

Seth (00:00:05):

All right. Welcome, everyone. This is the eighth Q&A call for SBSM 15.O. Thanks all for being here. Thanks for sending in your questions, as always. I did respond to a bunch just by email briefly, and asked some people to refer their questions to the general questions, offered some answers where I could via email, just because, as always, we get way more than we can answer on the call. So, hopefully we'll get the info that you need there as well, and we will get going.

(00:00:38):

There was one common theme that lots of people asked about this time. It was very interesting. All around attachment, attachment wounds, and the ramifications of that in relationship and social engagement. And the fundamental paradox that we get hit with these attachment wounds, it usually goes something like, "I really, really need connection, and I'm absolutely terrified of connection." That is the standard trauma paradox with attachment wounds, where it's just we're scared of what we need.

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We know that we need it, we have a yearning for it, and we're terrified of it. So I certainly can relate to this personally. Of course, that's why I created such a safe bubble for myself for so long that I could control, because it was a way of just staying safe and meeting those attachment needs in a very contained kind of way. So it's a whole different thing when you're out in the big wide world and there's all sorts of different people and all sorts of different situations, and some of them are triggering, and some of them, there's actually just people who are mean, and there's just a lot that a person has to contend with. So, when we have this sort of conundrum within us, there's some things that we may want to consider, and I'll go through a bunch of different points about that.

(00:02:04):

First, someone asked though, what is the survival response that gets activated from attachment wounds? Because they were saying it doesn't really feel like anger, it doesn't really feel like fleeing, so it doesn't really feel like fight or flight. So what is the survival response? And of course, there will be variety, but by and large, it's mostly actually in the freeze camp. Because with attachment wounds, most of the time, the threat to the system is one of absence. It's of something we're not getting, or we're getting it maybe along with other stuff

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that feels really scary or stressful. I'm not an expert in attachment theory, but there's different ways in which we... Someone has classified this into anxious, avoidant, the different kinds of camps of attachment wounds.

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And I'm not an expert in that, but to put it really simply, it's like, well, either you don't get what you need or you kind of get what you need, but it's inconsistent. It's not dependable, you never know when it's going to be taken away. Or maybe you get what you need, but along with that, you get a whole lot that you don't need, a whole lot of stress, a whole lot of anger or attention. In a simple form, that would be it. So, in all of those cases, a very young physiology will usually learn to shut down, to numb itself out. So it is much more of a freezy type of thing, because these developmental needs for safe, consistent, attuned attention are not being met.

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Now, the fundamental need that we need to bring to resolve this is connection and presence, being connected in the present moment in a safe way. And a lot of the time, that is going to have to start with ourselves. That's, of course, what the bulk of this work is about in SBSM, is all these different explorations of ways in which we can connect and attune to ourselves, to become that safe person that is paying attention to ourselves appropriately and accurately. That's so much of what we're learning here.

(00:04:18):

So yeah, it's not so much about fight-flight a lot of the time, at least at first. Now, as you go and you start to thaw and come out of some of that freeze and that numbness, then you may start to get more in touch with anger or that more fleeing energy, "Get me away from this situation, get me away from this person." That stuff though isn't safe to show up at a young age 'cause we actually need the person. We literally need them for our survival.

(00:04:49):

And as Gabor Maté talks about in that video, which I think is released now, which is The Need for Authenticity, when a young person is met with these conflicting things, we both need attachment and authenticity in order to develop optimally. But if our authenticity threatens the attachment, the organism that is us will choose the attachment, will repress the authenticity in

order to preserve that attachment. So it's not safe to get mad, it's not safe to run away when we're really young. And if we're really, really young, we don't have the body that can do that. So, that's why this default to freeze can come on so predominantly when we're talking about attachment.

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So, what to do when we want to be, say, in groups of people? That was one of the questions. I recognize I really need social engagement, I need to be around groups of people, but it's really overwhelming. I'm lonely, but I really fear the social interaction that I'm craving. So, when that's the case, one, of course it does, like I said, start with ourselves, learning our tools, learning our resources, learning some ways in which we can settle ourselves. Learning some of these tools, like orientation, allows us to come out of the inner experience a bit, find safety on the outside, and develop our toolkit. We don't want to walk into a construction scene with no tools and have no idea what to do. So we don't want to walk into a social engagement situation, when we know it's kind of problematic and stressful, without any tools. We want to be aware of what our tools are. And so that starts with us, with our own work.

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But then, when we want to maybe start exploring that connection, we have to remember the principle of titration. It's okay to dip in and out, and it's okay to also titrate the kind of social engagement we're going towards. So, maybe we want to start with something that has no pressure or sort of social responsibility or engagement, like a park. What is it like to just sit somewhere as an observer and just see people and feel how your body responds to seeing the different people? Like, "Oh, that person looks nice, that person looks angry. Oh, I feel a little stressed when I see that person. Maybe I'll feel my feet on the ground and orient a bit. Oh, that's a nice thing over there. Look how lovely that is. That makes me feel this."

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So, that can be a powerful way to start training ourselves to notice what are our different responses that occur in response to different people. And in a situation like in a park or like a mall or something, where there's no pressure on us to engage with anybody, it can be a safe way to enter into that kind of exploration. Also, understanding that we can get little bits of that social engagement juice through very casual things. Like I've talked about before, just engage a little bit at the checkout counter, "How are you doing? Great. Oh yeah, it's a nice day out

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there." Just little things that may seem meaningless, actually do give us a little bit of that, a little bit of that social engagement juice.

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When we start to go into situations where maybe we need to engage a little bit more with people who know us, family situations, friend situations, work gatherings, that kind of stuff. Well then, again, we really want to remember our tools. We want to remember it's okay to leave, it's okay to enter into it a bit, engage a bit, then take yourself away outside, go to the washroom, just settle a little bit. The concept of pendulation, as we've talked about in some of the inner work, also can apply to us as a being. We can pendulate ourselves into different situations, like, "Here I am swinging into the social scene. I'm going to swing right out again into the outside for a little bit and come back."

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Bringing an ally. That is one really helpful thing, if possible. So, if there's one person you know who gets you, you feel safe with, they understand this work maybe, or they at least are interested in it or supportive of you, they understand that you may need to step aside or maybe you need to check in with them or to talk to them. You can bring a safe person with you sometimes, and that can be a helpful way of getting a little bit more safety on board and having a person that you can go away to the corner and say, "Oh, man, that guy really triggered me. Oh yeah, he's a jerk. Yes." Whatever, someone to have a little camaraderie with.

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And then what about if it's relationships that are not a group thing, but say a romantic relationship, someone that, say, we really love and care for, and yet at the same time they're really pissing us off or we feel really angry or we feel hurt from them? This was a question that was about, "Yeah, I really want to stay connected with this person, but I feel really angry, I feel really hurt, there's resentment there, too. How do I handle that?"

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Well, the first thing we need to do is determine, if we can, logically, if we can figure out, "Well, why am I feeling the hurt, the anger, those types of things? Is this person just acting kind of like someone who hurt me in the past? Is this a trigger? Is this someone who just, they're not really

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doing anything bad, but they look or sound or have certain things they say or certain ways they act that are like someone else who was dangerous, who did hurt me? Or, is there actually a problem? Is this person actually dangerous? Or are they actually doing things that are inconsiderate, disrespectful? Are they abusive or are they not present? Are they walled up? Do they have no vulnerability? Are they unable to share or meet me at an emotional level?"

(00:11:06):

So we kind of needed to do a little assessment, like, "What's going on?" And it may be helpful to talk to someone else about this as well, who may be more objective, who can say, "Oh, no, remember, because he's saying those things and your dad used to do that thing," or whatever it is. Or, "No, that's really bad. That's not good behavior." Getting some clarity on what is actually happening is pretty important to sort of determine how you go forward with that.

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Now, if this is something that is a trigger, then it's on us. So, a classic example, my relationship with Irene, there was this period where I would just go into a rage when she would sneeze. So this is totally illogical. This was pretty obvious, "Why am I so angry when she..." And not just once, it's if she would sneeze repeatedly, oh, I'd just get so pissed. And I realized it's because, oh, right when I was growing up, every morning, my stepmom, who was allergic to the newspaper, would insist on reading the newspaper from front to back. So she'd just sit there reading and sneezing over and over and over and over again every morning. And it fricking drove me crazy, I was like, "Why are you doing that to yourself?" So that was what was getting triggered. That was a pretty clear example. And it's like, "Okay, that's on me. That's for me to work with."

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If it's based in reality, if you identify that, "Well, actually this person is kind of disrespectful, or they're being gas lighting, or they're not able to meet me emotionally, or they're walled off in that way," or something really is an issue, then it's about, well, what do we do about that? There may need to be some third-party help. Maybe we need to do some couple sessions. Irene and I did a lot of couple sessions, I can tell you that. I can't imagine how any couple stays together in this day and age without some support at certain times. We all have stuff, and it's very common that we will need assistance in a partnership from time to time. So that is something that you may have to consider.



(00:13:20):

You may have to consider boundaries. There is this thing that happens as we get into this work, where sometimes we start to identify, "I never really realized it before, but wow, this person who I really want to be close with is totally in freeze and they're not interested in doing the work. They're not available." Gosh, then you have to make a choice like, "Oh, I realize this isn't actually good for me."

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And there can be kind of a painful pruning thing that happens, of relationships, where we realize, "Wow, well, these relationships actually aren't good for me." When we form relationships in the context of our unresolved trauma, then they often will be part of a kind of perpetuating that cycle. And as we heal and start to step away from that within ourselves, sometimes that is reflected on the outside. Sometimes the relationships that have been part of that, sometimes they can evolve with us, but sometimes they can't. And so then that is a decision point.

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In either case, if it's a trigger or if it's actually an issue, there is an element in which we have to take responsibility for our own responses. So, no matter what, if we're feeling enraged, we need to work with that. Now, maybe it's for a very good reason, or maybe it's not for a good reason. Either way, we really don't want to act that out, ideally. We want to use our tools to work with that aggression, or if we're feeling shame, or whatever it is, if we feel shut down. In either case, we need to respond within ourselves. We can't put it all on the other person or all on a counselor. We need to do our work. But understand that may be in the context of separating or working with someone else, but even if we're separating or working with someone else, we still need to do our stuff.

(00:15:19):

And also, communication is really important, especially when it's like a case of us getting triggered. If we are getting upset and triggered into our own stuff by someone, we need to work through that, take responsibility. And then on the other side of that, we want to communicate. We want to say, "Hey, I realized that I was just getting triggered into this old stuff 'cause my freaking stepmom used to read the newspaper all the time and sneezed like

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crazy. And that's not your fault. I'm really sorry. Yes, that aggression you were sensing from me was real. Yeah, I was triggered. I'm sorry." That's pretty important to acknowledge whatever it is that's been happening for you.

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And it's really helpful to do that later. So, that's another really important thing to recognize in relationships. And when there's been attachment wounds and disruptions, we don't want to engage once we realize we're triggered. We don't want to actually say the arguments we've been rehearsing for the past hour. These are not helpful things. And it's a very normal thing to do, but nothing good ever comes of it. I've noticed anytime I've been rehearsing some argument in my head, it never goes well if you actually say it. So, we want to wait until we've worked through the stuff and then come back and engage.

(00:16:43):

Now, if someone else asked, what about my journey? Seth, you used to be hyper vigilant and you had to live in the woods and had all this stuff that you were working with. They asked, what helped the most for me, since there was no SBSM around, and did I experience challenges committing to the relationship? What were some signs that I noticed that I was healing?

(00:17:11):

So very briefly, yeah, hell yeah, it was challenging. I wanted to run away many times, but I knew that this was a good relationship. I knew that Irene was a safe person. I knew that strongly enough, and what I could observe objectively, that I didn't give into the impulses to run away back to the woods. But I certainly felt that many, many times. And in terms of what I did, it was SE. Yeah, SBSM wasn't around, so the only option was private sessions. And so I did six, seven years of pretty regular SE sessions, and I was fortunate enough that I had a very good practitioner and mentor.

(00:17:51):

Now, what are some signs that I noticed things were changing? And this is I think probably the most important part of this question for the rest of the group, because these are things you

can notice in yourself. The first is, can you just notice when you're getting triggered? If there is this dynamic where you're getting triggered into your own past stuff, can you tell when that is?

(00:18:13):

So, some signals of that, maybe your reaction is disproportionate to the input. If you're, like I said, rehearsing lots of arguments in your head, you're feeling lots of tension, lots of boiling anger, fear, tremendous fear. If you feel numb, you're checking out, all of the indications that we're going into some kind of survival response. We've got to start noticing that stuff. That's step one of progress is, "Oh, I can tell when I'm no longer present. I can tell that I'm triggered and I'm in my stuff." So that's the first sign of progress.

(00:18:49):

And then learning to work internally rather than engaging. Like I said, that probably was the next sign of big progress for me. It's like, "Okay, now I can tell I'm triggered, and now I know, okay, I don't have to engage." There's enough of my higher brain online saying, "Seth, don't go say those things, just work with yourself," and being able to do that consistently.

(00:19:15):

And then there may be subtle things, like whenever I would hear footsteps above my head, my heart would just start racing immediately. So eventually, what would happen is, "Oh, okay, now my heart isn't racing quite so much." It's sort of pounding a bit. Or I'm not completely tensing everything in my body. I can feel the activation and the startle, but I'm not like, "Oh my gosh," totally in a panic. Little shifts. Or, "Oh, I feel that. I feel that tension coming in and this heart elevating. And wait, I'm remembering, make some sound. Right. Aah, aah. Right. Do some healthy aggression work, squeeze something."

(00:20:01):

So I'm remembering to use your tools, remembering the ways in which you can process this stuff. Noticing elements that may be happening and being able to change them in real-time. One thing I used to do when we were out, I would stare at the other diners. I didn't even know I was doing that. I was basically waiting for them to attack me. Irene's like, "Seth, stop staring," and I didn't even know I was doing it. So yeah, over time, "Oh, now, right. I'm doing that thing



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where I stare at people as if they were going to kill me, and now I need to not do that. Bring my vision back here." Noticing the habitual responses in real-time and being able to change them.

(00:20:46):

So these are all the kind of little shifts that happen and accumulate, until eventually, they just don't really happen. Those responses dissipate, the triggers are gone because the underlying stuff that was getting triggered is no longer there, and the urgency becomes way less. Maybe you still feel like, "Oh yeah, this is that thing that happens, but it's not really that urgent anymore. I don't feel like I'm getting dragged away from my center. I can feel an echo of it, but it's not so big a deal." That's how I noticed it, and that seems to be a pretty normal kind of progression in people's evolution through this work. So, that is all on attachment, social engagement, relationships, etc. Rebecca, is there anything you want to add from your lens on attachment and working with this kind of stuff?

Rebecca (00:21:46):

I said I'll just add that the attachment style, and there seems like there's a lot more coming out about it, which is great, and you've been saying this in other words, is physiologically state-driven. So when you just have that sense, "Oh, I'm shut down or freeze or sympathetic, and that has something to do with how I am perceiving, responding to what's happening in my relationship or in the world." I think that's really helpful. Versus it's just, "Oh, this is just my random attachment thing because of what happened when I was younger." I think it's more empowering. And also, you were talking about triggers. There can also be, when you're receiving being seen and being loved and you're actually getting it, and that can feel scary. And so similar to what Seth was saying, of how you might work with that with a trigger. I know the first time my husband told me he loved me, I covered my face with my hair. But that was just something, it was sort of like a resource, hiding, but I stayed there, I didn't leave. And I knew I was with somebody that could be there with that, instead of him being like, "Oh, what is that about?" So that also happens too, even when you are getting it, when you haven't been used to it, it can seem weird or scary.

Seth (00:23:24):

So much so, that's a great point. When we actually get the good stuff that we've been craving, it can be terrifying or uncomfortable, disconcerting. Yeah, great.

(00:23:37):

All right, so moving onto individual questions, I'll do this first one. "I have early trauma and always struggled with my emotions. I get extremely triggered in arguments when I feel rejected or like my experience doesn't matter, and I become abusive towards my partner, and vice-versa. Words are said on occasion, and the intense urge to shove and slap them comes over me. People talk about the abused but not the abusive. Can this be fixed? Will this work? Help me? I want to do better, but the survival energy takes over sometimes. What things would be most helpful?"

(00:24:11):

So the reason I put this as its own thing after this section is because it's the same thing, but it's flipping the lens, which is really important to talk about, that, yeah, we may be abusive ourselves at times, which is something that is sometimes hard to talk about. We can behave badly, because everyone who is abusive is someone who was abused. I'm confident in saying that. I don't think there's any mean, abusive, wretched person out there who was born that way. I think, as humans, we become that way because we are ourselves abused and treated badly or neglected, so no one is born bad.

(00:24:57):

So if we know that we have these behaviors of being abusive towards another person, first, we need to understand that, well, that's because of what happened to us. And just understand that, yes, it's time to take responsibility and stop those behaviors, but it's not because you are a bad person, it's just because you haven't yet been able to resolve that charge that's in you from what was done to you. So yeah, you need to resolve what's being triggered, as I talked about, and in this case, when it's about really needing to stop an action, that is... You need to get really simple.

(00:25:41):

So the first thing, like I said, is you have to know when you're triggered, you have to really become conscious about the fact that, "Oh, I'm about to..." Like you said, "I feel this urge to slap this person." That's when you stop, you go away from the relationship, from the engagement. There's no point engaging at that point anymore. So this is a discussion you need to have with this person, with your partner, whoever it is, when you're both in a pretty stable,

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okay place, you need to have this conversation that says, "Hey, as soon as I notice I'm triggered and getting ragerful, I'm going to leave the room, and you have to let me do that."

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There needs to be an agreement, because if it's that intense that there's actually some kind of physical expression of violence or anger, that is like, okay, no more engagement. We need to go away and work on this stuff on our own or with support. So it's real simple, and not necessarily easy to do, but you need to recognize that you're triggered and you're feeling this aggressive impulse, and there needs to be an agreement, that means stop, no more talking, somebody leave the room, go into your own spaces, and work with what's happening.

(00:27:09):

Also, recognize how important healthy aggression work is going to be as part of that. If there are these aggressive impulses coming out towards the other person, it's not about stifling those, it's just about redirecting them. Obviously, you have a lot of rage that needs to get out, but it needs to get out safely, in a way that doesn't hurt you or hurt another person. So understand that that healthy aggression work is going to be an important part of this, maybe not right away, maybe at first, the best thing to do is just take yourself away, like I say, and just use your resources. Just separating is a huge piece of work, because that's breaking the pattern.

(00:27:54):

It sounds like there's a well-established pattern of I get triggered, you get triggered, we get mad, and it just gets more and more intense. It's like, okay, just stopping that is a huge piece of work. So it may not be time immediately to go into working with healthy aggression, it may be just about soothing, settling, using your resources, and giving yourself a little pat on the back for at least getting away from the engagement so you can have another option. So really simple at first when it's this kind of thing, recognize the trigger, stop, leave, and have an agreement that that's okay. All right. Rebecca, you want to get that next one?

Rebecca (00:28:35):

Yes. Okay. "I'm doing SBSM, second round, and wondering, what's the meaning of dreaming? Each night, so real, feeling and remembering them all the next day. They're always about my

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childhood, the house I grew up in, my ex-boyfriends, my family, even people that aren't here anymore, grandpa, et cetera. I'm very sensitive, and it feels like I have a life in two parts, day and at night. My mind is running, and I don't get enough deep sleep, and unbalanced energy. In the daytime, I'm aware of what to do, but while sleeping?"

(00:29:14):

So dreams are normal, and can become more active, complex. I have found, personally, and reported to me, when doing this work, because it is how the subconscious is working things out, that can be solving problems, emotions, things that are hidden. And a way of working with that can be, in the day, remembering whatever you remember, even if it's just the feeling of the dream, and seeing what you notice in your body. If there's some stress responses that need to be completed, something in the dream, for example, getting away, saying something. And like I said, even just feeling the energy or the emotion of the dream can bring a lot of resolution. As well, how we are in our day in general impacts how well we sleep, how well we sleep impacts how we do our day. So anything you can do to support your sleep, in this case in regards to any of the practices with SBSM, kidney adrenal could be really helpful, or any practices that you find soothing that help you become a little more parasympathetic, low tone for sleep.

(00:30:39):

If you wake up from a dream, sense. What do you, maybe, want? Is there anything you want to do with that dream? Definitely, orient and resource before you try to go back to sleep, and see if that can just help process this. But it's normal, it's just part of the deal, in some ways, the whole dream thing, and especially when it's about your past and your life and your childhood, as this is all being stirred up doing this work and processing it.

(00:31:14):

Seth, anything you want to add?

Seth (00:31:16):

The only other thing I'll add is that some people find it useful to keep a journal, some people find that to be a pain in the butt, whatever your style is, but it is useful for some people to write down their dreams upon waking.

(00:31:32):

Also, pay attention to little differences. This is something that a lot of people have talked about, I've noticed this myself, how there can be recurring dreams that are always sort of the same. For me, it was always about, I've got to get my drum set up for a gig and there's, oh my gosh, where's my thing? And I can't find it, and I just can't get the stuff set up, and oh my gosh, the gig's going to start, and I can't... Oh my gosh, ah. And it'd just be the same every time, trying to find the stuff. And then, what happened was, eventually, oh, I'm getting my drum set up, but nobody else is ready. There would be these little shifts. There'd still be some stress, but they're like, oh, I'm okay now.

(00:32:15):

Other things may be, I've heard classic ones of people being chased, that they have a dream where they're being chased, they can't get away, and then at some point in their dream, they stop running, and they actually turn and face who is chasing them. I see some people nodding, yep, that's very common, and that's a great indication that your agency is emerging. You're learning to work with your fight flight, you're turning to face the threat instead of running away from it. That's very common. So there can be all sorts of these interesting things that occur in the dreamscape that reflect our internal process.

(00:32:53):

Okay. "Hi, I'm an alumni still struggling with decision-making. I go into freeze, and it feels like life or death in terms of making the right choice, where the wrong one will get me killed. It feels like I can only be safe by not moving. I use grounding and orienting, I also do a comical imitation of freeze by bulging my eyes out, which makes me smile and laugh and breaks the freeze grip for a second. But when it comes to finally making the decision, I keep procrastinating, which then wreaks havoc in my life. What to try?"

(00:33:28):

So some things that I would be interested in inquiring about in this situation is, one, when did this start? Has it always been this way? Were you maybe pressured into making decisions that you didn't want to make when you were a kid? Were you forced to choose, presented with things that were really you shouldn't have been presented with? Or was there just always a lot of stress around deciding things in the family system? So it might be helpful to just, one,



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recognize, where did this start? How did this start? Where did this come from? That sometimes can be useful, that kind of assessment.

(00:34:04):

But the main thing is that, clearly, this is about survival energy being connected to decisions, specifically the freeze response. Yeah, you're going into freeze, you feel like you're going to be killed if you make the wrong choice, the only safe choice is to not do anything. Of course, yes, you recognize that's a freeze response, and I love that you thought of that creative response, sitting there and doing this exaggerated affectation of being in a freeze, that's beautiful. What I would want to know then is, what's next? What can come next from that bulging eyes expression?

(00:34:44):

Maybe there's some other mobilization that could come along with that. What if some of the sympathetic-y things were allowed into that picture, so maybe you start with your eyes bulging out, and then maybe you think about something a little bit more aggressive, and you think about your fangs showing, or maybe you just squeeze your fist, or maybe you press hard with your feet and you growl a little bit. Is there a way that you can start getting that sympathetic energy mobilizing? Because that is what gives you the agency of choice. Sympathetic nervous system, remember, is not just fight flight, it's one extreme expression, but it has all these other wonderful things that it's supposed to be doing, including giving us a sense of potency, agency, the ability to have choice is a sympathetic thing. Now, sometimes it's also ventral, if that involves other people, that choice involves communication, relationship. If it's for yourself though, yeah, that's, what do I want? That's a very potent sympathetically supported thing, that sense of self and of the ability to choose.

(00:35:58):

So it just sounds like you need to get the sympathetic system moving more in these situations, and you've already found this way to start by doing this face that you described. So what's next? What can come after that, that can be a little bit more sympathetic? And also understand, there will probably be a period of time where you have to use a little bit of willpower to make yourself choose. Eventually, you're going to have to just choose, and risk the fact that, yeah, maybe you make the wrong choice, but you know what? That's not the end of the world. You think you need to have... Most choices that most of us make aren't actually life



or death. I don't know exactly what you're describing here, maybe there are real life or death things, but it sounds like this is something that arises even when it's not a life or death situation, it just feels that way.

(00:36:59):

So get that sympathetic energy moving, see if you can feel a sense of potency, what might want to emerge, see if you can get a little bit more mobilization happening, feel that in your body, feel what choice is supported by that. And also understand, you don't have to choose right away. What are your impulses? Maybe spend some time just feeling, what arises from the physiological state of being more sympathetically active? Now, maybe that's just anger at first, I don't want to make a choice, and maybe that's a potent place to work. Okay, yeah, work with the energy of that. I don't want to make a fucking choice, I was forced to choose this so many times, I'm not ready. Maybe there's a lot there.

(00:37:48):

At some point, you may have to just decide, and then risk, or have the experience of feeling that risk, but know that you can also work with that. I can make a choice, and then maybe there'll be fear. Okay, I can work with that. But there may be an element of willpower at some point. That is part of this work sometimes. We can work physiologically, and we want to do that as much as possible, to support coming to our decisions from a regulated place that's well-supported by our agency, and sometimes we just have to do something, and that is part of it sometimes.

(00:38:34):

Rebecca, anything you want to add to that, or just go to the next one?

Rebecca (00:38:38):

No, that's good. So next one. "I was born via induced labor, just because the OB wanted to take his leave of absence from work for summer, believe it or not. Apart from in utero stress, I believe this was the first shock I ever experienced, and the reason why I feel so unprepared to face life in general. Could there be a shock and chemical trauma involved here? How can such trauma manifest later on somatically, and how can I know if I healed from it, since there's no memory? Thank you."

(00:39:15):

So with in utero stress, induction, that is a shock to the system, that's also early developmental trauma, and can bring that sense of inescapable terror. Everything is a sensation for a baby, so generally, the system's going to go into freeze. So with your question of how this can show up later somatically, you're saying that you feel unprepared to face life. That makes sense, that's like being in freeze, that's shut down. I don't feel prepared, I don't feel like I have the tools. There isn't that agency and movement. So how you might know if you heal would be, are you starting to move more in the direction, and notice the difference in your system towards, as you worded it, facing life? And getting more regulation so that there's less survival energy in your system, easier to rest, more agency. Those are all signs of more regulation, and doing this work supports all that. So I know you didn't specifically ask how, but this work is how. And yeah, there's no need to remember it. We don't need to remember something cognitively explicitly in order to heal from it, the body remembers, and however is presenting in your system, with any kind of symptoms or what you sense in regards to, as you word it, again, unprepared to face life. And how might you start to notice through these practices, through orienting, through resourcing? I feel prepared. I feel prepared to get up and walk across the room, or I feel the support around me that is the foundation for the other degrees of being able to be in life and face life.

(00:41:23):

Seth?

Seth (00:41:25):

Great. I thought of one thing while you were talking about that, one specific somatic exploration you could check out or explore, try out, because when labor was induced, it sounds like it wasn't a C-section, you still came through the birth canal, from what it sounds like, but it wasn't under your organic volition, it wasn't under your timing, it wasn't in alignment with what your body wanted to do, so it could be interesting to set up a bit of a thing where you are... It probably would work best on a hard floor, with a moving mat or a blanket under you, something that can slide across the hard floor, and your feet...

(00:42:12):

So you would lay in a fetal position on the floor with your feet against a wall, something you could push against, and you'd be able to just explore, when's my impulse to push with my legs? What's it like to feel that impulse to push coming through, such that I start to slide across the floor? Essentially, what you're doing is, you're recreating some of the conditions of what your body would've done under its own volition as part of the birth process. So that could be an interesting exploration to check out.

(00:42:50):

Okay. "I have complex PTSD from birth, early, and shock trauma, and at 15, I had a near death experience from a bad acid trip, where I was in the fetal position for eight hours. Panic attacks started, but I didn't know what they were, and I kept it to myself due to shame or fear that I'd be destined to live in a mental institute. I spiraled into agoraphobia at 19, and I couldn't leave the house. Now, at 44, as I regulate, I noticed I've been overriding in order to leave the house. I do feel agoraphobic again, is my world shrinking so that I can begin proper healing, versus CBT therapy at 19, which is what I did?"

(00:43:33):

So what this sounds like is that, yes, you are getting in touch with your true window of tolerance. It sounds like you've learned to function in the world, obviously, you're 44, and it sounds like you had a period of just being able to be in the world and function, and now it sounds like you're sensing, oh wait, actually, I'm overriding. I still feel that sense of not wanting to leave the house.

(00:43:58):

So yeah, you might want to go back and listen, if you haven't already, or maybe just refresh yourself, to the early developmental trauma call with Jen that was at the very beginning of this round, because we talked a lot about this, where when we have been in a place where we've been overriding our system in order to function and we start to do this work, what needs to happen a lot of the time is we need to discover our true window of tolerance. And as we talked about on that call, this can be a very humbling thing, where we realize, actually, I don't have capacity really to genuinely engage with the world, I have to recruit my survival energies in order to do that, and yeah, that can be disappointing or humbling, but it's actually really important. Also, it is important not to stay stuck there.

(00:44:53):

But yeah, recognize, okay... And it doesn't mean you want to stay in your house. Understand, okay, if I need to get things done, it's okay to override a little bit, give yourself that permission. If you need to function, you need to function. But as much as possible, I would encourage you, for a time, to see what it's like if you can stay within that genuine window of tolerance and make little forays. So can you go to the stoop without overriding, knowing that you don't have to go anywhere? Can you go to your front yard, if you have one? Can you go to the sidewalk? What's it like to just go get in your car without actually going anywhere? What's it like to get in your car, drive around the block, come back home, go back inside? How can you start to gradually notice your ability to be okay in little explorations, treating these little trips that are to nowhere as a neurosensory practice, where you notice your body. Am I staying in flow? Can I stay present? Do I see my environment? What's happening with my breath? Am I bracing? Do I need to pause? Do I need to go back inside, and play with it that way? Explore the world in these titrated sort of ventures that you treat as neurosensory practice as a way to gradually expand that true window of tolerance. This is not unusual at all what you describe, and it's really important because the only way we can grow that true capacity is in this way. We have to get in touch with what it actually is, and act from there. And also know that you may still have to override a bit as part of that process.

(00:46:46):

If you need to go get groceries, you have to get groceries. So, there's practical elements that are evolved, and that's okay. Then you come back, and you take care of yourself. So, let's just take a little pause, and we're almost at 50 minutes, and we just want to take a couple minutes for people to orient. Go get a drink, go pee if you need to. Just take a little break, and we'll start up again in just a minute, or two. Alrighty, so, this next one, I think this one is for you, Rebecca.

Rebecca (00:49:06):

Okay. "With this work, I became more educated about things like EMF exposure, toxins in the air, et cetera. I have a big fear of the invisible coming from early developmental trauma in a war zone. Now I'm in a place where I find myself fighting to find a perfect healthy environment, home, and school, but there's always something that brings those fears up. Cell tower, mold, a highway, or a plant nearby, et cetera. I feel hopeless sometimes. Should I stop looking for the

perfect environment, and focus more on my inner environment?" I would say in general to stop looking for the perfect environment, yes, and looking for perfection in anything can be sympathetically driven. It's like, oh, it has to be perfect. And especially with this awareness of, like you said, EMFs, toxins, exposure, valuable to know about that stuff, and to find the ways that work for you to mitigate it.

(00:50:15):

But to notice if it's stressful, if you're going about it in a stressful way, that's just going to perpetuate it, because there isn't a way to fully control it, but to notice how you are controlling it, so the good food that you have, the good water that you drink, your space to orient to that environment, and notice that's safe, that's healthy, what that feels like, the response in your system when you attune to that rather than worrying, or trying to make it perfect as far as outside, like what you can't control, a tower, or whatever. And you probably know some of the things you can do, covering your phone with a safe sleeve, not doing as much Bluetooth, circadian biology practices, doing all those things, and you can look into it more if you don't know much about it, that can help support you.

(00:51:18):

But again, if we go about our health, and our healing from a stressful place, then we're just perpetuating that sympathetic charge. So, then to work with that, when that comes up, you said feeling fear, feeling hopeless. See if you can work with that in your body, and maybe even doing some specific work around the war, around the early developmental trauma, whether that's with yourself as you build capacity, or with the practitioner, because there could be a big ball in the pool, if you will, from that that could support if you work with that, how you're dealing with these other factors in life. Seth?

Seth (00:52:07):

Yeah, it's a good question because it also just points out that there is, yeah, fundamentally, like you say it, the inner work, and we do want our environment to be healthy so there can be an objective assessment involved in this, too. There is no perfect, I don't think at least right now, but there's better, and worse. And I just saw a comment where someone moved from an apartment due to mold, but the levels were relatively low, and the stress of moving for the third time in nine months destroyed what was left of my nervous system. So, it is like, yeah, we can become so sympathetically driven in our search for safety on the outside that it just makes



things worse, and there are going to be issues in lots of places of some kind, whether it be cell signals, or a little bit of mold, or something.

(00:53:01):

So, yeah, like you said, Rebecca, look, there's a lot that we can do to support our health that doesn't involve uprooting our life. So, sometimes we have to settle with good enough, and do that inner work, and that inner support, and if we recognize that our environment truly is toxic, that also is important, and we may need to address that as well. Irene has a video on mold, and other toxins, on YouTube, that could be useful to check out in regards to this.

Okay. "Second time alumni here, have early developmental trauma, childhood sexual abuse, medical trauma. I had started nail-biting, and picking at a very early age, which has been a 48 year-old habit, not diagnosed with OCD, but I do present as such around the nail issue. I've learned that having nails done helps tremendously, until the polish chips, and then I am obsessed with picking. I understand how this is a nervous system response.

(00:53:59):

Is this self-annihilation? Fight, flight, freeze, all? Going to a nail salon often feels like a band-aid. SBSM exercises feel like a solution, but I am not sure how to fully resolve this." So, it's not so much self-annihilation, really, as the way I see it. OCD behavior, I tend to see as it's something that we use to mitigate stress, it's something we have control over. It's a specific behavior that if there's underlying stress coming up in the system, we can channel it into one behavior that we control. And so it's a way of actually finding safety paradoxically, even if that may mean picking at our skin, cutting, all of that stuff is actually a way of bringing more sense of safety control to our system because we may feel under out of control, and so that gives us something to focus that energy on, that frustration on. So, there may be elements of anger involved, but really it's kind of a form of self-care that has just gone a bit haywire, because it's fueled by these survival responses.

(00:55:10):

So, in terms of the SBSM work, I mean there's all sorts of different practices that may, or may not be useful. The general thing with any type of behavior like this is you have to start working with what happens if you don't do it. And that may be, again, titration is so important here, and here's another example of willpower being part of the process. You can't get at what's



underneath if you don't make yourself stop the behavior, and maybe that's only for five seconds, right? You feel the urge to do it. You make yourself not do it for a few seconds, then what happens inside, and that's where you work. So, maybe anger comes up, maybe fear, then maybe you need to use some sort of somatic practice, like maybe you need to bring in a little more space into your body, or maybe you need to do a little aggression work, or whatever it may be.

(00:56:07):

I can't know specifically, but it starts with making yourself stop the behavior. There's no other way that I know of to get at what's underneath, but understand that you can still do the thing. It's not about saying I can never do the thing again. That won't work either. It's like I know that I can do the thing as soon as I really need to, but I'm going to make myself stop for a while, and then I can feel what happens if I can't deal with that anymore, I'm going to let myself do the thing. That's generally the best approach for OCD type behaviors from a somatic lens. Now, there's all sorts of other strategies that can come from different forms of therapy, but when it comes to working directly with the physiology, and the nervous system state, it's about making yourself pause the behavior so you can get at what's driving it. Rebecca?

Rebecca (00:57:02):

I would just add, following impulses can really help with the distinction of compulsion, and impulse, and nurturing your impulses, and it provides some differentiation, and agency around that. So, it isn't just a compulsive thing I have to do.

Seth (00:57:26):

That's great.

Rebecca (00:57:28):

All right, next question. "I have to pee every night, sometimes twice. I'm in my mid-40s, but I've had this for as long as I can remember. Doctor / physiotherapists had me retrain my bladder, which means holding my pee for a long time in order to stretch my bladder. Didn't work. Doing SBSM, it made me think about the kidney adrenal system, and how this could be connected to old trauma. Is it? How could I work with this?" So, I can't say for sure that it's necessarily directed to old trauma. It definitely could be. It is generally normal to go pee at

least once at night. I'm hearing though that you're feeling like this is too much. And of course this also depends on how much fluid you had before bed, if you're retaining, absorbing your water. So, sometimes we need minerals, or sea salt, anything in water helps the cells actually absorb it, otherwise it just goes through us. So, that could be something to look into if you haven't already.

(00:58:46):

Hormones. So, there's a hormone actually, arginine vasopressin, that we excrete at night that actually tells the bladder to be chill, to not have to be active. So, just working with nervous system regulation, which impacts hormone regulation as well as circadian biology practices helps support that too. Grounding, getting light, because this impacts the melatonin production, which is a key factor, and honestly, something that I experienced some years ago, it was just suggested to me by my naturopath at the time, a doctor, I would always go at least once every night for as long as I can remember, and it wasn't an age thing, and he recommended doing melatonin for a while, three to 10 milligrams – something I'm not giving is suggestions to take supplements. But anyway, this is what I did to retrain my system, and I did it. I did it for about three weeks, and unless that was a placebo, or something, anyway, it worked.

(00:59:53):

So, I've retrained myself. I really hardly ever even wake up once, and if I do, it's because I did have more fluid. It's also with a more frequent urination, sympathetic. So, working with that in the day, noticing how that is for you in the day, what you notice in your system when you feel that you have to urinate, and you could do the same thing at night. So, if you wake up, are you waking up because that's what you actually feel, or are you waking up maybe for another reason, and then you feel the sensation to urinate, and you just go, and maybe slowing down, and seeing what's happening in your system with that.

(01:00:33):

The kidney adrenal lessons could be great for sure. The diaphragm with the pelvis, the pelvic diaphragm lesson. And then final thing, if there was anything going on with the pelvic floor that can impact the bladder towards prolapse, which can impact peeing more, but that also has something to do with how much you're peeing. Are you able to have a full urination, or is it

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little bits at a time as if the bladder isn't fully releasing, so that could be something to check out. Okay. Anything Seth?

Seth (01:01:19):

No, you got it. Thanks. Rebecca. This one is, "Hi, Seth, I have hyperextended joints, and as I complete the more Feldenkrais based lessons, my awareness of movement has increased. I've noticed how I tend to lean my weight into supportive surfaces, kitchen, bench chairs, anything nearby with my legs in full extension. As freeze is lifting, I'm noticing how fatigued my muscles are. Is this the body's way of compensating to try and make standing less effort? Is there a common link between hyperextension of joints, and trauma? Thanks." Absolutely. This is something we see quite a bit. Its expression essentially is of an under-coupled physiology. And so this is where things are not associated enough with each other. There isn't enough tensegrity in the system, which is tension, appropriate tension that help things work together. So, yes, locking your knees is a way of essentially sort of cheating a bit, and it is not the best form of posture.

(01:02:35):

It can be much more useful to learn to get support from the skeleton with the legs slightly where the knees are slightly flexed. And the potent posture lesson is good for this. Like you say, Feldenkrais is really good for this, exploring, and it sounds like it's helping you notice more. That's really good. It could be maybe useful to do some private Feldenkrais work around this, which some of our team members offer. I know Mara, Rebecca, both are Feldenkrais practitioners. Also, strangely enough coming from me, this is one situation where we've seen that Pilates can actually be useful. Now, Irene is not into Pilates, generally, because there's a lot that they teach that is not great. We don't want to have a lot of tension in our core as we go about our day. However, it actually can be useful when there's hypermobility in the system, because Pilates is very much about developing that tensegrity specifically in the core, which leads to all the rest of the system.

(01:03:42):

So, that actually can be useful in this situation, not as a way of life necessarily, but as a way of training the system to have more tensegrity within it. And it may be interesting for you to check out my article on coupling dynamics. Coupling can often be expressed in different ways. We may be sometimes under-coupled in our physiology, which is like this hypermobility, but

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then the psyche may be over-coupled perhaps. Maybe there's very rigid patterns of thinking, or maybe the psyche is also under-coupled, and there's, there's kind of this floaty, everything's all one kind of vibe is sort of an expression of under-coupledness in the psyche, or the system. The physiology can be over-coupled, everything can be rigid, tight, too associated, too tensed. Yeah, coupling dynamics are interesting. I see Mara just linked to my article in the chat there. Thanks, Mara. So, that could be interesting just to explore for further insight. All right, Rebecca, anything to add there, or you want to move to the next one?

Rebecca (01:04:55):

Yes, I'll move to the next one. "Coming out of fight flee is exhausting. After the AM freeze lifts, I feel the sympathetic nervous system. I work with it until it peaks, and my system re-regulates. I'm noticing benefits, but it's exhausting, and takes all morning. Then I alternate activity, rest, and soothing for the rest of the day. Sometimes I want a day off, but it feels worse if I don't work with the sympathetic nervous system until it peaks, and my system re-regulates. I'm struggling to find a balance. This feels like a full immersion experience, and I need a vacation. How?" So, it can be a full immersion during this work, and follow your impulse to rest, to take a break. And it's really important to do that in this work, too because this is how we can integrate a lot better. We need space, and time to integrate what's new. So, I would suggest to take the break even if it's starting to titrate towards a break, taking a half a day off, or just doing part of a lesson, maybe going back to practices in the beginning, practices that are really soothing for you, and perhaps looking at titrating a little more with the sympathetic. So, maybe does it always need to go to a peak before you feel regulated again? And I am curious about when you feel tired after, is this a yummy, I need to rest, or is it more of a freezy kind of exhaustion you mentioned? Because again, titrating might be better, and not always having to do such a big release like such a peak, and modulate that a little bit more like what happens before the peak, or how can you slow the sympathetic down a little bit, and then how that might integrate in just doing your day. Maybe you're just, okay, there's some sympathetic as I move around the house, as I wash dishes, as I go for a walk, but yet you're not hyper-focused on moving the sympathetic energy. Titration, titration, titration building capacity.

Seth (01:07:29):

Yep. And it's like there is a, the system has its own momentum, right? It's like we enter into this work, and the system really needs it, really wants it, and it's like, yeah, it just has its own momentum sometimes, and we are sort of along for the ride, and that's just how it can be for a

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while. But everything Rebecca says there is really important, and it's okay to give yourself permission to not work so intensely, even if that means you have to use some more coping mechanisms, or resources for a while, but that's fine. Whatever. It is important to give ourselves breaks, as we can, and most of us spend quite a lot of our time keeping this stuff suppressed. So, our body usually does know how to kind of pack it up a little bit if we need to. Because yeah, having a break from working so intensely can be pretty important.

(01:08:29):

Okay. "When I get sudden panic, my body reacts with muscle cramps, and spasms, and trembling, which frightens me when they just happen suddenly I'm afraid not of the reaction itself, because I know what it is, and it moves through as procedural memory, but of the possibility of falling, or dropping something, somebody calling an ambulance, et cetera. I could override these responses in the past, but now not anymore. Do you have any practical suggestions for everyday life aside from doing the work and getting more regulation on board." So it's very good that you're not afraid of this experience anymore, because yeah, you understand that this is just the sympathetic energy moving through. And again, this sounds like a case of like, yeah, you used to be able to override it. Now it's like, oh, it just wants to come out. So yep, we want to welcome it. I understand the fear of maybe that's going to lead to some action that isn't good or it's embarrassing or... So it makes sense I think.

(01:09:37):

Yeah, I understand it's the panic expressing directly and every time this happens, it is an opportunity for the system to release some of what it's been holding in that sympathetic fight flight kind of box and allow it to reintegrate into the system. So I think what you want to focus on is how you can support your ability to feel safe in those moments. So that may be very basic. It just means you sit down on the nearest thing or you hold onto something, you make your connection to the environment more deliberate, more conscious, "Really feeling my feet on the ground. I'm going to hold onto this pole here. I'm going to put my hands on the counter. There's a chair right there. I'm going to go sit down." Just the basics of how you can support your body to feel safe with this as it's happening.

(01:10:35):

Really, that's, I think, the best that you could do. And again, welcoming it if you're afraid of it while it's happening. I understand you say you're not afraid of the response itself, you're afraid



that there may be some bad ramifications. In a way that's kind of an extension of still being afraid of the response, which is understandable, but it's just that the lens of welcoming the experience proactively can shift a lot in terms of how we feel about it. So that's an underlying thing of just sort of setting the intention that when this happens, I can just find a way to support my body so that I know I'm not going to fall and I can really welcome this experience to come through. All right.

Rebecca (01:11:33):

I would just add exploring with falling, even just getting up and down off the ground. Going down to the ground, maybe doing one of the lessons on the floor as we get into any of the Feldenkraisian lessons, but even just what is it like to get down to the floor and get up? Is this something in general? A lot of us, we're not doing life on the ground unless we're maybe in a different part of the world, but we're not going to the ground as much and this has an impact, if we feel like we don't know how to fall or how to get up... And that's internal, or to get up and down as well, that impacts our felt sense of security, safety, mobility, all that. So that could just be something to play with.

Seth (01:12:23):

Yeah.

Rebecca (01:12:25):

Okay. "Do you have any advice on how to work with unconscious holding of my jaw? Bringing in awareness resolves it only for the moment then my body goes back to the pattern. It seems to be more related to fear than anger. Is this possible? Is there maybe a Feldenkrais lesson that can help change the pattern, or what else can I do when I notice the behavior? Thank you." Well, it sounds like you're noticing it, which is great. Got to start by noticing the pattern, the behavior or the sensation, and yes, it can be fear, and fear is also really the root of anger. We feel anger to protect ourselves. We feel anger because there was some kind of threat or perceive that there's a threat. So then there's anger. Either way, you could work with it. The jaw is also, jaw, mouth, the first place we learn about the world, we orient to the world that way.

(01:13:25):



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It's about healthy aggression as well. Even eating can be a way of healthy aggression, so you can play with it. Even just when you eat and chew, bite an apple, just take a bite, bite back, really be present with what you're doing with your jaw, your teeth, to chew that food, to assimilate it. Maybe even that can be kind of an orienting practice. I'm digesting this, I'm assimilating this, I'm processing this food. And of course the healthy aggression work, and seeing what happens when you explore with that. The bell hand lesson you could do as far as a Feldenkrais practice, but doing the bell hand along with the mouth and just very gently opening, closing the mouth.

(01:14:18):

You could do the hand, then go to the jaw and you honestly can bring your jaw, mouth, into any one of the lessons of SBSM, just noticing it, moving it a little bit. Maybe there's that invitation to notice the diaphragm and then to notice the space in the mouth. Also, fascia work on the face. So it's Savannah, right? Savannah Alalia, I'm not sure how to say her last name. She's on Instagram. She's a colleague of Seth and Irene. I've looked at her work and doing some different fascia things on the face and the jaw can help and sometimes it just takes time. I mean, honestly, I've experienced jaw tension and pain sometimes for a couple months as I've been doing this work. I mean it wasn't horrible, but it was there. So just give yourself time and space.

Seth (01:15:24):

Yeah, I'll link those playlists again on the replay page or on the call page. It's Savannah Alalia and she's got a couple playlists for showing people how to work with the fascia themselves. So yeah, it's a good resource. We've linked it many times before. That can be a really helpful part of this work. Also, I'll just add the, be aware of the connection between the hips and the jaw. Yeah, very much echo each other and sometimes working peripherally with the hips can help the stuff in the jaw and vice versa.

Okay. "How to work out survival energy, heal pain, etc, so that I don't need surgery. I feel confident I can manage naturally and use SBSM tools to transmit these symptoms. But the doctors say I have herniated discs after MRIs and they are keen to operate. I came to the up and down workshop and once I got home my symptoms got worse. The doctors agree that the onset of this flare-up was due to leg bracing prior to this first travel in four years to a place that was historically traumatic for me." So yeah, this is someone who came to our Up and Down

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workshop in Vancouver, and Vancouver was a highly charged place for them. So there was a lot of bracing leading up to that travel, and they believe that was a contributing factor to the flare-up. "I was never able to express anger in my life, life and freeze. I want to heal with available resources, no surgery. Ideas, please."

(01:17:06):

So this is a really important question because it brings up the exploration of when we can resolve stuff using our internal tools and our knowledge and our nervous system practices and all the other kinds of supports, and when do we need to actually go into some kind of medical intervention? Now, I can't say for sure obviously because I don't know. I'm not a medical expert. I know that there is a lot that a person can do to work with a problem like a herniated disc. It does depend on what is the reason? Is there some physical factor? Is there a bone spur that's poking on that disc? Right? If that's the case, then it may be that there's nothing that we can do internally to resolve that. Irene had a bone spur in her knee, and it didn't matter how much Feldenkrais or whatever she did, she had to get the bone spur taken off. So it depends on the reason.

(01:18:06):

If it's just the result, if the only reason it's bulging is the result of chronic tension inflammation, then maybe it's more likely that yes, this is something I can resolve without surgery. I can't say for sure, but some things that I think may be supportive on that trajectory of no surgery, well, it sounds like expressing anger is going to be a pretty important part of that journey. So held anger equals inflammation. Held sympathetic responses equals inflammation in the system. So that will probably really be important is how can you start to allow yourself to express anger? And of course the voo and voo-ah lessons and SBSM are a really good starting place for that. Even if you don't feel anger while doing it, just doing those practices of moving sound, mobilizing the jaw can be a really helpful way of warming that up. Same with the healthy aggression practices, just feeling, using that musculature, activating it, making sounds, even if you don't feel the anger, starting to use the mechanisms associated with expressing it could start to warm up those pathways. Maybe start to feel a little safer allowing that out. It may be that you need one-on-one support for a little bit to feel safe enough for your system to get in touch with that anger. In any way that it happens, it sounds like allowing yourself to express anger and get it moving is going to be important. It may be that that needs to come along with lots of rest and not moving around very much. Sometimes, that's a part of allowing the system

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to heal on its own is reducing mobility. So maybe you just have a period of time where you're spending a lot of time resting on your back in bed or whatever's comfortable that doesn't aggravate it, and that's your time to start doing some internal practices around allowing some of this anger to come through the system. There's all sorts of other things that can be supportive. I mean this is kind of a first stage of neuroplastic healing thing. If we think about the five stages, the first one is that housekeeping stage.

(01:20:30):

So what's your diet? Are you getting enough healthy fats, enough healthy proteins? Is there detoxification that needs to happen? Do you need to bring in some extra support? Like red light therapy, for example, can be very helpful for this kind of thing that helps the mitochondria repair. So basic housekeeping stuff that may be helpful for external supports, that can be part of it as well. Those are all different general ideas. And this may not be personally for you, this may be for anyone with this kind of situation, sometimes, we just have to understand that we may need some kind of medical intervention. And I'm someone who is definitely an advocate for the internal process first, but I mean like I said with Irene's need, nothing was going to help that except for going in there and taking that out. So just understand for anybody in this kind of situation, sometimes, we may be polarized against surgery in a way that is itself survival driven. And of course, I mean there can be good reason for that, but this specific surgery, there can be very non-invasive nano, I think it's called arthroscopic, or there can be a way of doing these types of surgeries that is very non-invasive that doesn't require general anesthetic. And so if you have to go that route for anybody in this situation, if you're presented with a reality where like, "Well, I've done all I can and I've got to do the medical thing," then it'll be important if that's the case, to understand that that's not the end of the world, that you can use all your tools to make that a safe experience and that with this particular surgery, it sometimes can be done in a way that's not very invasive and you don't get knocked out.

(01:22:33):

So I hope that's helpful. I can't say specifically what will be the exactly right thing for you in this case, but I know there is a lot you can do to support yourself internally in the ways I've described. So that definitely might be worth exploring first. And also understand that if something happens and you need the surgery, well that's also not the end of the world and that can be embraced. Yeah, I think that's about it for that. Rebecca, do you have anything you want to add to that one?

Rebecca (01:23:03):

No, that's it. I think you got it.

Seth (01:23:04):

Okay.

Rebecca (01:23:06):

Thanks everybody.

Seth (01:23:07):

All right, great. So then just one last question here before we sign off. "How do you handle shutdown when terrified of the sensations? I'm not anemic, but I can feel lightheaded with very weak and shaky legs. I'm worried I might pass out and that something's very wrong. Is this shutdown? I don't feel I could stop myself from slipping away. So I desperately want to stay awake and resist. I feel not in control and I could actually die if I just let it happen. It's so scary. You advise to allow the sensations, but how can I overcome the awful fear to allow that process?" So one clarification right off the bat, I do advise to allow the sensations to the point that we have capacity to do so, right? That's a very important note. It's not just about whatever happens, I have to just allow myself to be with it. No, it's about what is your capacity? What is your capacity?

(01:24:12):

So it sounds like you're feeling that the ability to stay present with this shutdown experience, you don't feel like you have the capacity to do that right now. So it's not about just allowing yourself to plunge into it. It's about, again, pendulation, titration. How can you use your tools to start to dip in and out of it, not just plunge into it. So also know that what you're describing, "Feel lightheaded, weak, shaky legs, I'm worried I might pass out, but I'm not anemic." So it sounds like, yeah, this is likely you're feeling the freeze response, you're feeling the shutdown response. There can be other causes. There could be a blood pressure issue or a circulation issue or something. Now both of those can have, at their root, an unresolved freeze response, but just know that there can be multiple factors involved.

(01:25:10):

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Then again, there may be multiple supports needed. Maybe you really do need to do something to increase your blood pressure a little bit or increase circulation from a different intervention. I just have to mention that. But if it is, this is just a freeze response that's wanting to come through, which it very well may be, then again, how can you pendulate in and out of it? Start to allow a little bit of it, bring yourself out. And the way you would do that is by using the contrary systems, using your sympathetic systems, using your ventral vagal system. So maybe you feel like you start to slip into it a little bit and you would allow it a little bit, but then you really squeeze your fist and you make a little sound and you bring yourself out of it. Can you learn that you do have control to come in and out?

(01:26:06):

Also know that the feeling like you're going to die is itself part of this thing. The feeling that I'm going to die is part of the freeze response, so you probably won't, I mean, most likely, this is something that you will be able to eventually allow to just move through your system. And yes, it can be scary, but I've navigated this myself many times. I've supported clients through it. It may be that one-on-one support, again, could be helpful in this situation. So you have someone there to really tether you, like, "Oh no, come back. Come back. Squeeze your fist, push with your legs, make some sound," to remind you in real time as you navigate this piece. Sometimes that can be useful as well. So I hope that's helpful.

(01:26:54):

Yeah, I just saw a couple things in the chat I want to address real quick. "Seth mentioned red light therapy. Could you share which model you use?" We have a couple different ones. We use EMR-TEK, and we have a couple of different things. We have a couple of their small ones. We have a couple of their big ones. They're all good. That's a good company that we recommend. We are not associated with them. We don't promote them or anything, but we found their devices to be very good for red light therapy. You can order them online from pretty much wherever you are. They're not cheap, but their base models are not crazy expensive. Their most basic model, I think, is like 300 or 400 bucks. And yeah, it can be very, very useful, red light.

(01:27:43):

Actually, the other day, I was in town three days ago and someone was mopping and didn't put a sign up. I went around the corner and slipped and fell right on my right hip, full on this hard



tile floor. Really, really painful. Went right home, and along with doing my processing, I had to allow some tears out. There was some shame. Oh my god, people saw me fall. I looked like an idiot, et cetera. Had a little cry, remembered the incident, and then went right to the red light and had that red light on that hip for a good half hour. Did a salt bath, did more red light the next day. Two days later, no more pain. So red light is very powerful for pain, for inflammation, for recovering from injury. It's a really useful tool.

(01:28:33):

Another one that I want to just address real quickly as I saw someone had asked, "What about if we don't feel safe anywhere? What if I'm at home and my home doesn't feel safe and it's hard to even register safety using all these tools?" Totally good point. Again, this is a place where logical assessment is the first step. Am I actually safe? So that's the first thing we have to consider. So if you're not, then yeah, you're not going to be able to feel safety in your environment if your home is not actually safe. And that's a point where it's about practical, real world action where it's about getting yourself into a safe place is the priority, not this work. We have to have a place that is at least objectively we know safe. Safe enough, right?

(01:29:25):

Sometimes, that starts as just a room in a house that has a lock on the door. Sometimes, that's the way we create safe enough to start until we can get out of that situation. But we need to have at least some container that we objectively know no one can come at me right here. Now, if you have that and you still can't connect to that sense of safety, then it's just about practice, practice, practice, practice, orienting using your resources, setting up deliberately things that you like around you, using multiple sources of input, using sound. Maybe there's a song or some music you really like that feels soothing for you. Put that on while you're orienting and you're containing and you're breathing and you're feeling your edges, like bringing in multiple tools and multiple sensory inputs that convey safety, setting it up for yourself, that can be helpful. And just know it can take a lot of time. It can take a lot of time to retrain the system to understand that it's safe.

(01:30:37):

All righty, thanks all. Thank you so much, Rebecca, for being here. Thank you, Mara, for your diligent work in the chat. I appreciate it so much and thank you all. Yeah, we're getting close to the end of this round of SBSM. Got two calls left and if we get into these more Feldenkraisian



driven labs, know that if you're not there, that's okay. The Feldenkrais work is really subtle and really deep, can bring up all sorts of stuff and if you're not having it, you don't feel drawn to the work in these later labs, no worries. Keep doing the other stuff. And if you are finding yourself engaging with the Feldenkrais stuff, just yeah, know that it can be very powerful. It can stir up deep developmental things because it engages developmental movement patterns a lot of the time. So, all right, thank you all. We will see you on the next call. Bye everyone.