

Seth (00:00:02):

All right, so this is Q&A call number five, I believe, for SBSM 16.0. I've got Rebecca Roman co-hosting the call with me today. We'll be going back and forth answering your questions. Hey, Rebecca. How are you doing?

Rebecca Roman (00:00:18):

Doing well. How are you?

Seth (00:00:23):

Good. Loving the fall. Loving the autumn.

Rebecca Roman (00:00:29):

Me too.

Seth (00:00:30):

Also, Jen Greer and Ari are here. Hello. Hello. Good to see you. Jen will be in the chat helping out answering questions there. How's things going for you down there, Jen? You want to say hi?

Jen Greer (00:00:46):

Hi, everyone. They're going well. I'm actually in New Hampshire at the moment.

Seth (00:00:50):

All right. Awesome. All right. All right. Ari, of course, hello. Hello. Welcome. All right. So, lots and lots and lots and lots and lots of questions today. I did my best to divide some of them up into common themes. So, there'll be two common theme sections at the beginning, and then a bunch of individual questions. I did respond to quite a few via email, so I think between all of that, we will answer all of them. So to start, the first common theme was actually for the ladies about hormonal health, specifically for women, and particularly in the context of perimenopause and menopause.

(00:01:42):

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There were a few different questions all about this. So, one of them was, is it normal in the context of trauma and dysregulation to have extra intense periods, extra intense perimenopause symptoms, menopause symptoms, et cetera? The answer is yes, of course, because our autonomic processes are being greatly influenced by those survival energies. So, the hormonal function being an autonomic process can't always function optimally, and it's pretty normal to see severe periods, lots of symptoms, severe symptoms during perimenopause. The person who wrote in this one was actually... It seems like there's lots of..

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The symptoms of dysregulation and perimenopause seem to be the same, and it's like, "Yeah," because essentially, it's dysregulation, and then it's exaggerated by this hormonal shift, this big change in the body as it's trying to adapt. Another person's question was wondering if as we do this work, can it then actually throw off our cycles? So, maybe we've gotten into some kind of rhythm that we're comfortable with with our hormonal cycle. Maybe it's not ideal, but it's at least familiar. Then we start doing this work, and things start changing. All the infrastructure starts getting shifted up. So then there can be a period where maybe symptoms of all kinds may feel different, or some things go away. Other things pop up. Some things feel worse. Other things feel better.

(00:03:23):

So, the nature of this work is for things to change. That's absolutely... That sometimes means that things feel a little worse for a while. That's not uncommon at all. Finally, wanting to know what kind of resources might support hormonal health, perimenopause, the hormonal cycles in general. There's a bunch of resources I'm going to refer you to here outside of SBSM, because there's no particular neurosensory exercise that all of a sudden is going to improve your hormonal health, right? It's a question of regulation overall. So, we need to keep doing the work in general to move towards regulation, which is going to have that overall effect on improving those hormonal cycles.

(00:04:17):

That being said, there are many other things outside of SBSM that can be very helpful in supporting this, and are complementary to the nervous system work. Now, a lot of this or really all of it comes from Irene going through the same thing, not perimenopause, but just hormonal imbalance and needing to correct those fibroids. That was another one. People

asked about fibroids, what to do about those. Irene also had to work with that for a period. So, these resources I'm about to name are all in service of supporting hormonal health, and there's a one for also working with healing fibroids naturally.

(00:04:57):

So, let me just read those off, and if, Ari, you could pop these in the chat, that would be fantastic. So, one is Sarah Kleiner's 21-day leptin reset. Sarah Kleiner is a woman in the circadian health quantum biology fields who Irene has interviewed many times. She has a 21-day leptin reset program that can be very helpful. This one is just good old-fashioned castor oil packs that come from the old school remedies. That can be really helpful as well, castor oil packs. That involves heating up some castor oil, so it's warm, and you usually get a linen cloth, and apply it to the area of the ovaries, the womb.

(00:05:50):

Irene likes to wrap it up with a couple layers of saran wrap, so it's all sealed in there, and then place a towel over it so the oil doesn't get everywhere, and just sit with that for half hour, hour, something like that. Getting a naturopath. Lots of times, the hormonal tests that are administered by naturopaths are far more in depth and comprehensive than what you'll get through the mainstream medical model. So, they can often look at your hormonal panel with a higher degree of detail, and offer different interventions. That was a huge part of what helped Irene, was just getting some hormonal support through bioavailable resources that are supportive in helping build certain things.

(00:06:39):

Also, there can be dietary things that like, "Oh, you should avoid this, because this is building this in your system. You want to take that down." So, a good naturopath can help. There is a YouTube playlist on Irene's channel called Circadian and Quantum Biology Playlist. All the interviews there would be good to take in. These are all about circadian rhythm health and different levels of what's called quantum biology, so that all of those approaches are hugely complementary to nervous system work in general.

(00:07:17):

There is another interview with Kitty Martone that Irene did. It's called a Deep Dive into Hormonal Health for the Ladies with Kitty Martone. That is definitely worth checking out. Then finally, there is a book. It's called Healing Fibroids. Actually, I had the link for this pulled up. Let me just get that real quick. I can pop that in, because it's a long title, so I'm just going to pop that into the chat. That's a long link, those Amazon links, but that is Healing Fibroids: A Doctor's Guide to a Natural Cure. That's by Allan Warshowsky and Elena Oumano. So, those are all different supplementary resources that can be really useful.

(00:08:28):

These are all things that Irene used herself to help. These were also... Of course, all these links will be on the replay page of the site. They will all be on the replay page of this call. It could actually be useful just to have a little supplement. Well, I'll ask Irene about that. Have a little supplementary resource or something that has all this in one place on the site in general, because, really useful. Rebecca, anything you want to add to any of that as you are actually a woman, and I am not?

Rebecca Roman (00:09:03):

Hi. I am a woman. The castor oil is amazing, and, yes, all the circadian stuff that Seth recommended. I also think and have found... Generally, I can speak at least for North American culture. We've heard. We've been away. We've been programmed. It's just like, "Oh, menstruation, it's challenging. It's hard. It's a pain." There's a lot of things you can do to not even have a period. There's medication. We've been bombarded with that, and even like, "Oh, menopause, it's going to be this horrible thing as well as..." So, a little bit of looking at the beliefs around that, that affect our physiology as well as...

(00:09:58):

Yes, with dysregulation, there can be more symptoms. Then you start doing this work. Things get stirred up. Sometimes we have more symptoms initially, but that dysregulation can have to do with the way that we're living. Sometimes Irene will talk about not living biologically, and part of our menstruation and part of menopause is biological. There's going to be flows and changes in our hormones and how we can maybe attune to that, and flow with it versus fighting it. That's what I would offer. I think this work helps one do that, right, just really into self and supporting self.

Seth (00:10:44):

Yeah. Just changing my lighting a bit. I was blindingly white. I'm a bit dark. Oh, well, whatever. That's a little bit better than being blindingly white. Okay, awesome. Thank you, Rebecca. That's great. The next common theme was all about ways in which anger can show up. Many different questions about that. The first one was what about... So, Jen had mentioned on the early developmental trauma call that when we go into a fight-flight response as an infant, there is very little we can do other than arch our spine, and also maybe brace or contract in the core. That's it in terms of what's available to us as an infant. We're getting these signals to fight and flee, but our arms and legs don't do anything yet. So, what to do if you feel this is coming up for you, if you're feeling this tension pattern, this arching pattern coming up in the spine or something in the core, bracing, how to work with that. I would say one way to do that is to explore those movements of the spine that are happening. Slow them down. Do them deliberately, and do that in different postures. So, maybe you start out as the baby, and you're just laying there, and you're just exploring that with your spine, but then you're not a baby anymore.

(00:12:15):

So, what would it be like to find your way to sitting, and then explore those movements from that posture, or to find your way to your feet, and explore going into those movements from that posture, things you couldn't do when you're an infant, and what might be encouraged to follow. That's what I would be curious about. If I'm exploring these movements in the spine and these different orientations, especially as I move into sitting and standing where there's more potency, more agency, more ability to act, what might want to come along with those movements of the spine? So, how might this arching of the spine, how much do you notice that rolls your shoulders back in a different way?

(00:12:56):

What might that encourage the arms to do, or coming forward? What happens if you start to get more of your body involved in these movements? Again, slowing it down, doing it deliberately, exploring both the arch and then the opposite, flexion extension, both of these things, and really paying attention as you explore all these things I'm talking about, of course, to the inside, what may happen, what may come up for you, what may come up emotionally,

what may come up in your sensations. Just noticing, being mindful of what's happening internally as you explore these movements that are coming from this spinal reflex.

(00:13:42):

Another question was about what about... I find myself making these passive-aggressive comments. Is that anger? How do I work with that? Absolutely, that's aggression.

Passive-aggressive is still aggressive. It's still aggression. So, if you find yourself in this situation, this was with a family member making these passive-aggressive comments, then yes, no, that is anger coming up, and it's not... Passive-aggressive tends to be what happens when we're not working with our anger and aggression directly. So, they asked, "What do I do? Do I just build capacity? Do I work with the anger?"

(00:14:24):

The question, that depends on your capacity. So if you have the capacity to start working with aggression, then yes. Next lab we're getting into healthy aggression work and some related practices. So, that's good timing. So, definitely explore those as you feel your capacity allows. If you start to work with some healthy aggression practices, and you notice it, like, feels dangerous. Just the thought of it feels scary. Then okay, maybe that means no, we want to just focus on building capacity, bringing space into the system, making more room for that energy to move through.

(00:15:01):

There can also just be awareness that there can be a mental block around doing healthy aggression practices with family members. To be clear, it's not something you want to do with the family member directly in most cases. It's something that you would do on your own or with a practitioner, and you're working with them in your mind, that family member. It's okay to imagine destroying your family members. Okay, I'll give you permission. You're not going to actually hurt them. One of the things that we get into at the next lab, along with the healthy aggression, is another article, which is about what's called annihilation work, which is actually about when we give ourselves permission to allow ourselves to actually destroy people that are stuck in our head.

(00:15:51):



So, what the point is there is we are working with people that are stuck in our head, not the actual person. We're working with an internalization, an introjection, which is what it's called, and it's accompanied by survival physiology. So, maybe we have this angry voice in our head, this self-talk, this hypercritical voice. It's very familiar for many of us, I would imagine. Where did that come from? "Oh, that was because my dad would always criticize me, and nothing I did was good enough." Okay, so there's this angry voice from your dad in your head that's an introjection. That's like a piece of your dad, which you have.

(00:16:28):

It's really you, but it's wearing the shape of your dad. So, if some family member, some friend is inside our own mind, and even feels like it's in our body with how we respond with anger, that's not actually them. That's you and your energy, but it's wearing their face. So, it's okay to totally destroy that, because you're freeing up your own energy. It's not like there's literally a part of the person in you, so a very important distinction when it comes time to doing these things, which I have done many times. I have completely destroyed family members many times, and it's very liberating for the actual relationship, because then you're not holding all this charge that's about really you, even though it came from them originally.

(00:17:13):

So, just a few notes on that as we get into that next week. It's okay to give yourself permission to do that, and if it feels really scary, unsure, then that's time to maybe wait and just wait, build capacity, build space in your body, work with the other practices. Before I move on, Rebecca, anything to add to either of those about the early trauma spinal stuff or working with passive-aggressive stuff or...?

Rebecca Roman (00:17:47):

No, that all sounds perfect. It just made me think about... After doing this work for a long time, I did a session from ear operations I had, one and a half years old. What spontaneously came up was annihilating the surgeons and my parents and everybody that I saw in that hospital room. But it wasn't something that the practitioner working with me suggested, or I thought about ahead of time. It just arose, all the stuff we talk about in this work of how it happens when it happens.

Seth (00:18:31):

That's actually a really important point. Thank you for sharing that, because we want these things to arise organically. It's not like we need to go hunting for it, but it will happen. As we start moving, doing this work eventually for almost everyone, it's like "I want to kill" is the energy. The reason that we talk about this with things like annihilation work and healthy aggression is because when that comes, it's very important not to repress it or to be scared of it, to understand what's happening. It's an organic urge that needs completion.

(00:19:06):

There's a way in which we have to allow ourselves to be sadistic within our own imagination, within our... We may find ourselves doing things, acting out being passive-aggressive, et cetera, right? All the things that can happen when that urge to kill and destroy is repressed, it then leaks out in other messy ways. So, it's something that can arise organically, and we want to feel safe to work with it. Next part, someone asked what about symptoms like heartburn, acid reflux? They noticed those increasing as they were consciously working with their anger, and they had a history of always being in high sympathetic.

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So, there's already a lot of heat in the system, and as you start working with the anger and the aggression deliberately, that's actually going to increase for a little while, that heat. So, it would make sense that you would have some of these symptoms. With all symptoms that arise, just notice, see how long they last. Maybe if it doesn't seem like it's going away, move out of working with anger for a while, focus instead on other practices, building space in the body, containment, finding different ways of connecting to yourself and down-regulating ways, the kidney adrenal lessons, working on soothing, settling for a while.

(00:20:27):

There may also be dietary stuff that is helpful. It's outside of my expertise, but I know that when the system is really acidic, it can be helpful to have some alkaline input. I had a period of my life where I was getting a lot of acid reflux, and I think it was very much connected to working through a layer of big sympathetic stuff. I just took baking soda when I would have it. That's one of the best cures for heartburn. It works instantly. You just put a tablespoon of baking soda and water and chug it down. It'll taste gross, but it'll instantly soothe that acid reflux, because it's an alkaline. It's an alkaline structure. So, that can be useful just to give relief and stuff as you're moving through it.



(00:21:15):

So, what about if we are angry at circumstances and not a particular person? So, this was a question from an alumni who had a pretty rocky relationship with her daughter, and finally a few years ago, just put up strong boundaries for her own healing. It's like, "No, I don't want to. I'm going to keep my space safe, keep my..." Even though of course she loves her daughter, the relationship was overstimulating, and it sounded like the daughter was just really stuck in a lot of anger and blame that was making it hard for the mom to heal. So, she had to put up a boundary around that.

(00:21:58):

She said she's worked through her anger with her daughter, but now she's fine. She's just angry at the circumstances, the circumstance in general and what to do with that. So, there's a couple different things I can say about that. If there is still anger that needs to find completion, you can use an abstract image, right? Now with all of this, it didn't start with us. It goes back. So, what created the circumstances? Who created the circumstances? Maybe it's your grandparents or your great-grandparents. Maybe it's society in general. Maybe you can work with an image that represents the circumstance or the origins of the circumstance, and use that as a focus to help some of this anger move through.

(00:22:52):

I know you're alumni, so you're familiar with all the anger and annihilation work and all that stuff. So, maybe using an image to stand in for circumstance would give you something to focus on, but my other thought is that, it is hard to say, sometimes the anger is just kind of a habit and there can be something else that needs to happen. And it may be that really there's a deep grief here as well. And so I would just encourage you to explore all possibilities. Generally when working with anger, we do want to alternate that with and support that with a lot of containment, self-touch nurturing. It's a big experience to work with a big sympathetic charge and destroy people in our mind and it can feel very good, very liberating, and also it's a lot of energy, and so maybe we want to bring in containment and self-touch and soothing and resources, and maybe that might lead actually to something else. So it could be interesting to explore both and see what is resonating more. Maybe there's actually some deep grief and sadness that needs to come through, and the anger is like a mask for that. That does happen as well. Just something to be aware of.

(00:24:15):

Alrighty. Okay, so that's it for the themes, and we will move on to the individual questions. So, first one, "Every night I'm having intense emotional dreams and I wake up exhausted and anxious. I use the exercises and everything I've learned to attune to myself, and most days I feel a lot better towards the evening, and I feel like I've achieved something, but then to wake up in the same dysregulated state the next morning. Any advice on how to have a more stable and less emotional sleep?" So before I answer, one clarification in terms of just our understanding and language. Dysregulation is an overall state of being, right?

(00:25:03):

So your system is dysregulated. You're not waking up in a dysregulated state, right? It's like there is dysregulation, big picture-wise all the time, and you're moving towards regulation that sounds like quite well. But it's like you're waking up in a stressed state, just to be clear. You're waking up in what sounds like sympathetic arousal, stuff happening in your system that feels aggravating. So that's a stressed state. And dysregulation is sort of the overarching umbrella. So you are processing in your sleep is what it sounds like, and that's good and inconvenient and yeah, it kind of sucks, but it's a good sign that your system is letting these survival energies move through while you're sleeping, because it means that there is an openness in the system to process at that subconscious level of dream. A couple things to focus on, how can you bring that dream world, the stuff that's coming up at night, into your waking life, that is really sort of the most supportive thing that you can do, is start to work with what's coming up at night deliberately during the day, when you're feeling resourced and good. So how might you later in that day revisit the images or emotions from the dream, or just the sense of it, if you don't remember clearly, just the sense of the dream. Tap into that when you're feeling resourced and good later towards the day, and how might you work with that deliberately. Another thing that may help with that is journaling and writing as you wake up. That's another way of bringing that unconscious material into the conscious world, into the daylight world. So having a pen and paper right there by your bed, and you wake up and you just immediately start writing down the dream.

(00:27:02):

And another thing that can be really helpful is automatic writing that can be sometimes useful in this, which is where you just start writing. It doesn't matter what you write, it could be total

nonsense. You just start writing words. That is a way of allowing the unconscious to come forward onto the page. You could combine those things, right? You could wake up from this intense dream and you write down what you remember, and then you just let yourself keep writing and just whatever comes out, that is another way you could work with this. So that's about it for that one. Thank you. And Rebecca, I think you've got this next one.

Rebecca Roman (00:27:45):

Okay. All right. So, "How can I work with the urgency I feel to fix myself? I have chronic fatigue syndrome, and I'm mostly in freeze or fight or flight. On the rare days I have energy to leave the house, I always think I should put myself in stressful situations like exposure therapy, shopping, socializing, etc. Often I become shut down, exhausted, brain fog, so I don't go. Then I feel ashamed, helpless, despair. If I do go, I often feel like I'm white-knuckling through it or panicked, and it doesn't get easier. How can I get out of this cycle?" So first thing I just want to mention is being curious with the idea, the tendency, the thought around fixing yourself, which is understandable, and just remembering returning to the education.

(00:28:49):

The education is so important in this work, because it gives that frame and that understanding of how Seth was just referring to overall dysregulation. Your system has adapted for survival. There is this expression of CFS, but it isn't that you're broken, right? And see if that could maybe kind of alleviate that urgency to fix because you're not broken, but you're moving towards more regulation.

(00:29:23):

And then to see what it's like to tune into the sensation. When you notice the urgency to fix, what is that like in your system? Is there somewhere that you feel that in your body and see about working with that if you feel you have capacity to? It might show up as a certain sensation. How might that want to express or move? And just touching into that a little bit. With chronic fatigue syndrome, we can do too much, and then there's the backlash of that. I know Jen has talked about that quite a bit in the early developmental trauma sessions. So some lessons that can help support just getting in touch with some being with some sympathetic could even just be Elia's movement lessons, potent posture, really any of the lessons that might bring it up for you, but can you be with it a little bit and then resource and settle, and then how that applies to doing something in your life. Maybe it's getting up and

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doing some dishes, doing things around the house before it becomes going out into the world and going shopping and socializing, and titrate towards that, might just be going out of the house and going for a walk, pausing, settling, and then how that could apply to when you do go out, maybe you do do something instead of white-knuckling it. So can you track your system like, "Okay, that's enough. I'm going to pause, I'm going to orient, I'm going to resource." Even taking a resource with you, that could be like cozy clothes or something you have in your pocket. Of course we can always see things in the environment that might be resourceful to help support you when you are in those situations, but it's about building up to it versus the all or nothing, which is the cycle that you're describing, because those small changes become big changes, and can you notice that small, okay, I was with myself and I did some dishes and moved around, and then that could be become going out into the world and doing more. That's it.

Seth (00:31:50):

Awesome. Thanks, Rebecca. Yeah, I'll just add. This question really points to the need to know our real window of tolerance and to stay within it. It's a totally frustrating process, but that's the only way we build it, and that's how you break the cycle of collapse and then white-knuckling it through the day so you can get shit done. You've just got to do less and be okay with that, and do exactly as Rebecca just said, titrating, pausing, changing your approach to just doing things. It's like daily tasks become a neurosensory practice where you're really tracking your capacity, and where you're at within that.

(00:32:38):

"How do we work with early sexual trauma when anytime that I get intimate with myself, I cannot fully connect or get erect or be with pleasure fully without disconnecting? It's hard to gauge the window of tolerance with this." So this is very common when we've had sexual trauma, especially as it's coming up to work with. So one, really have a lot of compassion for yourself, explore what it might be like to express that compassion for yourself with self-touch that is not sexual in nature. That can be really healing. Where it's like, instead, it's like you still work with erogenous zones with touch, but it's not with any sexual intent. It's with an intent of care, soothing connection. I'm just here with you.

(00:33:35):

The layers lesson that is coming up, I believe maybe in the next lab, that one can be really useful for this. And just the intention in general of making contact with these areas that have suffered insult with a real compassionate and caring lens that is nothing about sexuality whatsoever. Working with the diaphragms, so specifically working with the pelvic diaphragm, I would explore both of those lessons that involve the pelvic diaphragm.

(00:34:18):

Also explore if you hold tension in your pelvic floor, so that will be part of working with the diaphragms, seeing if you can get expansion and breath and movement through there. But also very often there is a constriction, like it's a pulling away that wants to happen, and exploring what it might be like if that's there, to go with that response to work with literally contracting, pulling away and then working with softening, expanding, that kind of thing. The tense and relax lesson, which I believe again is the next lab, is part of this. It's like how can I work with tension and then work with softening, instead of just trying to soften. Very often we need to go with the tension first deliberately and explore what that's wanting to do, and how that might translate through the rest of the body. Then another way is to explore sexual activity with yourself in a very titrated way, such that you're not goal-oriented, at least not traditionally goal-oriented towards having an orgasm.

(00:35:34):

You're goal-oriented in the sense that you want to discover what happens in that moment of disconnection. So as you are engaged in some kind of sexual activity with yourself or another, how can you really have a lens on my goal is to notice the moment of disconnection? And in that moment stop and what is happening? What are the emotions, the sensations? Do you have memories, images coming up? What happens in that moment of disconnection? Because when you disconnect, it's because the psyche is basically saying, "Hey, we're getting close to some stuff here that is potentially dangerous and scary. So I'm going to check out."

(00:36:18):

So that moment of disconnection can actually be a doorway into discovering what's hanging out there. It also could potentially be useful to work directly with a practitioner around the sexual trauma, around the early sexual trauma specifically. That can be useful to have an ally in moving through these layers. You can do a lot on your own too, of course, in all the ways I've



just been describing, but it may be useful to have an ally who can support you in working with that specific experience. All right. Rebecca?

Rebecca Roman (00:36:58):

Okay. "I have a scar at one month old, early trauma, but in college, severe trauma, the pain in the scar became severe and migrated to my neck, arm and head. SBSM and body workers helped to unwind this. This week, a body worker integrated one of the remaining parts of the scar. On the plane today, I could feel my neck and head trying to release, and I felt like I was going to be sick. I suppressed it. Numb since. Question, is this a positive thing? Is the intense opening lost or does my body need to process?"

(00:37:47):

So yes, this can be a positive thing. Sounds like there has been some mobilization with doing the work and with the body work, and this sounds like one of those situations where you noticed a release wanting to happen, but I'm assuming maybe just like, yeah, being on an airplane it's like, "Oh, we're not going there." It's okay to notice something and it might not be the time to go into it or go into it fully. So if that maybe were to happen again, I just want to name, you can always sort of tell your system like I hear you, I feel you. I'm noticing and I'm going to deal with that later. This is a very minor example, but I remember being at a wedding, and I felt emotions, and I felt tears, and I had eye makeup on, and I didn't want to cry.

(00:38:42):

So I didn't fully suppress it, I was aware of it, I still felt it, but I just somehow felt it, let it come out a different way. Maybe it came out in my sweat or something, but it was different than suppressing it. So when we suppress and avoid, then yes, that can be more of that protective response. So you mentioned feeling numb, so you can work, if that's still happening, working with the numb, the free state, by doing co-regulation type practices, resourcing, stimulating ventral vagal, see what arises, with if there is any mobilization that happens, but you don't need to force it.

(00:39:26):

You could also explore with remembering, imagining being on the plane, what happened before you noticed your head and neck wanting to release, and see if there's any sensations,



images, emotions that come up, and just kind of explore with it that way to see if something might happen. And even with integrating a scar, and I'm assuming there's some sort of maybe tension as you're saying, wanting there to be a release, sometimes bracing tension, this can just take a little time to unwind. It could just have been a deeper layer. And if you're continuing to get the bodywork, you could of course approach this with the bodyworker, and work gently with it, and see what might happen.

Seth (00:40:24):

Awesome. Thanks, Rebecca. "Hey, I'm a grad alumni. A question regarding memory, for example, remembering where I put things. I think I'm orienting and being very aware of where I put things, but when I go to get them, they are not there. Pattern is that I have an intention of where to put it, but I actually put it somewhere else. I remember my intention but not my action. Even when I think I'm being aware, what am I actually doing? I remember the process that I did it, that I was paying close attention, orienting, but I can't remember or misremember where I actually put the thing. I do this with information or facts I want to remember. I remember hearing it, reading it, telling myself I want to remember it, but then I can't recall the information or the fact, etc. What am I actually doing? So what's going on here?"

(00:41:21):

This is just cognitive... There's a couple of things. Cognitive function is not fully online. This is absolutely normal. I mean I've been pretty darn regulated for a few years now and I still do this exact thing. Sometimes this is just part of the wiring that can be hard to break. What I have noticed, and what I think you're doing, and this is what I did myself, is you are orienting to your thoughts, not the actual action. So as you say right here, I remember by intention, not by action. So even though you are to a degree noticing your environment, you're still really in your head, and you're paying attention to the thoughts, and I get it.

(00:42:10):

So there is a form of dissociation happening here. It's not full dissociation. It's like this weird thing where it's like you are present but you're also really in your head. And so slow down. When you go to put something somewhere, watch your hand going down, putting the key on the counter, I see this, not seeing an image of it, right? See the actual thing. I mean really this is just about doing the work in general, improving over time. Like I said, I still do this from time to time. One thing that's just a practical solution, it's been really helpful for me, is to have a place,

have a designated place. We have a bowl in our hallway, this is where keys and wallet goes. That's the only place they go. And so that can be really helpful just on a practical level to have set stations for specific things.

(00:43:16):

And really though it's about slowing down, and really orienting, seeing the outside, including your own motions. That idea of looking at your hand, putting down the thing in the spot and really seeing that here and not the image, because yeah, you're orienting to your mental images. So as well as also it sounds like seeing what's going on, but what's in here is still stronger. So just keep on doing the work, keep on doing the work. It all does improve. I used to lose shit all the time, and it's much less now. So yeah, it does get better. Okay, Rebecca.

Rebecca Roman (00:44:04):

Right. So, "This is my sixth round, and I've started to get an intense itching in my feet, legs when I orient. I always feel unsafe and shut down when I'm around people, but I've started to feel safe when I'm alone. I'm walking, exercising every day, if I don't feel really low. Should I stay with this itching, which finally leads me to have my legs shake intensively, then it gets better for a couple of minutes before it comes back, or should I just let it be? Something wants to come out, I'm not sure how." So you can definitely be with the itching. I know itching can be challenging. I don't know if this is itching that you're actually scratching it, which you can explore with not listening to the itching, listening to the shaking and seeing where that goes, but slowing it down, especially the shaking, and be slowing it down a bit and seeing what you're noticing internally, what is that felt sense when this is happening?

(00:45:15):

And you're mentioning that it's happening when you orient. As we start to engage more with the environment, and sometimes that's what's going to bring up that sympathetic as we're connecting more and feeling more safe, which you did mention, you've been doing this a while, through the sixth round. I get curious about you mentioning not feeling safe around people. And even though maybe you're not orienting the actual people, orienting is part of bringing us towards people. So I'm just curious about this piece of when you orient, you notice this happening with your feet and legs, and to see if you can start to notice what is maybe happening before, before, before. What is happening in your system as you're starting to orient, maybe before the itching happens. And there could be something there, and you don't

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need to force this, as you mentioned at the end, "Something wants to come out, I'm not sure how." It will as it's ready. It's not something you need to know what to do, but just continuing to listen. So much of this work is cultivating the art of listening, that is different than having an agenda of trying to make something different. And I know that can be challenging because we want it to be different. We want to get the trauma out, we want to mobilize, we want the symptom to go away. But again, with resourcing, orienting, following your impulse, can there be that, I'm just listening and being with what is, and trusting that that will evolve how it needs to as your system is ready.

Seth (00:47:16):

I'll add one thing to that, and that one thing I noticed in that question is it seems there is a sense of the legs coming alive. And that might be one way to frame it for yourself, because as you're orienting and feeling safer, it sounds like there's more flow coming into your system, more circulation, and that's most likely what's at the root of this itching coming out. Itching is very much about heat a lot of the time, especially when it's in the legs, which are a big part of what system, right? Sympathetic fight flight. So it sounds like this is important energy, sympathetic energy coming through your legs.

(00:47:59):

Your legs are waking up, becoming more alive. So just a way of framing it for yourself when you notice that is, "Oh, this is aliveness. And yeah, it's uncomfortable, but my legs are waking up." Okay, where are we here? Let's just take a little pause. We're about 50 minutes in, so let's just take a little pause for a few minutes here. If you want to get some water, have a bathroom break, orient around, go away from the screen, and we'll come back in just a few minutes.

(00:48:27):

All righty. Welcome back. All right, so this next one, "Earlier this year, I had an experience of what felt like a release of terror. It was a new level of intensity for me, but I felt safe to be with it. Crying turned from shallow and up on my throat to roaring out of my guts and it felt wonderful in a weird way." Absolutely. "A family member who was present approached me and shut me down saying, 'Not now.' They were angered by me. My expression withered and became quiet. And ever since I felt angry, and worry I may never get to release that terror. Any advice?"

(00:53:14):

Oh, man. So this speaks to how critical it is that we have safe relationships around us. That is not a safe person to have around you right now if you're doing this work, maybe safe in the context of a family dinner or something, but unfortunately that's bad. I mean that's essentially a retraumatization there, is what happened, because you were having energy finding organic natural completion. It felt really good. Absolutely. This is your body doing what it needs to do organically. You had the capacity to do it and then it got shut down. And so that's a retraumatization where that energy, that's what happened in the first place, is it got stuck.

(00:54:04):

When it originally happened, this terror, it would've organically wanted to come out, but I don't know the circumstances of the timing, but chances are you were already in a survival strategy by that point. And so your system compartmentalized it, shut it down, and there's the trauma. And so now it's trying to come out, and then it shuts down and there's a trauma. So this is why it's so important to have boundaries around people that aren't safe, and that's not a safe person.

(00:54:32):

It doesn't mean that they're bad. It means that they are not ready to do this work themselves. And you doing it threatened them, made them feel like they were unsafe. That doesn't mean they're a bad person, it just means that they're not safe for you to process this stuff around. So you've just got to be aware of that, and you may need to have boundaries around seeing them. In terms of how to get back to that, no worries, it's still there. It sounds like you already released a fair bit, like you released, you got into it, and it was flowing, so, good. But yeah, there is more that needs to happen. And now that is likely the doorway in, is your anger. So it's a good thing we're going into the healthy aggression work and the annihilation work, because you probably need to destroy the hell out of that person, again, in your imagination only, please, and when they are not around.

(00:55:24):

You don't probably do not want to confront them, talk about how it was harmful for you, unless that is necessary in the context of laying a boundary, you may need to say, "Hey, what you did was really not useful for me, and I need you to know that, and that I need to have

some space, because it's so important that I be allowed to allow these things to come through." And if our family can't be supportive in that, then we either need to have... I don't know what you're talking about. I don't know if it's a sister that you see occasionally or if it's your wife or your husband, I'm not sure what the relationship is. But it speaks to the need to consider your relationships, because that's not safe to process around. So that anger that will likely want to come out towards them. And again, it's okay to allow that in your own process. That will likely be the doorway or the bridge into anything left in terms of the terror and grief that was moving through. So it's like where it got stuck is the doorway into finding it again. So, hope that helps. Rebecca?

Rebecca Roman (00:56:37):

Okay. "Hi, Seth. I'm an alumni with shock, early and developmental trauma. Lately my freeze reaction to barking dogs has intensified, and I have resorted to taking some Valium to get relief. Previously, the gentle head rolling exercise helped ease the tight muscles in my jaw, neck, shoulders, head, and chest. But now the tension feels too much. Do you have any advice? I feel a pull to work with my spine. Overall, I feel I'm coming more out of freeze, with an increase in sympathetically driven symptoms. Thanks."

(00:57:15):

So first I just want to mention, of course we are not psychiatrists or medical doctors, so we're not offering advice around medication. But in my experience with working with clients that are taking medications like this, it can subdue the system in a way and almost induce a little bit more freeze. So it's just something to consider is, it impacts the physiology and affects the brain. So it's like you're not working as clearly with your system as you would be without it. So just something to consider, but a way to work with the tension, and sometimes these tension patterns, these racing patterns can be deep, can hang on.

(00:58:09):

So you mentioned wanting to work with your spine. I would say follow that impulse, and you can work with the Feldenkraisian lessons directly in SBSM, as well as just you could do this sitting, because it kind of can be easier, but just kind of going with the tension pattern, which might even bring you into a little bit of flexion, which oftentimes that is somewhat of a freeze posturing. And then expand and go out of that and feel that relationship between your spine, your shoulders, your neck, your head, and see what that might bring about, as well as the brain



stem lesson could be useful. And maybe even just returning to the gentle head rolling and just noticing the quality of your attention around, as I was mentioning before, around sometimes we can have an agenda, we don't always realize it, but we're wanting something to be different.

(00:59:12):

And even with the design of practices, these are neurosensory practices, but it's not necessarily like I do this practice and it equals this. It's going to depend. It's all about growing capacity and mobilization in your system as your system is ready. And sometimes these bracing patterns just take a little bit of time and maybe a little bit more nuance. So potent posture too could also be a way even with doing it sitting to access your spine and feel the difference internally, and in that area of where you notice, oh, maybe there's a little bit of less bracing or more bracing, and see what arises with that. Yep, that's it.

Seth (01:00:05):

Great. One thing I was curious about with this question is you say, "Lately my freeze reaction to barking dogs has intensified," but everything you're describing is sympathetic. So I am not sure what you mean by freeze. Are you dissociating? Are you checking out? It sounds like what you're feeling is unbearable tension as the dogs are barking, which makes sense with everything you're describing, right? Coming out of freeze, increase in sympathetically-driven symptoms. So I wonder if what you're saying as a freeze response is actually an incredible bracing in tension in the musculature, which can feel stuck. So maybe I'm just not sure what's going on there, but I noticed that in the question that I wonder if there is a little sympathetic mobilization that might be useful as well.

(01:00:55):

So for example, dogs are barking. What would it be like, if there's tension, to feel your own growl in response, "arrrr," right, to start to maybe vocalize a little bit, allow some of your own inner bark to start to consider coming out. Not that you should go and start barking back at the dogs, that will probably not be good, but just feeling some of your own organic response to that, because that sounds like it's an intense irritation, which is a sympathetic thing.

(01:01:25):



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"I know somebody who society would describe as type A, super ambitious, go-go-goer, never relaxes or expresses emotions. I can see he's sympathetically dominated and functionally frozen. I still have a hard time understanding how somebody can be dominated by the sympathetic nervous system, but also functionally frozen. I thought the dorsal vagal (aka freeze) would slow somebody way down, but he never slows down." So this is polyvagal theory in action. It used to be thought that the systems were always reciprocal, and so you're either sympathetically dominated or you're parasympathetically dominated. As one goes up, the other goes down. It's not that simple. That's what the polyvagal theory is and tells us, is that these things can all happen at the same time. They can all be working together. And what you describe is functional freeze. So actually I would not say that someone like this is sympathetically dominated.

(01:02:28):

I'd say actually they're dominated by the freeze response, but they're expressing their sympathetic more. But the way that it works is that because we have a more evolved brain, unfortunately in this regard, we can use the freeze response in ways that it was not intended, right? Remember that the freeze response is only supposed to come on when fight and flight have not been successful and it looks like we're going to die. However, at being clever humans, this is one of the most common ways, is that our systems learn how to recruit the freeze response for its numbing qualities. This is what happens very often with early developmental trauma when the baby is stressed over and over again, and there's no way to act sympathetically. It's like, "Okay, go directly to freeze, just numb it out, numb it out," and so numbing it out becomes our way of operating.

(01:03:22):

But underneath the numbing it out is all this sympathetic energy, all this sympathetic charge that wants to come out. But when we are frozen, we're not feeling that as such. We are just acting it out. It's coming through in our behavior. And that is your classic type A high achiever, where they can do tons of stuff. And extreme athletes also fall into this category a lot of the time. The only way that they can tolerate go, go, go, go, go, achieve, achieve, achieve all the time is because they are numb to their felt experience.

(01:03:59):

So eventually what will happen is the crash, and then they really will be just completely taken over and in that shutdown, collapse, and that's when all the chronic illnesses come out and the symptoms and all this stuff. So that inevitably happens, there'll be a breakup or they'll get a cold or something, they'll destabilize their system or they lose a job, or some big thing happens, and then the system just goes kablooeey. That's invariably what goes on. So that's how that works. It's the polyvagal in action, and staying adrenalized in that go, go, go is the only way to feel anything at all a lot of the time when we're talking about this kind of functional freeze.

(01:04:50):

All right, Rebecca?

Rebecca Roman (01:04:54):

All right. "Hi, Seth. I'm on round six. Mentally, emotionally, I'm feeling better than ever, and I'm happy with the way my life looks at the moment. I used to wake up with existential dread often. I always believed this was because there was something wrong with me and with the life I built. Now I understand it's probably to do with EDT, early developmental trauma. I recently woke up with that same old feeling. I guess it wants to be felt now that I have more capacity, can you give me some ideas on how best to meet it?" So yes, this can definitely be coming up as you've been building more capacity, and I'm glad to hear that you're feeling better than ever. Just want to name that in your life and whatnot. And it's common with EDT to experience something like dread and that existential dread, like, "Do I exist? Do I matter? Is something wrong with me?"

(01:06:04):

So in meeting it, bringing awareness to what as you're saying is naming as dread what that might feel like in your body. What do you notice as far as sensation, emotion, what's coming up with that and meeting it that way, but meeting it gently again without perhaps an agenda to make it different, to change it, to make it go away, considering a little baby, a toddler, just being attuned to listening? Sometimes just that's through touch. So there could be bringing in self-touch at those times, any of the lessons, whether they're inviting you to do self-touch or not, you can always incorporate it. The containment lesson, for sure. And showing that part of yourself this dread feeling self, showing through resourcing and orienting, showing that part of yourself this life that you have, that you built, that you feel happy about. It reminds me of sometimes when we're connecting with a little one and we might pick them up, or when

they're walking and we walk with them, and showing them things and naming things. And sometimes doing that with our own body could be really helpful as well, because two, working with the feeling of dread, that sense there could be something else underneath there that needs to show up, that could be coupled in there. So that again, can also be useful, and just working with how that's showing up in your system as you have the capacity to do that.

Seth (01:08:02):

Awesome. Thanks, Rebecca. So next, I've got two in a row here. So first one is, "Hi, Seth and team, as long as I can remember, I felt anger, frustration, and deep sadness around feeling neglected. I'm at peace with why this is my upbringing, but I have a hard time expressing this frustration and disappointment I carry with me. It comes up a lot in physical touch as well. I feel myself flare up with anger when my body does not feel attuned to or the right depth reached. I'm practicing sharing my needs with others, but wonder if there are self soothing techniques. Thank you."

(01:08:38):

Absolutely. And I would say, given what you described, there's just much like I said on an earlier question, it's not just self soothing that's needed here, but also working with that anger. So the aggression needs to come out in healthy ways. And yes, it sounds like that needs to be within the context of a lot of soothing and containing because if then there's been a lot of neglect, there's going to be a deep frustration, and just pissed off. But there's also going to be a need for a lot of care and attuned touch, which is why when you're touched in a way that is not attuned, you get so pissed off, because it's bringing up those early wounds of neglect of course. So yeah, next lab, lab six has basically all the stuff, layers lesson, containment lesson, exploring healthy aggression, all of those will be very useful to go into. You ask specifically about soothing techniques, that would be the containment lesson. And for many people, the layers' lesson as well. The containment lesson actually has three different containment practices that are all very useful and people respond differently to. If you want to fast-forward a bit and just start practicing at least one containment technique, there is a YouTube video by Irene called Ancient Anxiety Medicine, DIY, something like that.

(01:10:02):

If someone can find that and pop it in, that'd be great. That is one containment practice that can be quite helpful and useful. And really circling back to the idea of intention, I talked about

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this on the last training call. Intention, there's attention and intention. And intention is the way in which we pay attention, the quality with which we pay attention. So since your system really wants and needs that nurturing, attuned like, okay, how much can you practice giving that to yourself in different ways? And how you move through your day and how you pause to connect with yourself, to settle. Really just giving that to yourself. There'll be other people who could also provide that lovely attunement. It's just unfortunately it's kind of rare at this point to find practitioners who really know how to do that. If you can find a good touch work practitioner, training Kathy Kain's work in your neighborhood, relatively speaking, that would be fantastic.

(01:11:13):

It's just that they're sometimes hard to find. Jen, do you have the link for that co-regulating touch directory handy? You could pop that in and that'd be fantastic. And again, this will all be on the replay page, but there is a directory for people trained in Kathy and Steve's work. That's that touch. But yeah, it is also about aggression. It's not just about soothing. It's about giving that aggression a healthy way out, which is what we'll get into in the next lab. And then next one, "What's the best way to get over public shaming trauma? Every time I have to say more than a few sentences in front of a big crowd, my system shuts down from feeling judged. Is it enough to feel everything after it happens, or is it re-traumatizing or making it worse by exposing myself to it? Thank you."

(01:12:04):

Right now it sounds like it might be overstimulating. So usually in such a situation as you described, I would advise a person to maybe avoid exposure therapy, so to speak, for a little while as you work with the underlying stuff. So maybe give yourself a break from speaking to large groups, if possible. And then you'll want to turn your attention to how did this start? If this is going on, that means you had an experience probably early on at some point in your life, or maybe many experiences where you were judged, shut down, ridiculed, made fun of in some way, in some setting. And that can happen in ways we may not even realize. I had a client who we worked with this exact same thing, feeling shut down and feeling going into a shame response speaking in public. And it wasn't like a huge abusive thing. It was just being in a family system that didn't value them or really pay attention to them.

(01:13:13):

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And he had a memory of a conversation happening where all the family members were talking to each other. And he's just sort of sitting there being ignored because he's a kid and so doesn't have anything to offer probably. He's just not being included. So there can be many ways in which something like this can show up, or maybe there's just one hypercritical person in our life who they're not shaming us but they're just always really critical and judgmental of our actions. There's many ways it can show up. So I would encourage you to examine for yourself, how did this start? Who gave me these signals in the first place? And then there's where you're, again, healthy aggression, annihilation work. These practices need to come in. And also maybe there's a deep grief, a deep grief that may need to move through at some point. Working with your potent posture and titrating that with small groups, that could be one thing to start to explore. So when we are speaking in public, we do want to be very aware of our feet under us.

(01:14:22):

We want to be connected to the environment. We want to be in a potent posture as we are speaking and addressing a large group. We want to feel that sense of potency, feel our skeleton supporting us. So really zoning in on that potent posture lesson and bringing it into the world. Practice it in all sorts of different places. Practice it in public places where you don't have to talk. Like there's lots of people, but you don't have to say anything and you're just sitting there being potent in your posture. You do it in the mall, you do it in the grocery store. Just find situations where there's lots of people and practice your potency. Bring it into the world. Maybe then you start being with small groups. Maybe you start just a group of friends and know what you're doing and working with, and you're just going to practice your potency and speaking and give yourself time to pause, giving yourself time to orient, or work with stuff as it comes up.

(01:15:16):

And then the touch work. The touch work can be really helpful again for bringing in just the message of, hey, it's okay. I'm here. I'm with you. You're not trying to change anything. It's just like, yep, I hear you. We can do that. We can give that to ourselves. We can give that to ourselves in many ways with our own attention and intention. And if you can find a touch practitioner, that's awesome. So you can check out that directory as well. I hope that helps. All right, back to you, Rebecca.

Rebecca Roman (01:15:57):

I think that's it.

Seth (01:15:59):

Oh, I had one that said, a four-year-old alumna struggling with following impulses.

Rebecca Roman (01:16:06):

Oh, I know I had that question. Sorry.

Seth (01:16:12):

That's okay.

Rebecca Roman (01:16:15):

I think I skipped it.

Seth (01:16:20):

Do you want me to move on to the next one while you find it?

Rebecca Roman (01:16:22):

No, it's here.

Seth (01:16:24):

Oh, okay. Great.

Rebecca Roman (01:16:25):

I think that when it was my turn before I went right to the last question, as if I wanted to get this over with. No, I love being here, you guys. But talking about public speaking, this is a bit for me. Okay, "I'm a four-year alum who struggles with following impulses. My main conundrum is distinguishing real biological impulses from symptoms of an overactive nervous system. For instance, back pain with no structural damage. If I follow my nervous system's overactive signals, I might baby my back and avoid healthy activities, which then perpetuate a sense of



being hurt and unsafe to my nervous system. And if I push through it, it feels like I reinforce a sense of my nervous system not trusting my higher brain's decisions. How can I find a middle ground?"

(01:17:23):

So this is common, and my first suggestion here is maybe just revisiting, if you haven't already, following impulses. And discovering and noticing what an impulse is that you can trust that doesn't have anything to do with your back per se. Even just a biological impulse of I'm hungry, I'm full, I'm thirsty. And how that feels in your system, because that might be different than, oh, I have to protect myself. I have to baby, as you said, my back. That might feel a little more, as you mentioned, overactive nervous system. That might feel a little more fearful, a little more frantic, have a little more edginess to it than other impulses. So to give yourself the opportunity to make that distinction. And I'm sorry, I'm just finding that note.

(01:18:34):

So I'm not sure if the back pain is constant, like it's always there or it changes. But especially if you were not feeling the pain, that just can be like a foundation to work on the impulses and to work with movement. As you move do you feel a sense of potency, capacity that you're maybe not babying it? And then if there is pain, to be gentle, because you mentioned not wanting to baby it or being concerned about not doing healthy activities. So what might be a healthy activity is that even if there is some pain, you can just meet the edge of that pain, not push past it. The Feldenkrais lessons definitely will help with that potent posture lesson. And sometimes with moving, exercise, working out, it's very easy to shift into habituation. This is how I've learned to work out, this is what I'm supposed to do. And we're not always attuning to what we're feeling, what, maybe, emotions we're feeling, what other sensations. So it's a process. And applying what you're learning in this work and SBSM to how you approach working out. Personally, I exercise in a completely different way, and I have a whole background in it than I ever did. And there's a difference between babying and really following, like do I need to pause and rest or move more gently? And what I love about neurosensory practices in Feldenkrais is it gives you the opportunity to really sense, oh, I can do this without the pain increasing. This actually feels more efficient because this is not just about your back, but how your whole body comes together with your back to move. So I hope that helps.

Seth (01:20:47):

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Some other Feldenkrais lessons that could be really useful, if it is the back thing in general, mini balance your back, connecting the head and the pelvis, rolling like a baby. Those are lab eight and lab nine lessons. Since you're an alumni, you can access those. And yeah, like Rebecca said, the Feldenkrais work in general is really great middle ground territory for meeting sensations, not overriding but then exploring. And it's not babying them, it's not pushing past. So it's really great for that kind of stuff you're talking about. Okay, just a couple of more left. "I've been practicing orienting the last few weeks. The last few days, I've experienced feelings of grief and sadness where I couldn't stop crying. I think it's linked to early developmental trauma as opposed to shock trauma. I then found my arms and legs shaking, but it felt like it was going on for ages, and my body ran out of stamina to be with it.

(01:21:48):

How do I manage the fact that this feeling and the shaking that follows feels endless? Will it ever stop?" So yes, definitely sounds like early developmental trauma territory, which as I've talked about in the past, can bridge very easily into the sort of universal existential kind of grief that can go on and on, and can feel never ending. So really important to actually bring yourself out of it as you're going into this. So when there is an early thing like this where it's just a lot of overwhelming, intense grief, we don't necessarily want to just follow it and follow it and follow it. Because what needs to happen is our system needs to learn that we can be our own parent that helps us learn how to manage and make sense and have capacity for this. Have containment for it, because that was not given, it sounds like, which is this can happen from just being the baby that was left alone to cry it out.

(01:22:53):

This is a direct adult experience of that, where it's just, yeah, it feels endless because as a baby you have no ability to rationalize or make sense of what's happening. So it just feels like it can go on forever and ever. So as you enter into this sadness and the crying, actually deliberately bring yourself out of it a bit. As you go in, you let it happen for a bit, but then you really orient to the external things. You have your resources there, and then can you notice that you can sort of bring yourself out of it a bit? And this is one of the nuances of trauma work that is really important that not everyone understands. It's not just about following sensation and going and tracking and letting the emotion come and all that. It's actually about learning how to not do that if we need to, because that brings safety to the system.

(01:23:52):

It's like, oh, I don't have to be overwhelmed. I know how to bring myself out of that. That makes it safer, then, to be with it. And then come out and be with, et cetera. And that can help it find completion. Also, sometimes if we are bridging into that sort of existential never-ending thing, there is no completion because it's not our stuff, it's universal. And so we do want to recognize if maybe we're getting into that territory and just like nothing's happened. I just keep spiraling around in this grief, it's like, okay, yeah, come out of it. Bring yourself out of it. It's okay. And it's okay to give yourself permission to pack it up, to bring your attention to the outside.

(01:24:36):

Yeah, I think that is it for this one. And then lastly, "Could you please explain more about coupling dynamics? I read your article and I think I understand it, but I didn't really get a practical connection to my experience." So this is an article on my website they're referring to. Planes, Babes and Incubators, Exploring Coupling Dynamics, which if someone could pop into the chat, that would be great. "So I recognize coupling, both over and under coupling in myself and the outside. But there's so much coupled that I haven't found a good way of addressing it. Can you explain it in more detail? That would be helpful. Thanks. Going into the coupled body memories, one after another is tricky. Too much coupled on different experience levels." So yeah, we don't cover coupling dynamics specifically in SBSM. It's a complex topic. Read the article if you have a chance. Briefly, what this means is that things can become coupled, over coupled or under coupled.

(01:25:46):

And this can happen in different ways, it can happen within our body, it can happen in between our thoughts and body experiences, or things we see in the world and our internal experience. It can be purely in our physiology, it can be in our mind. So classic representation of over coupled. Every time I see a red car, I'm filled with rage. So a red car and rage are bound together. Or every time I feel grief, I immediately spiral into shame and hating myself. So those two things are over coupled. Or everything is always this way, that's a belief system of representation of over coupled. Like it's all this way and there's no change. It's like this is it. Very rigid sort of belief system. Or things are under coupled, like, oh yeah, there's nothing that relates to anything else. Kathy Kain describes under coupled state as like, the keys are in the

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fridge and your mayonnaise is in your closet. And you've got your cat in a suitcase up on the top shelf and there's nothing related to anything else at all.

(01:27:03):

We may see this a lot in physiology, a sense of being very hypermobile, and the joints are all super loose. And that's sort of a physiological representation of under coupled, where there isn't enough tension, there isn't enough tensegrity in the system. Or it may be that someone is just stuck in this emotion and they can't see how it's related to this other thing. We need to actually bring coupling like, oh, this grief is actually connected to this rage that I was never treated right. And those things need to be part of the same picture because they're associated. And if they don't, until they get associated we're just stuck in one or the other. So these are all different ways in which coupling dynamics can show up and play out in our life and our experience.

(01:27:52):

The key to working with these things when things are over coupled is about finding differentiation, when things are under coupled it's about finding association, about finding how things are related together. So in this case, you're talking about over coupling, going into the over coupled body memories, one after another is tricky. Too much coupled on different experience levels. So what we need here is differentiation. You don't want to go into one after the other. You want to go into one and stop. And you're just working with that one. And if you feel yourself starting to merge into the next thing, you actually bring yourself out of it. You orient externally, you go to the outside and you come out of the inner experience. There's two lessons in the next lab that are really useful for this, finding the painful and the pleasant, and tense and relax. Those are both in the next lab. So those may be quite useful for starting to bring in this ability to differentiate and to pendulate, to notice difference and to notice one thing, then notice the other. Another way to do this is to bring in elements of SIBAM, which I've talked about before. This is the model that Peter developed just to represent human experience. So sensation, S, image, behavior, affect and meaning. These are the elements of human experience, essentially. So what if you start to bring in other elements to your experience? So you're going into this body memory and you're following the sensation. Well, what if you leave the sensation for a bit and really work on finding an image that represents it. Or you work on what is the affect of that emotion or sensation? What's the facial expression of it? How would it mobilize through the body through action? So bringing in different elements

that may not be currently showing up, because things are all coupled in the sort of sensation emotional world. That is another way of finding differentiation. So hope that all makes sense. Give a read of that article if you want.

(01:30:07):

It's a tricky thing, but can be useful to understand in ways in which we may be stuck, because things are either too tightly bound together or not associated enough with each other. So all right, thanks y'all. That is it for today. Thank you, Rebecca, very much. Thank you, Jen and Ari, for being here. Appreciate you as always. And thank you all very much for being here. I really appreciate you doing the work and being here with us. You want to say bye, Rebecca?

Rebecca Roman (01:30:40):

Yes. Thanks everybody. Good to see you. Good to be here.

Seth (01:30:44):

Awesome. All right, see you on the next one. Bye for now.