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So this is the second Q&A call for Smart Body Smart Mind 16.0, and thank you all for joining us. So we have Leah Murphy here. She'll be in the chat, responding the best she can to your questions and comments. A note about the chat, I usually like to do a little housekeeping at these first few calls to just remind people that, yeah, the chat's fine. I usually will not be answering any questions that are in the chat because I, generally speaking, get plenty to fill up an hour and a half or so. If you want to interact in the chat, awesome. If you want to totally ignore it, fine. If you find that you're getting distracted by the chat, you can close that window entirely so you don't see it. And you can also... Down at the bottom there, you'll see a little chat bubble on your screen. There's a little arrow next to that.

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If you click that arrow, you'll see a thing that says show chat previews, and you can uncheck that. So then you don't have little messages popping up either. So if you really want to have nothing to do with the chat, you can just do that, which some people do enjoy. We've also got Ari here from Team Lyon. Hey, Ari. Thanks for being here. Okay, so usually the way these calls work is I get loads and loads of questions, way more than I can answer, and so I do my best to group them into themes and sort of do lecture sections on those themes. And then I'll answer a handful of individual questions that seem like they would apply to many people. This time, which is not uncommon, we didn't get that many because it's the beginning of the program. And so I'm able to answer all the questions individually today. So that is what will happen today. I'm just going to close one of my windows there. Okay, so we will get going.

(00:01:59):

All right. So first question, "I often assume when a mistake is made or something bad happens, it's my fault, or fear of making mistakes stops me from doing things. I also tend to feel like no one cares about me and have low self-esteem. Sometimes it's sort of in the background. Other times it's very intense and fear comes, but I find it hard to work with either end of the spectrum of this. Do you have any advice on these themes?" Absolutely. So anytime somebody has this tendency to like, oh my God, something happened, it must be all my fault, or I just... What's the point of even trying, because I'm going to make a mistake, I'm going to screw it up? All of this comes back to toxic shame. It means that at some point in your life, you got the

information from someone, or maybe many people, that you are not enough, that you were wrong, that you were bad in some way, and that went into you in a way that was toxic.

(00:03:09):

It was not helpful. It made you feel bad about yourself, that you are somehow wrong or bad just to exist essentially. And this can happen in many ways. Obviously, it can happen outright through abuse, physical abuse, verbal abuse, being yelled at all the time, being criticized. It can also happen through neglect. It can happen more quietly through just chronic misattunement. I never feel understood, so there must be something wrong with me because nobody seems to get me, so I must be wrong in some way. And that can be totally invisible. It can just be parents that are chronically stressed and have no ability to attune and understand their child. So there's lots of ways that that information can go in. It's not so important that you necessarily need to know exactly how that happened. Maybe you do. Maybe you don't. What's important is that we learn to work with that toxic shame imprint.

(00:04:13):

There's a few ways to do this. There's what I'll call the preventative approach, and then there's sort of what to do in the moment when you have this sort of attack of low self-worth or feeling like something's all your fault, right? Preventative, one, just keep doing the work, right? Do the work in general. It builds over time. Every single practice in this program is about building an authentic connection with yourself. It's all about learning different ways to attune and respond to what's happening inside you. And doing that over time is fundamentally what enables you to develop your own sense of self-worth, agency, authenticity. These are all the things that are sort of the antidote to toxic shame, which is a sense of I know who I am and I know myself. I am capable. I can feel myself as capable because I'm able to know myself, and so I know myself in the world. All of this is what builds over time just from doing the work in general.

There's some specific things that can be really helpful. So the potent posture lesson, that is one that is really helpful for learning to tap into a different sense. And I'm just looking real quick. Yeah, that's in lab two. The potent posture lesson is lesson four in lab two. That, if you tap into that, and not necessarily while you're feeling the shame or whatever it's expressing as, low self-worth or guilt, you can do it in those moments too. That's fine. But just as an overall something to focus on, even when you're feeling fine, finding this potency in your posture. So if we think about shame, if we think about toxic shame, what's the posture? Right? It's kind of

like there's a slump. Everything is collapsed. There's a folding over of the self. It's kind of like you're trying not to be seen.

(00:06:35):

So the potent posture lesson is very much about finding your potency, not that, right? Finding your erectness, finding your ability to be able to move and respond, to be supported from the ground, to find that connection and that stability. So just doing that in general could be helpful as part of this. Also, you can even exaggerate it, get the hands on the hips and the shoulders back and feel that connection. And what does that feel like? Right? Start to cultivate in knowing of what the internal felt, sense of potency, of agency. What do these things feel like on the inside, even if it's just a posture? There could be an element sometimes of even you're kind of faking it till you make it. Maybe you don't even really feel that much, but just explore that posture anyways because it's going to start building different somatic cues. So that's one thing.

(00:07:38):

You can combine that with orienting as well, standing in that potent posture, and then just really seeing, okay, this is where I am now, this is how I can be now, right? Because those toxic shame imprints are likely very old, not about now. The other way that you can work with this is in the moment, so when it's coming up. And there's a couple of ways you can do that. So one would be like I'm talking about, just like, okay, I'm feeling this collapse. I'm feeling this sense of shame. How can I find my potency? How can I find my erectness? But the other way, and you'll have to judge your capacity to do this, is how can you work with the collapse? How can you work with that ugh, just this sense of like, oh, I don't feel... I feel bad, essentially is what it amounts to.

(00:08:36):

A lot of time, if we go with the contraction... And that's the first thing, can you find the contraction? Can you find the place in your body that feels like a pit that's like you just want to ugh, like you're wanting to fold over and you probably feel a tightness somewhere? That's almost always involved in this kind of thing. Can you find that place and you can allow yourself to actually exaggerate it, even a little bit? Can you go with it? And can that lead to something else happening? It usually will if we stay connected to the outside, right? This is where we're talking about capacity. We have to have the ability... When we start to go with these things, we

need to have the capacity to not only be with the thing, but to remember where we are, to remember this is my environment, this is my present day. Otherwise, we can get totally sucked into what I'll call the trauma vortex.

(00:09:33):

And it's just like, we don't want that because then that can be overstimulating, over... It can be re-traumatizing. So we need to evaluate for ourselves. Do we have the capacity to allow ourselves to go into that? If it starts to feel like too much, if it starts to feel like I'm losing connection or I'm starting to feel cloudy, then it's like, okay, I'm going to come out of that. I'm going to go to my resources. I'm going to go to my potent posture. I'm going to go to whatever makes me feel a little comforted, right? So that's the other way. And this really applies with all of this work in general. When we have a trauma response coming up, we have a choice. Do we want a resource, focus on counter information, basically, things that are different, or do we want to go with the thing that's happening? And going with the thing that's happening takes more capacity. And that's part of the journey of learning where you're at, where your system's at. We want to stay present as we feel this tough stuff.

(00:10:39):

This shame imprint can often lead to disgust, because it doesn't feel good to hold this stuff in the body. And there's a video on this on YouTube called Disgust, something like The Way to Heal Toxic Shame, or The Gateway to Healing Toxic Shame. And it's really about like, well, what will happen if we follow and go into this pit and this collapse? There may be this bleh. This is ugh. I don't want to hold. This feels gross, right? And it's not about you being gross. It's about what the body is holding being gross. Because yeah, that's not good. It doesn't feel good to be subjected to that. On the heels of that eventually will likely come the aggression, your fight response that never got to happen, because we would want to instinctively protect ourselves from that information coming in, that we are bad in some way.

(00:11:42):

So there's this whole bridge that can happen between going with the sort of collapse and the shame and finding it, sort of staying with it, seeing if you can start to feel this sense of ugh. And if that comes, you go with that. And as that emerges, that might then go, lead to ahh, more of an aggressive response, and get the hell away from me. And that's sort of a complete arc that one may see eventually, but that's not something that necessarily will happen the first time

you start exploring this. Just know that it's kind of an available trajectory, I would say. All right. Going on to the next one.

(00:12:24):

"Hi, Seth. For 10 plus years, I've been 'doing' my PhD on women and family business. It's my background and a source of many issues, including lack of direction, financial dependence on father, and guilt. I think my PhD was an excuse to not engage in the world. I worked on it, writing constantly, but produced nothing. I had my son five years ago and I thought I'd left it behind, but I can't seem to leave it in the past. If I don't finish it, I'm proving the belief that I never finish anything. I feel I have something to say, but I can't get it out." Okay, so there's a fair amount going on here. The first thing I've noticed is this, the belief that I never finish anything. And I just want to point out that right before that, you say you had a son. So you have finished creating a human and bringing them into the world, which might be an important thing to notice because that's pretty darn significant.

(00:13:28):

I know it's not the subject of what you're talking about here, but there is this belief that is not accurate because hey, that's pretty great. In terms of the PhD, so anytime we're working on any kind of creative project or endeavor or intellectual project, it's the motivation that matters that's going to help us see it through. If we're doing something because we want to achieve some end goal, it generally doesn't work out too well, or it's not sustainable. It's about the process. Can you tap into... Is there a desire to share this info? You say you feel you have something to say, but you can't get it out. So it sounds like there's a desire to communicate something. Can you feel that, or is it just something that you think you want to do at this point? Because if you can't feel a strong desire to want to create this work, it'll be very hard to do.

(00:14:38):

The motivation that keeps us going is the sense of the doing, of the accomplishing in the moment each day, what we're creating. If we try to, I'm doing this so that I finally prove to my dad that it was all worth it, the money he spent, or I'm doing this so I can prove to myself that, yeah, I really can have a voice in this, it's like, that's not going to work usually. It is about being engaged with the process and how it feels. So that's the best suggestion I can get with this, is how can you find your excitement about the process itself? And if there is no excitement about

the process itself anymore, and it's just become a millstone around your neck, then it may be worth considering, you know what? I think I'm going to let that go. Maybe 10, 20 years down the line, it comes back again and you feel that spark of, well, I want to do this. I have something to say. Right? That's really what it comes down to. Can you feel the sense of, I have something to say. And if you can, great.

(00:15:46):

Then that's what you're going to want to try to cultivate. And it may mean that you only work in little bits, like, okay, I'm feeling inspired. I'm going to sit down. I'm going to do some work. I'm going to notice that feeling in my body, and I'm going to... Yeah, let's go. And then maybe that lasts for 10 minutes. Cool. Leave it. Follow the felt sense of the desire to create. That's the best thing I can say in relation to this work. Now, there's all sorts of other approaches that are about mindset shifts and setting goals and behavioral stuff, which isn't my expertise. So there are those other approaches out there.

Okay, a question about surgery. "I had a surgery at two days of age that included two tubes placed into the throat, to the stomach, and the lungs," so an intubation. "When a sensation comes up to release trauma, it is very intense. I cough uncontrollably. I feel like I'm going to choke to death."

(00:17:02):

"I ask to be allowed to die. When I come out of the intensity, I want to live. Any advice on how to navigate through the choking and the feeling of wanting to die when the choking comes up?" Well, in terms of that second one, that is the emotional, mental state of the freeze response, because it's only meant to come on if we're about to die. So when we're swirling in a big piece of trauma and there's a lot of freeze there, which there would be if you had a surgery. You had a surgery, you're literally anesthetized. It's overwhelming. There's always going to be a big amount of freeze, at least almost always. So that's what sounds like is happening here, is you're feeling and thinking the freeze, which is telling you you should die, because that's physiologically, from an evolutionary perspective, how that response evolved, was to prepare us to be dead, essentially, because that meant we're not getting away from the saber-toothed tiger, right?

(00:18:14):

If you can just know that and just understand like, oh, this is right, this is the freeze speaking, and it will end, right? And orienting to the external, super important. This sounds like a very intense whirlpool that could suck you in really easily. It is powerful, an early surgical experience like this, so titrating your internal experience with really working to stay connected to the here and now on the outside. In terms of working through the choking itself. So I see that... I looked up. It looked like you're an alumni, which means you have access to all the labs. So I'm going to suggest working proactively with the lab five diaphragm lessons, specifically the shoulder and respiratory diaphragm lesson. So for those of you who are new, this is something we'll get to in lab five. It's about working with chambers in the body, which are called diaphragms.

(00:19:18):

It's from the osteopathic tradition. So bringing in space into here, this whole area, and doing it when you're not feeling like this acute choking experience, building that capacity to have space in here, you may find that as you do that, it could potentially actually trigger this experience. Because my sense is that there's a lot of constriction bound up in here. And so as you work to bring in space, it's possible you can start to touch into that in a way where it doesn't take you over. It sounds like what's happening here is you have a big response that comes up. It goes straight into this full on intensity. So we want to see if we can start to kind of approach that without getting sucked into it. So that might be one way.

(00:20:15):

Also, if the coughing does start to happen, you can use that as an opportunity to engage your imagination. So what might it be like to imagine that you're coughing out those tubes that, as you're coughing, they're just flying out of you, and they're maybe smashing against the wall in the room, right? Or maybe it's more abstract. Maybe it's like you're just coughing out trauma. Maybe it's just like this black cloud or whatever, something that's leaving you. But using it as an opportunity to use your imagination and see, yes, I am ejecting this stuff. That's if it gets to that full on choking, coughing, which again, we want to see if we can start to work our way into that a little bit more carefully. This is true of anybody, any big, overwhelming trauma response that tends to take us over. How can we start to work with the parts of the body where that's happening proactively when it's not so intense? And that way, we can start to find our way in, in a more gentle manner, a lot of the time. Just checking my notes here. Yeah. Okay, and again, remember to stay connected to the outside.

Okay, "I would love to hear about overcoming the resistance against daily tasks. You and Irene offer some ideas in the long-form interview, Healing Our Resistance to Making Money, et cetera." That's a video on YouTube. It was really Irene interviewing me, and my resistance to coming out of the woods, and having to live in the world, and actually do things, and make money, and be a professional, and stuff like that, which I had, like, no interest in whatsoever, and actively resisted. So yeah, watch that video if you relate to this. If you could pop that in the chat, Leah, that'd be awesome. Thank you.

(00:22:26):

So, "would there be more where that comes from?" Because yeah, we offer some ideas in that interview. "I'm struggling with getting necessary daily tasks done, to the extent that I fail to meet deadlines, like taxes. I keep on involving myself with healing work as I can make much more sense of that. I fail to connect the same healthy sense to necessary tasks of life." Got it. I mean, that is a conundrum, because lots of the necessary tasks of life aren't necessarily healthy. I mean, you bring up taxes. It's like, okay, well, I guess we could focus on like, oh, when we're paying our taxes, we're potentially helping people who have less, and we're helping our infrastructure, and all this stuff. But then again, there's lots of tax money going to stuff that's not too great.

(00:23:21):

So yeah, there's all sorts of things we have to do in the world to survive that maybe aren't that healthy or great. So in some ways, this isn't inaccurate. It's tough to say to someone like, "Yeah, rah, rah, go work more than you actually want to, because you have to survive." Like, yeah, that kind of sucks. So how to navigate that? There's a few ways. So again, there's in the moment, like what to do when it comes up in the moment, what to do overall. Essentially, there's a lack of potency, agency in this situation, because, yeah, some of the things suck, but then, you are a creative human being who has the power to meet those things. So how can you cultivate that?

(00:24:22):

So again, potent posture, that lesson, being active in general, cultivating your ability to have healthy sympathetic activation that feels enlivening. So, exercise of some form could be helpful to just cultivate your energy. Of course, I have no idea what your capacity is. If you can do vigorous, intense activity, that does wonders for increasing our sense of just, yeah, personal

power, agency, the ability to accomplish things, and you can titrate that, of course. Maybe it starts with just doing five squats, and then you walk around the block or something. It all depends on what your capacity is for intensity, but whatever it is, it can be really helpful to meet that edge consistently.

(00:25:18):

That was a huge piece for me, because along with being resistant to making money, doing work, living in the world, paying for parking, all these things, I had a huge resistance to activity, physical exercise, intensity, all that stuff, and that was a huge part of my healing, was developing that. Again, it's the felt sense, like doing it, and I didn't like it at first. It took me probably about a year or more of making myself do intense physical activity before I actually discovered the felt sense of how good it is, and then I was off to the races, because once you find that, it's like, "Oh, right, this is great." Yeah, but just that simple thing of developing your capacity for intensity, that can help in all areas where you feel a sense of collapse or, "I can't," right?

(00:26:13):

There's a mindset that I don't know if it'll be helpful or not. For me, the way that I ended up having to approach things like paying taxes and such is that I am playing a game, and it's the game you have to play if you want to live in this world, meaning the world of jobs, and taxes, and normalcy. Now, just to be clear, I'm not suggesting this for everyone, but there is another option. If you don't like this world, you can, there's a counterculture that exists. There's work trade, there's communal living situations. There's all sorts of other options out there that aren't the mainstream, where I didn't pay taxes for eight years, because I didn't make more than \$10,000 in a year for a long time. So again, I'm not suggesting that anybody necessarily do that, because that could be totally disruptive as well, but I mean, some people totally benefit from that.

(00:27:10):

"You know what, I'm going to check out of this society for a while, and I'm just going to take a chill, and live a different way." So I've just got to mention that is an option that many people don't ever consider. But if you're going to be here and you're going to stay engaged with the world, it's kind of like a game. You've got to check this box so that you can do that thing, right?

It's like, "Okay, whatever." And viewing it as a game may help de-escalate it a little bit, and not make it so charged.

(00:27:41):

In terms of what you do in the moment that resistance arises, there's a couple things. Watch the pregame video on resistance, if you haven't already. That's an SBSM, the pregame video series. It's about, like, "Is this a resistance or is this a procrastination?" because those are kind of different. Resistance is an active charge. It's like, "I don't want to," and you can work with that, because there's energy in the, "I don't want to," right? So how can you feel that resistance and then express that directly? Maybe you say some words or get pissed off a little bit. Maybe you could feel a little heat. How can you really welcome and embody that, "I don't want to. I don't want to do this, ahh," and then maybe you go for a walk around the block or do some jumping jacks. It's like, do something sympathetic. Let that energy move and then see what happens. if you come back to the task. You may feel more energized, more able to do it.

(00:28:40):

If we're talking about procrastination, that's more on the freezy side of things. Usually, it's like, "Ugh, I just can't. I can't even summon the energy to even consider this." That's a little bit more tricky, but all the same principles apply. It just may have to be done more carefully. So again, you still want to potentially activate the sympathetic energy a bit, or maybe you want to activate your ventral vagal system a little bit. So that could be as simple as, "Well, okay, I'm not feeling any motivation to do this thing. I'm going to sit here, I'm going to just sort of squeeze my fists a little bit in a little rhythm, and feel that pulse. Okay, maybe I'll breathe a little bit, squeeze. Maybe I'll press a little with my feet, make a little sound. Ahh."

(00:29:38):

Making sound stimulates the ventral vagal. Ventral vagal and sympathetic are the contrary systems to the high-tone dorsal response, which is your freeze. Same principles apply. Stimulate other systems, gently, though. Don't necessarily force yourself to run around the block. So it's about first identifying what's going on for you in these moments, and then working with it in your body, to work with a different kind of energy. Then, see what it's like to go back to the task. Okay. I don't recall if I said all that in the video or not, so maybe there's some new pieces there for you. I hope so.

(00:30:24):

Okay. "If you had to have full regulation in order to work with people, how could something like this be measured? How did you know you were ready to work with people and you had regulation on board?" Thank you. Okay, well, there's a few things here. First, no, you don't have to have full regulation in order to do this work with people. You need to be more regulated than your clients, that's about it. And if you've been doing this work for a while, chances are you will be. But yeah, in this work, you have to be able to model regulation that is more than what your clients have, and that is something that is just broadcasted in your being. You can't fake it.

(00:31:23):

It also informs how you respond. But yeah, you need to have more regulation than your clients. That doesn't mean you have to be fully regulated. So, "How did you know you were ready to work with people and you had regulation on board?" I was not fully regulated when I started to work with people, to be clear. Absolutely not. I was probably three years into my journey and my journey of regulation building lasted about seven years. It was about seven years of work, before I was actually fully regulated in my autonomic nervous system. So I just knew that I felt ready. I had some evidence. I mean, I had a toolkit already, because I had done so many decades of internal work on my own, living my hippie lifestyle. I'd done all sorts of sound healing stuff, and shamanistic practices, and tons of meditation, and internal tracking, and so I had a fair toolkit.

(00:32:23):

I had done a year and a half of the SE training at that point. And when you're in the training, you have a chance to practice the work, and so you learn some theory. Then, you divide up into triads, and you practice being a practitioner and guiding someone through what you've been learning about, and it was clear from those that, yeah, I was good at it. I knew how to do it. I knew how to attune and read my clients, and I knew how to respond well. So I just felt like, "Okay, yeah, I want to do this. I feel like I have a good toolkit. I think I'm ready." I didn't have any illusions that I was like, "Oh, yeah, I am healed and now I will heal others." It's not like that at all, but I felt like I knew enough to provide good support for people.

(00:33:03):

And I made mistakes, I made a ton of mistakes when I first started. That's going to happen. That's part of the process of learning. So, yeah. Final thing I want to ask, though, can regulation be measured? What is the measure of good regulation? I mean, that'd be cool if there was a measuring stick or something. Right now, we don't have the technology to actually measure that in any real scientific way, but what I can say is that you know you're regulated when things that would send you into a tailspin for a month come in and out of your system in a matter of seconds. Like, "Bloop, bloop. Oh, yeah, there's that thing. Oh, wow, I remember how I used to respond. Wow." Stress comes in, stress goes out. Maybe, if it's a really intense thing, you have to work with it a little bit. You have to use some of your practices. But even then, you're talking about maybe hours.

(00:34:03):

If it's a really deep thing that's coming up, maybe it'll affect you for a day, and you have to take some chill time, and work with it, and get a little support. It's just, that's one of the main measures. You don't have symptoms that you have anymore. You don't have the autoimmune conditions, or they're greatly, greatly, greatly improved. You don't have the anxiety, the depression, the chronic pain, the fatigue. Whatever it is that you're living with, it's gone, and you have a sense of resilience in the world, a sense of capacity, a sense of, "I can do this." You have a sense of your purpose of why you're here on this globe. These are all common indicators that your system is getting more and more regulated, or is regulated. You just have way more energy. You sleep better. Your autonomic processes are all working, right? Your digestion is good, your breath is good. Your heart rate variability is good. You have a sense of potency. These are all indicators.

(00:35:02):

Okay, and then, very much tying into that question, "With regulation on board, when old stuff comes up, can it last hours or days, or is it like a stress response, very quickly in and out? Is it my dysregulation that causes me to feel certain things for days, weeks, or even months?" Yeah, absolutely. It's just stuff that comes on, and the more stuff we have in here, the more unresolved trauma we have in here, the slower it is, because it's like the beach ball and pool analogy. If you've seen the healing trauma videos, our system is like this pool, and those traumas are all these beach balls in there, and they're all packed together, and because they're all packed together, none of them can move much. You add another ball to the pool, like another current stressor. Oh, my gosh. Now, we're breaking out the banks of the pool.

(00:35:59):

So as we heal these old survival responses within us, we get more space. As we get more space, the things just are able to come in and out much more easily. We get triggered, and then we no longer see it as a trigger. We realize it's an opportunity, and like, "Oh, right. Yay, here's something getting poked at. I can get to work with something." So, yeah, it's very different.

Okay. " Developmental trauma information triggers me, because my children experienced a sexual abuse by a stepbrother. My kids were ages three and six. As a former teacher, I know a lot of developmental info. All I can think about is my children's pain. I lost my son to addiction. I know this trauma at an early age was a big contribution, so how can I be present, and learn, and get to my own developmental trauma?"

(00:37:02):

Wow, yeah, that is a lot to be living with. I'm so sorry. Yeah, as a parent myself, I can't imagine, or I can imagine, even more awfully. So that's an intense question. If anybody is feeling a lot right now, just take a moment, feel your feet. Remember where you are, orient. So with that much pain and history around the subject, it absolutely is normal that you would have difficulty taking in the information. So titration, man, that's it. It's just littlest bits at a time. You know, even while you're watching a call or watching an educational video, just really being mindful that you can stop, and it's okay to stop at any time.

(00:38:11):

So as soon as you feel something rising up within you, I don't care if it's 10 seconds in, stop the video, and just work with what is there. This is one of those cases where it's like, yeah, these are triggers that are pinging really deep into your system, for good reason, and it's really courageous that you want to learn, and keep going forward, and work on your own stuff. It'd be very easy to say, "To hell with it." So I mean, wow. And just really give yourself permission to go very slowly, and know that every little trigger that comes, you want to stop the info, and just be present with yourself, and use your tools. Use the tools you're learning, the somatic tools. Use your resources to just settle. Even that would be great.

(00:39:14):

If you can feel that trigger come up, and that pain come up, and you just immediately stop, have resources around you, prepared, ready to rock. Whatever they are, you're like, you're, "Okay, I know I'm about to sit down and watch something. I got my tea, and my Kleenex, and my teddy bear," and whatever it is. Yeah, and just give yourself that permission to go that slow, and treat the information more as a neurosensory exercise that you're really engaging with, rather than just intellectual information. Because for you, it's more than that. So treat it with that kind of care and caution, and just work with each moment with what comes up, drop, by drop, by drop. If you have any access to someone trained in Kathy Kain's or Stephen Terrell's touch work, that could potentially be very helpful and supportive.

(00:40:15):

It's a bummer that they're not super available everywhere yet, not that many people are trained in it. But if you happen to live in a city near someone who practices that, that could potentially be a helpful resource for you. There is a directory. Leah, do you have that, the touch skills directory? Yeah, okay. Let me know if you don't have it and I'll pop it in. But yeah, there is a directory where you can search for people trained in that work. All right.

(00:40:58):

Their names, Kathy Kain. So K-A-T-H-Y K-A-I-N, Kathy Kain, and Stephen with a P-H, S-T-E-P-H-E-N Terrell, T-E-R-R-E-L-L. Thanks, yeah, Leah just popped it in the chat. That's the Co-Regulating Touch site. And just to note that Kathy Kain, the Kain is with a K, not a C.

All right, okay. "Hello, I'm an alumni." Actually, hold on a second. Where are we at? Take a little break. We're a little bit more than halfway through, so just everyone, just give yourself a pause, if you need to go use the washroom, drink some water, move around. Let's just take a little pause for a few minutes, and then come right back.

(00:45:09):

All right. Okay, here we are again. And yeah, I just saw a couple of comments, just so everybody knows, no worries if you miss anything. Of course, this is all recorded and posted on the site afterwards. All the calls are all recorded and posted on the site. So if you miss anything, you can go back and watch them. Some people like watching them multiple times. We also have an archive of all the Q&A calls going back to SBSM 11 on the site. So yeah, you can always

rewatch and rewatch, if you feel like you missed something or want to understand something more.

(00:45:52):

Okay. Also, just so you all know, all the links that we mentioned, you don't have to rush to get them. Every link that we share in the chat will be posted on the replay page of this call, so it'll all be there. All right.

(00:46:12):

"Hello, alumni from 2021 with early developmental trauma. The special Q&A topic on EDT helps. I am nurturing okayness," which yes, that's one of the main things when you have EDT. "I've grown capacity." Awesome. " However, I've just been diagnosed with a rare autoimmune disease, antisynthetase." Gosh, I'm going to totally bungle that. I'm sorry. Yeah, antisynthetase syndrome, "which causes dermatomyositis, arthritis, and interstitial lung disease. Part of me can't understand why this is showing up now that I'm healing my nervous system. Does it make sense? Have you seen autoimmune disease coming up when people heal? I'm on immunosuppressive treatment. What SBSM practices would you recommend?"

(00:47:12):

Okay, so there's a lot to unpack here in terms of how we understand autoimmune conditions. Now, this can be a bit of a dicey topic because everyone has different understandings when it comes to medicine and what they feel well-supported by, and we want everyone to feel free to go whatever route they feel well-supported by.

(00:47:42):

Speaking purely from the lens of this work and what we've seen in this work when it comes to unresolved trauma and autoimmune issues, we would never view this as a disease. It's a cluster of symptoms that are directly related to autonomic dysregulation, and you get these symptoms popping up in different clusters, and they get labeled in different ways and put into different categories. That's how we view it. So I would never view it as a disease, and I would never say that to my clients. You're having a cluster of symptoms related to your autonomic function. So if that's helpful for you, you can view it that way. It may not be. It may be helpful

for you to view it as a disease and you're getting the treatment. Both can be valid, right? It depends on what resonates for you.

(00:48:40):

The reason that we see it that way is because an autoimmune disorder is when the wires are so crossed in the system that the body is attacking itself in some way. The immune function is not responding accurately. So all of this changes as we improve our regulation. That includes things like this popping up along the way. So absolutely, we see this happen. And actually we almost always see this as positive. When we are living with unresolved trauma, especially when it's been on lockdown for decades, the nature of the system is very often to be stagnant. We just have the same symptoms all the time. We know what we are. We just live with them day in, day out. It's part of our reality. It's usually pretty dependable, not always the case, not always the case, but a lot of the time that's how it is. The system is just kind of locked and we just live with this stuff, and it's always that way.

(00:49:50):

When we're healing trauma, any kind of change in the system is usually a good sign because it means that things are shifting. They're coming more into flow. When this happens, all sorts of stuff can go on. So say, for example, your lymph has been clogged and not functioning properly for a very long time, because you don't have enough flow on your system because there's all this dysregulation. You start to get a little bit more capacity, a little bit more flow, a little more space. Your lymph starts to drain. Boom. "Oh my God, I've got rashes. I must be going backwards." No, your system is detoxing. Congratulations. Yeah, it sucks, but that's how it goes.

(00:50:36):

And the longer we live with unresolved trauma, the more likely it is we're going to have some kind of something appear as we start unpacking it, because the system can hold an unbelievable amount of toxicity in it in so many ways. It can be stored in the lymph, in the cells, in the water of the cells, the water matrix. It can be stored in the fascia. There's many ways. In the organs. And that toxicity can be chemical. And that can come along with also big emotional changes. Like, "Oh my God, I never felt angry in my life and now I freaking want to tear everyone's head off." Yes, yay, this is good. This is progress. You are accessing life force. You're accessing your aggression.

(00:51:26):

So there's so many ways in which things pop up, which people think they're going backwards and it's actually progress. And my hunch from what you say is that could very well be what's happening here. You've just had a shift in your system because you've been nurturing your okayness, your sense of safety. You're feeling more capacity. That means there's more room for stuff to move and change in your system.

(00:51:51):

So as suddenly as these things can appear, they can disappear. They can come and go, and they often do. So I can't say for certain what will happen for you, but I can say for certain that I've seen this kind of thing time and time and time again with my clients in private practice and with our SBSM students. This kind of stuff is really normal. If it really helps to have some kind of treatment, fantastic, fine. Yeah, if it helps to get some sense into the system. But I just want to encourage you not to view it as this is now a disease that I have to live with for the rest of my life. Because from what we've seen in this work, that's not the case. And that is a controversial opinion. And if you go and tell your doctor this, they will not believe you and tell you to stop listening to this crazy guy on the internet.

(00:52:44):

So just be warned. Because doctors don't understand about nervous system dysregulation and they don't understand about unresolved trauma for the most part. This is all very new information. It's a new field of work, relatively. 50 years old is new in the realm of medicine.

(00:53:04):

So you ask, "What SBSM practices would you recommend?" I'm sorry, I can't. It's like this is a result of doing the work overall. So it's just all of them, but whatever practices continue to support your sense of okayness, your sense of growing capacity in the world, and in yourself. Whatever those are, just keep doing those.

(00:53:28):

It's also important to note that sometimes when stuff like this gets unpacked, we need supplementary support. We may need to do a detox protocol, we may need to get some kind of bodywork. We may need to consult a naturopath who may have a different perspective. It

may be important to bring in other viewpoints that can help the system in what it's trying to do. Because your system wants to move to homeostasis, but it can experience all sorts of ups and downs and weird stuff along the way.

(00:54:06):

Okay. "I constantly pick my hair nearly every moment of the day. I know I'm checking out from something, but it happens so often I'm unclear how to stop it or be with it. What is coming up?" Oh, "how to stop it or be with what is coming up more. Is this a freeze response from overwhelm? How would you recommend I handle it? Especially because it happens in the presence of others or in business meetings where I don't always have the ability to get up and leave."

(00:54:36):

Great. Okay. So first, is this a freeze response from overwhelm, picking at the hair? No. A freeze response is, remember, that's sort of a shutting down. It's often a collapse or it's feeling like that shock, sort of a frozen fear or a total collapse into sort of hopelessness or lethargy. So this is essentially a way to manage sympathetic activation, and this applies to all OCD stuff. Anything that's a compulsive behavior, the behavior is there because it manages something. There is a charge in your system that's coming up, and as it's coming up, you are going into this behavior because it gives you something to do with that energy. It's a way of giving you some control, some agency, a way of having power, in a weird sense, over the experience that's happening more invisibly on the inside. Because *you* can do that thing. You may not know how to be with this thing that's actually causing it, but you can do that thing. So it is almost a weird kind of resource in a way, but yeah, ultimately, not the best.

(00:55:57):

So the first thing, ultimately what needs to happen with any kind of behavior like this is we need to get at the underlying charge. We need to get at the thing that is happening underneath the surface that's driving the behavior. So the first thing to tune into is not to try to make yourself stop it or leave the room or anything. Can you notice what it does for you? That's all. When you pick at your hair, what do you experience? What is soothed? You may be fine, you're getting soothed by the momentary discomfort or pain. I don't know exactly what you're doing, but yeah, I don't know if you're pulling a hair out or just scratching or something, but what is it doing to you? What's happening? Just become conscious of what the behavior

does. May be very simple. It's like, "Oh yeah, it makes me feel this sensation." Whatever it is, be aware of what it is.

(00:57:04):

And then there's a line of approaches that you can take that are more and more potentially intense. So the first thing I would do next, can you tune in and find the internal signals that are happening before the behavior? Chances are there's something happening before you start doing the thing. So is it a tightness in your chest? Is your breath getting shallow? Are you feeling a knot in your belly? Does your head start hurting? What happens somatically before you start picking at your hair? That would be the next thing to try to notice, and start attending to that. Once you notice that, it gives you something else to pay attention to.

(00:57:58):

Now, obviously all these steps I'm describing now do not apply in the context of a social setting or a business meeting, or something. You can't necessarily go internal and do that tracking when you're in the middle of having to function, right? So when you're in the settings that you described, the best you might be able to do in those cases is just notice what it's doing for you. But when you're not in those situations, yeah, can you start to find what happened before?

(00:58:27):

Then, next thing, what happens if you make yourself not do it? And this is where usually the big stuff starts to happen. If you notice that you're... And you can do this either by realizing you're about to do it because you've learned what the internal signal is that initiates it, and, "Okay, here it comes, I'm not going to do it," what happens next? Or you find yourself, you're already engaged in the behavior, "Oh, I'm doing that thing. Stop." What happens if you make yourself stop? Chances are it's going to be some kind of big something, some kind of big activation, fear, anger, frustration, something along those lines. Something sympathetic-y, most likely is going to start to happen. So how can you work with that? How can you then work with that? What other movements or behaviors might be able to emerge as you contact this thing, this charge that's driving the behavior?

(00:59:39):

Does that lead to something else? Does that lead to something else? So for example, luckily enough, I never had any of these, but say it's like, yeah, okay, I'm going to pick up my fingernails. Like, okay, oh, here, I'm doing that thing. Okay. Oh, okay. I can feel that sensation. Okay, I'm just going to stop. Stop. Oh my God, I want to do that. I want to do the thing, right? So it's likely maybe something along those lines where there'll be an intense frustration or irritation, something like that might arise. Then what's another way of expressing that? Maybe it's just sound. Maybe you need to get up and stomp your feet. Whatever it is, follow your impulse. What is another impulse that might allow that energy to move in a different way?

(01:00:39):

So all of that being said, please don't torture yourself. Keep in your mind that at any time, I can go back to doing the thing, whatever it is. Again, this applies to all OCD type stuff. At any time, yes, if this is, I don't want to deal with this anymore, you can go back to doing the thing. It's fine. So don't torture yourself, please. Okay.

(01:01:03):

"Are there any issues with or benefits to practicing orienting without my glasses on. I'm very nearsighted, so this would blur my surroundings, but still make them recognizable." Yeah, no problem. I think that's a very interesting thing to explore. I do that all the time. I don't have terrible vision. I'm also nearsighted, but I need to wear glasses for driving. So yeah, I quite enjoy that. It's like, oh, the world's a bit more like an impressionistic painting. Cool. I'm just like, "Let's take that in." You can still see the colors and the shapes and the things. That's wonderful. Especially in the morning, because you can get that natural sunlight directly into your eyes, which is really, really helpful. If you are aware of the circadian rhythm information, getting natural sunlight into our eyeballs, the very first thing upon waking is fantastic for our system and very supportive of this work.

(01:02:08):

If you don't know about the circadian rhythm info, there's an entire playlist on Irene's YouTube channel. If you go to the playlist section, it's something called something like Circadian Rhythm and Quantum Biology, or something like that. And Leah, thanks, it looks like you're on that. And again, of course we'll link that on the replay page.

(01:02:26):

So yeah, have at it. It could be interesting to do both. Like, "Oh, I'm going to orient for a while and just feel what that's like, and then I'll put my glasses on." What's the difference? What happens in your body? Does it feel different in some way? Yeah, I think that's great.

(01:02:41):

Okay. "I'm on government assistance. I'm worried it'll be cut, then I'll starve, become destitute, etc. This scares me and then renders my brain offline, making it difficult to focus and think at times. I feel dissociated, going to freeze, and are, at times, anxious. I experienced all of this in the last round of SBSM, so I couldn't finish it. I have early developmental trauma. In childhood, there was physical violence and toxic shame from the parents and an unsafe neighborhood. So I feel unsafe easily. I'm an alumni. I'd like any advice to help me complete this round of SBSM in the most enriching way possible."

(01:03:21):

All right. So first thing is there is no such thing as completing. So you get off the hook there. There's no such thing. You go through, in every single lesson, everything you do, all the additional resources and you engage with every single thing, and you've ticked every box, cool. Are you now fully regulated? Probably not. If so, okay, cool. Yeah, you're done.

(01:03:57):

But not really because there is really no end to healing. Now, I hope that that is interpreted in the right way. That doesn't mean that we always feel like shit forever. There is no end to how we can evolve ourselves. There is no end to the level of nuance we can experience within us. There is a journey of discovery that does not stop. So if you view it that way, there is no completion.

(01:04:29):

Also, the most enriching thing you could do is give yourself permission to engage with it in a way that feels good to you. You don't have to finish everything. Because you have early developmental trauma, it's about cultivating your sense to feel okay, to feel a little more safe in the world. With everything you experienced as a kid, just feeling so unsafe with all these messages of danger around you, it sounds like that is also translating into clearly your thoughts as you described, but also into your approach to this very work like, "Oh my gosh. If I don't

finish, I'm a bad student." So just, yeah, you've got to drop that. It's not about that. It's about engaging with the material that supports you in the best way that you can, and just discovering what that is, is going to be the most enriching way possible for you.

(01:05:37):

In terms of the thoughts, so anytime we're thinking about an unknown in the future or we're thinking about what happened in the past, of course. It's a total waste of energy now. It's a very human thing to do. But yeah, you're not going to get anywhere thinking about anything other than what's happening now with me.

(01:06:05):

So that's the first thing. When you catch yourself in those thoughts, how can you redirect your attention to "what am I feeling?" And it's going to be a sense of unsafety because those thoughts are the mental projection of internal unsafety at that somatic level.

(01:06:25):

So turn your lens inward. Find what's happening in here as I'm awfulizing the unknown future. And then also out here, what's really happening now, it can take so much practice to do this. Seriously, it is a human thing to be locked in our heads either anticipating an awful future or ruminating about an awful past. It's so common. It's human, but it's not really how we're meant to be, in my opinion.

(01:07:01):

I think we're meant to be in the moment with our full presence and vitality, but it takes a lot of work to get there. And so it means it's like you're just dragging that train to a new set of tracks, man, and that takes a long time. So it's just, "Okay. How can I reconnect to here, and reconnect to here?" This is what's happening now. This is where I am now. This is what I feel now.

(01:07:27):

Okay. Finally, if you haven't done it already, please download the Early Trauma Tips PDF. This is in the additional resources section, Early Trauma Tips. Let that be your Bible for how to approach SBSM, and I think that will provide a much more enriching experience. Really, give yourself permission to let go of the idea that you need to complete it. Also, there is a FAQ. I

saved this because it's kind of hard to find, so I'll pop it in the chat. This is an FAQ that again outlines some of the lessons that have been found to best support early developmental trauma.

(01:08:20):

Great. And then, the Early Trauma Tips worksheet. I'll post that in the main chat as well. And you will need to be logged in, of course, to go to these links because they're in the site. And again, these will be posted afterwards. But, yeah, these are really important guidelines. This is also why with the first call, the early developmental trauma call, because when we've experienced early developmental trauma, it fundamentally changes the way in which we want to approach the program. And so that's what that worksheet or that PDF and that FAQ that I linked are about.

(01:08:57):

Okay. On the topic of awfulizing the future or past, are there any additional resources? It's just everything. Everything, right? Everything in the program. It's fundamentally about what's happening here and not in here. And everything in the program is about strengthening and building your relationship to what's happening in here. You'll get more and more and more tools as you go through. There's just different ways to change the lens. So you're focusing on something else and discovering something else.

(01:09:35):

Okay. "Since watching Irene's YouTube videos, I've had a lot of organic shaking, what I call pulsing and full force movements. Few of the episodes felt complete. Others seem like my body is expressing what it couldn't for so long. I wonder what one should do? Just be present with it? Why somewhat pulsing when nothing changes? Thanks to your education. I can be with it, the spine, the abdomen, the buttocks, feeling the pulsing. I did use a scoliosis brace for years, and I also can't have a full orgasm because the arousal shuts down." Okay. So yeah. There is a lot of bracing in the system that'll be because of those scoliosis braces. So that can be a lot of what your system is navigating right now, and that can be why there's a lot.

(01:10:31):

And there is just, with this work, in general, there's usually a lot, a lot that needs to move through, pulsing, shaking, twitching, trembling, cold, heat, nausea, yeah, guts, rumbling, tensions, aches, pains, tears. There's so much that needs to come through, for most of us. So I think the most important thing to highlight here is the principle of what is called SIBAM, in Peter Levine's work, because this is an acronym, S-I-B-A-M. And it stands for, S is sensation. I is image. B is behavior. A is affect. M is meaning. Sensation, image, behavior affect, meaning. If you don't know, affect means what is the emotional representation on the face? What's the expression, and what is the corresponding emotion? This acronym represents basically the total of our human experience as feeling and expressing beings. So what you're describing is sensation. There's four other things that you can pay attention to. And bringing in those other elements is, generally speaking, what allows a stuck experience to find completion. So it sounds like there's some full force movements. Okay. So that would be under behavior. So that's another thing that's happening sometimes. But, yeah, what's the image? What is the image of the pulsing that you're feeling? What's its color? What's its texture as it moves through your body? What is the affect? What is the emotion of this experience? What is the facial expression of what you're experiencing?

(01:12:57):

What is the movement that wants to happen as a result of the pulsing? And how does that maybe spark up an emotion or an image? So these are all the elements we want to consider as we're having something that's moving through, especially if it feels like it's not completing in some way.

(01:13:16):

All that being said, sometimes, something will come through, and it just needs more time. And that's fine too. Also, with early developmental trauma, sometimes, there is no emotion because the things that happened with that stage of life happened before we had emotions. Babies, infants, you learn emotion. What you have as a baby and a developing human is sensation. It's not emotion yet because you have no ability to understand your sensation.

(01:13:53):

So when early traumatic imprints arise, there's very often no emotion at all, just sensation. And they can be kind of scary sensations now that we understand, have a context, but there's often like just, "Yeah. I have this rapid breathing that's coming through, but I feel kind of fine."

If that doesn't make sense, so babies... We as humans learn emotions. Emotions are clusters of sensation that we have given meaning to. So when we're developing as a baby and we sort of, "Oh, we feel something," and a little smile comes, and then our mom, hopefully, or her dad, we will mirror like, "Oh, hey, oh, you're smiling." And then there's this thing that happens where we learn like, "Oh, this is happy." We learn what the sensations and the affects mean through the developmental process. I hope that makes sense. So when really early stuff comes up, there may be no emotion. So yeah, just consider playing with all those different elements. Bringing in the imagination is hugely helpful in this work. It brings our higher brain and our creativity online, and that very often will give us other pathways for the system. It will spark up things for other things that can be available to happen.

Okay. Last question. "I'd love insight, please, on what's happening. I live with severe ME/CFS. This is chronic fatigue. It starts with feeling fatigued, like falling asleep, and then really unpleasant feelings like free-falling through space, a sense of chaos and terror, feels like I'm attached to a bungee, which reaches its end, and then I'm pulled back super quick, blood and bones being sucked out of my body. I thought it was PEM, post-exertional malaise, from the CFS. But too much activity happens on these calls, even with doing small amounts."

(01:16:15):

Oh, you thought it was PEM from too much activity. Got it. And it happens on these calls, even with doing small amounts. Okay. So what this sounds like is you're going full on into the freeze response, into the vortex, just that sense you described of falling. And at first, it comes from a place of fatigue, and I can't stay awake. And then you're falling through space. It feels terrifying, feels chaotic. Yeah. That sounds a lot like you're getting sucked right into freeze and terror essentially, and then boom into the sympathetic, that sense of that bungee snapping back really quick, that sounds like a big sympathetic spike coming up through the system.

(01:17:14):

So yeah, that doesn't sound pleasant. With this kind of experience, it's about finding what happens beforehand and then doing something else to divert the tracks. So Kathy Kane in one training once used the analogy of falling down a flight of stairs. It's like, okay, once you start falling down the stairs, you're going to go down the stairs. It's already started. So how can we catch ourselves before that starts? How can we grab the banister?

(01:17:52):

So what I would say is, as you start to get that sense of, it says it starts with feeling fatigued, like falling asleep, that's the point at which to do something different, because once you start going down that rabbit hole, which essentially sounds like you're going into the middle of your trauma vortex, that's too much right now. And it just sounds like it's overwhelming, and that's not good. So as soon as you start feeling that fatigue, that thing that you know is like, "Oh, this is the start of this thing," that's when maybe you sit up, right? Maybe you come forward on your chair, and I'm sitting right now, I'm upright. Just doing that might be a lot. Okay. So that's something to just start with. Can you just get over your sit bones? Can you feel your feet on the floor? Can you become a bit more erect? So again, what are we talking about? We're talking about stimulating the contrary systems. This free fall into chaos. That sounds like this is the high tone, dorsal vagal response, the freeze response. So we want to stimulate the sympathetic, and we want to stimulate the ventral vagal in little gentle ways because of the chronic fatigue.

(01:19:15):

This is not a situation where you can get up and do jumping jacks because your system has low capacity. So little things. Can you sit up? Can you feel your sit bones? Can you feel your feet? What happens when you do that? Can you put on some music? That's a really good resource for stimulating the ventral vagal, perking it up a little bit. Put on some music that you like. You can do the pulsing, like a little pulsing, slow pulse, squeeze with your fists. What is your breath doing?

(01:19:52):

Can you find your belly? Is it possible to get a little breath traveling down into the belly? There are all things that you can try doing, making sound. Maybe the most that you can do in that moment, maybe even sitting up is too much. So can you just lay there and moan and keep your eyes open? Oh, god. It just wants to happen again. Vocalize. Keep your eyes open. See the room. See the environment. Just do what you can to get one of those contrary systems sparked up a little bit.

(01:20:39):

The more that you can start to sort of divert before that happens, I think that will build your capacity, which is when we're talking about CFS, that's what we need to focus on, the slow building of capacity. It is not a time where we want to go tracking a bunch of sensations and

expressing a lot and moving through the body and everything. It's like, "No, we want to build the foundations." Learn to support just a little bit more capacity, a little bit more okayness. Again, know what your resources are, and use them, all that stuff.

(01:21:17):

Okay. Thanks, y'all. Good to see you. Yeah. Always love doing these calls and really enjoy seeing your faces and just feeling you're here. Even if you don't have your camera on, that's great. And we'll see you next time. All right. Bye.