

Curated Q&A Call #4 with Jen and Rebecca

Jen:

Okay. Hello everyone. Today is, I'm in the southwest of the US, and right now here it is Thursday afternoon, April 3rd, 2025, and this is SBSM Q&A #4. Rebecca and I are hosting today. Carie is in the chat. Thank you Carie. And Ari is helping behind the scenes.

So I just wanted to give you a little heads up, in case you saw the schedule and are sort of like, that doesn't look like Mara. Mara was scheduled to be here today, but she had a family situation come up. So Rebecca kindly stepped in. Thank you, Rebecca. But because Rebecca stepped in sort of without a lot of prior notice, I'm going to be answering maybe about two thirds of the questions today, and she's going to be answering about one third. So I just wanted to give you a little heads up about what was going on on the logistic front. Okay. And just again, housekeeping reminders. Please use this as an opportunity to practice all the things that you're learning in SBSM. So you can get up and walk away from the screen, can move, if you're sort of feeling like, ah, this feels like a little bit much, you can sign off from a call, listen to the recording. So just please sort of just tune into you, and do what feels supportive to you as we go through the questions today. Rebecca, anything you'd like to add on the housekeeping front?

Rebecca:

No, I think that's it. I think you covered it. Okay, thank you.

Jen:

Sure. Shall we get started with the questions?

Rebecca:

We shall, you're up.

Jen:

Okay. So to give you all some context, when we get all the questions, we look for themes that run through the questions. And today at a high level, there were three high level themes. One of them has to do with relationships. One of them has to do what we'll call looping or

completing, and we'll say more about that as we answer the questions. And then the third and the most popular category today is what's happening and how do I work with it? So we are going to, I'm going to kick us off actually with a question about relationships.

(00:02:59):

The first question says, "Hi there. I'm happy to be able to share that I'm beginning to experience a sense of regulation, ease, and capacity." That's great. And they go on to say, "I'm aware that my past nervous system dysregulation may have negatively affected family members. For example, I know I was not the kind of big sister I would've liked to have been growing up. I wonder if you can provide some insight and some hope into how this work can help relationships to grow and repair as we become regulated. Thank you." So it's great to hear that you're beginning to notice growing regulation, ease and capacity, and that you have the bandwidth to sort of recognize the impact you may have had, and how the way you developed impacted the relationships you had with some people who are close to you. So at a high level, I'll just say this work can absolutely help us to grow and repair relationships.

(00:04:03):

It can be very powerful in terms of the relationships in our lives. I relate personally to this question because I also am a big sister who's been on this nervous system journey. I was not always the big sister that I would've liked to have been growing up. So I think it can be important to just start by the basics. We'll come back to the basics over and over. And the basics are letting ourselves feel what we're feeling while we're also staying present in the here and now. If things feel like too much, we might practice some containment. We might turn towards a resource. If we feel like we're within our capacity, we may sort of tune in to see if there's an impulse present, if there's something that might want to happen. So that's sort of the theme that we'll keep coming back to, regardless of the question.

(00:04:59):

In this case, there might be some grief, like when we recognize, oh wow, I had this childhood and there was this opportunity to be in a relationship and this, really I'm guessing, loving, connected way. And that wasn't necessarily the case with us. So there might be some grief that comes up. And so making space to allow yourself to have your feelings can be a really important part of this process. Another way that we can support repair or that this work helps support repair is that a lot of times if we don't do this work, and some of you may know this,

well, I know it well or fortunately less so than I used to, but we can be really prone to repeating patterns, and especially with ourselves and also in relationship. And a lot of that has to do with reactivity, right? Something happens, it hits us in a certain way and we go to a habitual reaction, defend, fight, flee, whatever that might look like for us.

(00:06:02):

So as we continue on this path doing this work, it allows us to become less reactive and more responsive. And so what that looks like is it looks like when your sister might say something to you that hits a nerve, and in the past you might've sort of just been like, I'm out of here, or are you effing kidding me? You might be able to step back, take a breath, orient, and depending on what's happening, you might say, you know what? I really want to reflect on what just happened. I'm going to go home and maybe we can talk later. So you can respond differently to the dynamics that might have developed between you throughout the course of your life. And that can be really, really, really powerful. I also find that with the really old deeply ingrained patterns, it tends to happen gradually over time.

(00:06:56):

So at first we might still react, but we have more awareness of how we react, then we might react, but we might be able to take a moment, we might sort of react in slow motion, then we might see ourselves reacting and we might be able to pause, but we still react and so on until we have more choice over time. So yeah, it can be helpful to know that it's gradual and if you're still doing this work and you find yourself reacting, it doesn't mean that anything's gone wrong. It's just a process. The other thing I want to mention is that our relationship with people has a lot to do often with the version of that person we carry inside of ourselves, and our relationship with the version of the person that we carry inside of ourselves. And so we can do a lot of work outside of being in the relationship in the moment that can be quite powerful, or have a big impact both on how we feel inside of ourselves and also how we feel toward that person.

(00:08:03):

And then that can then impact us when we are in real time with the person. And so that might look like, if you have a painful dynamic, it might look like when you're on your own imagining starting to imagine that dynamic, excuse me, and seeing what happens inside of you and working with that in the ways that you're learning here. It could also look like practicing saying

things to your sister that she may or may not be ready to hear yet. So for example, that might look like apologizing or saying or just talking to her about, I really wish, I'm sad that this happened and I really wish this could have happened. So we can also practice repair with the version of the person in our life, in this case, your sister, that we carry inside of ourselves. So that can be really helpful in time. I'm just looking at my notes.

(00:09:04):

So yeah, there was one other thing I wanted to say, but let me see if I can remember. Oh, I think just to notice there may be a piece of self-forgiveness here. Sometimes we can move towards blame or shame or sort of feeling badly if we've hurt someone. And so just to recognize that we want to be aware of those feelings and then work with 'em. And in some cases if we're blaming ourselves, we might want to work with that and learn to, and we'll talk about this a little later too, but practice externalizing that. So maybe we have some anger and hurt about what happened. There were others involved in how we were raised and that contributed to how we interacted with ourselves and with others. And so sometimes it can be helpful in this work to notice a tendency to direct things inward and then to intentionally direct them out. That's the healthy aggression work that we'll talk more about a little later today. And you'll learn more about in Labs six and seven. Anything you'd like to add there? Rebecca?

Rebecca:

Just going off of what you mentioned about the communication with self and perhaps with the person, of acknowledging, I actually did that with my little sister not that long ago, and just acknowledged how things were for me during this time when I was a teen and she was younger, where I just didn't feel like I was being the best big sister. And it was just really reparative and it wasn't about going into something too much or anything about blame. I was just really like, this is what I noticed, and this is what was happening for me, and what I believed about me at that time, and why I acted that way. So if it's that kind of relationship, I think those types of conversations, as you're ready, can be really healthy and helpful.

Jen:

For sure. And you reminded me of one other thing I wanted to add, which is that it can also, as we become more regulated, when we have less regulation, we can also have more compulsion. We can feel compelled to have a conversation or to fix something or to repair. And as we have more regulation, it also allows us to step back and sense, well, is my sister or is this other

person, are they receptive to having this conversation? Are they in a place where they have the capacity to have this conversation? And they may be as it sounds like, was it the case with you, Rebecca, and my sister? Sometimes I choose to be really conscious of when and where I bring things up because sometimes what I'm really wanting to hold is growing the love and connection in our relationship, and sometimes me bringing things up isn't always supportive of that.

(00:12:13):

And so with more regulation, I can consciously step back and say, Hey, you know what? That really hurt, but I think I'm going to go, actually, off, and work with myself, and maybe get some support from a friend, and the time will be right some other day to bring that up. And so that's another way that you can, I think this work can really be helpful, because even if we really want to repair with someone, they might not be ready for that, or in a place where they're open to that. Yeah.

Okay, next question. This is also, this is a related question or relational question. This person has a close friend, and they both have early developmental trauma and are coming out of freeze. The person, the SBSM'er, is more attuned to their body's reactions. And so when their friend distances and doesn't express her emotions, then the person asking the question feels pain in the body, and in their case they feel acute torticollis, I think, is how we pronounce it here.

(00:13:16):

And that's sort of where your head twists, sort of tenses and twists, and gets locked there, and it can be quite painful. Excuse me. So this pattern is repeating in their relationship, despite the fact that they are talking about it, and despite the fact that they are aware of what happened. So, "how do we unwind this dynamic, and will my reaction dissipate when I get out of freeze, and have more of my own life force energy?" So first I think I'll start with the last part first. So everything we just talked about in the last question pretty much applies here too. And you mentioned, will my reaction dissipate when I get a freeze and have my own life force energy? The short answer is yes. And the medium answer is to remember that that involves taking steps to grow capacity, and then to explore and learn to relate to all the stuff that might come up under the freeze, which might be fear, which might be grief, which might be shame, which might be aggression.

(00:14:24):

So the answer is yes, and there's a process that we go through as we sort of reclaim our life force energy. And so now to the second part, or rather the first part of what you asked, and you asked how you kind of wind this dynamic, and I hear that you're attempting to unwind it by being in conversation, and it's great you both have awareness and the openness to discuss this. And it sounds like even so you're still repeating the dynamic, which I imagine could be, it sounds like it's actually literally painful and could be frustrating. First, it can help to just acknowledge that awareness is growing, right? And so at first, even if the dynamic doesn't feel better, something's changing. And in this work we're looking for a difference. And if you're growing awareness, if you're able to talk about something that's moving in a new direction, and so it can be important to acknowledge those changes even while you're still experiencing pain, and you're still finding yourself repeating the dynamic, as I talked about a few minutes ago, it can also be helpful because when we're in the dynamic, they can often be really powerful in the moment.

(00:15:43):

And so working with those dynamics outside of when it's happening real time, when you're in your own home, you start to think about something that happened with your friend, you notice what happens inside of you, that can be really powerful. So it sounds like you're already working on the dynamic within the relationship. It can also be helpful to do it when you're on your own, and you can really titrate and slow down, and notice the other thing is that when you're in relationship, you may already be doing this, but there's an opportunity to practice what you're learning here, and to be quite intentional about that, and to maybe even talk to your friend about it so that you can support each other. And that might look like making a practice of orienting to okayness while you're together. It might look like asking each other, can we go slower when we're talking so that we can really hear each other, and notice if we start to move towards this familiar dynamic that we have, it might look like practicing some self touch.

(00:16:49):

There's the containment practices. You can practice versions of DIY anxiety medicine when you're out and about, just kind of placing a hand and squeezing. For example, if you're an alum, you'll find more containment practices in lab six. And if you're a newbie, you'll find them in a few weeks. In lab six, you could also move a little bit, right? Remember under freeze

there's a lot of sympathetic activation. So finding ways to move a little bit with one of my good friends, we used to walk together all the time when I could do that, because we both had a lot of sympathetic energy in our systems, and walking was a way to help us be in connection. And we'd also walk in the woods. So we also had nature and it was really supportive for both of us. But you could also move in place if that's not an option, right?

(00:17:45):

If one of you or either of you aren't able to walk, you can move in place. And this is a more specific version of what I've been talking about, which is that you mentioned the torticollis. So you might start to see if you can notice the very first sign that you're moving in the direction of the torticollis. We call this a prodromal in this work, and it's sort of like what's the thing that happens before the thing that happens? So for example, do you feel yourself maybe start to lift up and brace a little bit, right? Do you feel your breath getting a little bit more shallow? Do you feel yourself wanting to check out? So can you start to notice what happens before you move into acute pain, and see that as a sign to take a break or to walk away or to say, Hey, I need to cut our visit off here today and I'll call you tomorrow, or whatever the case may be.

(00:18:49):

Just seeing what else I have here. Just to relate this to the labs, growing capacity, all the lessons you've learned in labs one and two, turning towards resources, orienting following impulse, practicing potent posture. In week four, the diaphragms and the kidney adrenal lessons, actually diaphragms are next week. I think I have this memorized, and every now and then my brain glitches, but when we're close to the diaphragms lessons, when they come, they make more space for what you feel inside. And the kidney adrenal lessons may be helpful. So the other resource that might be interesting because, and this is for the person who asked about your sister too, there's a special topic Q and A on YouTube, and it's with Janice Castlebaum, who's one of our team members, and Irene and Seth. And there's a special focus on early and developmental trauma. And in there they talk a lot about early relationships.

(00:19:57):

The last thing I'll mention is that since you mentioned you're in freeze, and this happens in relationship, or you notice at least some of the time you're in freeze, it might also be helpful to explore what it feels like to co-regulate outside of relationship with another person, because there can be a lot of pressure, and sometimes it can touch into a lot from our past when we're

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with another person we're close to. And so, the other YouTube resource is Four Ways To Spark Up Social Engagement Without Socializing. That could be another good one to explore, just to start to really find other ways to spark up that ventral vagus system and that low tone dorsal vagus system. So hopefully that gives you some things to work with. Would you like to add anything there, Rebecca, before you answer the next question?

Rebecca:

No, I think that's great. All set. Okay. So, "This is my second round of SBSM and a lot of early developmental trauma is surfacing. On normal days I can handle it, but weekends and the kids' holidays trigger more, and I lack the capacity to cope. I have chronic fatigue syndrome, not processing the stuff worsens my symptoms, but dealing with it exceeds my limits. It's a catch 22. How can I better wrap up these issues to address them later? Any advice on managing this differently?" So I think it's interesting, your languaging of wrap up, wrapping up these issues, and it reminds me, makes me think about just differentiating. And so especially in situations like you're mentioning here, being with your kids and things that go on with kids and holidays, to do those things sometimes. Sometimes it's important, you called it your issues, right? It's like you have to notice it and maybe put it aside to just do the thing with your kids.

(00:22:12):

And that can seem like coping. So a way to support that is just starting to acknowledge it. And just as you're continuing, you said this is your second round of SBSM, building capacity, and awareness of just to notice, for example, if you felt triggered, and you felt heat, or you felt anger, to just acknowledge that in yourself, say that to yourself internally, and maybe it's not you're going to be able to deal with it necessarily in that moment, but how can you bring in your resources and those basics to help support you, which you might even be able to explore with your kids, teaching them to orient, connecting with resources, and then maybe if it's possible, oh, how could I move this even a little bit? So maybe you're not going to mobilize, for instance, some anger, aggression with your kids, but maybe you go to the bathroom and you make a face or you make a sound.

(00:23:16):

Just sometimes just the way we might sigh or squeeze a towel or move your body and then see how that is and come back to the situation. So these little bits, there could even be just something you might do with your face. You don't necessarily, the kids don't necessarily see it,

or a way that you might end up playing, or being with them, where you can mobilize of course that that's projected at them. So those could be some ways to work with it a little bit. And so it's not so, building so much. And I hear you because you're saying it's like if I don't, then I feel like it exceeds my limits, but then if I don't deal with it, my symptoms worsen. Just seeing if you can deal with it in little bits. Some practical things to consider might be where, how, you can get maybe some more support, if that's getting support from someone else that can help you out.

(00:24:20):

If that's maybe minimizing things like, okay, got to make dinner, but we're going to have a simple dinner, or I'm not sure the ages of your children, but are there ways to invite them to participate in helping with something, making a chore if something needs to get done, a game, or cooking. And a lot of times, depending on the age, they really like to do stuff and help out, but sometimes of course when it's being, like, you have to do this, maybe they don't, but make it a game. If you need to rest, you can lie down and they can be doing stuff. I've done that a lot of times with my niece and nephew. Maybe I'm tired, and I turn it into a foot massage place, and I get foot massages out of it. And let's see, what was the other thing in issue, build regulation.

(00:25:17):

Of course, as Jen was talking in those other questions, our responses can change. And so things don't necessarily have to be as triggering over time because being in that, it's like maybe you do something, but you don't necessarily have to be in that survival energy. So it's like, okay, I'm feeling I'm at my limit, but I need to make dinner now. Maybe there's some override. Sometimes we override, that's normal, that happens, we can always repair from that. But maybe it's just that way. You might bring awareness and talk to yourself like, okay, I know, body, I know you're tired, I know this, what have you, but we're just going to do this thing, and then we're going to chill. Or you bring a chair into the kitchen and cut the vegetables or whatever it is.

(00:26:07):

You also might find that the resources, just in helping with parenting and children that Irene and Seth have done, those couple of master classes that they've done could be useful. And then the special topic that Mara did last segment around parenting might be supportive to

you. Let's see. I'm looking at one more thing. And yes, just bringing in the basics. What are your cues of safety as you're doing this, right? What are your resources? What is orienting like to just help so that maybe you don't go up so high and then crash. Yeah, I think that's it. Do you have anything to add, Jen?

Jen:

Nope, I think you covered it, Rebecca.

Rebecca:

Okay.

Jen:

Alright, next question. Okay, so, "Hello. My question is based on the relational side of SBSM, watching Jen's early developmental trauma call. She mentioned that there's old stuff relationally that we repeat. What I repeat is that I want acceptance from people who exclude me. I get excluded from a clique, from a clique forming, and feel angry, sad, jealous and ashamed. In some cases, they start talking about me, and I leave and avoid. Why do I seek acceptance from these people who exclude me and don't accept me? I find it hard to stop thinking about them and blame myself." So I just want to offer that this is really common and understandable. So if you can, it can also be very painful. So I encourage you as much as possible to be kind to yourself. That may be difficult. But what happens is, as you know, when we're babies as humans, we're completely dependent on the people around us.

(00:28:10):

If we experience the conditions that support optimal development, over time we grow, we mature, we learn to self-regulate, over time we individuate. So we go from sort of feeling we're one with the other person and our wellbeing is dependent on theirs to sort of feeling our wellbeing within ourselves and we become more interdependent. I'm me, you're you. We can come together, we can go apart. But if we don't experience those conditions, then we go into adulthood having that sense of codependence. And I don't mean that in the way that sometimes it can have a stigma. I don't mean it in that way. I mean we literally feel in ourselves like our wellbeing, our okayness is dependent upon the other person and how they treat us. And if they love us, if they accept us, if they want us also with early trauma, when things are

wrong outside of us or when there's adversity outside of us, we don't know how to differentiate as little people.

(00:29:12):

And so we think there's something wrong with us, so we can have the cellular feeling or experience that there's something wrong with me. And along with that often goes a belief and I'm not wanted. And so what we do when we have those internalized beliefs, and it's more than a belief, it actually feels like our identity and our cellular identity, then we sort of recreate that in relationships in our lives. And we tend to sort of repeat our patterns until we do things like this work where we get to grow awareness of what's going on, we get to create and experience the conditions that start to allow us to feel that sense of okayness in ourselves and around us, separate from the other people. And so as we explore this work over time, the group of these patterns loosens in the meantime, it can be really important to continue to practice the basics and grow capacity, because that capacity and the regulation will allow us to start to metabolize those feelings of sadness and grief of the shame of the anger, what we call healthy aggression in the work. And doing those things starts to help us sort of feel more like, oh, I am me. I have wellness, wellbeing inside of me and I can do things in my life.

(00:30:39):

And the other thing that can go alongside that is developing the capacity to start to feel, what does it feel like to feel connected? What does it feel like to feel like you might belong or you do belong? And so we also have to develop the capacity to experience the feelings that we're wanting to feel. And often similar to what I talked about in the first couple of questions with the relationships, it's often harder at first to do that in the relationship. And so that resource that I reference a lot, the spark up social, four ways to spark up social engagement, learning to start to feel more of a sense of connection in ways that might feel more accessible, in ways that feel safe, which could be with plants, with things that are beautiful, with music, with characters in books or TV shows, with, I'm blanking, oh, animals is what I wanted to say.

(00:31:42):

If you have animals in your life, going to the park and just sort of observing. And at first that can start to, we might go to a park and observe and that can just reinforce this feeling of feeling excluded and left out. And often loneliness or aloneness can go with that. And so that's where we want to start, as we notice those feelings, we might practice. I notice I'm starting to

feel, I'm in the park, and it's a beautiful day, and I'm starting to feel lonely. We might just take a breath and practice some containment, feel our feet on the earth, orient to see if there's some birds or some sounds, right? So we want to start to notice those tendencies, to go to those places and to bring in the things you're learning here to support ourselves as we do. And then as we have the capacity to do so, we can start to explore, like, oh, what does that loneliness actually feel like inside of me? What does that shame actually feel inside of me?

(00:32:43):

And as we do, especially when we come in from a history that includes early trauma, we want to start to do that in what we call titrated ways a little at a time. So some resources that might be helpful, all the practices that you've learned so far will be helpful, including the ones, the touch practices. There's actually a question in the Q and As about practices that are helpful for early developmental trauma, you might check that out too, because some of what we call the touch based practices can be helpful, and starting to create the conditions that allow us to have the experiences that we might not have gotten the chance to have when we were younger. Some resources, I mentioned the one already, the other one, there's the interview with Seth about living in the matrix, where he talks about his experience living in the wilderness to living amongst people. That might be an interesting one to listen to. Also, toxic shame can be that something's wrong with me, that's a version of toxic shame. So that might also be a resource you might check out. And I'm going to talk about, I'm going to refer to pendulation and titration a little bit, so we can hold off on those. Anything you'd like to add there, Rebecca?

Rebecca:

No, that was great.

Jen:

Okay, thank you dear. So next question, we're going to the next category. So that was a relationship category. Now we're going into the looping or completing category. And as I mentioned earlier, we'll say a little bit more about what we mean by that. So the first question is, "I'm going through a breakup and everything makes me cry, reminders, and my mind wandering to what is no longer, I'm allowing myself to cry, but is this different than responding to impulse from a trauma? The tears are coming from thoughts and emotions. Thanks." So, just to summarize, you went through a breakup, lots of tears, crying all the time. And you're asking,

are these tears different from responding to an impulse from a trauma? First of all, it can often be helpful just to remember that breakups can be incredibly painful, and can touch into painful and deep, and touch into many experiences in us.

(00:35:09):

That's why there are millions of books and movies and poems and songs about love and breakup. And so it can just sort of help, maybe to have a little bit of compassion for what you're going through if you're not already doing that, and also to allow yourself time to grieve. And so it sounds like you're doing that, but you're asking is, you mentioned that your mind is wandering to what is no longer, and is this different to responding to a biological impulse, as the tears are coming from thoughts and emotions? And this is where yes, we absolutely need to give ourselves time to grieve and offer ourselves some grace and some warmth and some softness, to turn towards our resources. The mediastinum practice, if you're an alum, or the heart meditation, may be supportive. Sometimes it can bring up more grief. The diaphragm practices can make some more space for that.

(00:36:14):

And that said, if we find ourselves sort of playing the same tape in our head, going to the same image, thinking the same thought or sort of a few repetitive thoughts or images, then we might be caught in a loop. And then that's sort of like we think the thought, then we feel really sad and we feel really sad. So we think more sad thoughts and then we feel sadder and so on. It's sort of like a sadness spiral. So those we just tend to go round and round and round. So in that case, we might want to do something differently. We can start by simply naming what we're noticing. I'm noticing that I'm thinking about my ex again and I can't stop crying, and my mind just wants to keep thinking and thinking and thinking about it. And that's where just a simple thing we can do is to bring in pendulation, moving our attention from that to something different. So I notice I'm thinking about my ex, I feel my hand on my chest, I notice I'm thinking about my ex again. I take a breath, I notice I took a breath thinking about my ex. Again, I look out the window and I see the sky. So just letting yourself start to go back and forth between these thoughts that might be obsessive or compulsive at times. I don't know if that's the case with you. Often they are. And then noticing something different.

(00:37:47):

It can also be this is actually doing this, but what we can, want to do is to interrupt the loop, because those loops, it can be quite strong and kind of like a broken record just goes round and round and round. So finding ways to gently, especially when we're grieving, to gently interrupt what's happening. And so that could also look like, oh, you know what I noticed, I'm sitting here on the couch and I'm just going round and round. I'm going to get up. And even though it feels like it's taking some energy to do and some effort, I'm going to get up and just go stand outside in the sun for a couple minutes, and just let the sun shine on my face. Or I'm going to make myself a cup of tea, or put on an SBSM practice.

(00:38:30):

Or even, it's been lovely to see how alums and newbies in the peer-to-peer threads are supporting one another. So you could go and you could post and just say, Hey, here's what's happening. I just wanted to share, or anyone have any thoughts, been through something similar. So you have some options there. And know that sometimes in this work, I say this, I hesitate as I say this because we don't do this a lot in the work, but sometimes we do a little bit of faking it till we make it, right. It can feel like faking it till we make it. If we're really sad and we're getting up to go in the sun, it can feel like, but I don't want to go in the sun. But just sort of taking these little steps to allow ourselves to do something differently and notice something differently can be quite powerful over time. There's some really lovely lessons in Lab six, if you're an alum, about pendulation, the finding, the pleasant and the painful, the tense, and the relax. And if you're not an alum, Irene has some great videos. If you could pop in the chat, Ari, there's one about titration explained, never rushed trauma healing, and there's one about pendulation, which is that process of just gently moving back between different experiences. Is Rebecca, anything else there?

Rebecca:

Just maybe if you felt you had capacity to tune into when you notice the sadness, the crying, the thinking, yes, there's perhaps just the sadness of the loss, but also I think about that piece of SIBAM. I mean you could play with SIBAM with this, but of the meaning, what else might you be making it mean? That is part of the suffering, right? Like okay, there's a breakup, there's a loss, but is there a meaning of, in yourself? I am just giving this as an example. I'm not saying that's what it is, but I'm not enough, or I'll always be alone. I'm abandoned. And that can have, sometimes that pattern can have a lot to do with things that have happened in our life. And then it's this breakup. That's right. And then, oh, all these things tend to bring on the crying.

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Jen:

Yeah, great point. It can be really helpful to remember what you just said, just to magnify it, that this breakup is about the breakup, but when we're still healing from our early experiences, we're very likely feeling the grief of this breakup and the grief of past losses and hurts. And that can also maybe help to have some compassion. Yeah. Thank you.

Next question. "I have many shakings, they've been happening for more than a year now and since I started SBSM. So the question is, does every shake correlate with the release? So for example, my toes go crazy folding back and forth." And so the main question you're asking here is, does every shake correlate with a release? And so I want to say maybe and not necessarily. So the clue that we want to be looking for over time, not necessarily instantaneously, but over time, are things changing.

(00:42:07):

So that might be that you're noticing a change in the tension pattern. The tension is softening or even increasing. It might be that sometimes movements organize within us over time. So maybe it starts with your toes, but now you've kind of felt it going up your legs to your pelvis. It may be that it lasts for a shorter or longer time, or that you're able to be more present while it's happening. So we could also look for changes outside of the pattern. Those are changes related to the pattern, but you can also look like, oh, I'm sleeping better, or I'm sleeping worse. Or you know what? I noticed that these random things are different. I notice it's easier to settle, or I notice I'm feeling more anxious. But basically the short of this is, is that we're looking for things to be different over time. If you don't notice anything is changing over time, then this could be a clue that the pattern is looping.

(00:43:08):

It's like a repetitive pattern that's in a loop we talked about a few minutes ago. And when that's a case, something else might be needed. Sometimes we might need to sort of intentionally interrupt the pattern and see what happens. Sometimes we might be, we simply need to grow more capacity so that we can notice in more detail what's happening and be able to be with it in different ways. Sometimes we can voluntarily. So these movements, I've had some going through, I meet lately, and they just kind of tend to happen. But outside of when it's happening, we can also voluntarily explore the movement. So if I tend to have something like this when it's not happening, I might just sort of start to do this. And as I do that, I can

really feel like something happens in my low belly and my side ribs. And I could actually take some time just to explore the initiation of that movement and that might reveal something different. We can kind of break it down.

(00:44:06):

So what we talked about, and maybe this will be a good time to bring in the titration and pendulation videos. I'm not watching the chat, so you may have already done that, Ari, if you haven't though, to, because as we notice in more detail, we can often notice that there, or discover rather that there's something else that wants to happen that we're missing, by just having it go through us like this. And so slowing down, titrating, doing things outside of when they're happening can all be ways to listen in more detail and discover if maybe there's something else there. Anything else on that one, Rebecca?

Rebecca:

No, that feels complete. Okay, thank you.

Jen:

Okay, so this is also in the looping versus looping or completing category. And this person says, "Having done 21 Days and now working through SBSM, I notice when I'm orienting or meditating, when I'm doing those things, I often connect my hands to stomach, when I'm deeply relaxed, my thighs get hot, and then my stomach gets hot, and then my face gets hot, is this related to a certain type of trauma, and does it mean that something is coming up and out of me? Thank you so much." So we don't really often know if it's related to a certain type of trauma. Sometimes it'll be clear because the movement will just show us like, oh yeah, I remember I got hit in the head with a basketball and I can really feel that I want to do this, and I have a flash, I have an image of when I was in ninth grade and that happened.

(00:46:07):

So sometimes we'll have information that comes from inside of us that gives us clues about what we're experiencing is related to. But oftentimes we won't know. And one of the really cool things about this work is that we don't need to know. It still works. Change still happens. Transformation happens simply by practicing the basics of what you're learning here and being

with what's emerging. Heat is very, very common. It's a very common way that sympathetic nervous system activation shows up. So a lot of us will feel heat as activation moves through.

(00:46:44):

So yes, you can totally just allow this to happen. If it's tolerable, what I was just talking about a few minutes ago, if nothing changes over time, you're just getting these waves of feet and waves of feet, and you're not in perimenopause, right? Then you might start to investigate, right? You might start to sort of say, okay, when I first notice this heat, what happens if I pause, or first whisper of heat? What happens if I pause and sort of stop my meditation practice or stop the way I'm orienting, and just sort of maybe place a hand somewhere, or maybe just pendulate to something different and come back. Notice perhaps is there an impulse present? Is there an impulse? Do the legs want to do anything as that heat starts to arise, or another part of you wants to do something? So the essence of it is, is that we can just allow it to happen as long as it's tolerable, very common, and if nothing changes, then that's a clue. We might need to grow some capacity, or titrate a bit more. And then pendulate. Do you want to add anything there, Ms. Rebecca?

Rebecca:

Well, I don't know that you said this exactly. Does this ever happen any other time? There could be some information there. It sort of makes me think or reminds me of almost like a little bit of a surprise feeling, or even sometimes the way we might feel when we're embarrassed, and just to notice if it happens other times, could be informative as to what that's about, and how to work with it.

Jen:

And then that makes me, when you say that, then I go to SIBAM, as you were talking about it before, and someone asks, and thank you, Carrie, for popping that in the chat. But SIBAM is from somatic experiencing, and it's just, looks, it's a way Peter Levine developed to describe different channels of our experience. So sensation, image, behavior, affect and meaning. And so the other thing you can do is notice, oh, can I notice in more detail what these sensations are? Is there an image that happens when the heat rises through me, as you were talking about a few minutes ago, Rebecca? Do I make meaning of this, right? Is there actually a little

bit of irritation coming up, so you can gently start to explore in that way, too? So thank you for that, and I'm going to turn it over to you now, as we move into the category, what's happening and how do I work with it?

Rebecca:

Okay. Alright. So, "I'm an alum, round three, early developmental trauma. I keep waking up with my right leg in tree pose," which if you guys aren't familiar with, it's the knee, the leg bent out to the side, and the foot is touching or very close to the inner other leg, the sole of the foot generally. "This leg pattern initially happened eight years ago and led to a hip contracture, which resolved with lots of stretching, and hasn't bothered me in a long time. It started again. And I'm also noticing tension on the right side of my body, and a lot of young fight flight motions, wriggling and feeling fear and immobility, especially in the morning. I wake up in panic but can't move. Suggestions? Why does my leg do this?"

(00:50:28):

I'll first just say, why does my leg do this? Not exactly sure why, but there could be an incomplete procedural memory happening. This could have some connections. I don't know your history to things that happen, things that happened when you were younger. It also could have maybe some connection to just certain reflexes that need to be integrated. And sometimes that doesn't always happen in our development from babies in those first few years. But I think what's most important is just how you might work with it, because mentioning that it happened and then it didn't, and now as you're doing this work, you're in round three, and you could just be in a new layer of stuff coming up. And so you're noticing the tension on the whole right side of the body, and these wiggling, and the feeling of fear. So to just work with that, and in the morning you notice that first and foremost, and feeling like you can't move, to just tune in to your resources, to the space as much as you can, to any cues of safety.

(00:51:44):

Maybe it's just the feeling of the bed there, something comforting, and then see if you can tune into what else, what else might be there besides the tension. And then maybe go into the tension, almost like you're tightening a little bit more, and then letting it go. And that might just be a bit of a contraction on the right side of the body. And then that might evolve into just a little bit of moving. You're almost going a little bit more into that shape, into the tree pose,

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and then a little bit out of it. Now of course, doing this when it's not happening might be a good way to approach it. First and foremost, just play with it maybe sometime during the day, of going into that position and tuning in like I mentioned, and seeing if you can go in and out of it, as well as how that movement could evolve as you're lying down, and you slide a leg out to the side and let the knee bend. That could be something you do that then invites you to roll to your side and just kind of play with it. Some kind of going into Feldenkrais stuff here, of what else that could become that might be valuable, and seeing how something might need to be completed with that position, and the tension and unraveling the tension. I'm looking at my notes. Lab six. Everything in lab six could be super supportive, especially when feeling that sense of panic.

(00:53:34):

And then along with what I mentioned with the wiggling, if you can slow that down, play with the pace of it, and see what that might turn into. You're mentioning the feeling, too, of flight. So even if it's feeling like I can't move, but there's this sense of flight energy, where can you orient to, even just visually, and having that sense of where is the door, how can I leave here? Imagining it, where's the window, and so on. Could be another way to work with that specifically. Anything to add, Jen?

Jen:

I think you covered it. The only thing, and you mentioned Feldenkrais, so the only thing I don't think you said specifically, unless I spaced it, but some of the Feldenkrais lessons might be a way to explore it. So there's a lot of great Feldenkrais lessons in SBSM. Anyone specifically come to mind?

Rebecca:

The pelvis to head one?

Jen:

Yeah, what do you think about rolling Like a baby?

Rebecca:

Yes. Rolling Like a baby. For sure, for sure.

Jen:

Yeah. Yeah. So yeah, some good, other good resources for you there. Great. Are you ready to go to the next question?

Rebecca:

Is that - ?

Jen:

Me? I think it's me.

Rebecca:

Okay. Yeah, go for it.

Jen:

Okay. "Hello, alum here. I have CFS," which is chronic fatigue syndrome, "POTS," which I believe is postural orthostatic tachycardia syndrome, "and small fiber neuropathy. I also grew up with early developmental trauma. When I do the exercises, I am so concentrated, willing to do it right, on alert, what could happen, that I stop breathing and also become tense in the layer below my skin and the legs." So just below the surface and the legs. "So basically I don't really settle into it. What do you suggest? Thank you." So with early developmental trauma... And I did peek in the chat, and I saw some questions about global high intensity activation. Basically that's when we have a background of activation all the time, sort of how we learn to, our system, learn to operate. So early developmental trauma and global high intensity activation pretty much always are one and the same, most of the time I would say.

(00:56:12):

And that can show up, that activation can show up as feeling a lot, not feeling much at all, or kind of feeling a mix of the two. So I just wanted to kind of throw that out there as a clarifier. With early developmental trauma, we often have this sense that, as we talked about earlier, something's wrong with me. And so the antidote to that is that many of us try to be really good and even perfect. So there's a lot of perfectionists, or I should say now, reformed perfectionists, among those of us who identify as having a history of early developmental

trauma. And it can also be really important to know that when that's the case, we may not have learned how to settle. And so as we come to this work, a really important part of it might be simply learning what it feels like to settle.

(00:57:06):

And if that's unfamiliar, it can take time and it can happen gradually. And so this can be as, there's a lot of emphasis on feeling sensations and expressing and releasing, and that is critically important of course in this work. But if we never learn to settle, learning how to settle is just as important, because they go hand in hand, because we want to sort of move into something that might be stimulating some activation, and then we want to be able to come out the other side and feel what it feels like to land in the present, just in like, I'm okay in the here and now.

(00:57:44):

So that might just help to keep in mind that, oh, maybe part of what I'm learning here is actually what it might feel like to move in the direction of settling. The other thing that I want to emphasize is that there's the practices, but how we approach doing the practices is just, it's pretty much as important as doing the practices themselves. So it's really great that you're already aware like, hey, I notice as I go to the practice, I feel this sense of pressure and my breath stops. So noticing that is part of this work that you're learning, and what we want to do when we notice that is give ourselves permission to start where we are. Okay, this is where I'm starting. As I'm exploring these practices, I noticed that I have a tendency to want to do it right. I am alert to what could happen and my breath stops. So we can always start by simply naming, as I talked about a few minutes ago, simply naming what we're noticing, it brings in an observer, it brings in attunement, and it slows us down. So that in and of itself can be a powerful practice.

(00:59:01):

We can also notice, it sounds like you're already on the way to this, but we can also notice in more detail what specifically happens. So you're noticing, my breath stops, and it sounds like, just under the skin, you notice there's some tension in your legs. You could start to notice like, okay, if I just start to think about doing a practice, am I able to notice what happens in a little more detail? Does my breath stop before the tension happens? Does something else happen even before the tension in my legs and the breath stops? So that's a way of titrating it, is just to

start, think about doing something, and notice what happens. As you notice, you can also bring in that practice of pendulation that I talked about earlier where you name what's happening, and then you name something else that's happening, and then you name what's happening, and you name something else that's happening. And finding the painful and the pleasant when you get to lab six is a great practice to explore, a very helpful one for exploring.

(01:00:09):

I'm just going to take a moment to check out my notes. Oh, resource. So the other thing is that remember, as we are learning to settle, we want to intentionally practice noticing okayness or even things that are pleasant. So as you notice like, oh, I go to do this and my breath stops, then you might notice like, oh, and I have this soft thing next to me, because it's a little chilly here in Santa Fe, or I have a cup of tea, or I notice that I have my plant on the table. So pendulate intentionally to a resource or to something that's sort of pleasant or okay, that can be another practice. Because what we're doing there is, we're cultivating the habit of offering ourselves, just repeatedly offering ourselves cues of biologic safety. And as I look to the left, I see there's a beautiful swath of sunlight coming in on the rug and it just sort of makes me drop a little bit. So just kind of practicing those things.

(01:01:24):

The other thing is, if it feels like you have the capacity to do this, you could go into the tension a little bit. And again, when you get to lab six, there will be a tense and relaxed practice, where Irene guides you through an experience of doing that. So you're welcome, of course, to practice on your own. The other thing I'll mention is the touch practices. I mentioned, if the part that I talked about, learning to settle, if that resonates with you, the touch practices such as the kidney adrenal practice can be really helpful in supporting that process for many of us. I also want to acknowledge that there's a lot of ideas in there, when we want to do it right, we can feel like maybe you need to do all of 'em. You can really just pick one. You can just maybe start with naming, and know that that in itself will make a difference, or turning towards resources. Any little thing that you practice consistently, relatively consistently, not perfectly, consistently, will make a difference in time. Rebecca, would you like to add anything else there?

Rebecca:

I just want to highlight, it's like this question, but it's really all of 'em, what you're saying, and I know it's almost redundant. We can sound like we're repeating ourselves with resources and just noticing a little bit of okayness. And I know that can seem really hard, especially when you have symptoms and you're dealing with things like POTS and CFS and wanting to get it right, and really wanting that to change, or really wanting the trauma to get out and get regulated. And it can seem so simple, but it's so important. And I'll just share, real briefly. There's somebody that I've been consulting with that I supported in starting SBSM this round, and they shared with me the other day that they're dealing with a lot of symptoms. They've done lots of stuff for many years, and woke up, and the panic and the symptoms, and this and that, and they just sat down at the table and just oriented and resourced a little bit. They didn't put the neurosensory thing even on, and they're new to this, they just did it a little bit, and there was a shift, this little shift. So I just want to highlight, and I'm that person that was like, okay, yeah, we're going to resource and orient. What's the big deal? And no, I want to get this going, but it's super, super important.

Jen:

Yes, thank you for highlighting that. I will piggyback off you and say a lot of people also find just squeezing themselves, either doing the self hold that Irene teaches, or because I tend to have a lot of activation, just squeezing down my arm, or squeezing down my leg, and just making a habit of that. And to be clear, we don't have to really pay attention. It's like I'm paying attention to all of you, and to what we're talking about. And I have a lovely, you can sort of see a little bit of Santa Fe out the back window, and I have some more out my front window, so we can just do these things in the background, and these habits, what they're doing is they're offering those cues of safety, and very often we may notice no difference or we may notice a little difference, and then we'll come right back to feeling whatever we were feeling before. And that's okay. That's part of the process, and in time it adds up. So thank you for highlighting that. That's very important.

(01:05:00):

And I think, let me see here. Oh yeah, sorry, I have a quick one, and then I'll turn it over to you, Rebecca. So the next question is "I'm 45. I have CPTS, DEDT, birth and shock trauma and agoraphobia." So I think most of those initials should be familiar to most of you. And agoraphobia is where there's a fear of leaving the home. "My system blew up two years ago with uncontrollable body spasms. I've been on meds for my adult life, and I'm still bed bound.

Should I get more chemical safety first with increased meds, or continue to white knuckle, hang on my days while doing this work? I know you can't really discuss medications regarding this question, but I'm more curious about if chemical safety can be used as a resource at the beginning to establish a safer somatic baseline, so therapy could work better, versus white knuckling at 24 / 7."

(01:06:00):

So I do need to say, you already named it, so you're aware, but I do need to say that we're not physicians. So medication, specifics about medication, is outside of our scope of practice. So what I'm going to offer you here is just some anecdotal kind of general thoughts to consider. It's a really personal choice. And when we're in a state of high distress, and it doesn't even have to be high distress, to be clear, but many people have found medication to be helpful in providing the stability needed to be able to engage with this work.

(01:06:37):

You have to, really, if it feels like that would be helpful to you, then that definitely could be a discussion to have with your provider. If you do, if that does resonate, and you have a provider who you feel like is a good partner, I find that the concept of titration can really apply to anything. And so a lot of us who have a lot of activation in our systems can also go with hypersensitivity to different things sometimes. And so if your provider's open to doing things in a titrated way so you can see how your system responds, that might be something to consider.

(01:07:14):

You use the term chemical safety, I'll just clarify that the safety comes from you, so from your body, your being, and that's just a stimulus. The same way that I'm looking. I look outside and I drop in my chair a bit, for a long time that didn't happen, but the medication is stimulus, the way the sunlight is for me right now. So just to be clear that the safety lives within you. I think that's what I want to clarify there. And that in time, often people find that as regulation and capacity grow, they may hit a point where they need to wean off in order to continue going further with the work. And so that could be a nice thing, right? Because you're at a place where you can talk to your provider about whether it would be supportive to lessen your dose or wean off. But yeah, the essence of this is that it's a personal decision, and many people have found it helpful, if it resonates with you, but completely up to you and your provider. Anything else there, Rebecca?

Rebecca:

No, I think you covered it.

Jen:

Okay. Over to you. I'll just say as I turn it over that we didn't take a stretch break, so if we've been sitting a while, so it would feel nice to move around a little bit, go to the bathroom, drink some water or some tea, or whatever time of day it is where you are, and you don't have to stop moving as we come back, if it feels good to move a little bit, just kind of checking in with yourself and noticing what feels supportive in this moment. And I'll let you start whenever you're ready, Rebecca.

Rebecca:

Okay, so this one, "Exposure to porn magazines from around eight to teenage years gave me a sense of confusion, fascination, along with guilt for looking at them, along with this mix of fascination and disgust. The mags were freely lying around at a family friend's place where we stayed, and he'd lent them to my dad, who hid them under his bed, where I remember my sister and I finding them, but they were never mentioned by any of the adults, decades on. This still bothers me. What would this do to the nervous system of a child? How to readjust?"

(01:10:42):

So the first part of that question, what would this do to the nervous system of a child? It can be to be introduced to sex. Sexuality too young when we don't really understand it or get it or developing can be confusing overall, and it can create an inability to process overall. We could say socially, emotions, and cognition. And that can have a lot to do with because there's this reward center of the brain, and there's more dopamine that gets produced, similar to just a lot of when there's a lot of video games that a kid does in developing time. And so then because there's too much dopamine in the system, that's part of why there can be issues with how the nervous system and the brain is working, as well as the impact on the self-image. This can happen for a male or female, but especially as a female, oftentimes in these types of settings, in the porn situations, there's objectification. Sometimes it is violent. There's this idea, that

you might get this idea, if this is how you're supposed to be or supposed to look. So that can be disruptive or altering as far as your body image and your learning and associations to sexual behavior.

(01:12:23):

So then you ask to readjust, and I don't know exactly all that that might mean for you to readjust, but I want to just say overall that as I hear readjust, I hear just more regulation and maybe just more regulation or new responses in regards to this memory, to this experience you had. And maybe if that is showing up in your life in some ways, especially in your sexuality and in your sex life. But doing this work and developing more regulation will be a means for readjustment and developing a new relationship with your body, with sex that can be done in a titrated way. What feels good, what feels safe, how you approach that with yourself, how you approach that with a partner, a new connecting with your body and your own self image that's different from what those images and what might be fed from the magazines. And you could also work with the memory of that, with the disgust. What is the disgust and the shame that comes up for that and how you can be with disgust. Oftentimes it's like, ah, right, it needs to move in some way. Shame and working with toxic shame, I think Jen gave a resource of the toxic shame video. The posture of it might come up sometimes, the posture of shame is to get small, to hide, and then getting a little bit bigger. So the potent posture lesson in lab two could be helpful.

(01:14:15):

Working with sound can help with disgust and shame, and teasing that apart from fascination. So even if it's just maybe something you remember that seemed fascinating about the images, or what you find fascinating now about maybe erotic images or sex in itself or yourself, how do you notice the difference between the sense and the feeling of disgust and fascination, so that they're not coupled together, resourcing to what you like, that it's fascinating. So you can even do this with something that doesn't even have anything to do with this. What do I see that I, what do I like to touch? The painful, pleasant might be a nice lesson to work with in lab six. With that, what kind of images do you like to see? And so that's clear to you and that can be really downloaded in your system versus the disgust and the shame and being that adult self. Now that kind witness to the younger self that was exposed to that, what maybe would you have needed, because you mentioned this never was mentioned by the adults, it's like what might you have needed to hear or what kind of support or something maybe you have needed

to just help you understand that or be with that. And if that part of you now that understands that could speak in an embodied way to the part of you that's trying to readjust from that experience. Anything to add? Jen?

Jen:

You covered a lot. I think maybe just the two things that come to mind, Rebecca, are that as you work with the disgust and the shame, there's a good possibility that aggression might arise, because why didn't those parents protect you from this? And related to that, you might've heard us talk about other times, or Seth or Irene, that it can be helpful to renegotiate things from our past. And so that might look like remembering what happened, but then thinking through what you might've wanted to happen, and how that have felt. Right? So how would it have felt for one of the adults to say, Hey, this isn't okay for us to be having these around you kids, and I'm sorry. And depending on your age, if it was age appropriate, you were eight to teenage. So yeah, if you were a little older in there for them to have a candid conversation with you about pornography and what it is and offer some education. So whatever that would've looked like to you, to give your chance to think about what you would've wanted to have happened, and how it would've felt if that had happened. So that's the only other thing that came to mind.

(01:17:23):

I'm going to go to the next question, but before I do, I also want to mention that I saw someone mention this idea of, oh, the wellness lives inside of me, or the feeling of wellbeing lives inside of me. And we also talked about learning to settle, and remember that when we're learning to settle underneath, we have lots of activation, whether we feel it as activation or we feel it as freeze. And so, Elia's movement, any kind of movement. And we are lucky because Elia offers these lovely movement lessons. So the dance and movement, and Elia's lessons can also be a great way to sort of explore feelings of wellbeing, and to explore ways to sort of be with that energy inside. It might be there all the time, or to start to discover it. If you're someone who identifies more as not having energy, and those things like the Feldenkrais lesson, they can be done in the imagination too, for those of you who may be bed bound or not have the energy to move or exert in other ways.

(01:18:27):

So I wanted to throw that in before the next question. So the next question is, “I’m an alum of around four years and this work has made a huge difference in my life. I’m much more my authentic self,” so that’s great to hear. And then you go on to say, “I’ve recently had a cancer return that was in remission, and this has completely thrown me off. I suddenly feel afraid of my own body, and it’s making it hard to do this work. I have an excellent medical team, but I find myself in a lot of collapse, wasting a lot of time doom scrolling. I don’t seem to know how to come back to myself. Any suggestions?” So first I just want to acknowledge that I’m really sorry to hear this. I felt really sad reading the question you posed, and I think it would be a lot for almost anyone.

(01:19:25):

And so just to start to normalize the overwhelm, it would also likely touch into a lot of underlying feelings and experiences, and especially given that you’ve been through this once or a version of this one time. And so just as I kind of want to say, of course you might feel overwhelmed. I want to add to that, when something unexpected happens, I’m imagining from your question that this news was unexpected when you went for your appointment or your checkup, that when something’s unexpected, it can hit us harder and have a different impact than when we see it coming. And so to start, you might just intentionally need yourself to give yourself some time to whatever that looks like, but to let yourself digest the news, to let yourself, if you feel grief or if you feel anger, when you start to peek under the collapse, but to just make space for that being with what you learned.

(01:20:40):

The other thing that comes to mind with that is I realize this doesn’t change the reality you’re navigating. And sometimes in this work it can help to see something outside of us or to give ourselves some distance. So you might sort of almost see the news you got, because sometimes a shock can hit us and really land inside. And so if you were to maybe see the news as sort of, you could have a little perspective on it, it could be outside of you so that you could have a little breathing space from it, that might also potentially help you, to take a little time, and to tease apart the different impacts it might have. Because, remember when we collapse it’s because it’s too much and you’re dealing just from what you shared here, you’re dealing with something unexpected. You’re dealing with needing to, if you choose to go through this round of whatever the medical intervention looks like, you’re dealing with the fear you mentioned, right? So there’s a lot there. And so as you, I mentioned, start to be able to peek

under the collapse, just making space for those different feelings and experiences that might be under there. There might be bewilderment too, comes to mind, anger, there could be a whole host of things.

(01:22:01):

So sometimes when we don't have capacity, because something's too much or we're going through something that's more than we have the ability to handle, it can really be a time to lean into resources, to lean into co-regulation, to lean into anything that comforts us, and to take things a little bit at a time. Sometimes external supports, whether that's a professional who you see, or if you have a good friend, or maybe you made a friend or an acquaintance going through it the first time, maybe you found a group that feels supportive. But kind of leaning into those external supports, and allowing them to hold us in a way can sometimes help us too. Then you said, how do I come back? Some of those things can then help us to come back and reconnect to our internal resources. Sometimes we do get disconnected when things are too much and we're overwhelmed.

(01:22:59):

So there you might think about, were there things or people or places or groups that were supportive the first time that you went through this, or at other times in your life you mentioned being afraid of your body. And so with trauma we tend to go good, bad, black, white, and it sounds like that you potentially might have over-coupled the fact that this came back with your body, and how your body's working. And so the question would be, can you start to differentiate your body even a little bit from the cancer return, right? Because the cancer is something foreign, that cancer is not your body. And I get that it might feel like a betrayal of sorts, that this came back. I don't know. I'm imagining because of what you shared about fearing your body. So could you start to maybe just like it, just a little bit at a time, start to see that it was also your body that helped you make it through the first time and that helped you to survive and to be where you are now.

(01:24:10):

And that might look like just starting to see little things like, okay, right now I touch my fingers and that feels okay. Or I can appreciate my hand that allows me to reach for my glass and take a glass of water, take a sip of water. I appreciate my feet that allow me to get up and go for a little walk. So are there little things about your body that even feel like the littlest bit or unable

to do things that you enjoy, so that you can start to differentiate the body and the fear that you're dealing with?

(01:24:53):

Sometimes we can, that I mentioned that sense of potential betrayal, so we can internalize those things. It sounds like you're directing that, whatever version of that you're experiencing towards your body, can we start to externalize that? However you want to imagine that, maybe it's if you live in a city, it could be the toxins that made it, contributed to this. It could be depending on your relationship with God or spirit. It could be anger at them or feeling betrayed by them. It could be seeing the cancer outside yourself and sort of directing some of that towards the cancer. So maybe in time, as you're ready, you might start to explore externalizing these feelings that you might be directing in towards yourself and your body. And the last thing I'll offer is that sometimes those of us who are on this journey, receiving can be scary, receiving, taking in forms of support and care and nourishment. And so if it resonates, something you might consider is where can I receive or take in support or care or nourishment in this time when I'm feeling overwhelmed and going through a rough time. So hopefully there's something in there that resonates.

(01:26:33):

Rebecca, is there anything you want to add?

Rebecca:

Just maybe along with what you're saying, of where do you feel like a little okay in your body, and looking into support? Another variation of this, mentioning doom scrolling. Maybe it's scrolling at something else. Maybe it's scrolling at puppies or flowers or something you like, and if that feels okay, maybe even into stories or experiences of others that have overcome, gotten through something like cancer.

Jen:

Yeah, thank you. Yeah, I wasn't sure if the doom scrolling, if you were doom scrolling specifically about diagnoses or about the world in general. So, yeah, thank you for bringing

that. So I just want to say that we're at 5:30,, so if you need to go, drop off, and we might, since we have a few more questions, we might just, are you okay to answer a few more, Rebecca?

Rebecca:

Yeah.

Jen:

Okay. So you might hang in there for 15 minutes just to kind of answer a few more of the questions that came in this week since we did the preparation. But if you need to go, completely understand, the recording will be available the next day or so. And with that it's over to you, Rebecca.

Rebecca:

Okay. "I grew up with a father who has narcissistic personality disorder, plus alcoholism, and is a rageaholic. And I'm wondering if you have any specific recommendations that have been helpful for folks in similar situations for healing the nervous system from parental narcissistic abuse, which includes early childhood developmental trauma. This is my second round of SBSM, and I still struggle with the repercussions, even after 25 years of my healing journey." So it's like everything that's been mentioned with early developmental trauma, and just remembering that, tuning back, into the tips for early trauma, the resources that Jen had mentioned can be really helpful here, because often that with early development trauma, it's like some things should have happened that didn't or something should not have happened that did. And this could definitely be the case with a narcissistic alcoholic rageaholic parent. And that can be kind of extreme compared to, there can be lack of attunement for some of us, and that is a form of early developmental trauma, too.

(01:29:22):

But this can be pretty extreme, what you were dealing with. So to just see if you can be kind about that, and gentle with yourself about that experience. And this is then about how you can attune to yourself. So that's what all these foundations are about. How do you provide for yourself what should have happened, that didn't? The touch, the listening, the kindness, the being able to be with your emotions to express yourself. And this often can happen, and it's part of our humanness to happen in relationship, and maybe that if there is someone in your

life that you can co-regulate and experience that with, but it also can be a pet, it can be nature, it can be a spiritual affiliation if you have one, you can be resources. Speaking of pets, that's my dog Greta barking, if you can hear that.

(01:30:26):

And you might find, as you feel ready to work with the healthy aggression piece, of what that might come up about what happened with your dad, and how he was, in starting to work with moving that outward instead of towards yourself. And Jen has mentioned that and some of the other questions, because often with something like this, especially with how we grew up, and how our parents were, we make it about us. That's what children do. And there can be this, it's like I'm not good enough, I'm not worthy, and this all comes from that physiological platform network, freeze, what's under the freeze. Maybe sometimes they're shut down or collapsed, but that's really why that's happening. And so it can be helpful to just look at that and support yourself to shift that feeling, and that perspective of what might be lingering from what happened in that experience with your dad. I think that's it. I'm looking at my notes real quick. And just to notice, because mentioning here you've been on this long healing journey, it can be helpful to just reflect what has changed, how have you grown, what have you discovered? What's something different than just the struggle with the repercussions of it? Sometimes I think we can forget about that, and it can be helpful to just maybe reflect on your journey, see if that's supportive. Jen, anything to add?

Jen:

Nope. So, next question. "Hi, I have a lot of thoughts, feelings and reactions that wreak havoc constantly. There's just so much. I have EDT with a huge goodie bag that goes along with that." So I imagine, I'm not sure exactly what that means, but maybe you've been through a lot or have a lot of symptoms. "In September of 2019, I had a fallout with my youngest child. I'm mourning the loss of her without her having died. My life feels worthless and most of the time I don't see or feel how life will ever feel good again. Can you offer some hope and advice for how to move on? Thank you."

(01:33:02):

So it sounds like, I just want to start by saying, that loss is loss. And so even though she's alive, it sounds like, or I don't know if... her. Yeah, you said her. So even though she's alive, loss comes in many forms. And so allowing yourself to grieve, and to allow the waves of grief to go

through you and to offer yourself whatever TLC looks like as you do that, and then in time start to differentiate grief from sort of that looping maybe that we talked about earlier. So it might be helpful for you to go back and listen to some of what we said when we were talking about looping or completing what you're describing here from a nervous system perspective, lots of thoughts and feelings that wreak havoc, that sounds like a lot of sympathetic activation. And then feeling, like, hopeless, you said worthless, sorry, and I'm saying hopeless because you say most of the time I don't see or feel how life will ever feel good again, that sounds like hopelessness.

(01:34:10):

So those are more clues that there's also some freeze collapse happening. So it sounds like it may be just helpful to recognize from a nervous system perspective that there's a mix of times when there's a lot of sympathetic activation and times when you might be going into collapse. So just to start with the basics that what we're feeling is more than we have the capacity for, growing capacity can be really important. So if you go back and listen to this call and the other calls, like lab one and lab two, the touch practices, all of those can be helpful in growing capacity. And then as you have the capacity, starting to just touch in to those feelings that are underneath the surface, and to do so viscerally because when we have a loss like that, like the breakup question, if you listen to that one, it might feel really connected if you listen, because sometimes we can just replay over and over. I'm so sad thinking about your child and how you're not in contact, maybe having fear, or imagine you may never be in contact, whatever that looks like, but we can kind of play that record over and over and it can be really important with kindness to help ourselves to find ways to break that cycle if it's happening, and to offer ourselves new possibilities for where and how we might focus at times.

(01:35:49):

As I mentioned, also, earlier, when we're in a relationship with someone, especially now as it sounds like you had a fallout, so from what you shared in your question, it sounds like you might not be in contact, if that's the case. Your relationship with her at this point is predominantly the one you're carrying inside yourself. And so we can explore our relationship to the daughter who you carry inside yourself, and that can look like the feelings that come up as you think about interacting with her. It can look like letting yourself say things that you might want to say or have said, but aren't able to say. If you're not in contact at the moment, it can look like writing letters that you may never send. But generally allowing yourself to explore

the relationship with the child you carry inside yourself, as well as the recognition of your child who's out there in the world, looking for the little things, the moments where things just feel a little less painful, or there's a moment where you may just feel a sense of you just got caught up in the flowers of spring, if you're in the northern hemisphere, or the sunlight, or you just momentarily forgot.

(01:37:10):

So just starting to notice when things feel a little less painful, or maybe even a little, okay.

Um... I can tell I'm getting tired, because I'm "um'ing" more, so excuse me, I will see what I can do there.

(01:37:27):

Co-regulating. So when things are too much turning toward resources, co-regulating and drawing in from outside of us, whether that's nature, whether that's animals, whether that's music, softness, things that feel nourishing, whether there's people who feel kind and safe and caring to you. So just going gently, coming back to the basics, allowing yourself to look at where you can resource, co-regulate, and draw in support that will allow you to continue to grow capacity, and be with all of the different feelings that are likely held inside, and experiences. As I also remember too, that this is touching into, it sounds like a lot of grief related to your childhood, and also it may be touching into something from earlier in your life that could be magnifying your experience, and knowing that might give you clues about other things that might be helpful in how you explore it. And it might also help you to have more compassion. The four ways to spark up social engagement that Ari shared earlier could be helpful. The resources, and also potentially the heart meditation, could be the heart meditation, or mediastinum. If you're, say, if you're an alum, the mediastinum or meditation could be things to explore. Rebecca, anything you want to offer there?

Rebecca:

No, I think that's it. Am I next? Or you have another one?

Jen:

You're next. And then yeah, why don't you answer the next question and then we might kind of call the wrap.

Rebecca:

Okay. Alright. "How important is it to really believe that my nervous system will become regulated? I have early developmental trauma, fibromyalgia, and lots of fatigue. I've been doing this work awhile with a practitioner, and I practice every day, but I'm so fatigued, and I find it hard to have faith that I will get better." Well, I could talk about this one all day, but I know that we are out of time, that whole idea of believing, and so I just want to name, it's totally okay if you feel like you don't believe it, or you struggle with it, and you struggle with the faith, that's part of it. And just to see if you can kind of go there and be with that, what that might feel like, if you unpack that a little bit, and it makes sense that maybe you don't feel that way, because when your system's unregulated, you're in mixed states of survival energy.

(01:40:19):

It's really challenging to have optimistic beliefs and different beliefs, because in many ways this work is cutting edge. This work is different, especially when we're looking at resolving and healing from something like fibromyalgia, when in the mainstream culture that is not the belief. A lot of this is overcoming maybe some beliefs that are just from what we have, our beliefs in how we grew up, and in our subconscious. And they might be in the way from generating a belief, of that type of belief in oneself, and optimism to heal. So it's not that it is that you have to have the belief full on to be able to heal, but I think it's something that you cultivate by doing the work. As you develop more regulation, you touch into that potential. And beliefs also are generated by evidence, by our experience. So as you experience some change, some shifts, some ease that can grow a belief, and believing in yourself to be able to heal and have more regulation. And then it might support you because you're saying, I'm so fatigued and I'm doing this every day, to just titrate a little bit more, maybe take a little pause, orient towards pleasure, do things that support, especially if there's the stuff, symptoms that can come up with dealing with fibromyalgia.

(01:41:59):

Yeah. Yeah, that's it. I could go on and on about that. This gets into quantum physics and stuff, so it's really powerful, really important, but it's not like you have to do it first in order to develop regulation. Okay. Jen, anything to add?

Jen:

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The only thing that comes to mind, Rebecca, is that sometimes it helps me. Most of you who've been on these calls with me know that I really enjoy plants. Sometimes just like a little seed can grow into something so beautiful. And you, as Rebecca spoke to you, have some seeds of faith or belief in you where you wouldn't be here. So maybe just that image that little things can grow, right? Or little seeds can grow into many things. Forests, gardens. Yeah.

Rebecca:

I have a little sign on my table and it says something along the lines of, something along, it's covered up, so we can't read it perfectly, but I know it's along the lines of, you plant the seed, but you don't see the fruit right away. You don't have the fruit like tomorrow.

Jen:

Yeah, for sure. The fruit, or the flower, right? Or the kale, whatever. And asparagus, right? Asparagus takes three years before you actually get edible asparagus. So yeah, I grew up and we planted asparagus and yeah, after three years we had lots of yummy asparagus. So all that to say, little things can grow into big things with time and nurturance. Yeah, so I think because it's a quarter of, I think we will call it a morning or evening or afternoon, wherever in the world you happen to be. I want to thank you so much for hanging out, Rebecca and I, this day, on this fourth Q and A of SBSM. And I want to thank you, Ari, for doing what you do behind the scenes and there in front of the scenes, and Carrie for taking care of the chat. And thanks to both of you for staying a little longer, too. You want to say goodbye, Rebecca.

Rebecca:

Thank you everybody.

Jen:

See you next time.

Rebecca:

See you next time.

Jen:

Bye-bye.

Rebecca:

Bye.