

**Curated Q&A Call #5 with Rebecca Roman**

Rebecca (00:00:02):

There we go. Hi everybody. It is April 17th, and we're doing the Q and A today. I'm doing it today. All by my lonesome, and Jen is here as the moderator for the chat. I'm just curious, what are we, about halfway through the program? And it's okay if you're not fully halfway through, you're at wherever you're at. Just curious if anybody feels like maybe just putting a word of how they're doing with the program, how they're feeling with it, if you feel like sharing it.

(00:01:10):

Okay. Nobody wants to share it. Excited, fearful, in a whole range of feelings. Yes. Feeling the feels. We've got to feel the feel. Lots of material to process. Yes. Learning to find moments of presence. Wonderful. Starting to feel at home here. Finished lab nine for the first time. Nice. On the sixth round. Learning to titrate. Yeah. Cool. Well, it is ongoing, and it is layered, and I still refer to aspects of the program, for sure. Do more orienting, more joy coming. Noticeable. Wonderful. Starting to feel different, but not sure. I couldn't trust it yet. Yeah.

(00:02:28):

Okay. So just remember, you take care of yourself. You need to pause, if you need to go away from your camera, if you need to bow out early, whatever you need to do. And just again, like somebody said, there's a lot of content, right? A lot of change. So even just with the questions, if you can just explore, with the basics, feeling yourself, feeling your body, what you're touching, being in the room, being in your environment, following your impulse and maybe a resource, grateful for the knowledge, of the wisdom, the support. Awesome. Okay, so I'm going to get started, and as we begin, I'm going to start off with just, there were a few questions I just grouped together, and I'm going to address it, and I'm going to do that for two things. So that'll be about relationships and modalities. And then we'll shift into more of a theme around some questions, and then some general questions.

(00:03:40):

And I think I should get through it all, and you might notice me looking at my notes, and looking at the clock just to track that. So this first group of questions, and can you hear me okay? Okay, thanks Jen. This first group of questions is around relationships and doing this

work, and it's very, very common. I mean, everything is relational. We all got here on this planet from relationships. And oftentimes when there's rupture and trauma and whatnot, that has a lot to do with others, often, right? It's about relationships. So it's very common as you start to look at things and feel different and learn and create more movement, you could say in your system that it's almost like you can become somebody, who puts that in the comment, a little more sensitive as you become more aware. And that might show up in relationships, especially with people that you've known, family, people that you have a historical way of being, and pattern, and the way that they see you, and the way that you see them.

(00:04:57):

And so one thing to consider when doing this work is you can always, if that feels appropriate, let people know. Let people know that you're doing this, and however that might look, whether that's just sharing that with them, maybe letting them know what you're learning a little bit. If they're interested, that might look like you. Not that you have to say something when you set a boundary, but that might look like setting an actual boundary or space with people. If there's been patterns that have been more triggering for you, doesn't mean it always has to be that way, but it might be that way for a little bit. And even just the energetic boundary, as we're learning in this work, that you, or you and the environment, and your connection to the environment, and your sense of self. It's like you're not them. And sometimes that pattern, especially if it's like early developmental trauma stuff.

(00:05:55):

There can be this enmeshment with others, and I have to be this way so that things are okay, so that they're okay. And it's not about not caring about people, of course, but you're not them. And we can care about people and be compassionate without getting so enmeshed with them that then we're triggered because they feel a certain way. That was one of the questions, of feeling like it was hard to be around someone because of the pain that they saw this person in, as they've probably started to become more aware of it. But as you become overall more regulated and internally safe in yourself, you're less dependent on other people and what they're doing and how they're living and how they're being. Again, it's not about being callous or not caring, but you don't need them to be a certain way to feel. Okay, there was one specific, so this is about being authentic to yourself and what can help if you're going to be with people.

(00:07:00):

There was a question, I want to be with my parents, but I feel these ways when I'm with them. I get that a hundred percent is practice bringing in the tools when you're with people, orienting, resourcing, following your impulse, staying as present as you can and using those practices when you're with people. And then maybe again, titrating how much time you're spending with people. And what you might find is that sometimes we might have boundaries, but we don't necessarily need to keep having the boundaries, because again, we're not so attached to how other people are. And this even includes generational trauma. So, generational trauma, that's the ancestors, that's the past relationships, and we can definitely be impacted by generational trauma. And this work definitely will break. This question was like, does it break the cycle? And it definitely can because you're changing. You're changing at a cellular level, and however that was inherited is changing, and that impacts the people that you're around. And then of course that would impact if you had children. So I just brought that question into the relationship piece. I think that's all there.

(00:08:30):

Okay, the next one's about modalities. Just ask questions around other types of modalities of what came up a few times was specifically acupuncture. Acupuncture just in general, like for stress, fatigue, PTSD, kidney and adrenal issues. And my opinion and experience and what I've learned. I think acupuncture is a great modality. It can be very effective and helpful for moving the energy open. The energy channel is very helpful for the organs. So if that's something that resonates with you, bring that into your regimen, I think that can be really helpful. I do think though it is important, and what I love about this work, it's like a foundation for other modalities to integrate better, and for you to have a better sense of what is right for you at any given time. Because when you have these inputs, like acupuncture, something done to you, you want to be able to be with what might arise.

(00:09:41):

And acupuncture can definitely do that. It's subtle, but it can definitely get things moving, and you would want to be able to have the capacity to be with that. Same thing with craniosacral therapy. Good. Osteopath. Somebody asked specifically about that in regards to scoliosis, can definitely help with that. I would say Feldenkrais, craniosacral therapy, a good osteopath, touch work, somebody that does good touch work in the SE community, because oftentimes these

modalities will help to calm and soothe the system. But again, if we don't have enough, that can be alarming to the system. Too big of a change can be too much. And nowadays there are a lot of modalities. I mean tons. So I mean I'm definitely not going to speak to all of them, but just considering what's going on and what you resonate with and explore with it, be curious about it.

(00:10:46):

But this work, as the foundation. So now when I go and get craniosacral or when I've gone and gotten massages or anything, and I've done tons of things even way before I ever did this work, I'm always bringing this into it, and I get a lot more out of it because in the past I had done a lot different things before I had done this work, and I had some experiences, and everyone's different, where it was just too much. It was just too much for myself and I just didn't even know what to do with it, and then had kind of a backlash from it.

(00:11:27):

And I just wanted to mention too, there was something about kidney and adrenal fatigue. And in Irene's YouTube she has, there's a whole page specifically about adrenal fatigue and autoimmune. So some of those videos might be helpful too. Moving on to questions about what to do. This is sort of oriented around what to do. So, "I'm 24 and I have chronic pain, low back legs, arms, neck. My body feels constantly tense. I can't stretch. I have chronic chest tension, anxiety. I did kidneys, two months, 30 minutes a day," the kidney adrenal lessons, I'm assuming," and orient and containment, three months. Felt some things with the first, not much with the second. I struggled to feel anger. I tried all the exercises a few times after five years. I believe it's early developmental trauma. Any advice on what to do?"

(00:12:42):

So first I just want to mention a resource of Irene's is "Anger is essential and why it could be something good", to check out. And Ari or Jen can put that in the chat. And you're mentioning the tension, right? This chronic pain and tension, and we can look at pain. Peter Levine coined it as, or described it as 'trapped sensation'. And of course pain isn't always comfortable, but in this work, learning how to listen to it, it's understandable sometimes that we want to do something, and when you need to, you do of course to just get rid of it, and maybe you do something that soothes it, right? That's where resources come in. Okay if it was a heating pad or ice or a cozy blanket. But this idea of I'm soothing, I'm resourcing to be present with what's

happening, and to see if as you build capacity to start to listen to the pain, and to see what might be there that wants to move and express.

(00:13:58):

Because in that tension pattern, that could be that freeze. That's like keeping the sympathetic, keeping it locked down, anger. So working with some of the diaphragm lessons can be really helpful in making space. There's really great some extra lessons in the extra resources in lab five that Seth did, of working with the different sounds and the chambers of the body, that could be really helpful in making space and starting to get some mobilization with anger, with sympathetic, to make space, and then see how that might echo into the musculoskeletal system and movement, I would suggest. And you said here, I can't stretch. I would say listen to that, maybe don't right now, and just do some light gentle movement. We're going to get into some Feldenkrais lessons in a couple labs, but Elia's movement lessons could be really helpful. And just following your own intuition of just some movement without naturally stretching.

(00:15:19):

Because you think of it if you're bracing, right, especially as a protective pattern and you're bracing the muscles and then you go in, it's like you're trying to force your system, force the tissue to be different, force it to lengthen. And I could get into a whole thing about stretching. I'm not going to see that right now, but it just might not be the best thing. And it sounds like when you're saying you can't, there must be something you're experiencing that's like, no, your body's like, no, let's not do this. So attuning to the system a little more and making space, and again those diaphragm lessons will be great to then see what's there that might want to move. And you said anger, so you could explore with is there a situation where you're not at a 10 with anger, but something that might be frustrating that's happened, or if there's a theme, or when you notice it and work with that, how does that feel in your body, the thoughts, the images, and what do you notice in your body, and how does that anger want to move?

(00:16:28):

How does it want to express? Maybe there's a color, it has a quality, a movement pattern, a sound, and just start to play with it that way as you feel you have capacity, but you are mentioning you believe some early developmental trauma going on. So pace yourself, be gentle. You really want to build capacity so that it's not too much. Lab six will have some great lessons coming up. You say you were alone. Yeah, you must be because, yep. So working with



all the lab six lessons, especially the tense and relax, and the pain and pleasant lesson. And then on purpose you can versus I was saying rather than stretching, go into the tension, almost make it a little bit more, and then release it. Almost like creating a line of a pulsing movement to invite and tease into that a little bit, and see what happens.

(00:17:33):

Then specifically, and I'll probably be mentioning this again, but the lessons and the frequently asked questions that are specifically oriented or suggested for early developmental trauma might be good to work with. And I know the lab six ones are in there.

Alright, next question. "What should I do if I have two conflicting biological impulses at the same time? For example, an urge to lie down and rest and an urge to be up and active." There's two parts to this question, so I'm just going to answer that one and then I'll go to the second part. So first off, can you be curious when you feel you want to lie down, when you want to feel you get up, even if it seems like there's both, follow one, just sort of teasing apart, maybe it's like this thought, it's become kind of a habit, but just to see if you can get curious and a little more detailed about what is the feeling when you want to lie down.

(00:18:49):

For example, is it because you feel tired? Is there some sensation in your body? Same thing with getting up. Is there more of an activation, more of a peppiness? What kind of sensation or even what kind of stimuli maybe is happening that invites you to want to lie down and get up, even if it seems like they're both happening simultaneously. And then play with it. Go lie down, orient, notice, feel, and then stand up and notice that in between, pause, somewhere in between, maybe there's just sitting. What is sitting? What do you notice? The potent posture lesson. And you can vary the potent posture lesson in lab two. I mean that's generally done standing, but you could do it lying down. You could do it lying on your side, sitting and seeing what you notice. When you're shifting what's happening in your system, what changes, what does it do for you? Is there some kind of relief when you do one or the other And see again what might show up by listening to what that sensation is, what's held in there that's inviting that, what kind of relief there is. So it's not forcing yourself to not do it, but it's like, well, what if I notice I want to stand up, but I don't yet, what happens, or I just start to stand up and then go back down, and just play with it.

(00:20:35):

And there's a difference, and this comes up, there's a difference between impulses, and then maybe more of a habit or a compulsion. We're kind of getting into semantics a little bit, but usually when something is more of a habit or coping or compulsion, it has a little bit more, it can have a little bit more of an edgy feeling to it, a scary feeling like coping, it's going to somehow subdue something. Whereas an impulse is just more, it's like this deep intuition. It's just like this sense that doesn't have that phonetic energy to it. That's a way that I've noticed it in myself and that it's been reported to me. And with practice following impulses, that can become a lot clearer.

(00:21:37):

So the second part of your question was, "I've had a habit of biting the skin on my lips for years. I do it every day and want to stop because it leaves sores on my skin and the fact that I'm doing it makes my anxiety visible. On the other hand, I know it's a coping mechanism, and there are much worse things I could be doing. So would you recommend just working on my general regulation with the expectation that I'll naturally stop doing it at some point, or should I actively try to stop, because it's like a very mild form of self-harm." So it's a little bit of a similar answer. And I know this one well, I have done that, biting the lip. So again, noticing, just noticing the pattern. See if you can start to notice before you do it, what kind of things are going on.

(00:22:36):

Do you notice kind of a theme, because you are saying it's coping, and you're saying that it's making your anxiety visible, so there's some experience of anxiety. See if you can notice that and be with it while you're biting your lip. Or if you could slow down biting your lip and noticing that sensation and using your tools, using, okay, here I am orienting, there's a resource. A resource helps us be with. It's not just to make everything instantly different, getting in touch with maybe some other impulses, and then with some will and some awareness, start to recognize that it can be a choice, and maybe instead of biting your lip, you bite a carrot, you bite some chocolate, something. I don't want to say necessarily like a biting tool for a baby or something, but something that might be safe and okay for you to bite on, choose some gum. What you can kind of play with replacing it a little bit, because there could be too some aggression. Some aggression in there. You could, when you want to bite your lip, what's it like to maybe snarl or show your teeth or just touch the mouth, touch the lips and

see, as you have the capacity, if there is some healthy aggression that might want to come forth, something that you're not saying.

(00:24:26):

Because again, overall this works about being with ourselves, being with ourself, connected to the environment, being present. And that's the foundation we just keep coming back to so that it can start to make a choice. We can start to make a choice as there are changes in our physiology, as we have more movement in physiological states, and then it's like, oh, I don't have to just bite my lip or do anything, because I'm present to what I'm experiencing, and I can contain it. I don't necessarily need a coping mechanism, but this can take time, and you don't have to be real abrupt about it, but I hear you, and wanting to stop it.

(00:25:11):

For me, I've just done exactly what I've said. And then sometimes my husband's like, you're biting your lip, and I don't like how it looks if I bite it, and then it looks red. That's the motivation. No, I don't like how it looks.

Okay, next question. "Hi there. I'm an SBSM alum third round, and I finally started doing lessons regularly and have been moving out of freeze induced by ADHD medication into sympathetic activation. I've had panic attacks from age three and have a 38 year deep pattern of becoming easily overwhelmed by them. Whilst I am aware that the sympathetic charges coming up are very important, I get worried that I'm not engaging with them the right way in order to allow them up and out. What do I do?"

(00:26:07):

It's understandable. This is common. I'm just like, am I doing that right? Is this sympathetic coming out? And once again, as you build capacity, as you build more regulation, this just happens in an easier way and there's more understanding. So I just want to remind you that there isn't really a specific right way for it to move. It can move in emotions, it can move in movements in the body. There could be, certain symptoms sometimes happen, twitches, shaking, images. So again, because with this so embodied, we're just really learning and honing in on how we can be with our body so that we can be with those sensations as they arise, and we're not really trying to make them, but yes, in shifting out of freeze, you approach some of that sympathetic activation in lab six, and you said you're an alum, the containment practice



can be really helpful working with the healthy aggression, the voo and the ahh sounds, and doing some movement to purposely engage the sympathetic at times.

(00:27:35):

So to also notice and sense in yourself, there's a difference between being sympathetic and being in stress sympathetic physiology. So maybe when you're moving around or you're excited or doing things that's healthy sympathetic, and how does that compare to the stress physiology, or just when you might feel like a wave of that coming through, but then you might use movement to help with it, not dominate it, but it's like if I move a little bit, maybe it's exercise, maybe it's Elia's movement lessons, and you notice something come up, can you really tune into that? There might be emotion, right? There might be a sensation that you're not used to when you do that specific movement, and it's just can you be aware of it, because that's going to help that move through versus you just habitually cut off from it or shut down.

(00:28:41):

So considering the early developmental trauma piece here, again, working with the early developmental trauma tips and the best practices and the frequently asked questions and keep building the capacity. And then just something to consider with the ADHD medication, again, we're not advising anything about medication, that's out of my scope. But sometimes with medications, people can reach sort of a limit or a ceiling with somatic work and then sometimes that, I'm not familiar with what you're taking, but the medications, that can be stimulating. So it's just something to consider, if that's the case, how much that might be impacting your system.

(00:29:28):

Okay, next question. I'm looking at the time, okay, okay. "I've recently taken a medical leave from work due to my health issues and I'm dealing with a lot of guilt and shame for not being more functional. I usually approach things with the sense of forcing things, urgency feeling. Any advice as to how to work with this?" So I wonder if first to just acknowledge that you've taken this step to take care of yourself and take a leave of absence from work. That's a big deal. And to just see if you can let that sink in. What a step. And obviously doing SBSM, and as you notice, right, this guilt and shame, I mean the urgency, I'm sure a degree of that, a lot is conditioning, right? That's just kind of the conditioning and programming in our culture. I don't know your exact situation, but it might be helpful to just kind of make that distinction, is that's

some programming that's mine, and you might feel guilt and shame about it, but to kind of reframe that a little bit, that's not mine. That's my programming, and I'm choosing this because I'm taking care of myself, and how that feels. But is that shame or guilt showing up? What is it like in your body? How does that want to move or express? Because there can just be old stuff that this current scenario of taking a leave because of your health issues, and taking care of yourself is bringing it up. It's like the current is bringing stuff up from the past. That's how this goes. So how could you be with that to move it outward instead of towards yourself?

(00:31:34):

So again, the basics, all of the orienting, resourcing, building that capacity and noticing if there's a posture that the shame has that can be a way of working with it, and going in and out of that posture. There's some kind of words, some kind of images, and that might want to be expressed, and what else might be there? There might be something else along with that. Looking at my notes. So yeah, you mentioned the feeling of urgency. What does the urgency feel like? Do you notice that now that you feel like you have to force, and there's urgency versus maybe more ease and efficiency, and what are they like? How are they different? And it could be just something, maybe you feel the urgency to get the dishes done, okay, can I notice that. What does that feel like in your system? And then what if you did slow down and do it, and resource and connect to the here and now?

(00:32:50):

Is there a difference that could be a habit, that could be a pattern, right? That's the system used to being in that survival energy, and showing your system. You don't necessarily have to do that. So what does that actually feel like and how do you notice that from a concept? I recognize cognitively I'm going to do the dishes and I'm doing it slower, and there might be this tendency to want to get it done or feel like I have to. So it's like we're doing a lot of this foundational work because we need to show the system there is something else. Otherwise our system, because this is our survival, is just going to do what it does so we can show it something else. There might be something to resolve there or mobilize as well. But we need to show the system what homeostasis is, which is more of a flow between these states and responding more accurately to what's happening instead of from a stress response.

(00:34:02):

There could be, too, some grief, because you've taken a step to really take care of yourself and it's like letting go of an old way. Sometimes there's grief and grief can show up in many different ways. So just to notice if that is happening and just to be with it as best you can. And I believe there's actually a specific question in the frequently asked questions about working with grief, but again, just being with it in your body.

All right, so now I'm moving into just some questions around freeze. So, "Often I have these very strange episodes, I feel overwhelmed and then I have to empty my bowels right away, then dizzy, then I have to lie down, and then my body starts shaking. Is this a freeze going into a shutdown? Then fight flight. What is going on and how do I stop these episodes that happen when really stressed or overwhelmed?"

(00:35:13):

So what this sounds like is, and I am hearing you, you're saying when you're really stressed and overwhelmed, so going into sympathetic, and then you're going into some freeze shutdown, so that's that evacuation of the bowels, and then the dizziness, more freeze. The shaking could be that you're coming, you're starting to come out of freeze and get into some sympathetic. It also could just be that there's just a discharge of some of that energy. So I wonder about how you feel after that happens. If you look at that as you called it an episode, do you feel foggy? Do you feel tired? Do you feel spacey? Do you feel present and alert? Do you feel like there was a shift? And that could just be helpful in noticing what happens after and then what's happening before. Again, this whole process and development of being aware with these basics of what's happening before it gets to that point.

(00:36:31):

And then can you just start to be with that and almost interrupt it a little bit? Like, okay, I am noticing that there's the sensation before, it's that you actually have to use the bathroom. What sensations, maybe, come before that are your cues of moving higher up sympathetic? And what kind of cues of safety can you start to bring in through your resourcing and your orienting? And even if it does happen, it's like, okay, it's happening. Can I notice it's happening? Can I be with this and keep working with those resources and orienting, you could also explore with when this is of course not going on, work with something that could be activating to you. So actually maybe there's a theme of something or something that happened, and use that as

sort of a frame to be with. And notice as you think about that situation, what's going on in your system, and can you be with that activation?

(00:37:37):

And then pendulate, okay, now I'm, maybe, there was for example, a sense of activation in your chest or even your belly. And then, okay, can I be with it? Listen to what maybe it looks like it wants to do. And then pendulate to a place in your body and even outside your body that feels more neutral. And just creating some of that pendulation movement from the activation to feeling more soothed, downregulating basically, which can help so that you have a little more capacity than when things occur that you just don't go up so high and then come down. And specifically what could be helpful too, I mean this along with everything in the program is that seven steps to de-stress that Irene put together. That might be a nice little toolkit to play with and get real familiar with that might help with interrupting and shifting these episodes.

(00:38:47):

Yeah, okay, checking the time. Alright, next question. "I'm an alum with EDT and chronic fatigue syndrome. Every weekend I have more time and ability to make things slow. What happens is that I feel very fatigued and depressed and irritable. I think it's because my adrenaline is not on as high and so the freeze becomes visible. Is that correct? How can I give myself the rest that I really need without having my body go into a shutdown state and how can I support myself if I do go into the state?" So there could be a shift in the adrenaline. If you're used to during your week, I am assuming maybe you're working and whatever, and you're just running more on that stress physiology, and then the weekend and you slow down and it's different. And so there could definitely be a shift there.

(00:40:00):

And then you're going, so it's like we can hit, there's sympathetic, but as I was saying earlier, it's not like all sympathetic is stress physiology, but sometimes that's how the system interprets it. That can be a way that we could say regulation presents. It's like, oh, there's sympathetic and now I, I'm going into stress and I'm creating stress chemistry even though I don't really need to versus if there's actually more of a threat that one would need to. Same thing with slowing down. So as we get into the parasympathetic, the dorsal, there's the high tone, which is more of the freeze and shutdown, and then there's the low tone, which is okay, yummy rest,

digest. And that sometimes those can get confusing because that high tone, it's sort of like the energy of it. And so if your system, especially if you've experienced early developmental trauma, you're dealing with chronic fatigue syndrome, it's like your system might just go, oh no, we go into that high tone.

(00:41:07):

So through this work, in essence, we're learning how to develop the capacity to have more of a reciprocal relationship between these states, and a clear capacity to be sympathetic without going into stress, and to be in that parasympathetic without it being the shutdown. And of course, here's where working, sparking and engaging the ventral parasympathetic is so important, right? Because that's like the modulator, that's like the break for the sympathetic. That's why we do so much of this orienting and resourcing and co-regulation and that part of our parasympathetic, our vagus nerve was not myelinated. So we were born. So we really relied on our mom for that. So in this work, even if we didn't get that as well, we're refining how that aspect of the vagal branch works. So in essence then working with the basics, as I mentioned earlier, early developmental trauma lessons, the early developmental trauma tips and doing a little bit of activity so you could play with it on the weekend, doing a little bit of activity, really being present to your system, and then rest and feeling and attuning to what is rest. So that's why it can be really helpful to rest without closing the eyes right away. What is rest when you sit? What is the little bit of rest, of just slowing down? And that way of being and practicing will help facilitate what I mentioned earlier about the different branches, and creating more of that flow and movement in those states, and see if you could kind of tease apart fatigue, depression, and irritation, how do those really feel in your body? How are they different and what might support them?

(00:43:27):

Depression, it's like, oh, right. It's like, well, what might just be nurturing and supportive irritation? What might that irritation need to do? Is it really fatigue? I just really need to rest? Or is it just more of that shutdown and freeze and just supporting that, not trying to force it to be different, but using your resources and orienting and cues of safety to support being with that to then see how that might move.

(00:44:08):



And it can be unfamiliar at first initially to operate differently, to really rest, to really be present and engaged. And sometimes it's not really cognitive conscious in that way, but it can be scary for the system. So again, that's why, especially with early developmental, something like chronic fatigue syndrome, we want to be gentle and do little bits at a time. And lab six, I bring up lab six a lot because, I mean the whole program, but I think lab six, with the layers lesson, and the tons of relaxing, and the containment, is really, really helpful. And then that supports the healthy aggression. Why don't we take a little pause, maybe have a sip of something, use the restroom, move around, whatever you feel just for a little bit.

I'm looking at the chat. Frenetic energy. That's what I meant.

Okay. Okay. We're going to get back at it. I totally get not having your camera on, but I just want to say how much I love when you do have your camera on because it's really nice to see humans instead of black squares, but I get it. I get it. It's the zoom world. Alrighty, again, another freeze question. "How can I release my resistance to letting go, of freeze, is, I need feelings, heart now yet I am resisting and reluctant to let go of what has kept me safe yet untouched for 80 plus years. Is it too late? My hurt feelings are needed now, and yet I think I am reluctant to let go of them." What I will say first. It's never too late. All we have is now, so yay to you for doing this, and it's never too late. Can patterns be more ingrained the longer that they go on? Sure. But neuroplasticity is always possible and always available until we are done in this physical form.

(00:47:51):

Resistance is often about fear. It's about fear of the future, fear of what's going to happen. And that's not always conscious. We could be resistant and we don't necessarily know why, but especially with more of this nervous system embodied work and these protective responses, it's like, well, I'm resistant to let go or to look or to feel because it can be scary, of what might happen. And again, that's why we do all this building of capacity. That's why we're not just like, okay, let's just do ayahuasca for four days in cold water. I mean there's nothing wrong with doing that to a degree, but we need to build capacity to be with what arises. And again, it's never too late to work on that. So if you notice resistance, and I believe it's, I mean Irene has a whole thing on resistance. What is that in the preliminary videos, working with the resistance.

(00:49:00):

What's that feel like in your body? What does it need? Trying to be compassionate with it, supportive to that sense of resistance. And you mentioned your heart and your feelings and really tuning in, and maybe there's some self touch to do with your heart, the mediastinum lesson that's coming up, and lab six can be really helpful, new patterns, letting go of freeze can be scary. And so it's just, can you touch into that a little bit? When you don't feel right, when you don't feel freezy, what is that like? What is it like to connect with the environment, to be present and to show yourself that it's okay, that you don't have to be in freeze. And that self touch and containment can be really helpful moving out of freezes, or learning how to be with it and not be so scared of it. And that takes the time that it takes.

(00:50:05):

We're learning how to not fear it so much. I think sometimes we can learn about all this stuff and we get it and the psychoeducation is really important. And then we might go, okay, that's me. And then it's like, well, I don't want to go there. I don't want to be too sympathetic. I don't want to be in freeze, but this is our wiring. It's not like we're doing this and it's just, oh, that's going to go away. We need this. This is part of our survival. It's just can we have a sense of that, the understanding of it, but also be able to be with it, to be able to move through it and to trust and allow our system to do that as it's ready.

(00:50:49):

The nuanced orienting practices in lab one, extra resources, could be really helpful. I love those. I think that just kind of exploring a little bit more with some different orienting practices can help with the freeze and the resistance around that, engaging with the environment. And Irene will get into this later in May with the training call, but there's sort of a sequence to neuroplastic healing. And so I just wanted to mention that that's coming up. But really trusting this process and just working with the basics. And part of that is going to be noticing fear and resistance, and can you just be gentle and compassionate with it and be able to be with those feelings. So all this capacity building is so that you can be with the feelings that come up and not be so afraid of them. And anything to really help soothe and settle your system will be helpful.

(00:51:57):

All right. So now these are just some general questions. "Please help. I was learning a lot from Seth's Q and A in the last three years, but this year I've lost interest. Does that mean that I no longer need to learn or something else is happening? I've experienced a lot of stress in the last few months, which may have affected me. Please clarify so I can carry on learning." It doesn't necessarily mean you don't need to learn, but you just may be ready for a pause. I think from my own experience and from reports I've gotten from others doing this work, sometimes we just need to pause. Sometimes we just need to even step away from the work. And there's some frequently asked questions about that too. So it's just following your impulse with that. You are mentioning though that you're more in a stressed state. So sometimes when we're just having more going on and we're more stressed, it can just feel like too much for the system to take in more. And again, we just want to keep, okay, maybe we just need to do some stabilizing. Just working with the basics and building more capacity versus making yourself listen to the Q and As, or whatever else that might happen with.

(00:53:26):

You could always titrate it. You could always just explore, listening to a little bit of the recording, or checking in with some other aspect of SBSM, not necessarily the Q and A. And we learn in different ways. And I think that shifts, that shifts, your system shifts, and how you integrate something, and how you hear something, and putting it into practice. So it's like how are you really bringing it into your life? And so sometimes it can almost be not doing so much of the education part and the study, and just being with doing it right, it's like you could put on a neurosensory lesson, but then how do you just start to maybe do some of the aspects of a neurosensory lesson in your life? Maybe that's softening your kidneys, letting them drop, feeling your diaphragm, feeling what you're touching, what's around you. So it's not like you always need to hear about it again or study it again or even have the practice. It just becomes part of what you're doing. So that could just be something to notice.

(00:54:44):

And as I said, yes, sometimes we just need a break from the work, and that there's just a natural integration that happens. I remember when I was in my SE training at the end of the day, I was sort of surprised. It was like the first day of the day and my teacher just said, okay, so now orient towards pleasure for the rest of the night. I just remember being surprised. I thought, shouldn't I study? Shouldn't I read Peter Levine's books and the handbook that came in the training? But no, orient towards pleasure, and that was a good plan.

(00:55:21):

Okay, next question. "Does being sexually closed up, frozen, disgusted evidently mean I was sexually abused as a baby? Or could other early developmental trauma like neglect also be the cause, and is being sexually at ease and open a byproduct of a good regulated nervous system?" So for the first part of the question, it does not necessarily mean that there was sexual abuse. And it's okay if you don't know that. You don't necessarily need to know that for there to be healing, for there to be change, for there to be more regulation that happens for you. But there can be similarities with early developmental trauma like neglect as in sexual abuse overall. It's like something happened that should not have happened with early developmental trauma or something didn't happen that should have. It can kind of be a way of summing up. And then with that, there are the effects that have a range of effects depending on the person and however that went.

(00:56:44):

And that can be a protection response that can be feeling closed up as you mentioned, feeling frozen, feeling disgusted. That can also be from some of the programming. So whether there was sexual abuse or not, there could have been just something got coupled with disgust, and then I need to protect, and sex. And there can be a lot of factors of just culturally, and things that we get exposed to, in the programming. And so a way of working with that is just, yeah, this isn't mine. How can you, if disgust comes up, separate it from a sexual experience, how can you work with it? How can you work with it to move that? And then you could, in a sexual experience, explore with just titrating towards what feels safe and feels good to you, to create some of that shift and that repair in the sexual experience.

(00:57:50):

But being more at ease and regulated and home in your body is the idea. And that's going to impact our behaviors of all kinds, including sexual and intimacy. They're close, they're intimate, they can be sometimes a little more, well, there's a lot more sensation and there's just a lot more vulnerability often involved. So it's understandable that that can be where one might react in a way that has to do with their early developmental trauma. Like you mentioned, neglect and the byproducts of that, even though it wasn't necessarily sexual abuse. And again, it's not that. You have to know that for sure.

(00:58:43):

Okay. "Could you talk about those seemingly fixed beliefs that it's not actually safe to be happy, that it's not even safe to feel safe if when I do experience those happy, relaxed feelings, there's a deep underlying sense of it won't last. I now always notice a feeling that even though there's no sense of drama at present, I must not trust it too much because drama is bound to suddenly appear. How does this deeply ingrained belief dissolve?" Okay, I was just checking the time. I think we're doing okay. So first it's really common and normal to question or not trust or believe that it's safe to feel safe, because you don't feel safe, right? It's physiological. It's cellular. So even if we are told we're safe or we might know it, it doesn't feel that way. And the beliefs about that, about anything, all come from our physiology.

(00:59:59):

It's like our beliefs are thoughts, our behaviors, our perceptions are all physiological dominant. It's like they originate from the physiology. It's not that they're not important to work with, of course, but there's going to be much more access to them when we are more embodied and we develop this more physiologically, and then we're not so much in the limbic system, and we have more access to the frontal lobes and whatnot. So shifting that belief is developing more of that internal sense of safety through doing the work, especially the basics. And that's changing if that wiring wasn't laid out, if there's early developmental trauma in the picture here, that's what needs to be rewired through doing this work in order to really shift the belief. And it could be just something as simple as I notice the resource, I notice, look outside at the tree, and I like the tree.

(01:01:08):

What does that feel like? How is that letting me know I'm here and I'm okay? And there might be the thought process, right? Sorry guys, my throat is itching. But what does that really feel like in your system to feel safe? And then it might be like, oh no, like you mentioned here, I've got to look for drama. This won't last. Maybe there's something wrong. That's common because the system's like, nope, we've got to be hypervigilant. We can't just trust this safe stuff. That's why it's a practice. And building those beliefs too, I mean they're a lot, right? They're experiential. It's like you might believe something because of evidence, what you've learned, what you've experienced. So back to experiencing safety, and that can seem really simple, sometimes it can even seem boring. I'm just feeling my seat. I'm just noticing the color of the sky. Yeah, that's how you develop that clear interoception, that neuroception, and that internal sense of it's always checking out, the body is like, are we okay. Yeah, you are okay.



Even if something happened however long ago where it didn't feel like you were okay, whether you remember that or not. So we are really doing a rewiring process.

(01:02:57):

So you're asking, how does it dissolve? It dissolves through the practice, and building this neuroception, specifically following your impulse with the neurosensory lessons that you're drawn to, that really feel supportive and yummy to you, but specifically working with the diaphragms and the organs, and as you're ready, yes, part of this is then to move the stored survival energy. They're both important. It's not that one isn't, but we just want to build capacity to be able to do that. Otherwise it's like, oh no, no, no. And then can just kind of revert. And even if we do too much and go into our pattern, that can't be repaired. That often does happen. It's just learning about that and finding what that appropriate window of tolerance is.

(01:04:00):

Personally, I'll just say I've done so many things, yoga for years, and I mean so many things, you guys before, grew up doing Feldenkrais, and all this. And yeah, I knew I was safe, but it really wasn't until I did this work. I was like, oh, this is what the mindfulness teachers were talking about. This is what really being present is. And I almost can't really put words to it, and it's very individual, but it is a sense that I never fully had. I thought I did. I was trying to, and I was coping and all that, but it was like, and it's not just relaxation either. Sometimes there's relaxation, but there also could be a lot going on and it's like, well, there's a lot going on, and there could even be things going on that I don't really like, but I'm here and I'm safe. But again, notice in this work, and if you've ever worked with a practitioner, they're not like, you're safe. You're safe. We're not just trying to, it's how can we experience it through practice? And that is going to be very individual.

(01:05:18):

One last thing about that, right? It's like if you brace, and you brace in your fascia and your diaphragms, and this is the protection, right? This is the freeze, this is part of that sympathetic stored with freeze, whatever. And then you're just like, well, I have this belief and I'm going to change the belief. They're both important. Maybe that belief isn't true, but we've got to get into the body and go. I could start to let go of what's in there that needs to express, and I can

get into some more neutrality and flow, and then I can start to go, oh yeah, that belief that I wasn't safe, or whatever it is, isn't really true. Here is a new belief.

(01:06:08):

It is the, a lot of times it's simplified where people refer to this work as a bottom up approach. And then maybe typical cognitive therapy or mindfulness stuff is top down. They're both important. We think we sense, we have proprioception, we feel sensation, we feel emotion. We have the environment all the time. It's all working together. And what I love about this work and bringing Feldenkrais into it is it's really incorporating all that.

Alright, next one. Wow. I think I might even be done early, you guys. I've never done this alone, so I wasn't sure. "I've been practicing craniosacral therapy. I can't help but ask about working with diaphragms on others. It is part of the up ledger method to hold all the diaphragms during a 10 step protocol."

(01:07:14):

"Is there a specific way or intention you would advise a person learning SBSM to work with someone? I mostly don't ever feel much working on another person and it generally feels like nothing ever comes of it. I would really appreciate it if anyone has any suggestions or advice." So of course I'm not trained in craniosacral, but I've had a lot of it. I've experienced it a lot and I know a bit. I think it's a lovely method, and I know that it is definitely about attuning, and attuning with your hands, to then, right, a lot of times, you refer it to as unwinding, or like an unwinding, and the tempo and the flow of the fluid around the brain, the spine, and how that shows up in the diaphragms too. So I would suggest bringing what you learn in SBSM into your craniosacral therapy.

(01:08:13):

If I was queen of the land, every body worker would do, at least do SBSM, because bringing in, with whatever you're doing, especially in any sort of hands-on work, it is about attuning with that person. And you need to be able to attune with yourself. So doing this work on yourself, and you could incorporate self touch even in any of the neurosensory practices that aren't necessarily saying to do some self touch. You can always do that. The layers lesson coming up in lab six will help with that too. The diaphragm lessons and lab five and bringing your own hands and feeling, noticing what you notice, noticing in your system. When you work on

people, orient, resource, you might even invite them to, you might notice something in them that you might not necessarily feel, as far as what your intention is from a craniosacral perspective, but you might notice something in their breath.

(01:09:27):

They tighten, if their eyes are moving faster, rapidly, if they open their eyes, just examples, and then maybe even ask them if they're noticing something. But it's just the quality of your attunement through your hands. Your hands are listening, and then giving your hands, giving that person's system, their skin, the fascia, the fluid, a chance to show up. Sometimes we can have an agenda when we do something, especially when we want to help people. So just, I'm sure you learn about that and that work too, of just, like, can I remove the agenda and just tune in? But doing that with yourself is really going to help.

(01:10:21):

Okay, next one. "I'm 23 and this is my first round of SBSM. I've had moments of regulation, but mainly I find myself in a collapsed, dissociated state. I experience intense anxiety and OCD type thoughts, including checking to see if I feel derealized. When I pause to orient, I feel as if it's being confused with hypervigilant checking. How can I help this? Thank you." So again, I know it's like being on repeat a bit. Keep working with the foundations, especially if this is your first round, you're mentioning, and perhaps play with smaller increments. So when you do some orienting, maybe do smaller increments of time. Let's say if it's the recorded practice, do it a little bit. Follow your impulse, pause, then maybe come back to it.

(01:11:26):

And then can you notice, right, can you start to notice when you orient, when does it start to feel hypervigilant, and then see if you can work with that sensation. And are there certain thoughts? It's like, yeah, you could look around a room for an example and all right, blue wall, and that's like, oh man, my dresser is messy. I've got to get rid of stuff. It's dusty. And when am I going to do it right? And start to like, okay. And then it's just to notice that, alright, now I'm just going to come a little closer. Oh, I like this pillow. Maybe a resource. The blinky feels good. I just play with, kind of, shifting away with it. Again, that's why I also really love the extra orienting practices in lab one, because they just bring a little bit more nuance with distance, and bringing in your other senses.

(01:12:30):

Definitely, definitely resources. There can't be too many resources that just help you to be with what's coming up. Help you to be present, interactive, orienting, sometimes touching something. Resources can be more interactive. Maybe you're interactive, more like if it's music you're orienting to or even doing something like washing dishes. I mean, sometimes people really hate washing dishes, but the feeling of the water, making some tea, and just being a little bit more active in the orienting versus being really still. And see if you notice a shift there. If you can just get curious, if that might be a little bit more doable.

(01:13:21):

And of course this is explained in the biology of stress video, but defensive orienting, we need that, in certain times is different than just orienting and being curious, and just how you notice those differences. And then where does that hypervigilant fall in there, right? It's like we need to do some defensive orienting when we drive, when we cross a road or something. But that's a little different from hypervigilant. And how do you notice that in your system? And that's what can lead into more of the OCD type thoughts, if that happens. Oh, that's a thought. That's a thought. And I don't know if the OCD has the behavior as well, but just noticing, that's a thought. Here's what's happening now. And you just might even say that to yourself.

(01:14:20):

Sometimes it can feel too much to orient, initially that could have not been safe in your system, for depending on what happened, how you grew up, this and that. So again, it's okay to do smaller increments, and maybe just do a smaller space and see if you notice a difference, and get comfortable with that. And then that can build. And then it's like, oh yeah, I can look over here. And I'm not shifting into the stress physiology and the hypervigilance and noticing, I've sort of mentioned this, but really noticing when you look at something or hear something, like, what's pleasant? How do you experience it being pleasant versus needing to be hypervigilant about something? How do you really let that land, even if it's just a little bit, even if it's alongside the hypervigilance. Because that, to be honest, we have maybe this physiological state we tend to be in.

(01:15:27):

We might have these behaviors and senses and how it feels. And just because that goes away instantly doesn't mean there isn't change. It's like I've sort of experienced it as like they're both there sometimes, and that starts to make differentiation that starts to create a difference, so that then the other way can become more natural. But sometimes there can be this sort of conscious and unconscious expectation that we're just going to do this thing that's going to make something be different. And quite honestly, we've all, I mean, we've been taught that a lot about anything, even in holistic stuff, you're going to do this thing and it's going to calm you down, or it's going to make the symptom go away, or it's going to make you feel better. And it's not to say that it won't have an impact, but the real change comes within and comes within. How am I being with myself in the world? And that might mean I have to get close to, wow, I get hypervigilant. But it also can feel, being a little bit less hypervigilant, or whatever that is. And then it grows and grows.

I think that's it, guys. And I got done early, with all my papers. Thank you for being here, and I hope that was helpful, and that I didn't talk too fast. And glad you guys are doing this work. Keep at it. Is there anything we're supposed to do at the end besides say goodbye, guys? No. All right, guys. Have a good one. Thank you. Ciao. Bye.