

(00:03):

All right, so this is Q&A Call number nine for SBSM 16. Thank you all for being here. Thank you to my team members. We've got Susan and Carie here helping out. Thank you for being here. Alright, so we are getting towards the tail end of this round of SBSM, and as often happens the questions start tapering off. It's so interesting how it's kind of the same every year. The first two calls, there's a few, there's not too many questions. And then as we start going in, there's lots and lots of questions and then we get towards the end and there's less questions. So there's only about a dozen, and so I'll just answer them all on the call, and we will get going. Now this call was supposed to be a special topic on shock trauma, and there's only two questions that really had elements of shock trauma in them, which is interesting.

(01:05):

I'm actually thinking that we might stop doing this special topic one because what happens over and over again is this, there will not be very many shock trauma questions. However, we have two early developmental trauma special topic calls to handle the volume related to early developmental trauma, and that is just more clarity on the fact that EDT really is what most of us are being impacted by in a foundational way. So yeah, it's just interesting to see that pattern and that confirmation. So the first two questions do have elements of shock trauma and also early developmental trauma.

So we'll get going. "I had a shock trauma at 11. It seems like it's close to early developmental trauma. I managed to override that by putting on an outside self but that doesn't work at all anymore." So what does that sound like? Sounds like functional freeze, right?

(02:07):

Learning to adjust that system is recruiting the numbing qualities, and now I have this sort of presentation of myself. "Whole world system is experienced as a danger for my life." That's early developmental trauma speaking right there, that sort of just everything is dangerous, existential quality. So yes, I think you're right that both shock trauma and EDT are involved. "How can I uncouple the shock trauma at this point when it comes up? I land at once in early developmental trauma, and when I try to address that I land in the shock trauma. It's like simultaneously addressing two things which result in a cycle downward. I haven't built a life I can refer to as safe," and what you're experiencing is not totally surprising. We can get into this

kind of conundrum when there's shaky foundations from early developmental trauma and there's big overt things that happened.

(03:07):

The reason it can be problematic and lead to this kind of ping pong experience where nothing resolves is because the system often in these cases doesn't have the capacity to process the energy of that shock trauma. Remember that shock trauma, what that means is a big sympathetic jolt that's a big spike into the system that got stuck. So when that wants to move, it needs kind of a robust wiring to handle that, so to speak. And it's like if we had early developmental trauma, it's kind of like we're trying to allow this thousand volt charge through wiring that can only handle a hundred volts because those early systems were so impacted. So the resolution for this in my mind is to do your best to only focus on supporting the foundation building practices that are associated with early developmental trauma when the shock trauma comes up, instead of trying to track sensation and or breathe into it or express it or allow it to move through, instead refocus on foundations.

(04:27):

It's like can you just recognize that it's coming up? Can you say hello to it? Like, oh, hello, I hear you. Yes. And then it's like instead of sort of diving in, it's like, yep, I hear you, but we're not quite ready to process you yet. And so I'm just going to connect to where I am. I'm going to go back to the basics. I'm going to go to my resources if I need to. I'm going to help my system calm down a little bit, soothe, settle. Maybe I'll make a little bit of sound with my breath just to get some parasympathetic tone going, but not necessarily go into big expressions of shock trauma in order to just like, oh, a little tone. Maybe I'll go to something that's soothing or settling for me like some practice. That's the general approach I'd recommend when that arises.

(05:17):

And then for the rest of the time, really focusing on the early developmental trauma practices. So refer to that early trauma tips sheet that's in the additional resources section that has a list of practices most commonly associated with being helpful for that kind of building capacity, building foundations. As you do that consistently, my hunch is that your system will start to feel a little bit more safe in the world and that's what we want. It's really hard to process shock trauma if we just fundamentally feel unsafe. So that's what the focus needs to be, is building

that slow capacity increasing practice. Yeah. Let's see. Anything else? I think that's it. It can be frustrating. I know because you want to work with this stuff that's coming up and it's sort of like you don't want to ignore it, but you also don't want to dive into it.

(06:19):

So I was like, hello, I hear you, and I'm coming back to my seat, and my breath, and here I am. Okay. Alright. "Hi Seth. I experienced a lot of anxiety and toxic shame as a kid, and on top of that I was hit twice with a football on the diaphragm, which stopped my breathing both times." So a lot of anxiety and toxic shame as a kid. There might be some early developmental trauma in the picture today. "It's like a giant rock is sitting there. I used to numb the sensation with food, even though it suppresses my appetite when I slow down, and connect with it through touch, the tightness climbs up to my throat and I feel sick. What can I do to allow what's there to move? Is body work needed for those injuries?" So body work might be useful for those injuries at some point, but I think it's probably more important to work with the emotional sensation content first, because it sounds like it's available.

(07:26):

So it's really good that you're able to feel this ability to connect with that tightness, that rock, that you can feel the rock in the first place. That's good. And then you're having this experience of it's climbing up to the throat and it feels this sense. You feel this sense of sickness. So that sounds to me like there is a, there's disgust reflex, which certainly could be part of that injury. Lots of times when we get hit like that, it may even lead to vomiting. So it could be that this, I think it's likely actually that that's the shock part, wanting to process through the system. It's likely I had experience with this myself. I don't know if this was your case, but yeah, I got impacted quite severely by a soccer ball in a very sensitive area as a teenager and had to just clamp down on all my reactions because it was a team.

(08:34):

We're in the middle of a team practice, and oh, I can't curl up in a ball holding my genitals. That's not manly, so I better just clamp down and suppress. And so I imagine there may have been a similar situation here, or maybe it was part of a social situation. So this reflex might be what's happening there. So how do you work with that? Explore that affect, explore that expression, explore that sound, that face. It can start by being aware of just the esophagus, being aware of the connection between the stomach and the mouth and the throat, and you

get this sort of sick feeling, and what would it be like to just let the tongue come out a little bit, let some sound come out, see if that can help it move along, and this can, to be fair, lead to sort of a retching experience and just that know that that's a possibility.

(09:31):

It's okay. It's not going to hurt you. And that's something that's pretty common. So if you get that like, ugh, just let that come, let it move through. In terms of body work, if you do decide to explore that, I think that the first modality that might be worth exploring is Bowen therapy. That could be, it's a very gentle approach. There's very little physical manipulation. It's a lot about connection. It works with the nervous system in mind and also works with the fascia. So bone therapy might be an interesting, nice, gentle way in to start exploring what it's like to get some physical help. Because when there are these old injuries, yeah, there's often a component of physical assistance that's helpful. It's just that we often want to do the emotional nervous system sensation based work first so that it's easier for those tissues to open up and that can happen in the context of body work. So we want to, again, this highlights how much we want to feel safe with our bodywork. It's important that we would be able to do that if we needed to in a bodywork session, because otherwise if we feel like we have to clamp on down again, then that's just sort of reenacting what happened in the first place.

(11:12):

Okay, someone asked, is severe pain a shock trauma? Not necessarily. Remember a trauma means your survival responses get activated and they do not deactivate. So you could have severe pain but not necessarily go into survival mode. It is not a guarantee. It depends on the situation. If you can process it, do you have support, et cetera. So I would say it can be, but not necessarily is.

Okay. "Hello Seth. Would you talk a little bit about grinding one's teeth at night and apnea? I heard Irene say her sleep apnea improved when she became more regulated. Would sleep apnea and the grinding of teeth be caused by certain types of trauma, or just the holding in and suppressing of any emotion? This morning I worked with tensing and relaxing my jaw, amazed at how much easier my jaw opened after. Thank you for all your information."

(12:15):

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Okay, so grinding teeth and sleep apnea have slight, they have a common cause, but also slightly different roots. Sleep apnea is generally speaking just a result of overall dysregulation in the system. The wires are crossed, both freeze and fight flight are in the picture. That sort of overall dysregulation is what generally is at the root of sleep apnea. And yes, Irene did have that and it greatly improved. I don't think she has it at all anymore. So yeah, it certainly can change. Teeth grinding is pretty directly related to a sympathetic charge. So if we think about what is the musculature, what is the anatomy associated with the fight flight response, the jaws and the teeth are some of the biggest ones. That's what most mammals use to attack harm. So that grinding of the teeth, it's like what are you trying to bite on or who are you trying to bite on?

(13:18):

What are you wanting to chew? It is an aggression that's stuck in the system. So that is where working with tense and relax, like you did, is fantastic. And what might it be like to start bringing in some healthy aggression? Work into that as well so that biting response can have its day, and sometimes this can be supported by actually getting something that it's safe to bite on. This can be like a piece of fabric. There's people who there's untreated like leather or that don't have a lot of stain in it. That can be sort of satisfying, because you can really chew on it even like a baby's teething ring, something like that. Giving yourself something to literally feel that bite can be an interesting and satisfying thing to help that charge move through, when it's organically coming up or just working with the voo ahh, or the expression of the jaw, the teeth in general, raising the upper lip, all that kind of healthy aggression stuff.

(14:32):

“Hi Seth. Recently I sent a video where Keiti talks to Irene about breast cancer to offer hope to my niece that there's a new way of dealing with cancer. However, yesterday I learned that both her and her sister have had double mastectomies. Both mother and grandmother died of it. This news completely changed how I think this amazing video would be received, and I laid awake with regret on sending it. I would appreciate some help in dealing with guilt and regret without adding more beach balls.” Well, I mean, gosh, that's tough because really, yeah, your intentions were really in a good place there wanting to share resources. That's good. It's understandable, these feelings. I think the best way to deal with it is just let yourself feel it honestly with a caveat that, be aware of any tendency to collapse. So it's possible that this guilt and regret is poking at deeper layers of shame perhaps, or it may just be about the present,



but if we have unresolved trauma, things like this can stir up and be increased in their magnitude by old stuff. So see if you can just allow those emotions to be felt. Is there a way that they can express. Is there grief? Are there tears? And also be mindful of any tendency to collapse and sort of whirl around in those emotions.

(16:11):

Another helpful thing could just be communication, just to let them know, express to them like, Hey, I realized, I didn't realize you guys had both had mastectomies when I sent this. I'm so sorry if that was insensitive. Just expressing your feelings directly to them is probably going to be helpful for everybody. And it is important to be mindful that not everyone is open to this type of information. It's really good to want to share this stuff and the world needs to know about it. And yes, there are many ways of healing cancer that are not the traditional route. We've seen that now in many different ways that we can support the system to heal.

(17:06):

Not everyone's going to be open to that. Just like not everyone's going to be open to trauma work or the notion that unresolved trauma is often at the root of breast cancer. As Gabor Maté said in that video, if you, dunno if you've watched it yet, but the Need for Authenticity, that's now I believe in the additional resources section, pretty much all of his cancer patients had the same character profile, which was suppressing their emotions, feeling like they all needed to take care of other people first at their own expense, and avoiding, so-called negative emotions like anger. That's a classic cancer profile. It was universal a hundred percent. So not everyone's going to be open to that because not everyone is ready to do that deeper work, and which is fine. So when we get into this work and we're learning about it, there can be a passion to want to share our ideas, share this learning, and we just want to be mindful because there's also this principle where we don't, the way I call it is, we don't want to step on another person's journey, and that's a fine line to walk because we also want to share and inspire.

(18:26):

So it is sometime a messy process, and if there was an oops, then you just apologize and you say, Hey, sorry, and you move on and you allow yourself to express and understand your intentions are in the right place, and just know that it's okay, you wanted to share helpful stuff, and it sounds like you may not actually know how it was received. So again, communication. Just have a dialogue.

(19:01):

Okay. "Hi Seth. I was wondering if you could help me get clear on how the autonomic nervous system is influenced by menopause or how it influences menopause, how it connects. For several weeks, I sometimes notice heat waves in my torso. It starts from my belly and goes to my chest. There it stops. Since I am 52, people around me say, oh, you're in menopause, welcome to the club. I'm not convinced that is the case. I feel it has something to do with my autonomic nervous system, but really there is no real difference. Could you explain the connection or differences?" So there is a great deal of crossover between the sensations of menopause and the sensations of processing trauma. I looked it up since I'm obviously not qualified to experience this directly, but the common sensations of menopause are hot flashes, night sweats, joint and muscle discomfort, madness and irritability, forgetfulness, difficulty concentrating.

(20:03):

That's all trauma symptoms too. So the question is, is menopause inevitably like that or is this big hormonal shift in the system making it such that the system can no longer hold the trauma it's been holding, and we start to experience the symptoms of unresolved trauma, because that massive hormonal shift is destabilizing, right? So the system tends to pack stuff up, it packs trauma up and contains it in certain ways that are well grooved. Any destabilization of that including a massive hormonal shift could easily unpack all that stuff, in my mind. So it may be that menopause doesn't have to be this horrible uncomfortable experience, but we just think it's that way because basically everyone has unresolved trauma, and then you encounter this big hormonal shift and it gets unpacked. Don't know for sure, but it makes sense to me. Also, unresolved trauma could easily exacerbate these symptoms. So maybe, yeah, it's inevitable to have some hot flashes during this shift, but they're made way more intense because of the survival energy in the system.

(21:22):

So that's my best thought on that. In terms of things to do, please check out the video interview. I'm going to link it in the chat here. There's an interview with Kitty Martone all about hormonal health, so I'm going to put that there. Check that out if you haven't already. Deep dive into hormonal health. For the ladies, it's all about this stuff, ways you can support it. And there's also just the circadian rhythm, quantum, what's it called? Sorry, circadian and quantum

biology. Vlogs. This is a playlist. I'm going to put that in there too because those practices are also really supportive of hormonal health and nervous system health in general. So a couple things to check out.

(22:26):

Irene got a lot of help with her hormones from a good naturopath, a naturopathic doctor. This is different from an MD. This is an ND. The testing that they do is way more thorough, generally speaking, than the testing that medical doctors will do. So Irene got a lot of blood work, a very detailed panel, and, as supported by this naturopathic doctor, he was able to recommend various supplements that were really helpful. MD is a medical doctor, ND is a naturopathic doctor. So the naturopathic school is often way more intensive and detailed in terms of blood testing. So that could potentially be useful as well with hormonal issues. There can often be a multi-vector approach that's helpful because the hormonal stress can place stress on the autonomic nervous system as well as resulting from the dysregulation. So we may want to bring in multiple vectors of working to do the somatic work, help the nervous system regulate, help support the hormones from a different angle, do the circadian rhythm practices, et cetera. So I hope that's all helpful. Awesome.

(23:55):

“Hi Seth. Irene mentioned something about negative health effects from being in close proximity to high voltage electrical wires, and possibly mobile cell towers.” Also wifi routers, I'll throw in there. “Could you please elaborate and explain how it works and what impacts are on our health? I'm looking for a house, possibly near a mobile or cell tower.” So this is interesting because I was researching this a bit, and I've researched it a lot, a long time ago, and then I was like, okay, yep, that makes sense. And I kind of forgot what I learned because just basically it came down to yes, high voltage electrical lines, bad. In looking at it, it's interesting because there's no, I can't find any research studies that directly say living near high voltage electrical lines is bad for your health. However, there are tons of anecdotal stories of people having cancer living underneath high voltage electrical lines.

(24:52):

What's strange is if you look up impacts of non-native EMFs on health, there's many studies, and those studies include in them high voltage electrical lines. So not sure what's going on there, but there is lots of research that talks about the negative impact of health by non-native



EMFs and non-native EMFs. That means an electromagnetic field that's generated by something that's not organic. So we all generate electromagnetic fields as living beings, so do plants, everything alive does. And then there's things like microwave transmissions, cell towers, electrical lines, wifi routers, radio signals, all of these are non-native EMFs.

(25:40):

It's been shown clearly that those have a negative effect on health. The main impacts are an increase in oxidative stress, which then increases free radicals in the system. Free radical concentration is increased and that can easily lead to things like cancers and other health issues. I'm just going to put one of these studies in the chat, but there are many, so that's how it impacts. So we definitely recommend, for supporting the nervous system and overall biological health, to maybe not live right near a cell tower. There are also various remedies you can do, like all the quantum circadian rhythm practices talked about in that playlist that I linked earlier, that the grounding practices, and engaging with that beneficial electronic exchange, bare feet on the ground, is really good. There's also, I've talked about these before, and take it or leave it. I'm going to link that in the chat, too.

(26:43):

This is Leela Q, who makes quantum health devices, which Irene and I personally really like. We're not affiliated with them or anything, but we have found their devices to work, and they are one of the few companies making such devices that actually provide comprehensive testing that shows the efficacy of their products. They specifically measure blood cells and show this is what your blood cells look like when you're being exposed to non-native EMFs. This is what it looks like normally or after. This is what it looks like when you use this device. And it's pretty clear they've got a lot of studies on their site that show. So we like 'em, we use 'em. The idea is that they harmonize non-native EMFs such that they are more in alignment with the biological frequencies. How they do that, don't ask me, I have no idea. It's an emerging science that I don't understand, but I feel it.

(27:48):

When you say bare feet on the ground, do bare feet on my flat floor on the second floor count? No, it's about connecting to the earth. So the literal ground, that is what you want, bare feet on the ground. The best way is bare feet on wet ground or in water. So feet in a little stream, that's the most grounding. You have both the water and the earth and that's a real

thing. That's not like a woo woo thing. It's a literal thing where you take in lovely, lovely electrons from the earth.

Alright, "Hi. I suffer from benign positional vertigo. After every eighth year I get a big episode where I'm totally wiped out. I'm sure this is nervous system related. And after doing this work for five years, this time around the episode was much milder, and I could even walk."

(28:50):

Aha, amazing. "I'm curious as to how this relates to the nervous system. The usual explanation about crystals in the ear that no one's ever seen can't be the whole answer. Do you know of another explanation?" Yeah, for sure. So physical trauma can be part of this. There are many ways that the vestibular system can get disrupted. So if there was a concussion that could do it, if there was a bad whiplash that can do it, it doesn't even have to be an impact. The vestibular system responds to rapid changes in velocity. So it's about, was there some sudden jerk or impact that can have an impact physically. I don't know what mechanisms are involved entirely, but it's pretty clear that this kind of vertigo often results from that kind of physical impact, or just that sudden velocity change, but there's more connections to it. So the vestibular system is innervated by the eighth cranial nerve, and that is part of our autonomic nervous system.

(30:09):

So when we have cross wiring, fight, flight freeze going on, even though it's not the vagus nerve, it's still part of the cranial nerves, so that there could be inflammation, there could be symptoms of freeze that can lead to lightheadedness, dizziness. So I do certainly believe that trauma that's not even related in any way to impact or sudden velocity change can also impact the vestibular system. Also, when we are living with trauma, of course our natural systems of repair are compromised, because the system's really busy, essentially. So yes, I think there can be multiple explanations. It's also possible that there were developmental challenges. So if your head wasn't supported correctly as a baby, if you weren't allowed to go through all the developmental stages, for example, that process of learning to roll, to roll to your front, roll to your side, come up to crawling, crawling itself, coming up to stand, exploring that whole process like in the baby Liv videos, that is very directly connected to the development of the vestibular system, learning to identify where it is in space and how this whole world works. So if there were interruptions to that, like you were forced into tummy time or you were placed in a jolly jumper all the time, if you weren't allowed that organic unfolding process and people,

maybe the clap. One classic thing is holding up the baby's hands and helping them walk before they're actually ready to walk. That's a big interruption to that process. So there's lots of little things that can happen that interrupt the development of all these delicate systems, learning how to navigate space.

(32:16):

Okay. "Hello Seth. I'm a sixth round alumni. I've made a good deal of progress over the years. I still have lots of work to do though, I'm overly critical of my partner. I'm impatient. I get angry when he's negative or insecure. He doesn't deserve my upright twitchy attitude. I really do not like myself very much after these encounters. I feel like a bully." Okay, well there wasn't really a question here, but I'm assuming you're basically asking for help. So yeah, what to do? Well, what does all of this sound like? It's aggression, right? There is a lot of aggression in your system and your partner is triggering it. He's triggering it specifically when he's demonstrating insecurity or weakness. So I wonder how, maybe, you were responded to when you were a kid growing up, if you showed insecurity or if you showed negativity, if you expressed worry or concern about things.

(33:23):

That's something to look at, but essentially it just sounds like you need to do healthy aggression work, so that's letting that big charge come out, instead of at him. But in the context of your own...

I see a note that someone is having trouble with the sound, is anybody else? No. Okay, so I think it may be on your end. Yeah. Okay. So if you had missed anything ever, remember the recording, we'll be fine. So you can always take in the recording if there's bits you want to revisit.

So yeah, it sounds just like you need to do healthy aggression work when it's not being poke, tap, and triggered, right? You need to proactively engage with the aggression in your system and think about maybe how you were responded to when you were a kid, if you were negative or if you were insecure. There might be some clues there because who are you really angry at?

(34:26):

That's the fundamental question. Of course our partners can stir up, they can do annoying things and stuff, but this sounds very clearly like you're really mad at somebody. It's not him, but he's poking at your system and he's getting the brunt of it. So who were you really mad at and how can you direct that healthy aggression energy towards them within the venue of your own process? Not literally. The other thing is, just communicate. Again, say to him, look, I'm sorry. I recognize that when I lash out like this, this isn't about you. I'm getting triggered and this is about whoever it was. Let him know,

(35:13):

Okay, "What do I do when I can't process a feeling when it comes up, for example, in the car, or when with my baby, when I do try to come back to the emotion or sensation when it's a good time to do so, the intensity is a lot less and I can't reach that level of activation when trying to process it later." Yeah, for sure. That makes sense. But keep doing that anyway because what I think will happen, and what I've noticed for myself, is the more you do that, the more it will be available later. Essentially you're building a process of communication and trust with your body, and every time you do that, and say, Hey, I hear you. I can't, can't process this right now, but I will. And then you do do that. You revisit it later, work with any little bit that's there.

(36:01):

You're building the trust, you're building the communication within your system, and it will become more available as time goes on. Another thing to consider is there is a lot you can do to process invisible stuff that's coming up. Maybe not fully, but you can work with it a little bit. So say you're in your car and you're driving and someone cuts you off and you get this huge spike of aggression, you can actually process some of that in the car. Now granted, you still want to make sure driving isn't being safe is the focus, but maybe you just really grip the hell out of that steering wheel for a little bit, give a little expression, a little sound squeeze, use your physicality. Don't stomp your feet please, because they're operating important pedals. But you can use your grip and you can use your sound and you can use your teeth and your jaw, or if it's grief or sadness, let some tears come, that you can cry a bit while driving.

(37:05):

Of course, again, if it starts to feel overwhelming, you can pull over. That's another option. Or you can bottle it up a bit, but you remember that you don't have to necessarily stay driving. You could pull over to the side of the road if it's safe to do so, and do a little processing. So

there are sometimes options when you're with your baby. Yeah, less so because you don't want to move big emotions around your baby, not so much, but just keep on doing that process of acknowledging, checking in, coming back to it later. I think that's the best you can do for the time being. And then yeah, consider if there is something you can do in the moment.

(37:52):

Okay, "Is it possible to go deeper into freeze and at the same time be more functional? I have early developmental trauma. I suffered from CFS and later on developed PTSD. My reaction to the neurosensory exercises, especially the adrenal awareness one was pretty strong. Now the symptoms are almost gone and I overall feel better than before, but I have the impression that my body is somehow numb. My mind is a lot clearer now, but I feel my body less." Okay, so there could be a couple possibilities here. This first question, is it possible to go deeper into freeze and at the same time be more functional? Generally speaking, no. Generally speaking, the deeper we go into freeze, the more foggy our mind, the more lethargic we feel, the less energy, and we generally become less functional. However, are we talking about acute freeze dominating the system or are we talking about functional freeze?

(39:01):

Because of course functional freeze can enable one to perform at a very high level, because there's all that adrenaline going on underneath and we're numb to our more sensitive experiences, and so we can just push through and go. It doesn't sound to me like that's what's happening here, because usually with functional freeze, someone is not engaged in a process of actively healing their trauma. They don't know that they're in functional freeze. It's just the way that they are and they tend to keep on going, going, going, going, going. It sounds like you already had a big crash with a CFS, so perhaps you were in functional freeze, but then your system crashed. It seems unlikely to me that you would be getting stronger in your functional freeze response as a result of doing this work. What I think is happening is the other thing which is much more likely, which is that as we move deeper into our system and we do these practices, specifically ones like the kidney adrenal lesson, or the other ones that work with the stress organs, but you mentioned the adrenal awareness one.

(40:13):

What happens is that we tend to come a bit more alive. The freeze starts to lift, and as freeze starts to move, we often feel it more. We feel the sensations and symptoms of the freeze as it



is starting to move through the system, which can include very easily feeling this weird kind of numb feeling. It's like that was already there and now you're feeling it. That's my hunch about what's going on here. So it's a good time for touch work, in this. Just really taking time to contact the body, feel the physical connection, see if you can start to get a little sense of warmth or pressure through saying hello to your body with touch. Maybe doing this in a bath, feeling warmth, just resourcing in general, doing yummy things for yourself. It's sort of like, hello body, welcome to the world here. Here is reality and we're going to say hello and help you wake up a bit. I know you're feeling a little numb. Yep. That's how it's been. You had to shut down. It's okay, I'm right here. I think that's the general approach and I think that's what's going on, and that's a very good sign. There can be other feelings of acute coldness, shivering, feeling like you can't really get warm. All that stuff is part of a freeze layer moving through. So yep, nurturing care, warmth, self touch, all that stuff.

(41:56):

Yeah, especially the fact that you say your mind is a lot clearer. I'm pretty sure that's what's going on. Okay. "Hi Seth. After hearing your answer to the question about how symptoms of dysregulation and perimenopause can be the same as our autonomic processes or being greatly influenced by survival energies, I wonder if you might know something about how low ferritin can also be greatly influenced by survival energies. Any feedback, greatly appreciated." So, very similar to the menopause question. I actually didn't know, I had to look this up a bit because I wasn't sure, but yeah, there again is a lot of crossover. So symptoms of low ferritin, low iron, paleness, extreme fatigue, shortness of breath, rapid heartbeat, those are some of the most common ones. And yeah, that's again, there's some common trauma symptoms. Now, I'm not saying that you might not literally have low iron, but yes, there is a very great deal of similarity between these symptoms.

(43:03):

And again, what is red cell production governed by the autonomic nervous system. So what's interesting is I looked up some studies, and there are quite a few studies that show, after blunt force trauma or impact trauma, there is a great deal of decrease in red blood cell production. There was no studies on this kind of trauma, but of course it could have the same kind of effect, because what is a blunt force trauma? It's a shock trauma. So there is still a disruption to the autonomic nervous system. So when there's a disruption to the autonomic nervous system, there's going to be impacts to all the things that it governs. So if we're dysregulated,

yes, it may impair the production of red blood cells. And again, same with menopause. It may be that a multi-vector approach is going to be part of resolving this.

(44:21):

“Having spent most of my life in hyper arousal, I am now starting to experience variations of the deep shutdown that probably was underpinning the overdrive all my life.” So that's functional freeze, right? There's a deep freeze, which enables us to get a go, go, go, go, go, go, go, and just stay in that driven place and then yep, coming out of that you start to feel the freeze, the shutdown. So yes, “was underpinning the sympathetic overdrive all my life, which would explain the chronic health issues I have.” Absolutely. “Now there was a family visit, and things were different for the first time, there was less self-sacrifice, et cetera, but I felt more acute pain and feelings of betrayal. I guess it's a breakthrough to get to this layer, but the pain is almost unbearable. Where to go from here?” Onward. That's basically the only way to go.

(45:20):

Keep going. So this is a very good sign. I hear you about the pain, but yeah, this is good. So what happens as we start to move out of these deeply dysregulated states, some of these survival issues start to resolve, is that very often the behaviors and the symptoms improve. Maybe those chronic health issues are starting to change a bit. And yeah, your behavior is changing in the way you respond to your family. So you're not so much in your survival physiology during this visit. That's really good. And what that means is that you then feel the sensations and the emotions of the toxic environment, I guess more, and that's inevitable. That's more of a direct experience.

(46:23):

We are feeling the pain of the emotions rather than using our survival strategies to bottle them up. So it means we feel more, and it's painful, but it really is an improvement because it's much less of a physical toll on your system. So I think the best thing I can recommend is, do your best to embrace that experience, to express the pain that you're feeling emotionally, follow your impulses, and maybe how your body wants to express. What words do you want to say? Maybe that, you didn't say, what sounds, et cetera. What are the emotions, doing your best to just, yeah, I feel the pain, this really hurts, but this means I'm alive. That's one way to look at it. These painful emotions are alive-ness. We don't feel this stuff when we're shut down, so it means you're more alive.

(47:27):

Another thing to consider is that it may be important to have stronger boundaries, or protect your space more. Consider how often you expose yourself to your family system, and just be aware of the need for safe nurturing connections. It can be problematic when we're moving through resolving trauma that was caused by our family system to engage with our family system. Sometimes we need a break, we need space, we need to connect with safe people or pets or plants. So nurturing, safe connection is really helpful. Boundaries.

Alright, well believe it or not, that's all for today. So we've got one more Q and A in this round, and so I'll look forward to seeing everyone there on that call. And I just hope you continue exploring wherever you're at in the program. Just keep on moving onward. So I'll see you all later. Thanks so much. Bye for now.