

## Curated Q&A Call #1 Special Topic: Early/Developmental Trauma with Jen

If you'd like, you might just pop into the chat if it appeals to you, whether you're new to the topic of early developmental trauma... Just realized my head's getting cut off a little bit. There we go. You're new to the topic of early developmental trauma, you're an old hat or maybe something in between. So if you feel like popping that in just so we get a sense and each other gets a sense of what we're coming in with, that would be great. So here we go. In between, not new, but like a review. In between old hat. We have lots of in between, lots of not new. New to the top, but living it in my life. Quite new. We have lots of in between coming in. We have a few very familiar, know a lot.

Yeah. So, interesting. It doesn't seem like... So this is interesting. Good to know that we don't have a lot of people who are brand new to the topic. Have heard of it, but have not felt ready to dive into it. Know it all about the nervous system. Like that one. Oh, new. Okay, good. Okay. It's just good to sort of know.

And just remember something that's really interesting about this work is that sometimes we can hear the same thing that we've heard 10 times before and it'll land differently, or it'll feel different, or we will hear it differently. So just to maybe make some space for that, even if you have heard this many times. So I am going to start off with a little overview of early developmental trauma. It'll be a reminder for some of you, and it looks like it may be new to some of you. So yeah, so I'm just kind of making sure I have the... Here we go. Yeah.

So what is early developmental trauma? So first it might help to distinguish between developmental trauma and early developmental trauma. Developmental trauma is defined as anything that interrupts or impacts the course of our development. And they're finding that the brain in some people keeps developing all the way to the early 20s. So that can go from conception up until the early 20s. The early part of that are things that sort of, as many of you probably know, in the first few, in utero, in the first few years of life, there's lots happening. We're growing rapidly, the neurons are being pruned. We're learning, we're soaking life up and learning up like sponges. And so early trauma is usually defined as from conception to age three and sometimes age five. So that's sort of the early part of early trauma.

And you'll hear, because the way the call's going to work is I'm going to give you a little overview and then we're going to dive into questions and themes that came in from you all today. And you'll hear there's actually a few questions that speak to very early experience. So

we're going to talk about that in more detail. I tend to say, um, I am working on it, but just so you know. Especially when I'm thinking about something.

So yeah, so early developmental trauma, how does it happen? It can happen in many different ways. I will give you a few examples, but remember that the way we look at trauma through this physiological lens is that it's not about the event, but about the way our system is able to respond or is not able to respond. And that goes for early developmental and developmental trauma, as well as for shock trauma. So let's say for example that we had a mother, or even it could be our father or our co-parent, if there were two parents. If they were under a lot of stress early in life, if something happened when we were in utero, if a parent themselves had a lot of dysregulation, they had a lifetime of anxiety or depression. If we were born prematurely, if we had a difficult birth. If something happened after birth, like a medical procedure or a fall. If something happened in our family system. So all these things can contribute to experiences of early developmental trauma. Again, in all of this work, including in this specific part of it, one of the cool things is that we don't need to know what happened in order to change our experience, in order to work with our experience. So some people know for sure something happened to them, they came into the world two months early. But some of us don't know that. And the way we might discover that we have early developmental trauma is by what shows up as we explore this course and this nervous system work. And that's part of the reason that we do this call very early on in SBSM, because if this does apply to you and you resonate with what we talk about today, it can have implications for both how you understand your experience and what's happening in your nervous system, and it can have implications for how you engage with SmartBody SmartMind.

So just to check in, is this making sense so far, coming through clear? Yeah. Okay, great. Thanks. Love the thumbs up and the nods.

So it also, I think, helps to really... Because we can always think about what happened to us, which is a very important part of our life and our life story. And again in this, when we come into this SmartBody SmartMind and this nervous system world, it really helps to think of things in terms of what happens in the nervous system and in our physiology. And so, as many of you probably know, Stephen Porges has polyvagal theory, and some of the important elements of that are that as mammals, we come into the world with our survival physiology online, but we don't necessarily come into the world with our physiology that enables us to feel safe in the world and to feel safe in connection with other people, and to just have this baseline sense of everything's okay, and I can respond if I need to if something happens.

So what his theory purports is that we develop that. We come in with a raw material for that, but we develop it through our experiences, and in particular our experiences with our caregivers and the people who are important in our lives, especially early in our lives. And by offering us presence and attunement... And remember, it's good enough. This doesn't mean if you're a parent, you have to be perfect. But good enough presence and attunement helps us to grow that ability to feel safe, it grows the ability to have sensations and emotions move through us and know that it's not the end of the world or they're not going to take us over. It enables us to connect with other people and to have the ability to be in those physiologies that allow us to really be present with ourselves and with one another.

So the way I think about early developmental trauma is we don't necessarily get optimal. Remember this is all a spectrum. So we don't necessarily get as much as we would want to have of much of that early attunement and presence and support. And so as a result, what happens is we tend to rely more on our survival physiology for everyday life. And for some of us, like me, until I discovered this work, I didn't know that's not how... I mean, I felt like something was different, but I was anxious or depressed a lot of my life and I didn't have a whole lot of experiences with just chilling out, just like, "Oh, I can just chill out." And I hear the birds and there's plants and things are just, even though I'm on this call with all of you, there's not a whole lot that I need to be alarmed about right now. Because when we're in survival physiology, those signals can be going off and they can be signaling to us something's wrong, something's wrong, something's wrong.

As Kathy Kain, one of our teachers, says, she'll say people can feel like, I don't know if... Some of you may or may not know Chicken Little depending on your age and geographic location, but it's like the sky is falling, the sky is falling, the sky is falling. And what this means practically is that everything can feel like a big deal, and it can lead some people to really push hard in their lives, push hard to achieve, push hard internally, feel like they should be achieving even if they're not. Excuse me. And other people might have the experience more of not being able to move. Sort of, I know that I'm capable of so much more, but I just can't bring myself to do the things that I know that I'm capable of.

Yeah, just taking a moment to reflect. We can also cycle between those. That can be common for a lot of us, to cycle. We might call it, I know we think of anxiety differently here, but typically people would call it cycling between anxiety and depression. Yeah, and there can also be this sense... I like to think of it that everyone else got the handbook on how to be human, or in class that day it was covered. How do you connect with other people, and what do you do in

social situations? And somehow I miss that day in class or something. So there can be this feeling of feeling a bit different or something's wrong with me. Or some people use a phrase, "I feel like an alien." So that can be quite common too. So there can be these different presentations, different experiences.

We can feel floaty, disconnected, out of it. Everything can feel important or nothing can feel important. It can be hard sometimes for some of us, this was a case with me, it can be hard to regulate our emotions. We can just have big expressive emotions all the time, or we can really try and hold it in and be good, but then all of a sudden something will happen and we'll explode or it'll all come out, we won't be able to control it. So it can look like different things to different people. Yeah.

So to bring this specifically to SBSM, what it can look like is, it might look like I do just a little bit of a practice and I feel a whole lot and I think something's wrong. And no, nothing's not wrong. The really important thing I want to convey is that this course is really about listening to yourself and your physiology, and learning how to hear it and how to support it. So it's not about, "I read all the time, I've got to lab 6, I got to lab 8, I got to lab 10." It's really more about you and your experience.

And so what's important is not whether you're able to, quote, "Get through," all the labs in lab 1 for example, or all the lessons in lab 1, but to notice what happens when you start to orient. And if you start to orient visually and you feel really, really anxious, then that can be a sign that, okay, one, maybe this is unfamiliar to you. Maybe this isn't something that you have a lot of practice doing. It can be a sign, oh, maybe it would be helpful to titrate more. And titrate has to do with just doing a little bit. And I don't know, Mara, if you want, it might be nice to pop in the... There's a link to... Irene has a publicly available video about titration. And that honestly, that's, I think, one of the... I want to offer you some of the things that are important across the board if you have this history, or a history that includes this, and titration is one of them. I think it's far and away been one of the most helpful things for me in both SBSM and also in my life more generally.

If, again, using that example of going to orient and noticing a lot kicking up, you might do a little bit and you might also think about orienting with the other senses. Because if you think about early developmental trauma, a lot of that happens when we're in utero, when we're babies, when we're toddlers. And so it can really help to think in terms of, how would you be with a little person? So how would you be with... Because we want to go back and offer

ourselves those experiences that we may not have had. So that can look like having soft things around. I love soft things. If you see me in the winter on a call, I pretty much can guarantee you, hey, I'll have a very soft sweater on.

It can look like, I love things that I can... Just to orient you geographically, I am right now outside of Philadelphia, which is a little bit south of New York City. And so it's turning to autumn here. It's not technically autumn, but it's starting to feel that way. And so I love things that I can warm up. So it's getting cooler here, so I'll just sort of warm this up and I might pop it in my lap or around my neck.

And these little things we do, like having soft things around or warm things around, or taking a moment, like right now maybe, just to notice something, whether tactilely, or visually, or through what you hear, these little things we do are what helps our system learn what safety feels like, what true safety feels like. And still clear? The idea is clear? Yeah. Okay. Okay.

And so I'm going to head into the questions in a minute, but what I want to offer is that we're all at different points in our journey. And when we're earlier on, things can feel really urgent and so there can be this almost, I think of it as a paradox. Because we're getting signals, do it now, have to do it, very important, life or death. And yet, when we have this lifetime of using these physiologies, the way we really take things in is often a little at a time and often a surprisingly little bit at a time. And so it can be helpful just to know that, but to really know that little steps, like little steps, really do add up even if you don't notice a whole lot happening in the moment. So I'll say that again as we answer... We're going to head into the questions. So yes. So that is a very, I'd say, highly underrated and very important concept.

So let us see here. So there were some themes today in the questions that came in from the call. And I thought it might be nice to start, there were a few questions related to early developmental trauma, or what we will often call EDT for short, and challenges engaging with SmartBody SmartMind. Okay? And this comes up a lot, especially because one other thing I want to offer is that there's a lot of information out there, including in SBSM because it is important, about being with our sensations, being with our experiences. The part that gets missed is that we need to have the capacity, the physiologic, not the intellectual, but the physiologic capacity to be with our experience. And when we have a history that includes EDT and we come to this work, almost always our capacity is very small. We might have been doing things in our lives that look big, like I was an athlete and had traveled around the world for my job and things, but that doesn't mean that my physiologic capacity was big. So our true

capacity, which we'll talk a little bit more about as we answer the questions, is often very small. And that can take a while to really get our head around and learn. But it can be important because it can help us to understand that these big feelings, it's not just about being with the feelings, because we, by definition, if this is part of our experience, don't yet have the capacity to be with our experiences in a way that leads to transformation. And so just as important part of the equation is building capacity and growing regulation. And so yeah, so just want to make sure that we will come back to that, but make sure that that's clear.

So the first question we have, again, on the topic of EDT and challenges engaging with SmartBody SmartMind, this person says, "I have possible in utero and EDT. It's technically my third round of SmartBody SmartMind, but I mostly find myself ignoring the program. Sometimes I manage to incorporate some elements, like orienting and listening to the Q&A calls. But then when I have a hard time, I feel the necessity of this work and I try to start for real, but I can't. So then it feels like I have guilt about unfinished homework, like not doing SBSM, in other words, while I would just rather relax and enjoy myself. So can you provide context to these patterns? And are there any tips about how," there's a little bit of the wording, it's funny here, "any tips about how to go about them and work with them at play?"

Okay. So something that can be important is that an overarching concept with this work and with early trauma, and being human, is that we're always looking to get our needs met. And often when early developmental trauma is in the picture, we didn't get all of our needs met, because, this isn't necessarily the case, there are exceptions, but it's often the case that some of our needs were not met, which is what led our nervous system to develop in this way.

And so one of the foundational needs that we all have is to feel safe. But remember, from a nervous system perspective, safety requires true safety, genuine safety, requires ready access to our ventral vagal physiology, and to that low tone dorsal vagal physiology. It lets us be still and quiet and also feel safe. And so when we don't have these, we adapt. And so as little people and kids and even later, we adapt and we work with what we have.

And so what happens is that what becomes familiar to us in our lives, we tend to, on some level, identify that as safe. Some part of us identifies that as safe. But we might differentiate that as being sort of faux safety or adaptive safety, because it's not like we have... We're not in the physiology where we really feel like, "Ah, I can really let down," my breath gets fuller, my whole body softens. So we have this very strong bias towards staying with what we know

because that's what we identify as safe, even though it's faux safety. So is this making sense so far? Yeah. Okay. Okay.

And so when we go back to the question, a lot of us, it's very common for some people, and this was the case with me personally, to have a hard time engaging with the material. We know it would help, we know it would really make a difference in our lives, or we strongly believe that, and yet it's hard to actually engage or engage with any consistency.

So it can really help to know because then we can bring in a level... It's implicitly a level of support for ourselves and we know like, "Oh, this makes sense." I'm asking myself to do something different. Difference often feels like danger or lack of safety, and so knowing that, we can then normalize our experience, this makes sense, and just even that can reduce some of the internal tension, like, "Oh, of course this is happening."

And then to know that, the things that you're already doing, the person who asked this question, that orienting and listening to the Q&A calls, those things count. So just to know, a lot of times we can feel like, "Oh, I need to do more. I'm not doing enough." And to know that whatever you're doing counts and it adds up. And often, again, with those of us in this category, we may not at first notice much. Some people notice a lot happening. They feel too much. But others of us, and, again, this was more my experience, like nothing's happening. I'm doing this practice and nothing's happening. And just to know that if you're paying attention in a different way, if you're bringing in awareness, if you're touching yourself consciously, something is happening because paying attention in a different way is a way of attuning to ourselves and it's a way of being in the here and now.

So yeah, just the first thing I would say to sum all that up is give yourself a break. What you're experiencing makes sense. And to know that moving towards new things and towards... Remember that, gradually, as we do more practices and tune in, we feel more. And for some of us, that can be terrifying. So to just really understand that if you're having a hard time engaging, that it's understandable, and that you can take your time. This is to do it at your own pace. You can really take your time, you can do it in your way. You can find the places that do feel accessible. And for me, honestly, when I started, that was reading the Facebook group. I didn't do the practices at first as much as I read about other people's experiences. So whatever doorway you have in to know that, walk through the doorway that's available to you, and then going back to that titration and very small steps. Yeah.

The other thing that can be helpful is to simply name what's happening. So with this question, if I notice, I know this work would really help me and I'm not doing it, to sort of name what's happening. So that because we can have this internal tension, like, "I should do this, but I'm not doing it. I should do this, but I'm not doing it." And just to sort of, excuse me, bring that into the open and name it clearly, "I think this would really help me. I know this would really help me and I'm not doing it and I am telling myself that I'm lazy because of that." So simply naming it out loud can be surprisingly powerful, so that we can just kind of see it instead of having it swirl around inside.

The other thing is that everyone responds differently to the practices. So really trust yourself about which practices work for you. And a few that can often be helpful are resources, some of the things I shared earlier around soft things, warm things, but whatever feels like a resource to you.

Another thing, we'll learn more about this in lab six, but the containment practices. So where we bring in touch, self-touch, it really helps us to feel our physical container. And something to know about that is sometimes we have a lot of activation, and so just doing this can feel a little uncomfortable. Sometimes it can feel great, but sometimes it can feel uncomfortable. So we can actually squeeze ourselves and move. So to know that that's an option too. I have my arm below the screen, but I can just sort of... Because remember that when we have sympathetic activation, that's the energy of mobilization. So often finding a way to let that move can be helpful so that it's not just kind of pent up inside. Yeah.

And then, yeah, titration. And then the other thing that goes along with titration is pendulation. So titration is doing a little bit. Pendulation is about moving between things. So right now I'm seeing a number of you, which is really nice. And then I notice someone's fan in the background. Excuse me. And now I'm going to notice I have a plant. You can see I like plants, but I have another plant right there, and I'm just going to shift my attention to notice that. And that is an example of titration and pendulation. And as I do that, I take a deeper breath. So having done this a million times, my system responds. It didn't use to respond this way. So yeah.

So I am going to go to the next related question, which is that, "I have a lot of freeze due to early developmental trauma, and when I get triggered, I get stuck in the overwhelming feelings. So far, practices don't help me unfreeze in these moments. The feelings feel terrifying



for my system. So what can I do to not get stuck and freeze, or get out of freeze sooner? I have a one-year-old and I don't want to be a frozen mama." Okay.

So everything that we've already talked about applies. Something that can be important to remember is that when we practice, when there's less going on, that makes the practices more available to us when there's more going on. So if I'm just sort of hanging out, let's say I'm feeding... If it's my one-year-old, I'm feeding my one-year-old, I might just be doing a little bit of orienting while I'm feeding her. If I like to eat the food too, I might taste a little of the food and really notice how it tastes. I might be, if I'm having a lot of underlying... This person, it sounds very much like they go between feeling all of that sympathetic activation under the surface, the overwhelming feelings, the terror, and between kind of like checking out, shutting down, going into conservation because it's too much. Is that clear? That kind of part of it? Maybe? Maybe not? So I'm getting different signals.

So just remember that when we have freeze, which freeze is part of something that more broadly is what we call conservation physiology, where we sort of go towards shutting down the works, getting quiet, numbing out, under that is often a lot of sympathetic activation, kind of like sensation, emotion, movement. And so this person says sometimes they're in freeze, but they also talk about feeling overwhelming feelings and terror. So that's kind of showing that sometimes they're in freeze or conservation and sometimes they're feeling more what's under the freeze. Is that a little bit clearer? Okay.

So practicing when we're not feeling as much, if that... Some of us don't have that for a while, but if we do have that, practicing in those times helps us to then have more access to the practices when we're feeling terrified or overwhelmed or checking out. So that's an important part of it.

Another part is that offering... If we know we're checked out, if we know we feel sort of not here and we're in conservation, again, naming things because that brings in the awareness, which brings in safety. Talking can bring in some vibration. Sometimes it can kind of move us a little bit towards, in the direction of ventral. So just saying, "I notice I'm freezing, I'm touching my arm, I'm not feeling anything change," I am, but just pretend. "I'm not feeling anything change, but I'm still touching my arm." And to know that it can really take time to settle. When we go high up into activation, and, remember, that can look like not feeling anything. It can really take time to settle.

So again, a theme today is that we want to take steps and offer ourselves those cues of safety and support even when we don't notice a response right away. And to know that that does add up over time and something is happening.

So yeah, I'm just looking at what else here. The other thing to know, sometimes... This person says they have a one-year-old. And so a lot of times we'll hear from parents that they're worried about the impact on their kids because they have dysregulation. So know that there can be a real power. And even talking to your... Even if they're a baby, and to tell them what's happening so that, because in order to do that, you have to be here. And it's okay if you're a little frozen, but to say, "Hey, little one, I really love you, and I am a little scared that..." As they can understand, we might not tell them about all of our fears and everything, but when they're little, to sort of naming what's happening for us helps us to be more present and to know that you are here and you're doing this work. And just imagine, I don't know any of you, but if my parents had found this work when I was one, my life probably would've looked very different.

So to just really give yourself, yeah, I feel this in my heart, to really give yourself credit for the fact that you found this work and you're here and you're doing it, and it will really... I have every belief that it'll make a difference for you and your little one over time. Yes. So yeah.

The other thing, just one more thing on this one before we keep going to the next topic, is that making sound, like sighing, breathing out, making sound can often be helpful too. If you hate sound, don't worry. You don't have to do it before you want to, or you can do it in your imagination, or you could clap or stomp your feet. Seth has some... I always forget where it is, but as you get further into the labs, it's one of the first five. He has an extra resource about sound that's really lovely. And if you don't know about Seth's music, that's also a great resource. So there was one more thing I wanted to say here. Let me see what... It will come back to me.

So just to kind of quickly, because we've really covered most of this one already, but, "why is it so difficult for people with early developmental trauma and freeze to think of resources in lab one? I'm in the fourth round now and it's still one of the most difficult questions. Thank you."

So what came up here is that everyone, as we said earlier, everyone has different responses to the practices. So some people might be in lab four and resources are still the hardest practice for me. Other people might be in lab four, and the joints practice is really hard for me. So

depending on our personal history. Again, we're going to have different responses to the different practices.

If you notice you have a strong... If you have a strong response to something over time, this person says they're in their fourth round, then that might be time to get curious about what else is going on. Excuse me. Because there may be an association with that practice or with what that practice means to you. And so that might look like when I just even start to think about moving towards the idea of a resource, what starts to happen to me? Do I feel nothing, like I check out? Do I feel a little tension in my throat? Do I feel scared? Very often, when something sticks around, and this is true with SBSM practices, with life, when we have a reaction that seems really big relative to the circumstance and it tends to stick around, that often tells us that it's touching into something that we hold inside ourselves. And when we want to, it can be an opportunity to bring some curiosity there.

All right. So we're going to move to the next topic. This is a short one because we just had one question about this and the answer is short, but someone asked, "do you feel that mental health challenges can be linked to early trauma and specifically developmental traumas? And how can I use SBSM to support mental health instability and disorders, and specifically borderline personality disorder and suicidal ideation?" And this person also feels scared of re-traumatizing themselves and flare ups.

Okay. So first of all, yes. 100%. Through this lens, we tend to see... We don't use diagnoses, as you probably know, around here. Not that there's anything wrong. There are some therapists on the team, but as a whole, we're really looking more like what's happening in the physiology. But yes, 100%, dysregulation can show up in many forms, and one of those is in many different... A whole range of mental health diagnoses and conditions, including the ones that you mentioned here. So that is 100%.

How do you utilize SBSM to support mental health instability and disorders? So think in terms of dysregulation and regulation, dysregulation and regulation. So we want to grow capacity and regulation. And so all the things that we've already talked about in this call really support that. And so just taking steps, and I don't want to say just, but taking to grow just little bits of access to being in the here and now, little bits of access to cues of, I use the word safety, but it may not feel like safety, but just cues of... Seth and I talk about okayness in other calls. There's just something here that's okay. I can just squeeze my arm. I can just look at the plant. I can move my toes. Yeah.

And about your fear, that's also common. Fear of re-traumatizing yourself and flare up. So know that you can take your time. The little steps, as we've said, really add up, and go back to that titration. And with early developmental trauma, like we talk about titration, but we also can talk about micro titration, so little bits. So we can just do little bits. Kathy Kain and Steve Terrell, Irene talks about them, and Seth too. They're some of our teachers and they wrote a book on early developmental trauma. And they talk about micro bites, which might look like taking one breath. Not doing that intentionally. And then just letting that sort of move through the system. Because when we have a history like this, our system is often very responsive. And so we want to give it time to respond without keeping layering in new stimulus and new stimulus and new stimulus. Yeah.

And then the other thing is you talk about the instability. And I wanted to just reiterate that, again, when we don't have the ability to regulate, we can really swing. We can swing from feeling a lot of intensity and feeling big feelings and losing control, exploding, to completely shutting down and feeling depressed and having suicidal ideation, which in this work, there's often a connection to conservation physiology because that's our physiology that we move to when we're preparing to die. So just to really see it through that lens so that we can know it's not a personal reflection, it's how our nervous system developed in response to the environment that we were in and the conditions that we experienced as kids. So yeah, I hope that one's clear.

So why don't we take just like a little stretch break, y'all, as we... Excuse me. Yeah. Of course everything is optional, as I like to say, so you don't have to stretch, but if it would feel good to move a little bit. Yep. I'm going to have a drink of water before I lose my voice. When I lead these with Seth, we go back and forth, so I get a little break between questions, so yeah. So yeah, so just kind of moving, and if it feels good to move, you might keep moving. So yeah.

So the next one, there were a few questions here about people who have been around for a while, doing the work for a while, and they're actually starting to feel more connection and things that happen as they do.

So the first one is that, "I have early developmental trauma, I'm an alum, and in the last half year, so last six months," excuse me, "I've been able to feel more connected to others and safer out in the world." So, yay. That's a big deal. That's great. "And at the same time, my attachment triggers have become stronger. I feel abandoned, hurt, and easily alone. Also, in the past, I would've been more anxious and in my head about the relationship, but now everything is in

my feelings. I'm in a lot of pain. Can you explain why this may be happening to me and how I can support myself with this? Thank you."

If there was one word that answered this question, anyone have an idea of what it is? If you do, you can pop it in the chat. Not a test, so there's no grades. Just for the fun of it, just to kind of, if your brain wants to engage.

Titration. Yep, definitely. It's an important one. Anyone else want to pop something in?

Pendulation. Yep, that goes. Resources. Absolutely. So those would all be part of this answer and the essence... Yep. Orient, unfreeze. What was the question? Okay, I'll say it one more time, just for those of you who want to kind of engage.

"So I have early developmental trauma, I'm an alum, and then in the last six months I've been able to feel more connected to others and safer in the world. But at the same time, my attachment triggers had become stronger. I feel abandoned, hurt, and alone easily. And also in the past, I would've been more anxious and in my head about the relationship, but now everything's in my feelings and I'm in a lot of pain. So can you explain why this may be happening and how I can support myself?"

So I'm just looking here at what people have shared. So the essence to why this may be happening is capacity. Capacity. As we have more... Yep, see it in the chat there. You got it. So everything that you all said here applies. And the essence of why we feel more as we do this work, some of us, is that we grow capacity. So we have more capacity. We also tend to grow more self-awareness, we grow regulation and have more access to internal safety. And as we do, we start to, it's like our system knows that there's enough capacity and safety on board to bring more things up.

And in this case, being in the head, the person said they used to be a lot in their head and now they're more in their feelings, being in our head is, for a lot of us, a way to avoid what we feel, or to kind of disconnect or turn down the volume on what we feel. So moving from the head to the body is a sign that capacity and regulation are growing. And I hear that this is painful. I definitely hear you and I get that. And so I would definitely say whatever feels supportive to yourself. So to turn towards your resources, to turn towards the practices that feel settling and soothing.

Co-regulation. If you have one of those people in your life who you feel safe enough with to tell them what's happening, then you might think about that. That may not feel safe enough. And

if not, then you might co-regulate with nature or with music or with animals. But to really give yourself support for what you're feeling, and then as you're ready, you might start to adjust in a very titrated way. See if when the feelings aren't there, is it possible to just touch into a little bit of them so that you can really stay present and connected to, like, "Okay, I feel really sad," or, "This aloneness feels like a sharp pain in my heart," for example. "But can I sort of let that be in the background while I notice that I have my blanket here and there's beautiful trees outside, and right now the sun is shining?"

So sometimes we need to just turn towards support before we have the capacity to do that. But then as we have the capacity to notice a bit of what we feel and then really notice the holding around us, is how I think of it. That's something that you can consider. But I would definitely encourage you to remember that this is a sign of growth and that you're going in the direction it sounds like you want to go, and to go gently with yourself and to bring in as much support as you want.

So there's a related question. Did that one make sense, how the relationship to capacity and feeling more... Yeah, okay. I've seen some nodding heads.

So the next one is, again in this, what happens as I feel safer? Because sometimes, we're like, "Yay, we want to feel safer," but then sometimes we feel safer and other things happen. And again, that could be part of the growth process, which is important to remember. And so this person says, this is great, "I experienced safety with my therapist for the first time in my life during a previous round of SBSM." So that's huge. "But when I thought about telling her this, I felt so much shame. And so I almost didn't tell her because I felt that feeling safe is somehow shameful. I did eventually tell her, and it came out that I was not the first person who felt this way. Why might this feel shameful? Safety is supposed to be a good thing. I know it might feel weird and foreign, but shameful somehow feels like too much of a reaction."

So just to recap this one, this person felt safe with their therapist, with another person for the first time in their life. So that's huge, that's amazing. But when they even thought about telling them, they felt a lot of shame, then when they did tell them, they felt shame. They're like, "Well, if this good thing is happening, why am I feeling shame?" And as your therapist told you, just to reiterate, very common. Shame and mental trauma go hand in hand because when we're little and we're not getting our needs met and things might not be so great outside of us, we tend to internalize it. And instead of feeling like something's wrong out there, we feel like, "Oh, something's wrong with me." And so that kind of creates an imprint of toxic shame.

And there's a video, Mara might pop it in if you want. Some of you're familiar with this, I know. But if you're new to it, in this work, we differentiate between, we might say like cellular shame, sometimes we say toxic. There's another word that I'm trying to think about what it is, but cellular shame and then also what we call healthy shame, or we might call it prosocial shame. Because there's a big difference between, "I'm bad, I feel bad in my cells, something is wrong with me as a person," and, "I did something bad." Like, "Oh, I did something hurtful. I made a mistake." Those are two very different things. And so what it sounds like the person's talking about here is more of that cellular shame, like I feel like I am bad. But just know that when we have early developmental trauma, we tend to have a lot of shame. It just goes with the picture. And if we do something, if we've never done something before, if we've never felt safe in the presence of another and we've never told them, that is very likely terrifying. Logically we're like, "Oh yeah, that's a great thing." But viscerally and inside, that could be terrifying and we could feel vulnerable and we could feel exposed. So first of all, it's important to recognize that that is part of growth. Feeling vulnerable is part of a healthy relationship. And so that's something that we want to know and remember and get used to. Because if we start to feel self-conscious or embarrassed and we feel vulnerable, it's not a bad thing. It means we're stretching and we're doing something different and we're, it makes me emotional, coming into connection in new ways. So it's something, as we have the capacity for it, to make space for and familiarize yourself with.

But remember that shame can have a protective quality or can feel protective. So if I go into like, if you think about the posture of shame and I can't see very much, but it's sort of like, "Oh." It's like we withdraw, it's like we go into ourselves. So after really going out there and exposing yourself in a healthy way and being vulnerable, it's quite natural that you might want to withdraw and come back in. And also, sometimes when we do something new, remember that there's this connection between familiarity and faux safety. So doing something new, even in the philological, we know it's something we want or a good thing, it can feel like a threat. It can feel like we did something wrong. And so it's also possible that like, "Oh, I did this new thing. Some part of me feels like maybe I did something wrong."

So there could be different reasons why the shame shows up, but very, very understandable. And so that's the thing that I want to leave you with the most is that, yes, it happens to many people, that we can feel shame as we do new things or as we put ourselves out there. Because the other thing I want to offer is that, remember that ideally when we're young, we're like, "Yay, here I am, I'm me." And there's someone there who says, "Yay, I'm so happy you're you."

But if we had parents who had issues of their own or caregivers or who weren't available, then they might have, you might have said, "Yay, I'm me," and you might've gotten yelled at or screamed at or ignored.

So we can create this association between like, I'm really going to express myself, and then like, something bad's going to happen or the world doesn't want that. So as we later in life, grow capacity and we do this work and we want to express and share ourselves, a whole range of things can come up. And it's completely understandable, and we want to know that it's understandable and work with what comes up. Yeah, does that make sense? Yeah. Okay. Cool. Thank you guys for tracking with me.

So let me just see if there's anything else they wanted to throw out there on that one. So here we go to the next topic. We're getting there, you guys, I have my eye on the clock. So maybe just take a stretch break while I find our next questions, or look around, or take a drink. Just making sure I cover those. Okay, so this one. This one is really interesting. This is a big one you guys. And just so you know, in Philly, "you guys" is a Philly thing. I see some of you out here who are also in the Philly area. It's not gender-specific, it's just sort of a thing that we say. We say "you guys". So just wanted to clear up in case you were wondering or thinking something about that.

So believe it or not, we had not one but a few questions about in utero trauma, and specifically a few questions about twin death. And if you're not familiar with twin death, it's where, and some of you probably know more about it than me, so just feel free to pop something in the chat if I misspeak. But what I know about it is that when we're in utero, there might be another twin. So we might have a twin in utero, and then depending on where we are in the cycle of gestation, the twin may either not thrive, it may die, and it may be sort of reabsorbed, or sometimes a twin actually has to be removed. So the mother will be however far along in their pregnancy, and very sadly, one of the twins is not viable. Or sometimes it's with triplets or quadruplets. But from the little person's experience, what's really important is that they were in there and they were in there with another being, and then that other being was not there.

And remember that, and this goes for this specific experience, but also any experience when we're this little is that we're experiencing everything sensorially. So imagine like a little one in the womb, and then we're feeling the vibrations and the heartbeat and the fluids. And so everything is really kind of, I think of it as almost being more cellular. And if you think of it at first, our brain isn't even developed. So there's this little being who's just sort of feeling these



things in a very... Visceral is not even really the right word because that refers to our organ, but in a very cellular way. And so if we experience something at that time or very early in our lives, it tends to feel really big because it goes through the whole of ourselves. There's not sort of like my brain coming to interpret it and say, "Oh, here's what's happening." It's just sort of this whole body, whole being experience. And so those experiences can feel huge.

It can also sometimes feel like there's no content. A lot of times, I used to be in therapy, and my therapist, who was really lovely and well-meaning, but she'd say, "So what's that about," or "What are you thinking about?" And I'd be like, "I'm sobbing, but I'm just sobbing." There's nothing in my head. There's no image, there's no nothing. There's no context. There's just the raw experience. And so that's something in different ways that can be common for some of us who have early developmental trauma. Big feelings, not so much context or content around them.

That's the kind of background that will apply to a few of these questions. And to go into this specific question, this person says, "I was born. My twin passed away in the womb quite early, and I have such a deep feeling of aloneness my whole life. And this gives me anger and deep grief and sadness. From a nervous system perspective, can you tell me more about how this kind of womb trauma affects the nervous system and how to work with it? My nervous system feels very delicate, sensitive to medication, to acupuncture, and I have allergies. Thank you."

So going back to what we were just talking about, we can have a very early, very deep imprint of having connection but then losing connection. So you can understand how there could be almost like a cellular feeling of feeling alone. And so these imprints, when they happen so early, they can be quite deep. It can be helpful to know that. And so all the things that we've talked about apply, and specifically when we were talking about like, how you would nurture a baby or a really little one? Or if you had, and this can go for, doesn't matter what your gender is, if you imagined you were carrying a little being inside you, how you would want to nurture them to offer that to yourself. The things we talked about are really important, like growing capacity, growing access to what it feels like to be in connection, and that could be with plants. Often it's easier with animals and with people when we have such a deep loss. Not always, but often. Sometimes it's to beauty, sometimes it's listening to a podcast, but where can I access connection?

The practices that we've talked about, the containment, the self-touch, the resources, the ones that I realize I haven't mentioned which are important are, there's what we call touch-based or

sometimes we call them the organ work practices. And those are practices that might work with the kidney adrenals or the brain stem. There's a gut-brain connection practice. So those practices come a little later, if you're newer to SBSM, but they can also be helpful for growing sort of that cellular, felt sense of connection.

I also want to remind you that when we have a loss like that, what can really stay with us is the loss, and what was there before the loss was a connection. So there is also an imprint for connection, like cellular connection that is in there. And so sometimes we have to take things like step-by-step or layer and layer as we feel ready for things. But eventually, you might kind of explore whether connecting in some way with the twin you lost would feel supportive. We don't go a lot into spiritual work here, Seth does talk about it sometimes, but with their spirit or imagining that you're there together.

And what can often happen in this work when we have a sudden loss, and this is in adulthood as well as an infant or a child. When we have a sudden loss, it can often hit us harder than something that's gradual and we have time to sort of witness and adjust to. And so when you, and if this resonates at some point, to imagine that you actually had time to in whatever way a very little being would, but to say goodbye and to have that interaction so that it's not just so cellularly sudden. And in time as capacity grows, you might start to have some sort of visceral or somatic memories come up, and then you can work with those in the ways that you learn in SBSM.

I'm just looking at my notes here, one sec, to see if I'm missing anything. You talked about sensitivity. Sensitivity can be common with trauma and specifically with early developmental trauma, and it can happen for different reasons. Sometimes we don't have the chance to develop a clear energetic boundary, and so it can feel like everything gets in. Like we don't really have a filter, everything comes in. And that can be sounds, and that can be, for some people, chemicals, it can be people's energy. For me, I used to have this. And I would be in a room of people, and if they were talking about their emotions, I would feel every single person's emotions as they talked about them. If they started to cry, I would start to cry. If they got mad, I would get mad, because I did not have an energetic boundary. For me, this is completely different now, it can absolutely change. But just to know that sometimes we don't yet have that, and so we can experience sensitivity in different ways. Sometimes, it's a matter of capacity. Like with acupuncture, a lot of times, practitioners don't know that some of us have a much smaller capacity than others, and so they'll just sort of give the same type. I

mean, of course they'll vary it depending on your intentions and your presentation, but the amount of the work, they won't necessarily change.

And so something that we can learn to do is to find practitioners who will partner with us, for us to go in and say, "Hey, I have a very responsive system. Could we start with a third of what you usually do and see how it goes?" Or whatever that might look like. And some practitioners are actually really receptive, and they want to learn, and others aren't, and then that may not be the practitioner for you, right? So, yeah. I'm just kind of looking.

Also having exposure to things early in life. So if we're exposed to different things, Irene talks about this in her interview sometimes. If we're exposed to chemicals or toxins or things, then that can also predispose us to certain types of sensitivities. Yeah. Okay.

Again, though, I think this is a case for all of us. This is my bias, so I'll just kind of name it. But especially when we're talking about early stuff, to just learn to be, when you think about a little kitten or something, or a puppy or a little baby, just how soft we can sometimes want to be with them. Or even I love watching the little leaves on the plants come out, and just to kind of, can we bring that quality to ourselves sometimes? And sometimes, we might not be able to. It can take time. But to know that eventually, that might be something that could be quite nourishing and reparative. Yes. Okay. So the next question here. This person also, something different, very different but similar, came up in that they've been working with a trauma from their teenage years where they became hypervigilant to their mom. And they have a gut feeling though that these feelings stemmed from being in utero, and that could be quite understandable.

They've also started having dreams and feeling grief about a brother who was stillborn before they were born. It sounds like it might have been before they were born, so there was a loss before they were born, but that might have been in their family field and their family system. And so now, "I have an awareness that something more recent may connect with early trauma. Do I need to approach the feelings and sensations differently?"

So to answer the first part, yes. Sorry. To answer the last part first, yes, right? In the sense that we really want to be aware of our capacity, and our capacity is often quite smaller when we're coming in with this history. And so working in a really titrated way, because we really want to be able to experience what we're experiencing and stay present to ourselves, to the here and now, and then eventually have access to settling, right?

So I feel something. Let's say I'm feeling burning in my chest, but I'm also feeling my hand here, and I'm feeling a pillow on my back, and I see the leaves moving outside, right? And then there can be some settling, and often it can take longer than that, but that's sort of some of the conditions that we're looking to create and the clues that we're looking for, yeah?

The other thing is that with dreams, some of you already know this, it can be quite common for things to come up in the dreams, and that can be a very potent place to explore. And of course, in the middle of the night, some people wake up and they can do that. Some of us fall right back to sleep.

So during the day, if we can recall a little bit of our dream and start to say, "Okay. What happens? As I start to think about that dream, what happens inside? Is there something that wants to happen? Maybe I wanted to meet my brother who I never got to meet. Maybe I wanted to be able to have an interaction with him." So just sort of trusting what comes up and knowing that it doesn't have to conform to what actually happened, right? We can kind of create the scenarios that we wish would've happened inside ourselves in our imaginations.

The other thing, so you said that you suspect that these things came from in utero, and I'd encourage you to trust your sensing. Yeah. And everything we've talked about applies here too. But in terms of differently, the titration piece, right? Just really being aware of your capacity. Being able to stay with your experience. All right. We just have a few more here, guys. We have a few more minutes and a few more questions.

There's one question here about not having been welcomed into the womb and having a lot of adversity early in life, and I am just going to offer there. And also, there's also sensitivity, so we've talked a little bit about sensitivity. So we talked about the loneliness that can be present when we lose a twin, but when we're in there and if our mother is dysregulated, and in this case, I think there were some toxins coming in and other things coming in, that can feel quite lonely too.

So just to recognize that offering ourselves that sense of kindness and tenderness, and where can I start to co-regulate, even if in little bits, right? And like I said, for me, plants and trees, and being outside, I used to hike a lot, but finding your place where you can find a little bit of connection and start to grow that. Yeah.

The other thing here is, two things that I was going to skip, but there's two parts I don't want to miss. One is, what would it be like? Because this person, it sounds like being in the womb was quite stressful. What would it be like to create a safe womb for yourself?

Aline LaPierre is a lovely teacher who some of us on the team have studied with, and she focuses on a lot of very early work. And she'll have us, you can do this with a practitioner or with yourself, but surround yourself in pillows and blankets, and if you have stuffed animals, and just sort of really make it how would you have wanted it to be? And to give yourself that experience.

Seth talks about this sometimes, but to imagine that tube coming in, that actually, there's a lot of nurturance and goodness, and maybe even there's a tube, like your umbilical cord went, excuse me, I need some water, to the Earth, and you're being deeply nurtured by the Earth's energies and by Mother Earth. So just to create some repair around the things that you experience and to give yourself some new and more nurturing experiences.

The other thing, because you mentioned chemicals, potentially being exposed to being chemically sensitive, we don't go into it in SBSM. And there is something that some of us have experience with that's called fluid work, and excuse me, and that can be helpful with electrocution, with chemical exposure. And, sorry. I just became aware of my ums. A little self-conscious moment. Let me take a moment here. Come back.

But to lay in the bath and just to kind of start to notice your breath or your heartbeat in the bath, or if you live near the sea or the ocean, to go towards the sea or the ocean, either go in or near and connect with the rhythm can be a way to start to work with that.

And if working with a practitioner or something you want to explore, speaking to this question, but also more generally, there are some people who are trained specifically in early developmental trauma. And then there's also a subset for the very early work. It's called pre- and perinatal trauma, and there are practitioners who are trained in pre- and perinatal work, so I just want to throw that out there in case any of you who are listening now or who ask these questions want to explore that.

And so there's just one more category which I will aim to address, because I think it's one that comes up a lot. And so some of you who know me know that, I'm trying to think of how long, six years ago, I had a crash, and I developed chronic fatigue syndrome, so I am in the process of recovering from that. I've come a long way and I'm still working on my ability to be active and

exercise. But the reason I share that with you is because this question really hits close to home, and there's two questions that have to do with expanding without pushing.

And so the first question is, “this is my second round of SBSM, I've experienced early developmental trauma, shock trauma, and medical trauma, and I'm feeling myself come out of freeze. I have both more energy and more anxiety. I've had severe ME/CFS, which for those of you who don't know is myo encephalomyelitis chronic fatigue syndrome, for 11 years, and I'm having a tricky time knowing how much to do. I feel deeply that my body wants to move more, but I suspect anxiety is driving me to move more as well. I don't want to push past my body's limits, but I also don't want to keep holding my body back. Any thoughts or suggestions?”

So sometimes, we really want to focus on growing capacity without pushing ourselves, because we've never stopped going, we've never stopped pushing, we've never stopped running, right? Or we may have deep exhaustion once we kind of come down out of sympathetic, or once we start to shift out of freeze or conservation. But it sounds like this person is actually growing capacity, right? They have more energy, and so we do want to start to allow ourselves to do a little more.

And something I want to differentiate is that it can be different for those of us who truly have chronic fatigue syndrome, because with chronic fatigue syndrome, there can be differences in how our mitochondria function. And so I believe in quantum healing, and so always trust yourself first.

And what I found diving deep into chronic fatigue is that a slow, gradual build is often the most reliable method to real recovery long-term. And I am going to go five minutes over, so I just want to say we're hitting the 90-minute mark. If you need to drop off, I completely understand. I did not mean to put my hand up there. It's got to raise my hand. It'll come down in a second. But so, if you need to drop off, it's been great. Thank you for staying this long, and if you can stay for five or so more minutes, I just want to answer this question.

So with chronic fatigue, the difference is that if we do too much, we actually can regress, and our symptoms can get worse, and we can get something. We have something called post-exertional malaise, which means if we go beyond our window of exertion, then we become more symptomatic and it can take a while to recover. So I just want to differentiate. If you don't have that, then you don't have to be as conscious of your baseline and of how you expand.

So if you do, this person does have chronic fatigue and they're asking how to do it, I would just say really titrate, right? So do a little bit more, and a little bit more can be physical movement, or a little bit more can be, sometimes, it's daily life activities. It can vary depending on where someone is with their CFS, but do a little bit more, and then give yourself two days to see how you respond, right?

And also, you want to be able to expand and rest, and expand and rest, and expand and rest. And the thing that has slowed down my recovery a lot, so please learn from me and don't do what I do, is that over and over again, I'm someone who was an athlete, so I was used to doing a lot, I'll feel a little bit better and I will do more, and then I will do too much more without stopping and without resting. You can probably guess what happens. Then I sort of crash again and I start the cycle over.

So I would encourage you, if you can find a way to let yourself expand, follow that impulse, but do it gradually, and give your time to rest, recover, and notice in between your periods of expansion. And this also applies to working with the nervous system. So does that make sense? Is that clear kind of for those of you who are interested in this? Yeah? Okay. Thank you for that. Yeah.

And then the only other thing I'll say is just say I suspect anxiety is driving me to move more. You might invite some curiosity to like, "Oh. Can you start to notice a difference?" So if you suspect anxiety is driving you to move more, what's it like to take a moment and see how that shows up?

And over time, can you differentiate? Can you start to differentiate between that impulse that sort of feels like an uplift to me? Like, "Oh, I want to move, I want to do something"? From, "Ah, I got to move, I got to push, I got to get better," right? And to start to see if you can learn to discern the difference between those two could be interesting. Yeah.

And then the very last question is related, which is that "I have early developmental trauma and now have better capacity and somewhat better bodily function." So that's great. Oh, "and better support." So lots of good stuff here.

"I still have symptoms increasing at times." That's not unusual. Remember, there's a connection between capacity and things coming up for us to work through, excuse me, but it feels like a swing to know how much to push and not to overwhelm. They also ask what we think of Network Spinal Analysis. So everything I just said about, excuse me, knowing how to

push and not overwhelm, I would say I like the word expand more than push, because push, I tend to associate with that sympathetic survival, like, "Go, go," right? So, the same principles apply. Do a little more and see what happens.

And if you feel like you're pushing, then get curious about that. Do I want to push? And if you do want to push, then who knows? Maybe there's some healthy aggression there, or maybe there's something else going on, some frustration that you could start to tune into and work with.

So there's been a subtle theme here as I reflect back, of, I kind of sense this, but I'm not sure, and I would say trust your sensing. Trust your sensing and investigate. Investigate and experiment and see what you notice, if you think there might be something else going on, because there's often some fertile ground there. Some things to find and explore.

Network, and then you learn. So the other thing I want to add is both the last question and this question, as I shared, I've gone over my limits many times. I haven't died. I'm still here, I'm still recovering, and I'm still learning and growing, and I have war stories to tell. Sometimes, yes. So I have stories to tell.

But know that in this case, you will learn from your mistakes, and that it's okay to make mistakes, and that this work, a lot of it's about exploration and experimentation. And so if we think, a lot of us especially coming in with a history of early developmental trauma, we can think, "I have to get it right. I have to find the right answer, and if I get it right, then things are going to get so much better," or whatever that might look like. And to know that, really, it's much more about when we can experiment, when we can explore, we have a lot more freedom. We can learn what works and what doesn't.

And if you have CFS, you might be a little more conservative in that process, just because of the reasons I mentioned. But if you don't, then just know that it's okay to do too much, and you'll learn if you're going to overwhelm, you'll learn how to come back. And it might suck for a few days or however long, but it'll get better, because you're here and you have the tools and the learning.

And then Network Spinal Analysis, for those of you who don't know, that's a form of chiropractic that tends to be much gentler and subtler and more subtle than traditional chiropractic. And I always say that we respond differently to things, and that also, so many practitioners are different, so yeah.



So try it, and if it works for you, great. If it feels like a little too much, but you like it, consider partnering with your practitioner and educating them a little bit, and see if they'll work with you to do things a little bit differently. There's so many great modalities out there. This specific one is called Network Spinal Analysis, or NSA. Donny Epstein created it.

So, yeah. So I think that is all. That covers all the questions that came in related to early developmental trauma. Thank you all for hanging in there with me on my maiden solo voyage, and thank you to Crystal and Mara for being here too.

And, yeah. I'm just very grateful to be here, and I am very much on this journey with you, right? That's what brought me here. And it's truly a joy to be walking with you as we kind of create new possibilities and opportunities for ourselves in this way.

So I wish you all very nourishing explorations in this coming round of SBSM, and I look forward to seeing you potentially here in a few months, and also on the site. So, yeah. Take care, everyone. Enjoy wherever you are in your day or night or morning. Yeah. So, bye-bye.