of these experiences can all be mixed together. We can feel shame, we can feel a lack of self-trust, we can feel fear. There might be some sadness or grief. And so, over time, as we grow capacity, knowing that it can be helpful, we start to tease them out, and then we can work more individually. And of course, I didn't mention healthy aggression, but that one tends to bubble up and it can [00:32:00] be a really important one in growing the access to self and sense of agency. But Seth, what would you add there?

Seth:

Not much. I mean, that's it. I think it's important to recognize that what you said about the brain will try to pattern match. That's very important to recognize. And also, that it's oftentimes a lot easier to stay in that than [00:32:30] to break it, which sounds weird because it's really stressful to always be anticipating or looking for threat or thinking, oh, it must be this thing that's scary or must be this thing that's a problem. But in some ways, it can be easier to stay at that level because at least it's familiar. I know how to be worried all the time about everything, but this idea of what, actually name that things are safe, there [00:33:00] may be resistance to doing that is all I want to say. Because that's weird, that's unusual. What am I doing talking to myself saying, "Here I am in my home in Vancouver, British Columbia. The time is right." But it really can help to consciously name the things that are present that tell us we're safe.

Jen:

That's a huge point [00:33:30] to know that we're very well-practiced at what we're well-practiced at doing. So if our mind is very well-practiced at finding things that look scary or threatening, then to know that as it's going to be, we're going to say, "What? Safe? No. No, there's a lot to be scared about right now." And so, just anticipating that can be helpful.

Seth:

Absolutely. Now, [00:34:00] I did two in a row when you were off there, Jen. Do you want to do your next one in green there?

Jen:

Sure. Yep, I got it. Yep. So this next question is, "it's my sixth round of SBSM. I have EDT, early developmental trauma. My question is why do I feel so bad and my chronic fatigue syndrome symptoms worsen when I get triggered and slip into freeze. Also, [00:34:30] what are your thoughts on setting boundaries in order to reduce triggers most especially at work?" Can you hear me okay?

Seth:

So yeah, you'd had a little bit of choppiness, but...

Jen:

"I can barely get through my three short days of work most weeks and have to rest the other four days." So remember [00:35:00] that we go into freeze when we are experiencing more than we have the capacity to handle. With chronic fatigue, there's a connection between freeze and fatigue often. So when we're in freeze, we don't have as much access to our life force. We don't have as much access to our energy. It's that state that we go into shutdown. So it [00:35:30] makes a lot of sense that when there's more stimuli or more stress, you go into freeze and then your symptoms would worsen.

I'm going to turn off my video to see if that helps while I talk. So reducing stress when you can, we can't always do that, but when we can, reducing stress can be [00:36:00] important. So 100%, yes. If that's an option, then do that wherever you can. If you also, sometimes there can be repair in finding support. So if you have an ally or if you even share in the peer-to-peer site of SBSM, that might be helpful. The other thing to remember is that when we have CFS, we



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have a small window of tolerance, [00:36:30] that they very often go hand in hand. And also, with early developmental trauma, we have a small window of tolerance.

Knowing that anything you can do to just learn what that is for you and to start to experience, explore respecting that can be important. Something to think about is to rest is important. You mentioned that I have three short days [00:37:00] of work and then I rest for four days. This may not be possible because I hear that you need to work, but where you can alternate periods of exertion or stress with periods of rest, it can be really helpful, almost thinking of it as a sandwich. I rest, I do something stressful or exert myself, and then I rest again. And that's a way that we help to build capacity, and especially for those of us who have CFS. [00:37:30] There's almost like you can almost think of it like a rhythm of rest is how I think of it. Exertion then rest, exertion then rest. Anything to add there, Seth?

Seth:

Yeah, there can be periods that just, I want to agree that there can be periods of this work where it's really important to minimize our stressors as much as possible. Now, someone out there might be saying, "What the hell are you talking about, Seth? Because last call, you were talking about how we're not trying to avoid triggers [00:38:00] with this work, necessarily." Because they were saying, "Irene's voice triggers me. And so, we need more lessons recorded by Seth."

So okay, I'm saying two things here, but both are true. So we don't want to try to go out of our way to avoid triggers and try to make everything right all the time. But, and, we may want to minimize our stressors as much as possible [00:38:30] depending on where we're at. If you're talking about the workplace and things that occur in the workplace that if it's possible, it seems like a good idea to set some boundaries also because setting boundaries is an expression of your agency, an expression of your authenticity, and that can be supportive in building up that [00:39:00] underlying capacity. Like, you know what? I can speak up for myself. I can advocate for myself.

The only other thing that occurred to me was on the days that you're resting, are you really resting? Because there can be many ways in which we say we're resting, but in fact we're stimulating ourselves, especially in this day and age of devices. If you're chilling out on the sofa immobile, but you're scrolling and getting all sorts of dopamine hits and blue light exposure into your eyes, which is stimulating [00:39:30] the cortisol, well, you're not really resting. Just



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be mindful of when you're resting, are you really resting, because that'll be helpful. And what you said, Jen, about alternating that rest. I think even during your days off, how can you sandwich little bits of positive stress in with the rest? And that can be very little. That may mean you just go for a walk around the block, but it's a little bit of mobilization, [00:40:00] a little bit of more sympathetic-y kind of stuff. And then again, true rest, as again, in service of building that capacity over time.

Jen:

Can I add one more thing? So the only other thing I want to add, because I know there are a number of people in our community who have chronic fatigue, I just want to acknowledge that chronic fatigue ranges from severe to mild. And so, for someone getting out of bed might [00:40:30] be actually a huge stressor. So the fact that this person, whoever asks a question, is able to work three days a week, points more in the direction of mild. So it's important to acknowledge, to provide the context that we're answering based on how this person asked. If you have CFS and you're not able to get out of bed, then you might be able to apply some of the concepts, but it would look very different in practice.

Seth:

Absolutely. Thanks, Jen. [00:41:00] "I've had multiple types of abuse and betrayal over different periods of my life. When I practice what Seth has mentioned in the Q&As such as statements like, "I survived, I'm here, I'm alive, these are my arms," et cetera." I talked about just naming the parts. "When I do that, my mind quickly corrects it to we, as in we survived, we are here. I feel like each period [00:41:30] of abuse happened to a different part of me, almost like a different person. Any tips for better integration of these parts? We feels correct, but also unsettling."

So totally normal. Just that is a very normal adaptation for a person to make when we're going through, especially multiple different kinds of abuse from multiple people, there can be this fragmentation of the self essentially, [00:42:00] where it's like, yeah, it's like, okay, that's the part of me that's stuck at four years old, and that's the part of me that's the pissed angry teenager, and that's the part of me that wanted to run away when I was 10. And there can be distinct senses of self within us. I certainly have experienced that for sure. So not unusual at all.

I think it's fine to use the we. [00:42:30] What I would suggest as a starting place is how can that "we" exist within a unified container, which is you. So how can you set yourself up as the

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parent or the caretaker, the guardian of your various parts of self? You are, and by you, I mean the one [00:43:00] who wrote this question asking about this, your higher brain, your consciousness. That is an overarching you, and all of the various parts, they all exist within the container of that you, within the container of your body.

So that can be another interesting exploration is like, okay, we're all in here together, guys, and where are we? Where is [00:43:30] this one part of me, where do you live? Maybe you live over here, down near my liver. This other part feels like they're in my heart, and this other part is in my back. This other part really wants to use my arms. The other part wants to run away. Just starting to explore what are the different aspects of my physiology associated with these parts? And then, what do those parts want to do? [00:44:00] How can I start to mobilize these parts of self? That is a big part of integration because when you do that, you are using your body, which is the container of all, your container holds all of these parts.

Essentially, it's about building a relationship. You're building a relationship with these parts of yourself by exploring where are they, what do they look like, how old are they, what's the image [00:44:30] and how do they feel, what's the emotional state? Art can sometimes be helpful in this regard, drawing. You don't have to be an "artist." Maybe it's just like this part of me is like this and it's this color, and I'm going to do this shape, and then this part of me is like this over here, and it's this color and it's this shape. Maybe this part feels like a little creature over here. And it's like you can express it and put it down in various ways, [00:45:00] which again is all in service of building a relationship, building consciousness and connection. And then, coming back to the container of self. We're all in here. We're all in this one unified bowl. That's all I got on that one. Jen?

Jen:

So I'll just add one thing before I go onto the next question, which is that just to acknowledge [00:45:30] that we might not yet have the imprint, I do believe that everyone has fullness. It's just in ourselves, but we might not have the imprint of that. We might not have experienced that in this human incarnation, so to speak. And so, just to know that if that feels unfamiliar or foreign or not easy to access at first, that that's really understandable. If that's the case, you might look like on TV shows [00:46:00] or in books or in nature to see if you can find models of that fullness or symbols of that fullness. Yeah, so that's the only thing I would add there. So next question, is the sound okay at the moment?

Seth:

You're just a little glitchy, you may want to go to audio only.

Jen:

Okay, I'll do audio only. Any better?

Seth:

Mm-hmm.

Jen:

[00:46:30] Okay, great. Thank you. "I'm a 45-year-old woman who had severe childhood sexual abuse from ages one to 21. I know I block a lot of the abuse and I know I need to heal. Here's my question, when I was lifting weights doing the bench press, I had a muscle memory and flash of trying to push my abuser off of me. I cried and used containment to cope. How is this [00:47:00] beneficial for my muscle memory flashback to come to the surface? Am I just re-traumatizing myself or is this the healing way? Because man, it's brutal."

So yeah, I hear you. So you asked first, "Am I re-traumatizing myself?" Well, you asked why, but I'm going to go to the... [00:47:30] So I'm going to start by saying that an important, really important point is that we have innate self-protective responses. It's a big component of this work. And as we grow capacity and awareness and regulation, we have more access to them and they come to the surface. We want that to happen. That allows us to renegotiate [00:48:00] an event that caused a trauma, and it allows us to complete what we call enzymatic experiencing, we call it an incomplete self-protective response.

So I hear that it's brutal and the fact that this came up is actually a positive sign. At first, just staying present while this comes up, that might be what we have access to. So we go where we have access to. So the fact that you cried and used containment to get through, [00:48:30] that's great. You know that you're here now, if you can just sort of know you're in the gym, if there's a familiar person that you know, and who's relatively safe, orienting to those things can be helpful.

As we have the capacity to do this, we can consciously work with that impulse. This is the follow your impulse lesson from early in SBSM. And so you had the impulse to push your

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abuser off of you. [00:49:00] So what we can do when it feels accessible is to really tune into that impulse and slow down and feel what wants to happen. And then as we're feeling what wants to happen, we can also imagine that what didn't get to happen gets to happen. So for example, it might be that you had, even if, let's say you were a little kid and this was a big adult, in this scenario, that you [00:49:30] had the strength to actually push that person away.

You might also, in this case, because you were so young when some of this happened, what didn't get to happen might've been someone coming in to protect you and to say, "Hey, this is not okay. We need to take this person and get them help, and we need to take care of you." So you're looking for, you're asking the question what wants to happen and what didn't get to happen? And [00:50:00] then you can use your impulse, your body, your movement, and your imagination to renegotiate the event. When it's something that happened over time, we may need to do it repeatedly. And we might have, for example, at first we might have lots of grief and then as we work through that, we might have some fear, but then the healthy aggression [00:50:30] will start to become more and more accessible. So we want to just know that it might happen in layers and that we tend to grow access to different parts of our experience over time as we stay with the work.

There was one more thing I wanted to mention, which is that... Two things, actually. One, when this happened so young, it's by definition early developmental trauma. So really bringing in the idea of a supportive other, whether it's in real life or in your imagination, [00:51:00] is really important. Someone there who's with you, who's helping to protect you, who's helping to keep you safe. And then the other piece, remember with early trauma, at least when, this is going back to the start of the call, we want to titrate. So we want to find those... At first, things might be big. This is what we said at the beginning, the feelings come up and we're just with them the best that we can and that's fabulous. But then as we have more access, we want to kind of take [00:51:30] a little piece at a time so that we can really stay with our experience and also work closer within our true capacity. And that helps things to integrate, and this does really change over time and, yeah. So Seth, anything to add there?

Seth:

No, I think it's great that the person used containment, they thought to do that. They allowed the emotion to come. Also, [00:52:00] just the fact that this happened organically, like you said, shows that it's ready to start happening and that the way of healing is to have these, what you called a flashback, come up. And it sounds like you responded completely appropriately. You

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allowed the emotion, you thought to contain yourself, to cope with the experience, fantastic. And then maybe [00:52:30] later you can start to think about, yeah, more, "Well, maybe, what would it have been like to push?" And like Jen said, bring in the image of that, or maybe we bring in an imaginary helper. I mean, there's all sorts of ways. We got to remember that our imagination is powerful and limitless, so that's a lot of what the annihilation work is about, which you may or may not be ready to do, but it could be interesting if you haven't read that article yet to at least read it [00:53:00] because this is the essence of that, self-protection, imagining ourselves being able to do what didn't get to happen.

All right. Let's take a little pause here. We've already been going 50 minutes and I usually do a pause sooner, so let's just pause for a moment. And if you need to go get a drink or go to the bathroom or anything, let's just take a minute here and [00:53:30] do a little orientation break, self-care break.

It [00:54:00] was such an interesting transition, before this call I was outside burning, it's springtime here and everyone's burning their burn piles. And so I was just totally immersed in sun and fire and smoke and just these primal elements. [00:54:30] And then I came in, I got on the computer, I was like, "Whoa, where the hell am I?" A total scene change. Oh, man.

All right, great. Okay, so continuing on. And just so you know, we will be done certainly within an hour and a half, probably a little bit before that, but it won't be longer than that. Okay. "Hi Seth, I frequently find myself in arguments with people at counters and service desks, [00:55:00] etc. I can be quite impolite. Interestingly, the only time I wasn't triggered was in Canada where I find people to be extremely kind," ah, "And then I can be lovely myself. My question is why do you think I have such an aggressive survival, stress attitude? Could it be because I grew up with a single mother who always fought for us and perhaps instilled in me a belief that confrontation is necessary for survival?"

Well, that sounds very likely to me, and I'm glad [00:55:30] to hear you had a lovely experience in Canada. Yes, we can be quite polite here, sometimes to our own detriment. Yeah, so it's interesting that it sounds like what's happening is you're not just being mean, if I'm reading this question right, it's not like you're randomly being aggressive, it sounds like you're being aggressive and impolite when you feel like that's coming at you. When the person at the desk is themselves rude or short or maybe, [00:56:00] whatever it is, something's triggering that in you, like you say, it's not just that you're randomly aggressive because when people met you with kindness, then you were able to respond with kindness.



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Now, ideally, we want to be able to respond with kindness and patience even when people are being idiots, because that tends to make things go a little easier and that takes capacity and all this stuff that we're doing, we have to learn to recognize, "Oh, I'm getting triggered and I don't need to act on that. And in fact, instead I'm going to feel my feet and [00:56:30] maybe I'll let this energy come into my spine and maybe I'll just stand up a little straighter and maybe I'll take a breath and pause for a moment." So starting to bring in your basic somatic cues and tools. Start to recognize, "Oh, I'm about to go off on this person," and then maybe you can like, "Maybe, I'll just do something else instead."

But ultimately what's going on here is there's fight in your [00:57:00] system. For whatever reason, you've got a lot of fight in you. Now, that's not always a bad thing, like I said, that can give you a lot of sense of agency, and this is me, my authenticity, my boundaries, my strength. That can be good. But yeah, it sounds like it's a bit uncontained, a bit out of control and sort of bursting out at the seams. So here's where this is exactly what the healthy aggression work, annihilation work, et cetera [00:57:30] is for. So again, I don't know where you are along the path. If you're ready to start doing that work, a nice intro into that work is the voo-ahh lesson, which was just released this last week. And also be sure to check out the ways, there's a supplemental video that I made of different ways to play with that. There's ways to titrate it and do the voo-ahh.

So what might it be like to just [00:58:00] imagine, remember the last person who was rude to you and sort of bring them into your mind and then you just sort of voo-ahh. And you let that energy come out through your jaw, through your arms, through your hands, through your eyes, through whatever way it wants to come. It's like, "Argh." [00:58:30] And starting to understand that you can get that stuff moving through your system when you're not getting triggered, that's the whole point of it. So that when the time comes and there's not so much stored up in there waiting to explode.

And again, a lot of that in the moment, in the meantime, it's really going to be about, how can you shift your focus? Remember to stay in your body and notice what's going on. [00:59:00] If you can start to realize, "I'm about to go off on this person. Okay, I can feel," and you may still do it. Forgive yourself if that happens, okay, you're working on it, but you need to start recognizing the somatic cues to tell you, "Oh, I'm about to yell at this person, or I'm about to be impolite or rude or aggressive." And then you can start to change it. It's, we have to know what we do before we can change it.



[00:59:30] Okay, next one. "Hi Seth, I have EDT and complex PTSD. Why the more I do this work, the more depressed I become? I feel hopeless and apathetic. I loathe myself. My cognitive function declines. Some days I think I've aged 10 years overnight. Is this the energy I used to run away from by being functionally frozen? I'm [01:00:00] terrified to surrender to it in case I never come out of it. I fear I'm letting myself go. How can I know if it's that or that it wants to be acknowledged and moved through or if I'm falling deeper into freeze?" Right, so this experience of feeling worse, hopeless, apathetic, you're asking is that something that needs to be acknowledged and felt and moved through or is it going deeper into freeze? And actually it could go either way. So both can be true.

So this is an example where it sounds like you may be [01:00:30] doing more than you actually have the capacity for. Now, yes, like I said, we do need to feel the fullness of the freeze at some point, but it sounds like there's more than that happening here. There sounds like there's a lot of aggression that is showing up, but it's being directed inwards at yourself. And that is of course, ultimately, of course why we go into freeze [01:01:00] and why we have depression. What that is aggression that's been turned inwards. I couldn't get it out, so now it's pointed in and the freeze is keeping it contained.

So everything you're experiencing is kind of how freeze feels, but it sounds like this is a case where it may be important to take a break from the work entirely. [01:01:30] We have a break week coming up next week, so that's good. I would encourage you to use that and don't do anything resembling this work. How can you just focus on taking care of yourself? Using your resources, soothing, whatever feels good and easy. How can you allow yourself to do that? And now maybe nothing feels good, and then your head's just [01:02:00] like, "Oh, well, how can I find something that feels less bad?" There's always an option, even if it feels like, "Oh, everything sucks." Well, there's always something that sucks a little less, maybe you can find that.

And it's going to be about, I think, more orienting externally. I think that right now, from the sense I get from your question, it sounds like this isn't a time to try to just sit with it and [01:02:30] be with it and let it move through. It sounds like it'd be more useful to actually distract yourself, come out of it, do what you need to function, which you do know how to do. And if you lived in a functional freeze for a long time, your system does know how to do that.

Let's see if I have anything else here. Yeah, it sounds like you say here, "Is this the energy I used to run away from by being functionally frozen?" [01:03:00] Yeah, in the sense that it sounds

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like freeze is not functional anymore. It sounds like what you're actually feeling is how freeze feels when it's not functional, which is when it's dominating the system.

And again, remember it's kind of supposed to prepare us for death, like, "Oh my God, there's no point in anything because I'm about to die," is the state of it. And so feeling hopeless, apathetic, et cetera, [01:03:30] that is all normal. But where you say, "I loathe myself," there's that aggression and that hatred that actually really needs to come out and needs to... But the system, it sounds like it needs more capacity before that energy is ready to be directed outwards. So just a very important time I think to take a break from the work and just do what you need to do to take care of yourself, soothe yourself, whatever [01:04:00] you can do to feel kind of okay and do that for a while. I would say probably for more than a week, I'd probably say for at least two, three weeks, just leave it and do something else. Jen, anything you want to add there?

Jen:

Not to that one.

Seth:

Or the one before?

Jen:

Yeah, is my sound okay? I'll go off camera just in case, but can you hear me okay?

Seth:

Yeah, you still have a little bit of that glitchiness, yeah.

Jen:

Better with the camera off?

Seth:

Yeah.

Jen:

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[01:04:30] Great. Okay, so just a very quick thing, the question, the one before last about getting in arguments with people at counters and service desks. Two very quick things. One is that sometimes it's helpful to start to know when we're having a really big reaction to something that seems kind of small today, to sort of differentiate between present and past. And not that we need to go back, none of that, [01:05:00] but just it can be helpful to know, "Okay, this person just sort of looked at me the wrong way and I want to kill them." That tells me that this is likely touching something from my past. And I don't know if that helps you, but for me, a lot of times it would help me to normalize and to have more compassion for my big reactions when they seemed disproportionate to what was happening.

And then know too, we say this a lot and so it was probably implied by what you shared, Seth, but just to make it explicit, knowing, let's say you get really [01:05:30] off at the counter, then you go to your hotel room or you go wherever you go, then you can take the time when you're on your own to go through it more slowly and to renegotiate the event that happened so you can give yourself the chance to really feel what you were feeling and to let it express without worrying about taking someone's head off. So that's the only thing I would add.

Seth:

Great.

Jen:

So I'm going to go to the next question and that is, " [01:06:00] Hi, I'm coming out of freeze and old survival stress is now constantly present as anxiety, sometimes debilitating. I would like to release old stuff. I know this is a natural process, but I wonder if I'm facilitating it effectively. I'm in my head all the time due to intrusive thoughts, dysregulation. I often avoid body sensations and instead resource externally. This helps me to function, but it doesn't [01:06:30] seem to solve the anxiety at the root. How do I navigate this? What would you suggest?"

Okay, so first I want to point out that there's lots of clues that things are working here. Because remember, as we come out of freeze, we do feel that underlying activation, which this person is referring to as "present as anxiety, sometimes debilitating." The intrusive thoughts are also a symptom of that underlying [01:07:00] activation. And so if you listen to the question a few questions back about the person who had the thoughts and the fear, everything that we said there applies to this too. So you might go back and listen to that too.

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So the clues that things are going well is that you're coming out of freeze, so that tells us what you're doing is working, you're resourcing, you're avoiding sensations and resourcing externally and for a while when we're building capacity, that can actually be helpful [01:07:30] because what we're feeling can be too much as you're naming it by saying it's debilitating.

And then the other thing is that you're saying it helps you to function, that matters. So we want to notice that there are things that are working here. And to repeat what we said earlier, it can take some time. Part of what we need to do is keep growing access to safety. It's that safety, that capacity, that regulation [01:08:00] that helps to make more space to hold that underlying, what you're naming as anxiety, and within that anxiety, there may be many other things, there may be some grief, there may be some anger, there may be some shame, we don't know. But as you grow capacity and regulation and awareness, that will all become more apparent. So one of the things I want to say here is keep doing what you're doing because there are many clues that it's working.

[01:08:30] You didn't mention containment, that's another one that can often be helpful when we're feeling a lot and what we're feeling feels like too much. Just a very quick recap, going back to what we shared is to keep offering yourself those physiologic cues of safety. And then when you have the intrusive thoughts coming back to, "Okay, I feel my arm, I feel my butt on the chair. I move my toes." And then checking to see if you can name what's real in the moment to start to differentiate [01:09:00] from those well practiced thoughts and stories in the head, and there may be images too, right? So, just to know that it takes time, practice, and repetition, and that it does change, and things will continue to evolve. So, yeah. Seth, what would you add to that one, anything?

Seth:

The only thing I would say is that if you want to talk about the thing that you're looking at down the line from here, [01:09:30] because you ask sort of how ... You're kind of asking, "How do I solve this at the root?" Well, eventually, it will be about being with the sensations and just allowing them to be present. The sensations of fear to be present without fearing them. That's what you're building the capacity for.

Part of that may also involve mobilization, as we've talked about in the past. So, what does that fear want to do? Doesn't want you to run, doesn't [01:10:00] want you to fight. That's, again,

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coming into the healthy aggression work. Follow your impulse. What needs to happen, that didn't get to happen. All that kind of stuff is kind of what you're pointing towards.

And it sounds like you're doing a really good job of getting there. It's just keep doing what you're doing and start dropping in. Well, maybe I can feel the sensation of this for five seconds before I distract myself and resource externally. Like Jen said, [01:10:30] what you're doing is working, and that's actually really important for building capacity. And so, you know the next thing down the line does mean feeling the body. It's just you don't have to do it all at once.

Jen:

Yeah. And then the other thing to build on what you just said, Seth, is that sometimes using things like image, like putting the fear outside yourself, when there's so much going on, doing things like that can help to be a way to titrate it, and to tone down the intensity, and make it more workable. [01:11:00] So, just to sort of play an art. You mentioned art earlier, so things like that can be ways to titrate.

Seth:

Yeah, my fear looks like this, right?

Jen:

Yeah. Yeah. And then you can put it really far away, or you can tear it up, there can be some agency, or burn it. There's lots of options. Yeah. Okay, so next question. "As long as I can remember, I have always ..." I'm going to turn my camera off. Sorry. Hear me okay?

Seth:

Mm-hmm.

Jen:

[01:11:30] Okay. "As long as I can remember, I have always felt cold and I am finding myself craving heat, sauna, hot water bottles, standing beside radiators, especially when I get triggered. Is this external heat good for me?" I put that in quotes. "Or helpful for my healing? Although the heat feels like a relief in the moment, sometimes I don't feel that good

afterwards, and I'm wondering if it's just a Band-Aid or even preventing my body from doing the healing work it needs to do. Do you have any [01:12:00] insights?"

I just want to share, personally, this was my experience too. I was cold a lot of my life. I didn't have great temperature regulation, and for that reason I had a really hard time with winter, and that has completely changed. I am definitely by far not the coldest person in the room. I love winter. So, just to share that for the fun of it.

But just to know that we're talking in this call, the focus of this call is early developmental [01:12:30] trauma. And as you may have heard us say in other calls, some of the things that help with that, as humans, we need warmth to help us to feel safe, and to feel held, and cared for. We need softness, and touch, and presence.

So, to the degree that it feels at all supportive, warmth can be helpful. If you don't feel good afterwards, then that might be a clue to experiment a bit. Do you do it less? [01:13:00] For example, maybe if you go into the sauna, instead of going for 10 minutes, you go for three minutes. Maybe you turn the thermostat down from 105 to 97.

I'm just making these things up, but the point there is if the idea of warmth can actually be healing, but if it doesn't feel great, you want to listen to that and experiment to see what might feel better.

I'm just looking here, [01:13:30] I have some notes. Just to draw some connections to what's going on. Remember that freeze, it reduces circulation. Kind of slows everything down. It sends the blood to the core and away from the extremities, so it makes a lot of sense that we're cold.

I also want to mention that sometimes some of us who have a lot of high sympathetic going on and we have a lot of what we call hypertonicity, so lots of tension in the body, we might also be really cold. So, it's not only freeze [01:14:00] that would cause someone to be chronically cold. So, that can be helpful to know.

We also don't have as much flow in the system. So, as we have more access, all the things that help with capacity and regulation, everything that you're probably already doing, but things like the kidney adrenal practices, the diaphragms, things that anything that just kind of brings, helps the system [01:14:30] find settling increases our access to flow, increases circulation, all the things that support warmth, because often this does change over time.



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It does not at all sound like it's just a Band-Aid. I would again really trust your impulse there, and your instincts, and experiment a bit. And I'm just seeing if there's ... Oh, the other thing is sometimes, play with this, but sometimes doing the kidney adrenal practice in the [01:15:00] bath, or doing the practices with warmth might also be something to experiment with as well. Seth, what would you add there?

Seth:

A couple things. One thing to note, this caught my attention. If you're using heat and it's feeling good, but then afterwards you say, "Sometimes, I don't feel that good afterwards." Well, it's also possible that not [01:15:30] feeling good is another part of the process.

If say you have been in freeze your whole life, which is a probability given what you're describing, if that's starting to thaw and the heat helps that, then it feels good, and then you feel like a little sick or a little like ugh afterwards, it's [01:16:00] actually possible that ugh is actually part of what's needing to come out. It's not always a bad thing to feel bad, essentially is what I'm saying as part of this work. Sometimes, it's just part of it.

I mean, there's one time when I had this huge layer of freeze lift off of me, and it was like two or three, I don't know, hours [01:16:30] that I was just shivering, and cold, and I couldn't get warm. And then I had my feet in hot water. And as I was sitting with my feet in hot water, I had blankets all wrapped around me and a toque on, then I started to feel flu-like, like heat, body chills, achy, feverish, and that was all just part of this freeze lifting. So, all that to say, [01:17:00] everything Jen said is absolutely valid. And also, it's not always a bad thing to feel bad in the context of this work.

The only other thing I thought of was Elia's movement lessons. They may be supportive as well as another way of getting flow moving through the system, because they're quite gentle, and very supportive of flow and movement. So, all right.

[01:17:30] This question, "How do you differentiate between what is early developmental trauma and what is generational trauma? My SE therapist thinks that my big emotions of feeling unseen and undervalued also stems from my lineage and culture. My mom and grandmother had intense life experiences that would explain the intensity of my emotions. The intensity in which I experience these emotions doesn't feel proportionate to my experience. How can I work this and [01:18:00] process what's just mine?"

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All right. So, first part, how do you differentiate between what is EDT and what is generational trauma? I'm going to say actually, they're both the same thing. And this may not be the answer that you're hoping for, but at this point it's all yours essentially. Because what happens is the intergenerational trauma is [01:18:30] expressed to the genome. We have genetic adaptations that are made, and we all have a variety of genetic potential. This is what epigenetics is showing us. And under certain circumstances, these genetic traits will express. And in other certain circumstances, these genetic traits will express.

And when we inherit genetic predisposition of expression, that's where that intergenerational trauma is. It's in the genome, [01:19:00] in the ways that we're predisposed to express through our genetics. So, it is itself probably the earliest form of early trauma, intergenerational trauma, because it's in the genome that informs our structure. So, it's the same thing.

And at this point, it's all yours. You are the one who has inherited it. So, while [01:19:30] there may be aspects of your mom's experience, or your grandma's experience, or your aunt's experience wrapped up in there, at this point, you are the one who gets to heal it. Yay, sorry, but that's kind of the way it goes.

It's also important to recognize that we inherit strengths as well as this genetic trauma. We also inherit all the strength of [01:20:00] our ancestors, because they survived long enough to make you. So, you also inherit all of their positive adaptations. And I think there can be a great deal of importance in claiming what I would call pride of ownership.

It's like, "Yeah, okay, it's all in my basket now. And guess what, I'm the one who gets to change it." I'm the one in my lineage [01:20:30] who gets to stand up and say, "You know what? I'm going to do something different. I'm not going to pass this on. I'm going to heal it and change it for my entire lineage." There's a great deal of power in that, and I think you can take a lot of pride in that, in being the one who stands up and makes the change, rather than just passing it on.

Another thing to understand is that these genetic expressions are reinforced [01:21:00] through behavioral expressions. So, we come in with a certain genetic makeup, and then the way that our caregivers, family system, school system, whatever is around us impacts us, is a big part of what determines how that genome expresses. That's where we may get the more maladaptive expression or the more positive expression depending on the circumstance.

[01:21:30] And the good news is, that can change also at any time. So, as you start to do this work, and you start to look at your relationships, and you put up boundaries as appropriate, and you orient to the fact that you have a safe home environment, which hopefully you do. If not, that's a first step. We have to create safety in our lives, real safety so that our internal danger cues, even though they're convinced they're real.

[01:22:00] Like Jen said way back at the beginning of the call, we can start to say, "Look, no, I am actually literally safe." And I hear you, that you feel that's not true, but yet here's this thing, right? As we create more safety in our lives, both externally and internally through doing this work, the genetic expression can change at any point. We can start to activate our more healing genetic DNA, our healing genetic [01:22:30] expression, and that changes everything. That changes our health. It changes a lot of stuff.

So, that's the big picture answer there, and hopefully that is acceptable. But, yeah, it's kind of like, "Yep, it's all in your basket now, so you get to be the one who changes it." All right. Jen, I think you have the last one.

Jen:

I do, and [01:23:00] I'm just realizing. So, everyone, let's put our thinking caps on, because this is a little bit of a heavier one, so it might have been one for the beginning, so we'll see how we go. I'm going to stay. Can you hear me okay?

Seth:

Right now, I can.

Jen:

Okay. Give me a signal if you can't, because I want to demonstrate something, so it's going to stay on camera.

Seth:

Okay.

Jen:

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The question is, "Hey, Jen and Seth, last time you mentioned the reciprocal relationship between the sympathetic and parasympathetic [01:23:30] systems. I read in Kathy Kain's book ..." And they're referring I'm assuming to the book, *Nurturing Resilience*. "That this relationship can be disturbed. And I felt like this applied to me. I have early developmental trauma. And in my healing journey, I have often noticed states of danger and safety in my body at the same time. I still experience this sometimes when I'm triggered, and I bring in the ventral that I can clearly feel [01:24:00] I'm in ventral now, but the sympathetic charge is still stuck there. How can I work with this?"

So, first, just a bit of education is that, if you imagine that your left hand is a sympathetic system and your right hand is the parasympathetic system, reciprocal relationship looks like the sympathetic system starts to come up and reaches a point, and then the parasympathetic system comes in and brings it down, and then the [01:24:30] sympathetic system goes up, and then the parasympathetic system comes in and brings it down. So, they're working together.

The sympathetic system gives us, like, I want to stand up, and I want to go for a brisk walk, and then I want to ... It's really more complicated than this. I'm oversimplifying, but then I want to go home and lay on the couch and veg out. So, that would be the sympathetic system dominant, and then the parasympathetic system dominant.

What happens [01:25:00] with trauma, not only early trauma, is that they get out of a reciprocal relationship. And so, you often hear Irene or others of us talk about gas on, break on. That's not a reciprocal relationship, because you have the sympathetic system on and the parasympathetic system on at the same time. And then we have freeze when we have the sympathetic system on, and then the parasympathetic system comes in on top of that sympathetic system that's on, but they're at [01:25:30] the same time. So, there's many different ways it can be out of the reciprocal relationship, but that's one of them, right? And just to know that, that's common with trauma.

So, the other key element of what this person is sharing is that they experience both safety and danger in their body at the same time. And again, I want to say there's some good stuff here because you have access to safety, you have access to ventral. Some of us, it takes an awfully long time to grow [01:26:00] that. So, that's a strength that you can build on.

So, in terms of practices, the finding, the painful, and the pleasant practice could be a really helpful one. Kind of reviewing pendulation. The other thing you say is that the sympathetic

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charge is still stuck. So, I get it. That makes me a little curious, because it sounds like you have access to ventral, but there's this underlying sympathetic charge. So, [01:26:30] how can you grow awareness of what's happening there?

Can you tune in and feel it in more detail? Maybe start by noticing where you feel the sympathetic charge or how you feel the sympathetic charge. Sometimes, it helps more to say, like, "Okay, I can't feel it, but I can see an image of it, or I can see a color." So, to work through imagery, if it feels hard to access.

It's a really [01:27:00] foundational one, but noticing if there's an impulse present. So, maybe I feel the sympathetic charge and I can't quite access it, but I know I want to wiggle or move. I always think of you, Seth, with this one, but sound, and there's that. It's almost like a hidden lesson. I think it's the extra resources in lab five. It's working with the sound chambers of the body, but noticing like, "Okay, again, maybe I can't quite feel this, but is there a sound that wants to come? Or can I imagine what this [01:27:30] would sound like if it could come out?"

So, there's different ways that we can tune in and access things that feel hard to access when we don't feel like they're easy to connect with. But again, it can be ... Sometimes what starts to happen for those of us who have a lot of threat, we start to feel scared, and our belly gurgles at the same time. That's a good sign, because we're growing [01:28:00] access to sort of like, "Okay, there's some safety here even though we feel scared." So, the fact that you feel some ventral, even though there's some sympathetic there that feels like it's stuck, that's a good sign and something to build on. Over to you, Seth.

Seth:

Yeah, that's great. And, yeah, that's exactly what I was going to say. The fact that you can feel more ventral and you still sense the sympathetic, that means that you've grown quite a bit of capacity. And it may be, yeah, time to start working [01:28:30] with that sympathetic, and all the ways Jen talked about. What's the sound it wants to make? How do I want to move? What's a little sympatheticky kind of thing I can bring into this? Is there aggression? Do I need to work with the healthy aggression tools? Et cetera. Maybe it's time to start bringing in that stuff.

Yeah. Great. And I just want to address one thing that I saw in the chat before we sign off, because it was in response to the last thing I was answering about generational trauma. What if you only start healing [01:29:00] after your children are grown? Then you've already passed



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the inner generational trauma onto your children. True. That can happen, and it's something that a lot of people come to realize as older people who get into this work who've already had kids.

And it's important to acknowledge that. It can be important, depending on the nature of the relationship, to express that to your kids. And that can be part of the healing. Sometimes, that's quite moving for children for a parent to say, "Hey, I just realized I had a lot [01:29:30] of trauma and I'm realizing I've passed some of this on to you guys, and I see that in these ways, and I'm sorry. I just want you to know I'm working on it."

Having that expression can be quite powerful and healing in and of itself, but also know it actually is never too late to do generational healing, and the way that it can ripple out is pretty amazing sometimes. It doesn't maybe always happen, but I've seen it, and I've heard of many cases where parents of adult children [01:30:00] start doing this work. And even though the kids are grown in their 20s or 30s, they start to have an easier time of it.

So, that generational connection is quantum in nature as well as biological, I believe. And that quantum nature means that healing can move through space and time in both directions. My dad got softer and more vulnerable after I did my work trauma work, even though he did nothing. [01:30:30] So, the way that this impacts our family system is kind of mysterious, and it can happen at any time. So, communication, acknowledgement, and just trust that as you do your work, it will impact your whole family system in a positive way.

Okay, thanks so much everybody. Thank you, Jen, as always. Thank you, Mark, very much for being here. Thank you, Bonnie, and thank you all. [01:31:00] Now, we've got a break week next week, so please take advantage of that, and do your best to not work too hard. I know you all have lives, but yeah, find ways to do good things for yourself, pleasurable things for yourself, as you can. Make a pleasurable activity, a neurosensory exercise. What are the sensations of my body as I eat this hot fudge sundae? My God, yeah. All right.

Jen:

[01:31:30] Great. Thanks, Seth. Thanks everyone. Thank you, Mark.

Seth:

All right, everybody. Thank you. Bye.





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Jen:

Bye-bye.