

Seth (00:00):

Study disorder. Oh geez. Thank you. Whoever just hit record. I totally forgot about that. Oh geez. Okay. How many did I miss? Okay, I missed the first two. So what I will do is, if you're watching this recording, I will re-record my answer to the first two questions and put it as a separate recording on the replay page. So sorry about that.

Okay. Can you please explain the relationship between the nervous system and so-called personality disorders, for example? I can't help but notice codependence and narcissists often come from the same exact childhood environments, yet seemingly behave so differently. Maybe they're not so different after all. Thank you. Yeah, so that's basically two sides of the same trauma coin, codependence and narcissists. So it's a different adaptation to essentially the same circumstances. The narcissist that is someone who's made an adaptation that is in the fight side of things where it's expressing as a need to control, to have control over their environment, to have control over other people so that they can stay safe.

(01:28):

So it's a more sort of aggressive adaptation and then that plays out in all sorts of ways. Often, of course it is connected to a deep sense of a lack of self-worth, which is why there is this constant need for validation for other people to see them certain ways, et cetera. All those various traits that we associate with narcissism. Codependency is more of an adaptation of collapse where, I mean there is this weird kind of, we could say ventral vagal component to it kind of because there is this reaching out for relationship. So it's like a cry for attachment, but that the neediness of it, I can't be okay unless I have this person is a helplessness essentially. So that is a form of collapse. So you have the fight representation, which can turn into this narcissistic kind of personality, and you have this collapse, which can turn more into a codependency kind of personality.

(02:49):

And there's all sorts of other ones too. There's all sorts of different ways in which nervous system dysregulation expresses in personalities. So people who are always fawning and not able to be themselves, that is an adaptation of, again, sort of not able to connect their authenticity. And it's kind of being in flight mode where there's lots of fear. And so since there's all this fear, it's like, okay, I have to constantly take care of everyone around me so that I stay safe. We may see things called bipolar, which essentially is just flipping between high

sympathetic activation and deep depression collapse. That's the freeze response. So yeah, there's many ways in which nervous system dysregulation shows up in the DSM essentially as different personality disorders.

(03:52):

Okay. I'm feeling like lots of stuff is coming up, old patterns, feeling activated after six months of feeling peace, now I have a new relationship. How can you tell the difference between old stuff wanting to process and signals that this partner isn't for you? So yeah, I get it. It sounds like you've been feeling pretty much at peace, or at least relatively for about six months. You get into a new relationship and now all this stuff is coming up. I mean, that is super normal and it can be tough to maybe know like, oh my gosh, is this danger signals that this person isn't right or is this person right and it's facilitating an unpacking of old stuff. So it's a very important question. There's a few things that I would focus on. One is actually not even a somatic approach. It's really putting on your critical thinking hat and asking yourself these ways in which I'm feeling are these familiar?

(05:04):

Do these correspond to my trauma history? Do I recognize these responses? That can be one way of starting to hone in on like, oh yeah, okay, right. I remember I felt like this last time I was in a relationship, or Oh gosh, yeah, I remember feeling this way with my first high school girlfriend, or whatever it may be. So just sort of analyzing your responses and seeing if you recognize them, if they seem familiar, what are your triggers? Knowing what your triggers are. Does it make sense that this person would be activating stuff from the past? And also thinking about them objectively, talking with your friends, talking with a practitioner if you have one, or just talking with a trusted friend or family member and just sort of being objective, is this person objectively safe? What do you think? Just talking about them and their personality and their behaviors and their actions, and you might get some valuable reflections there.

(06:10):

It's like, oh wow. No, okay, yeah, that doesn't sound safe. Or actually, no. Yeah, I think you're right. That's my stuff. So just thinking about it critically with a bit of a distance if possible. Then another really good way to tell is can you talk to them about it? That's a very good way to measure how safe or not a prospective partner is or a new one. So can you have the discussion, Hey, I need to talk about this. I'm finding I'm having all these feelings and I'm not

sure what's going on, and I think I might just be getting triggered from the relationship into this stuff. And if they have a compassionate, interested, engaged response and like, oh, interested, let's talk about that. Okay, awesome. Really good sign that they're a safe person. If they go into total defense and they get angry or they get scared or they get hurt, then that's maybe an indication that maybe not so much. So you can tell a lot by how they react to you, even wanting to talk about the stuff that's coming up for you. That's another way to differentiate.

(07:40):

Yeah, I think that's about it. Just know that it's totally normal to have all your stuff stirred by relationships and when you have a relationship where that's happening and you can talk about it, and even ideally, if both people are on board with understanding that intimate relationships are a vehicle for transformation is super, super powerful. Irene and I both took our turns going through our stuff that was related to primary attachment figures because that's the stuff that gets triggered as an adult. Your intimate partner is your primary attachment person. When you were a kid, your parents were your primary attachment people. So that's why stuff associated with your parents comes up in relationships as an adult. Alright. Hi there. Longtime SBS er. I have the practices from the labs woven into my daily life panic and my startle have intensified recently regarding things I'm afraid of where my mind gets very involved and pure somatic experiences where there's no mind story, only sensation, waking up with heart racing, a fear response.

(09:09):

I do go to the mediastinum and containment, I meet the activation, et cetera. I'm only beginning to understand how much has been stored in my heart. I don't want to suppress though the intensity and frequency is a lot too much at the moment. Sometimes my heart is racing for hours. So this sounds very much like you have entered the EDT layers, the early developmental trauma territory. This tends to be a classic representation of when we're getting into that stuff. Yeah, all those big somatic sensations, visceral autonomic associated processes, breath being short or your heart racing and having these intense sensations. But without emotional content and without memories, that is almost always an indication that you're sort of getting into EDT territory also, even though you have stuff that your mind is involved, I think it sounds like that base survival terror is probably informing those mental processes.

(10:28):

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So that's not unusual when we get into these early layers where there is, it's like primal fear, primal terror. The mind can start going on overdrive as a response to that and sort of thinking about the things that scare us, and then we feel that fear or, and you can also have exactly as you describe, where you're just having the sensations. So yeah, early developmental trauma stuff, it sounds like you're doing really well and working with it, just keep doing what you're doing, be really patient. It's like being that parent to yourself that you didn't have at the time. Really just having a lot of patience, care, compassion, et cetera. It may be really useful to work with all those various practices that are helpful for baseline safety, early developmental trauma, so the kidney adrenal practices, just really resourcing, containment, the layers, lessons soothing, just really orienting to the present moment, orienting to things that are safe and pleasant, working with the gut, the gut brain interface, all of that stuff.

(11:47):

The watering, the brainstem lesson that is not released yet if you're a new member, but it's one of the additional resources that it'll be out in about a week, a little bit more than a week. So keep an eye out for that one. But as an alumni, you have access to that, so that could be useful and just have patience. It sounds like you're moving through an early layer. If you have access to a touch practitioner who's trained in Kathy or Steve's work, that could also be helpful at this time, but you can do so much of that for yourself with the kidney, adrenal, gut, brain interface, brainstem, mediastinum, all those lessons or from that tradition, from that work. So yeah, just keep on being patient and holding space for yourself as you move through this, these early developmental layers, it's not unusual for that to go on for months at a time. It's the earliest stuff in our system and it's actually a really, really good sign. It's positive. It means you're making tremendous progress. It takes a while to get down to those core levels.

(13:01):

Okay. A question about medical trauma. Can it be that even if someone is fairly relaxed when they go into surgery, that they can still get traumatized, even anesthesia, the body is being cut manipulated. Could it be that even under anesthesia, the body is somewhat aware of what's happening and would like to stop it, but really can't? Oh, absolutely. That's always the case. I would say with surgery, the body's fully aware of what's happening, even if we are not in terms of a conscious level because of the anesthesia. So yes, I would say there's no avoiding that. Surgery is a highly stressful experience for the physiology and for the whole person. That doesn't necessarily mean it has to be traumatizing. So it depends on how you go into it and

how you're supported coming out of it and in the weeks that follow as well. So yes, feeling relaxed as you go into it is really important.

(14:14):

Having your people with you, your support people for as long as possible before they give you the anesthesia is really important. Having those same safe people there when you wake up is super important. That's all going to really help mitigate, because what's happening is you're staying evenly resourced. You're staying in social connection, talking to the doctors, talking to the nurses, talking to the anesthesiologist as you're going under, as you're getting wheeled in, if you're nervous, if you're scared, talking about it, expressing it, just doing your best to connect and stay in that more eventually dominated place as you go in will be really, really supportive in it not being traumatizing as you come out. Having those people around you, connecting with them again, having safe resources and having good support in the week or two that follow. So that means everything from lifestyle, you don't plunge right back into work. You give yourself plenty of time. Oh, are we all good there, Ari? I assume that's Ari that's recording.

(15:29):

Yeah, we're good. We've been recording since. Oh, okay. Awesome. Thanks. We might have this video in a few slices. So yeah, not going into a lot of stress and going right back to work. If you have access to a practitioner using all your resources, having safe people around you, all of that stuff, and you can avoid it, you can, yes, go through surgery and not be traumatized. It's just, it's always going to be highly stressful. It's a question of whether or not we're supported well enough to process it and we can. Absolutely. Okay. Hi Seth. I have early developmental trauma and my breathing is tense most of the time. I feel a bit short of breath after four years of doing the work. I've progressed in many ways, but at the same time I feel despondent because I still feel gripped by tension. I've never enjoyed breathing and I have no trust in my breath being there.

(16:42):

For me, my feeling is that I'm in a vicious cycle where the sensations in my body are scaring me into a fear response. How can I break this cycle? Okay, so there's a few things here. The part where you say, I've never enjoyed breathing, that tells me that something happened, maybe a choking incident when you were very young. It may have been an instance of the umbilical

cord being around the neck when you were born. So I'd be interested to know if there's anything like that that you're aware of in your history. And also you could ask if you don't know, you could ask your family members if they're still around, if they know of anything like that, because that's pretty likely. It may not be a specific event like that. It doesn't have to be, but it's having this fear of one's own breath that is really common.

(17:51):

And if we've had an early experience that involved our breath stopping, so that could be involved in this. It could be interesting to see how you could explore cultivating the ability to enjoy your breath because hey, it's keeping you alive. It's pretty important stuff. So the cultivating the inhale and exhale lessons that could be interesting to spend some time with those working on belly breathing, seeing that might involve doing some diaphragm work, but seeing if you can allow the breath to really come fully into the belly. Now when we are doing that, of course we don't have lungs in our belly. What's happening is we're allowing our diaphragm to fully expand and that of course lowers on the inhale and all the organs in the belly are pushed, and so the belly expands. So when we're belly breathing, that means that our diaphragm is nice and loose and fully responding to our breath. So that could be potentially useful to explore as well, the diaphragm work, et cetera. But it sounds like there is a mental piece here. There's a piece around your response to your own sensations. Yeah. If we are scared of our sensations, it's really hard to progress with this particular work.

(19:28):

Or we may hit a wall even after we have progressed a lot because we need to befriend our sensations, especially the scary ones. Or we get into this cycle of having a sensation that's alarming and then being constricting around it with worry and then that makes it worse. And then we're cycling around and around in this sensation thought loop. So it's about how do you notice your sensations and how can you respond to them a little differently? Not so much the sensations are initiating a response, but I'd say it's that response of yours that is scaring you, not so much the sensations themselves. So say you experience a sensation of constriction arising, if you then constrict around that with worry and concern and Oh my God, what's wrong? That is going to produce a tremendous fear.

(20:36):

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So this is the way I have always described how we want to work with our sensations, whatever they are, as in the context of this work, view them as like a lost little kid who's coming up to you at the mall with tears on their face and arms outstretched saying, can you help me? I'm lost. How would you respond to a kid like that? Would you get angry and scared and tell them to go away? I hope not. So how can you view your own sensations like that, even if they're alarming? How can you be like, oh honey, oh, I hear you. Yeah, come on in. Come here, I'll help you. It's that fundamental shift in how we respond to our own internal experience that is at the core of allowing us to keep on progressing and moving forward. It's not like it's easy when it's sensations associated with fear, but it can absolutely be done and it's necessary. It just takes practice. So as you feel whatever it is that's coming, a shortness of breath or a lack of breath or a sensation associated with fear, how can you just open your arms and welcome it in and be like, ah, I'm here for you. I am here for you. Let's help you out.

(22:09):

There is an intentionality about that, but that it's very powerful. As a victim of early sexual abuse, I can't help but wonder if someone who is a sexual predator also has unresolved survival, stress or dysregulation, just like OCD is a symptom where there is a strong need to control. Would this be considered the same? Absolutely. It's just further down the line. So yeah, there is no violent psychopath, sexual predator person, serial killer. Take your pick. There is no person like that on this earth who is not themselves traumatized. Human beings aren't born that way. They are formed that way. And so yes, they are invariably themselves traumatized and dysregulated more than that. They are much further down that path most likely than you are, because to go into that way of being where you've lost all empathy and ability to view people as human beings, that person is very far down the path of trauma and they're basically acting out what was done to them because they haven't been able to process it.

(23:38):

It's actually, I would say, way harder to recover from being a perpetrator than it would be from being a victim. Because not only do you have all that trauma, you have the tremendous crushing guilt and shame of what you've done. Should you ever manage to reconnect with your humanity? Yeah, absolutely. And that doesn't in any way excuse the actions of any such person. They're still responsible for what they did and should certainly be punished appropriately as

needs meet. But that doesn't mean that they were born a monster. That means that they're a deeply hurt person.

(24:27):

Alright, great.

(24:39):

Alright, one more and then we're going to just have a little pause. Hi Seth. I'm in my second round of SBSM. I've been learning how functional freeze can lead to collapse and that as we work with a nervous system, a variety of symptoms may appear that might not make sense if we see a doctor. I resonate with both of these. Is it possible to have both at once and do you have any tips to regain some functioning? I'm a single mom and have work, et cetera, so I'm not a hundred percent sure what you mean when you say have both at once. I think what you're saying here is, is it possible to have both functional freeze and collapse or it may be that you're saying I have functional freeze and a variety of symptoms that may not make sense in either case, yes, you can have both for sure. There is a progression that we normally see with someone who's in functional freeze where there is no apparent issue for a long time and they're very functional, highly performing, everything's going well. And then very often the classic scenario, there's some big stressor that comes in and then boom, the system can't hold it anymore. They have a car accident or something or a breakup, and then their system goes kabluey and then they go into collapse and all these symptoms start to appear.

(26:11):

So that is more normal. But I could imagine that there could be a period of time where a person is kind of going through both of these things where maybe functional freeze is at its very tail end of functionality. So what that might look like is like, okay, I'll pull it together, make it through another day, and then halfway through the day, just bam collapse on the sofa and maybe you feel feverish and weak. So yeah, I could see those things happening at the same time, it just means that if that's the case, that we're sort of at the tail end of being able to be in our functionality. So the key for that, if that is the case, and this is the same thing if we've already gone into the collapse stage, is we have to learn to stay within our real window of tolerance and we have to know what that is. So that's a process of discovery. How much can we really do in a day and not override our actual window of tolerance, not go into that functional freeze pattern, and it'll often mean doing less than we are used to now.



(27:31):

There's nothing I can do unfortunately about the fact that being a mom and having to work, being a single mom and having to work, make that really hard. And I just want to really acknowledge that that is the case so much that you have to do for your kids and to meet the responsibilities of work so you can provide for them and be in relationship with them. It's just a really tough scenario. So I'm sorry there's no way around that. How hard that is. The best I can offer is that whatever supports you have, man, gather the troops, rally them up and just use what you got, aunts, uncles, cousins, friends, other parents, school and use whatever time you can to try to care for your system and to try to minimize stress. It's tough to really know your real window of tolerance and stay within it when you have these types of responsibilities.

(28:40):

So it just means lots and lots and lots of self-care as much as possible, resourcing as much as possible, and whatever help is available to you, take it and use it as much as you can within that context. In little moments that you have for self-care really make the most of those. So that might mean that instead of in your 15 minutes that you have to collapse on the sofa instead of scrolling on your phone, you really proactively just breathe and feel your sensations and maybe you allow a little emotion that can maybe process in that time. It can be very easy to go to forms of rest that aren't actually restful, which also sucks to avoid those because yeah, there'll be a desire just to check out. I want to just scroll or just binge Netflix, whatever it is if I can, because God, it's just a moment to not have to deal.

(29:48):

But unfortunately in this scenario, and I have no idea if you're doing that, I'm naming for everyone that that's a very human, normal thing to do in such a situation. If that's the case, it would be pretty important to actually try to make the most of those moments proactively instead. And just orient resources, breathe, connect to yourself, contain, and try to have some connection to your insights that's more deliberate. So let's have a little pause. So yeah, we'll just come back in a few minutes and I'm going to get some water for myself. I'm all out and yeah, we'll see you back here in just a few minutes.

(33:24):

All righty.

(33:32):

Okay. Hi Seth. I'm in my fifth round of SBSM, also three times 21 dayer. Over the years I've been doing potent postural several times. No matter my state, every time my heart starts pounding, it feels like freeze. I get scared and it feels like I can't go anywhere. I don't have this in any of the other exercises, any thoughts? I also find it strange that I never get a racing heart during anxiety, only potent posture and panic attacks that wake me up during sleep. Okay, so yeah, this does sound like freeze, although it sounds like you're feeling the sympathetic side of freeze. And just a reminder that freeze is initially a mixed state when freeze first comes on, that when that dorsal vagal emergency break gets pulled and everybody says Stop, there is at that moment still a high sympathetic charge in the system.

(34:47):

And so that's that classic deer in the headlights moment where we are frozen. But there is this big charge happening and it sounds like that's what you're feeling is that big charge. That's what's going on. So it's about finding a way to work with that sympathetic energy. It doesn't surprise me. It is showing up with potent posture because that is very much about taking up space, being authentic, being powerful, and that may feel dangerous. And it's also connected to being potent. It is not a fight flight kind of sympathetic thing, but it is a connecting to your life energy, your potency, which is connected to your sympathetic and that kind of aggression in a good way. The ability to just be like, here I am, world boom, deal with me. So one thing I'd be curious about, what happens if you do go somewhere? Meaning you say, I get scared and it feels like I can't go anywhere.

(36:06):

Well, what if you go somewhere? So what that might look like is you, you're in your potent posture and you feel this start happening and you feel frozen, but you can move, right? You can. What if you just take a step or take another step? Or what if you squat a little bit and then stand up a little taller? What if you just transfer your weight back and forth between your feet and sway a little bit? It could be interesting to start to explore movement because we want to get out of the freeze and liberate that sympathetic energy and that sympathetic energy is your doorway out of the freeze. So move. See what happens if you make yourself move. What if you just start stomping your feet? Use that energy because if your heart is racing, it means it wants

you to act. It's saying you should be running for your life right now, or you should be fighting for your life right now.

(37:13):

That's what's supposed to be happening. So use that energy, put it into mobilization. Now, if you don't want to start with that, I would suggest titrating by exploring potent posture in sitting and see if it does the same thing. It's the exact same practice. You're using your sit bones as your feet essentially. So you tune into the same type of thing, except for now the chair is the floor and your sit bones are the feet. And listening to it that way, just go through that whole exercise. You can do the exact same process in sitting and notice. Maybe it'll be a little easier to connect to it that way without the racing heart. So that could be another potential for exploration.

(38:11):

How to deal with a deep seated anger, hatred and disgust, which are coming out of my pores all simultaneously. It's rooted in so-called past lifetimes, though I don't feel like time exists for me, though of course they got enforced in this lifetime. I'm psychic, and since I was small, the walls between lives have been transparent for me. Got it. So yes, referring to past life trauma, though it sounds like you're also aware of the notion of the idea of concurrent lives, which is more based in quantum theory and multiverse theory and that kind of stuff, which is interesting stuff. It's fascinating. It's a notion essentially that things that we perceive as past lives are actually concurrent lives. They're lives that are all happening right now in different universes, different versions of this reality, which actually comes from science, believe it or not. It's not a new age thingy.

(39:14):

It's actually one of the ramifications that they've discovered with quantum physics. So yeah, no matter where it comes from, it doesn't matter. It's what you're working with now that matters. And that is deep seated, deep seated anger, hatred and disgust. And those are all very much in the same vein. So how to deal with it, work with it, express it, allow it to come through in your face, let it come through in your expression, in your sound, in your body. Let the power of that be here. That is really all there is to it. The healthy aggression practices, maybe watch that, the discuss video from Irene, but it's essentially about working with that, letting it energetically vomit out of you and using that as a bridge into expressing the rage and the aggression. Yeah,

go for it. There's a lot that you can do just by using your body to mobilize and express these things in a way that's safe and powerful and that can give you a lot of energy and a feeling of potency and agency.

(40:41):

And then you may start to discover other things that are maybe lurking around underneath these real high voltage experiences that you're feeling. But yeah, mobilize, express, follow your impulse. What do those feelings want to do? How do they want to sound? What do they want to speak? What's the posture? What's the action, right? Let it come through the tissues. Alright. Hi there is ADHA a dysregulated system, how to work with it. Thanks. Yeah, very simply, yes. ADHD, ADD, it is just a label that has been put on what we would call global high sympathetic activation. This is when the sympathetic is just on overdrive all the time. And then what can happen as well is that it can flip into dissociation. So that's the more spacey representation of ADD, ADHD. But it's all nervous system states. That's all it is. It's a lot of hypervigilance. Very similar with OCD as well, that's hypervigilance around certain actions.

(41:54):

If we're on sympathetic overdrive all the time, how can we concentrate on anything? It's like because there's always a threat. So where's the next threat? And oh my gosh, I got to stay. Where's the next thing? Where's the next thing? Or then there's another representation. We see sometimes where there can actually be a hyper focus sometimes on one thing. And that's where it's like, okay, for whatever reason, this thing I can channel all of that into, and it's like an extreme focus and you can just for hours and hours, but it's all forms of hypervigilance and big sympathetic activation or flipping into dissociation. So how to work with it, do this work, right? It's about getting more regulated and it's not, there's no any one thing that we would do. That being said, if someone was to come into my office with global high sympathetic activation, generally speaking, what we're starting with is not working with the activation when it's a system that is just on so much like that. It's generally not useful to try to mobilize and do all the things I just suggested in the last question because it's like, no, that system doesn't know how to feel safe. So we want to work on touch work with supporting downregulation, with containment, resourcing, soothing, settling, learning to find a little bit of okayness. I mean, I would basically just be doing touch work with someone in that situation, working with kidney adrenals, working with brainstem, working with gut supporting safety. Yeah.

(43:42):

Okay. Hi Seth. I would like to know how to start feeling tension in my body. I can't seem to do it. Could you advise me on where to begin? I do feel general sensations, but not in specific areas like the diaphragm for example, or other specific spots where there is tension but not felt by myself. So it sounds like maybe you've worked with a body worker who's like, oh man, you're so tense here, but you're not actually feeling that. So I mean there's a few things. One, I mean lab six is your friend because it's all about that tense and relax. That's perfect for this. So yeah, deliberately tense things and then let them go. Learn to notice the quality of what it's like when you're deliberately holding attention and then letting it go. Finding the painful and the pleasant. Also from this slab pendulation learning to notice difference, that's part of refining interoceptive sense and may start to make something more available.

(44:56):

The layers lesson also in this lab, just that quality of listening to the tissues. So everything basically in this lab that's out right now with the exception of the healthy aggression, is going to be really serving you for what you're wanting to explore. So just dive into those. And also the body has its own way of revealing things to us. So it's really great that you have this willingness and this openness to feel tension. And I'm sure it will come when the time is right and you can cultivate your ability to feel that by exploring the stuff I've suggested, but also just have patience. And how can you attune to what you are feeling because you say that you do feel sensations. So like, okay, great, spend time with those. Work with those, the diaphragms. So you don't feel anything in your diaphragm. Well, if you're talking about the breathing diaphragms, spend some time just breathing and noticing the rise and fall of the diaphragm.

(46:05):

It doesn't have to be fancy, but it's like, oh, well what might happen then if you breathe in and hold it? Oh, that's one way of feeling how the diaphragm might be held or tense and then let it go. What's it like to feel that let go so you can bring in this sort of deliberate exploration and also have an openness for what's already happening and just keep going. It'll come when it's ready. That's usually what tends to be the case. Alright, I've been working with kidney adrenal awareness as part of Lab four using the hot water bottles as suggested. The first time I did it, I noticed a lot of gurgling in my stomach feeling very relaxed, so much so I fell asleep for 30

minutes. And when I woke up, I was refreshed. Later that day though I was more spacey and found it harder to concentrate.

(47:05):

Is this normal? Is it worth titrating this work to avoid falling asleep? Any tips would be appreciated. All right, so yeah, it is possible that we do the kidney adrenal and then that starts out very nice and relaxing. And then our system may be entrained to go towards high dorsal to go towards the shutdown, and it may then just like whoop. It's like, okay, this is all nice, but wait, we're parasympathetic and that means shut down. So that is a possibility and it would be important to titrate if that was the case. But it doesn't sound to me like that's the case here because what you describe is a classic experience of low tone, dorsal rest and digest. It sounds like everything you describe feeling super relaxed. The gurgling is happening in the stomach, that's all low tone, dorsal stuff, and then you fell asleep, but you woke up refreshed.

(48:09):

And if we go into freeze, we don't wake up feeling refreshed. We wake up generally feeling spacey out of it, like we got hit by a ton of bricks like we're sludgy. That kind of thing tends to be more the experience of coming out of a freeze or a shutdown when we sleep. So it sounds like what happened to me is that you went into a lovely layer of low tone, dorsal rest, digest, restorative for your system, which may have been a relatively new experience for your system. And then later because you had that increased access to parasympathetic, it sounds like your system felt safe enough to let out a layer of freeze to allow this freezy stuff to come up and through. And so later in the day, you're feeling spacey, hard to concentrate. There's the freeze. And that also is not unusual, and that's actually a really good sign.

(49:07):

It just means that you did some deep work and there was this layer of freeze that was able to be lifted and revealed. And when freeze lifts from the system, we feel it. And that may mean feeling spacey, disoriented. It may just mean feeling cold, not able to get warm, shivering. All of those are common experiences, and so you just want to stay present. If that was the case, I would stop trying to do anything. I would just maybe get a cozy blanket, get wrapped up and just orient, contain, have a nice cup of tea, just wait and have patience and allow it to move through.

(49:53):

All right. Okay, I think this is the last one. Yeah. I am very limited in daily life, dysfunctional freeze. As my pain lies on the surface, I'm always aware of how much tension, anxiety, safety, et cetera I'm experiencing. So just to pause, what is that? That's sympathetic stuff. So that's really free stuff, that's all sympathetic stuff, tension, anxiety, safety, fear, overwhelming, I lack safe repression. So what I think what you're saying there is, yeah, you don't have functional freeze. You don't have this nice ability where your system is just numbing stuff out for you. And that tends to be the case when actually there isn't as much freeze in the system. It's more sympathetically dominated, or at least that's a representation right now. There may still be freeze in there that comes up later, but it sounds like your system is more sympathetically dominated right now.

(51:03):

So as I lack safe, repression first, building capacity or titrating aren't options. How to start healing. Irene mentioned pendulating focusing on a spot that hurts less when in constant physical pain. Might this also work as a starting point with continual emotional pain? If so, please elaborate on how to start and proceed. Okay. So the first thing I want to do is as kindly as possible, challenge this statement that building capacity and titrating are not options because I think there is always an option for both of those things. It just may look a little different. So what that may look like for you is really heavily focusing on external resources, really know what your external resources are that help you feel a little better, a little calmer, a little bit of soothing, whatever that is. And really relying on those to be your external titration friend where it's like you maybe just like you allow yourself to notice these potentially overwhelming experiences for a little while.

(52:22):

And yes, pendulation gets to that, that's very useful. But then it's like, okay, now I'm not going to do that anymore. I'm going to stop paying attention to myself. I'm going to watch a show. I'm going to listen to music, I'm going to go outside. I'm going to have a cup of tea. I'm going to do whatever it is that allows me to be distracted from the inside. That is a form of titration, that's a form of building capacity. It is all we can do when we are feeling so much, so much of the time, which it sounds like the case here, there's just so much all the time that feels uncomfortable that you're feeling then we build capacity and titrate through going to external

resources. And now might this work as a starting point with continual emotional pain? Absolutely. So pendulation is the notion of, again, find, okay, here's this thing that really sucks.

(53:24):

Can I find that sucks a little less? Maybe it's not even, can I find something good? There may not be that, but can I find something that's not as bad? Can I find something that's kind of neutral? Right? And then, okay, I'm going to notice that and then I'll come back to this hard thing and then I'm back to this. And again, an external resource can serve as that. An external resource can serve as that thing you pendulate too. It's like, okay, I'm feeling this thing and okay, lemme get my tea here and have a sip and soothe and come outside of myself. So there's lots of ways to pendulate both within the insides and on the outsides. Might this work with emotional pain? Well, yeah, because emotional pain is physical pain. Emotions are sensations when you're feeling painful emotions, you're feeling painful sensations. So what are those?

(54:29):

Can you find out what the sensations are of these painful emotions? And then you just work with it the same way as you would with an obvious physical pain that doesn't seem to have any emotional content, but emotions are physical along with all of that, if possible, to get some touch work, that could be really helpful. So like I was talking about with global high sympathetic activation, this sounds like you're kind of in that territory where it's just everything feels awful all the time. That's a very common indicator of early developmental trauma. And it could be very helpful to get some touch work if possible, if not possible. Then again, do all the stuff that comes from that work that's in this program. So again, that's the Kidney Adrenal lessons, the watering the Brainstem lesson, which will be released on November 8th. The layers lesson, the containment lesson, gut brain interface, which is a little bit later. And your resources, resources, resources. Anything that is soothing and settling. And it may be that the way that you start to build capacity is by allowing yourself to just come out of what's happening a little bit. So again, you are really using those external resources and leaning on them.

(56:07):

Alrighty. Okay. Thanks so much. Sorry for the hiccups for the recording there. If you're watching this, it may be in a few different videos. And so keep an eye out for the first two questions, which I'll record as a separate video and it'll all be on the same replay page. Alright, thanks for





being here everybody. Thank you to my lovely assistants, Rebecca and Ari, and thank you all for being here and showing up. All right, bye for now.