

Curated Q&A Call #9 Special Topic: Shock Trauma

Seth (00:00:02):

All right. Hey everybody. This is SBSM 17, call number nine. This is a special focus call on shock trauma. So I got a lot of questions. Many of them weren't related to shock trauma. I did try to, anything that was even close, like there were some questions where nobody mentioned shock trauma, but it could potentially apply. I did include those in my answers, but there were some that weren't related at all to shock trauma. So you may have gotten a reply by email if this is the case, encouraging you to submit your question to the general questions thread. So please do that. And also, of course, please know if you want my perspective on it, you can feel free to tag me, if you're in the general questions. That's fine. Just give me a tag and I'll come in there and answer, in the general questions.

(00:00:50):

So we will get started, and I've got a couple of my lovely Team Lyon helpers here today, Ari and Jen. Hey, thanks for being here. They'll be in the chat helping out with links and answering questions. Alright, so first question. "20 years ago, on a sunny day in the city, I was held up at knifepoint. When he ran, I sensed he'd done it many times before. He was caught and sentenced to four years. Writing a victim statement made me angry, and I wanted to shout in his face. A week later, a perfectly circular bruise from his thumb arose on my arm. It felt personal, like he'd marked me. Retelling the story to a friend, years later, she was disturbed by my lack of emotion. I still can't access much feeling about any of it. How to work with this?" So this is an incident that indeed could be a shock.

(00:01:50):

Trauma for sure. It's a discrete event with a clear and present threat, that there was sort of a beginning and a middle and an end to the experience. So it certainly falls in the camp. The first thing I do want to say is just as a possibility to consider, it's so, this is a highly stressful event. It could indeed have been a traumatic event for sure, a shock trauma. It also is possible that you did process it enough at the time, and that it's long enough ago that you actually, there's nothing there to process anymore. And the only reason I say that is because you say here, writing the victim's statement made me angry and I wanted to shout in his face. So you already revisited the event, felt the anger, felt that sympathetic response, felt the energy of it, so that it's possible that that was enough at the time that your system has sort of organically

processed this, because you did get in touch with your anger and revisit the event afterwards, shortly afterwards.

(00:02:57):

So I just want to pause at that as a possibility, because sometimes it's possible to be like, well, why can't I access any feeling about this? Well, maybe it's actually been processed, so I just want to throw that out there as a possibility. But it's also possible that it was traumatic and the reason you can't process it is for a variety of things. Maybe it was too much, or you were already maybe too frozen, had gone into freeze as an adaptation. So there was no, it's difficult to access the emotion that may be there. So if that's the case and there is something still to work with here, it sounds like one way you could do that is by actually revisiting this process of writing the victim statement. What would it be like to do that again, since you have a memory of that being a doorway into some pretty clear emotion, what would that be like to sit down and write it out again, as if you were doing it for the first time?

(00:03:55):

That might lead to some of that stuff rising up and becoming available, if there's still something hanging out there in your system from this event, you can do the same thing with memory, revisiting the images of the event, seeing if that perks up anything in the system. But that's my hunch is see what happens if you go back into that process of just writing about it as if you were telling the story again like you did back then, and see if something flickers. You may want to look for some of the somatic cues, like your belly getting a little tight, or the pelvic floor drawing up, or maybe the shoulders get tense. There's lots of little somatic cues you could look for that tell you, oh yeah, there's something here. There may be something here to work with. So yeah.

(00:04:47):

Okay, next one. "I had a serious motorcycle accident, with permanent consequences in walking after the third and final surgery. I'm afraid to travel in a car, both as a driver and a passenger. Since I started SBSM, I'm new, I've noticed changes in myself, but the fear of the road has remained the same. Every little sign of danger scares me. I jump, I feel my kidney adrenals, contracting body is tense, et cetera. I try to use the program's tools to stay within the window of tolerance, but I can't. Suggestions?" Alright, so when we're working with, this is again, a clear shock trauma, a discrete event, a really bad motorcycle accident that had permanent

consequences in how you function. So yeah, that's definitely a serious event and quite traumatic and it sounds like, yeah, you've been left with the driving, the process of driving as a trigger that's poking at the sympathetic energy from that event.

(00:05:44):

So unresolved terror, fear, high sympathetic charge, all that stuff. So when we're working with an event like this or a specific fear, we generally, in this work, we avoid what's called exposure therapy, which is putting oneself in the situation and then just working with it, staying present. That's already happening it sounds like, because the realities of life are demanding that you be on the road sometimes. And so each time you do that, it's like you're going into exposure therapy. What I would encourage you to try is more of a deliberate titrated exposure to this process of being on the road and driving or riding as a passenger. So that might mean you start when everything is feeling relatively fine, you're safe at home, you have good resources around you, and you start just imagining driving like, I'm going to go out into the car, I'm going to start it up.

(00:06:49):

I'm going to back up. What would I do to back up? I look behind me. Okay, whatever the process is that you would do when you get in your car and you start to go, just start imagining that in the safety of your home, in a well-resourced place, and just see what happens. Does stuff start to perk up with that? See, ultimately, to resolve this fear, we need resolution of that big sympathetic charge that your system is still holding onto. That's what's making you so terrified every time you're in the car, is that sympathetic charge is locked in the system, and you get these triggers, and boom, there it is again. So if we can start to introduce little doses of that where your resource is greater than the charge, such that you can stay present. The way that we stay present with fear and this kind of terror is, generally speaking, by just allowing ourselves to be with it in a well-resourced place, and feel the raw sensation and emotion of it.

(00:07:49):

Use the SBSM tools, right, okay, is my pelvic floor contracting? Can I let it go? Can I let my kidneys be soft? Can I just stay oriented to what's around me in real time? Name where I am? Use containment if necessary to feel the edges of the body. All of these tools can serve us to remain present with the survival energy. And when we are just kindly, compassionately from a well-resourced place, present with that stuck energy from the past, that is often enough to let

it move through the system, which it will do on its own. It wants to do that, but we need to have the capacity. So that's why I'm saying very titrated exposure. Start with just imagination so that your resource can be enough that you can process that intense charge. See what happens. If that is something that works, then you could start doing little drop by drop, right?

(00:08:48):

Like, okay, maybe now I just go sit in the car and I put the keys in the ignition, but I don't actually go anywhere, go through the same process. What if now I just back up onto the road and I go around the block and I pull back into my driveway? That's it. Can you do the same process, right? Can you slowly expand your tolerance to processing this intense fear in a gradual way? So that's one way you may explore this on your own, using the trigger in a way, but making sure that you, it's gradual enough that you stay well enough resourced. The other possibility is revisiting the accident itself in what we would call T model work in the SE modality. So T, T zero is the time of the trauma, whatever that was. Now that can sometimes be, interestingly, it's not always what we may think.

(00:09:49):

Sometimes it is. So the trauma might be, yeah, when the crash happened, or sometimes when we do this, we discover, oh, actually no, the trauma was when I got on my motorcycle, when I wasn't really feeling like driving that day, or I'm not saying that happened. But there can be moments that were actually proceeding what we think is the big trauma that can sometimes be more charged. So we want to be open. We want to be open to feeling what is real. For us, the way that the T model works is we start out at the edges. We don't go straight to zero. So you start thinking about what was that day or what was that time of year even? Was it spring? Was it fall? Was it summer? Was it winter? What was the season? What were the trees looking like? What was the day?

(00:10:36):

What was the weather like? Backing up and feeling into the edges of the experience? What was happening when I went to get on my bike that day? How was I feeling? Pause there. Is anything happening in the system? Maybe you go away into the future. When did I know I was safe? When did I know that, the event? And yes, there was injury, but I wasn't dead. When did I know that I had survived? And what's it like to feel into that moment? You work your way back towards the middle, maybe from either end, past and future. What was the first time you

knew something was going wrong? What was the first indication that something wasn't right as you, you're on that ride. So these are ways that you can start to explore it using the memory. Sometimes that process can be well supported by working with a practitioner who knows how to guide you through it, and can sort of pause you and say, Hey, hold on.

(00:11:37):

Just pause there for a moment. And that's what we want to do for ourselves. But sometimes it can be really useful to have an external guide. So you could also consider maybe doing a series of sessions, one-on-one with someone just to work with this specific event and see how that goes. Yeah, those are all different ideas for working with this charge. Ultimately, I just want to highlight that when we're talking about an incomplete sympathetic response, essentially it's about being present with it while feeling safe enough to feel all the feelings of fear. It's like how can you not fear? The fear is essentially it because the fear isn't present, right? The fear is from the past. So we need to be well enough rooted in the present to allow that to come through. Sometimes mobilization is part of that as well. Often what I mean by that is movements of the body, or maybe it's just expression of emotion, expression with the voice, with the face.

(00:12:38):

Maybe there's things that the body needs to do that it didn't get to do. So that's also something to be open to feeling. This may start as attention in the shoulder, for example, like say you think, oh yeah, I was riding my bike and the first moment I noticed something was wrong. I saw this truck coming. I dunno what happened. I'm just making this up, but as an example. But oh, and now all of a sudden as I think of that image, I've got this strong tension in my right shoulder. Oh, okay, pause, leave the image. Just work with the body. What's that shoulder wanting to do? Maybe it's wanting to move in some way. Maybe you wanted to turn, but you couldn't. Those types of signals you really want to listen for as you're working with memory or working with a titrated kind of exposure to the process of driving. Just really listening to the body and how it may speak up and let you know, Hey, there's something here. When that happens, you just leave the memory, you leave the process, and you just work directly with what's happening in the moment.

(00:13:41):

"I slowly did 21 days last year, and up to lab seven of SBSM over the last few months. Either when I'm doing neurosensory exercises, meditating, or yoga nidra, in essence, it seems to be

when I'm going very slowly or deeply relaxed, I get burning thighs, which rise through my stomach, and my face goes hot. It lasts a few minutes. Is this some kind of something coming out?" So yes, indeed. So you don't mention shock trauma, but this is the kind of thing that could result from a shock trauma experience. This is what you describe, sounds like sympathetic energy moving through the system, starting with the thighs, which is a big center of mobilization when it comes to the fight flight charge. Our thighs really need to be innervated with lots of blood flow, so they're getting hot. That heat, another sign of sympathetic activation. In general, the heat is rising up through the body into the face.

(00:14:38):

Yes. So yeah, it sounds like a sympathetic energy release, and you really don't have to do much, it sounds like, except just welcome the experience just, oh, hello. Yay. I'm so glad to have this back. Come back to me. Yes, yes, welcome. Not being afraid of it, really in general, that's such a guiding principle with this work. When we experience these weird sensations, we need to befriend them. Hello? I hear you. Oh yes, I hear you. Heat in my thighs. I hear you. Strange clenching in my stomach. Because when we respond to these sensations as if they're a problem, we reinforce the cycle like, oh my gosh, what's wrong? Oh, I, I'm just trying to make myself known here. It's like, Nope, nope. Go back in. Go back in. You're a problem. Right? So how can we welcome these sensations?

(00:15:28):

Okay, burning feet for a few years sounds different. I saw that in the chat. So that may be something else happening that may be the result of a more complex trauma, both fight, flight and freeze all on in the system. Generally speaking, if there's any sensation that recurs that's present for a long time, this generally isn't necessarily an indication that something's resolving. It's often more an indication of what we'd call a syndrome. So the wires are crossed, fight, flight, and freeze are all on. It's more complex, and we tend to have sensations and experiences that get stuck in a loop. So that sounds like a different experience.

(00:16:15):

"When I was five, I had three surgeries with anesthesia. One of them, on one of them, three people had to hold me down to get the mask on. I know with every fiber that this is the source of my problems. Terror, low self-confidence, panic attacks, dysphonia, twitching, neck torticollis, and rage at my mom. But I can't get my head around that. An incident like that could

have such an impact. Can you talk about that? How do I work with an experience that's encapsulated in a bubble like anesthesia?" So what you describe is definitely shock, trauma, a surgery like that. It's also early developmental trauma, given how young you were and the fact that there are three surgeries. Yeah, that's really overwhelming. So I'm not surprised that you tried to fight back during one of those experiences.

(00:17:10):

First you asked why you can't get your head around why this would have such an impact. It can be tough to understand in the context of a surgery, because generally speaking, we have a surgery to help us. It's to help correct something that's wrong, which is ultimately a good thing. However, that's something that only our cognitive mind understands. The body may not necessarily know that, and at such a young age, you wouldn't really have the ability to understand and process cognitively like, yes, this is necessary. I need to surrender this experience. It's important. All of that is much more adult as a kid. It's just a terrifying experience. What we would classify this as, if you take away the context of surgery, it may help understand better why it had such an impact. So three strangers were holding you down while you tried to escape, because they wanted to knock you unconscious, and then essentially torture your body.

(00:18:14):

I mean, if we look at it from the body's perspective, surgery being cut open, that is torture from just you remove the context, right? Remove the fact that you're being helped. That's what the experience is. So yeah, inescapable attack, forced unconsciousness, torture. That's pretty damn impactful at such a young age with no ability to understand what's happening. So I hope that helps you understand why it's been such an impact on your system, because when you remove the cognitive understanding, it's really, really terrifying. So in terms of working with it, when you're talking about anesthesia, it can be tough, because yeah, it is a dissociation that's chemically induced.

(00:19:07):

If you're working with this by yourself, what I would say again is work around the edges. What do you remember? If anything? Now, it may be you don't remember anything, you say that one of them, three people had to hold me down. If you remember that, then that is going to be a highly charged moment to work with. You may want to start a bit before that. So do you have

any memories of going to the hospital again? What happened beforehand? You may not, at that age, it's hard to know. But this need to break free from being held down is most likely what's holding. It's a doorway into a lot of sympathetic charge. The self-protective response is what needs to emerge here to get those people off of you. So when you get to that moment, remember that you are an adult now. So again, this may require going slow.

(00:20:05):

It may require having some support from a practitioner just to help guide the process a bit. But that need to get those people off of you is likely a big doorway into allowing sympathetic energy to come through and to complete those self-protective responses that didn't get to happen. And that's actually good that it was before the anesthesia, because if it was just like there was nothing really in your memory that was before the anesthesia, it could be harder to work with. But there is a clear spike here that we might be able to use as a doorway into working with this. So remember that you're an adult and that you can do things in your imagination that aren't logical, right? So in your memory, in your renegotiation, in your imagination, you can shove those people off of you. They can go flying against the wall.

(00:21:01):

You can have superpowers. You can be a super 5-year-old girl who turns into a giant and crushes the hospital with her feet and stomps it into dust. You can do whatever you need to do in your imagination and be sure though that you're staying connected to the feeling. So that's one thing. When we're working with a sympathetic, high sympathetic charge, we don't want to go into a wild catharsis that takes us out of our body. So again, that's the need for titration to maybe go a little slow, but it's like maybe you slow the movements down. That's one way. Say you're in contact with that moment of being held down instead of just flailing, right? Maybe you really just feel the effort and you push, but in your mind's eye, it's like you're a giant. You're like, ah, and you're pushing them off and they're flying against the wall.

(00:21:55):

It's like a slow motion from an action seat movie like, ah, flying back against the wall, being crushed. Whatever happens to them. You really let yourself see it and feel it in connection to this big charge that's going to be in there. But again, you may need to start around the edges of the experience. You may need a little bit of one-on-one support. There is a form of work, for working, particularly with surgical trauma and any state of dissociation, like being knocked

unconscious or being under anesthesia, which is called eye of the needle work. What's unfortunate, is it not part of the general SE training? It was just a masterclass that Peter did for a while, and I believe it's still being taught by a couple other people now, which is great. But even those who went through, I went through that masterclass, and even among the people who went through the masterclass, I would say, I don't know, maybe 50% of the people really understood how to do it, if I'm being generous, because it's a really nuanced, shamanic, energetic form of work.

(00:23:04):

The essence of it is, is the practitioner acts as a tether, and we do this through holding the body either in a couple of places and doing this sort of rhythmic squeezing pattern gently that comes along with a breath, and it's a way of tethering the person such that their consciousness is free to sort of float into that murky anesthetic state and bring back what may be hanging out there. So if you're lucky enough to find an SEP who actually knows how to do that, cool. I'm just saying it's pretty rare. Unfortunately. There's ways to do it yourself. Again, you need to be well-resourced and pretty advanced in this work. I wouldn't recommend trying this on your own unless you've already had the experiences many times of working with some kind of sympathetic charge successfully, meaning you felt some kind of something happening and you were able to stay present and it moved through and you felt resolution, like you were able to process some sympathetic stuff.

(00:24:07):

You've experienced that a few times. Then maybe you can give this a shot. But one way that you can supplement the tether that that practitioner provides is with something like shamanic drumming. That is also the purpose of the drum. In shamanic journeying. There's a drum that's played in a specific way. It's a quite fast tempo for a long time, maybe up to a half hour. That in shamanic journeying is what provides the tether. So it's possible you could do this with a recording of shamanic drumming, maybe read up on it. I'm sure you could get a whole shamanic journey download with instructions on how to prepare yourself and what to visualize, how you set your intentions, and then that is a possibility that perhaps a person could use to do this kind of experience on their own, where you're traveling into essentially the astral world, this sort of dissociated, foggy place of anesthesia and unconsciousness. We need some kind of tether to keep us linked to the here and now. So that's one possibility.

(00:25:31):

“This is SBSM round two, and I've been working with an SE practitioner for a year. I grew significant nervous system capacity, but then went on a spiritual retreat, no drugs, in March. That created an even bigger sense of opening, but maybe too big. I felt euphoric a couple of weeks after returning. I experienced a manic episode, the first one in 51 years, and was involuntarily hospitalized. I'm out of the hospital, but I'm now dealing with the trauma of involuntary hospitalization. It's a lot. Where do I focus?” So yes, it sounds like the spiritual retreat blew you open too much, which is unfortunately really, really common for anyone who's living with unresolved trauma. Some of the practices, I have no idea what kind of practices you were doing there, but a lot of the practices in spiritual retreats are very intense. For anyone who's working through trauma or who has unresolved trauma and hasn't started working with it, the chances of getting blown out like that are big.

(00:26:36):

So you felt euphoric, which is nice. But that feeling of euphoria means that we've gone outside of our capacity and we're inside of a spiritually bypassed state, which feels really good, but it's not grounded. It's not integrated into the physical, into the earth, into the body, and so yeah, it can lead to a manic episode. It's not uncommon. I've heard all sorts of stories of stuff happening from people going into spiritual retreats and having schizophrenia afterwards, having huge crashes afterwards, collapse, having euphoria, mania. There's all sorts of things that can happen when we start working with big energies and the system isn't ready for that yet. So there's a couple of things to look at. Yeah, again, you don't mention shock. Trauma, being involuntarily hospitalized, could certainly contain elements of that. I'm thinking about, well, what was it like when that happened? How you were taken in against your will?

(00:27:41):

That experience itself could be considered a form of shock. Trauma, just being taken against your will someplace you don't want to go. I would also though maybe encourage you to revisit the retreat. What was it that blew you open? It may be that your system actually is scared of that, and even though it felt positive afterwards, in hindsight it was too much. What might it be like to revisit that as well? Essentially, with all of these events, being hospitalized, or going to the retreat, what we want to ask a lot of times when we're processing shock trauma is what didn't get to happen? What didn't I get to do that my body wanted to do? And sit with that and

feel, don't try to cognitively figure it out. Feel, does the body give you any information? Again, this could be in strange sensations, tightenings in the musculature.

(00:28:44):

Maybe there's an emotion that comes, or a hint of emotion. Maybe there's an image that arises. Just really listen, what didn't get to happen that I wanted to have happen in these experiences? And how can you protect yourself now in the way that you couldn't then? So again, this may involve imagination. It may involve mobilization. It may involve seeing yourself break free from the people who are trying to hospitalize you, and then you run away and maybe you mobilize the legs, like we've talked about a bit before, in sitting, you just sit, but you let the legs start to run and you see yourself escaping. Maybe you see yourself fighting. Just listen to what arises in your system. Also, just really listen. Tune into the spiritual event. Like, listen, were there any signals that arise? Like, oh, maybe I didn't want to be there. Maybe it would've been a good idea to flee that experience. That's possible. Like I said, we don't always know where the charge is, so we want to be open to really listening as we revisit all the associated elements of this experience.

(00:29:55):

And along with that, recognize there may be a lot of emotion associated with this. There could be rage or grief or fear. There may be things, disgust, that show up unexpectedly. We don't know. So just be open to what may arise, but also how might you use what's happening now, again, as a resource, for example, you're not hospitalized. So just orienting to the fact that you have freedom of movement. Now. You have freedom with what you do with your body, with what you do in your day. So it could be as simple as you are going for a walk, just really orienting to the fact that you're walking, and this is where I am now, and I'm free to see this thing and to choose my direction, making dinner. Here I am just making my own food, creating substance for myself, bringing a real present awareness to the ways in which you have freedom. Now, that might be a helpful resource in the context of also visiting the painful stuff that happened, and the things that maybe want to happen, that didn't get to happen, at the time.

(00:31:22):

"For the last several weeks, I've been feeling panicky mostly at night when I wake up, but sometimes during the day too. I had this a few years ago, but it stopped for a couple years. It

feels like dread, something bad will happen, and I don't know why. I orient and I sense, but there's nothing wanting to be acted out. My heart feels like it's pounding and shaking in my chest, and I can't take full breaths. Not sure what to do." So this again, is an experience of high sympathetic activation, fear, specifically the flight response is coming through this. Again, you don't mention shock trauma, but this can easily result from a shock trauma. It's possible that what you're actually working with is something from a much younger time. This could be early developmental in nature because of this way that you say it feels like a dread.

(00:32:16):

Something bad's going to happen, but I don't know what or why. It's kind of a nameless sense of dread, but it doesn't sound like there's a lot of imagery or memory associated. So that does sort of suggest to me that this might be in the camp of early developmental trauma, but what is really positive is what you describe is it's already trying to resolve. So the sympathetic charge is available. What you describe my heart is pounding, shaking in my chest. I can't take full breaths. There it is. That's the stuff right there. That's the sympathetic charge. That's the fear, wanting to come through. So in terms of what to do again, how can you just welcome that experience and not try to block it or stop it? That, hello, welcome. Yeah, this is my fear. This is my fear that I'm feeling, and I'm here.

(00:33:17):

This is orienting, so useful to stay connected to where we are. Feel your chair. Feel your butt. Feel your feet on the ground. See where you are, and don't try to change the breath. See if you can just let the breath be shallow. Let the heart be pounding and shaky. I know it's hard. It's really not easy to be present with intense feelings of fear. This is why, again, the first thing we focus on is what are my resources? And really have those ready to go. If you're going to try to just be with this. So it's like at any time you're free to leave this experience and soothe, settle, calm down, get in a cozy blanket, have a cup of tea, take a bath, whatever it is, you're free to leave it at any time. So knowing that, can you let yourself be present with it?

(00:34:11):

And it may be that your breath wants to get quite fast. I had an experience of this relatively recently. I don't have much come through anymore, but when it does, it's often pretty darn intense. I was in Amsterdam, and I think it was probably triggered just from the plane travel, which I'm not scared of anymore, but it's still stressful for me. And I was in the hotel and I

started feeling a lot of what you're describing here. Yeah, stomach, heart, I couldn't sleep. I just couldn't go to sleep. Heart was racing, felt trembly. So instead of just trying to go to sleep, sit up, all right, here's something to work with. Let's do it. Be present. Just feel my butt. And then what I noticed is if I actually let go of trying to control my breath, what wanted to happen was this hyperventilation kind of breathing, is what wanted to come through.

(00:35:16):

And so I just let that happen. It was probably, I dunno, half an hour of that, of just breathing really fast, shallow, I was calm, I wasn't worried, but I'm just sitting there and just letting that happen. And yeah, then it just moved through after about, I don't, a half hour or so, and it's like, okay, nice. And then I was all chill, went to sleep, all done. So it may seem worrying or strange, or is this okay to allow this to happen? It's like, yeah, yeah, it's okay. Especially if you have the experience like I do of doing this hundreds of times and knowing that it's okay. But if you don't have that yet, having your resources so that you can soothe, settle, come out of the experience and deliberately calm your system if you want to.

(00:36:11):

No trips to Amsterdam in my near future. I'm afraid to see this in the chat. Will you come back to Amsterdam and teach the tethering? There are people who are teaching eye of the needle still. Yeah, Dave Berger. Ian McNaughton. Joshua Silvae. Yeah. So if you're studying SE, you can still learn it. So yeah, it's still happening, which is cool. Yeah. When we're talking about shock trauma, again, responding to the chat here, shock trauma is a specific event. It is a discrete event that happens and it's got a beginning, a middle, and an end when it's a shock, if it's something that keeps happening over time, over years, we call that chronic stress, inescapable chronic stress essentially, which is often the case with early developmental trauma, and that's a little bit different when it's just sustained chronic stress, repeated shock traumas over and over again.

(00:37:14):

It's less about working with the individual events and much more about working like we do with early developmental trauma, which is just really focusing on restoring a little bit of baseline safety, a little bit of okayness in the system. Can I just be a little bit more calm? Can I be a little bit more resourced? And gradually building that capacity when there isn't a single thing that happens. Oftentimes, it's not uncommon for people to have both. Sometimes a

person grew up with chronic stress, then they have shock traumas later in life, and the doorway that they, okay, I have to work with a shock trauma, and then they work with that, and it opens up the early developmental trauma, like, oh my gosh, my system learned was this stressed constantly for decades. And that's when you realize, oh, okay. Yeah, there's a lot there. Oh, great. Jen, you just did the eye of the needle, sweet, with Dave.

Jen (00:38:15):

Yes, I did it with Dave. I just finished part two.

Seth (00:38:17):

Oh, fantastic. Well, there you go.

Jen (00:38:19):

Fun. Yeah.

Seth (00:38:20):

Awesome, awesome. It's a great, great workshop. I'm glad they're still teaching it.

Jen (00:38:26):

Okay. Okay.

Seth (00:38:38):

“I have a perpetuating pattern that my feeling of stability is disrupted by intense emotions of confusion or unsafety being triggered by outer events. Often my reaction to these events is much more intense than objectively would be expected. Could this be a sign that my shock trauma is still unresolved? I was sexually abused at three years old, and it was a shock for my system besides having early developmental trauma due to early mis attunement with my caregivers. How to lessen the reaction of these outer unexpected events.” So yes, when we're having responses, reactions to external stimuli that are way out of proportion to the stimuli, that tells us that we're still living with unresolved trauma in our system. That is the classic example of, as we call it, getting triggered or getting activated. Something comes in that is,

maybe it's stressful, but relatively benign, but we react to it as if it's a survival threat. So yes, that tells us there is still a lot of trauma in our system that needs to process and come through.

(00:39:54):

Experiencing abuse at three years old is a shock trauma. It's also early developmental trauma. It sounds like you recognize it as a shock, and so it sounds like this may have just been a single event, not an ongoing series of events. Essentially though, what you're experiencing now, no matter the cause, is you're experiencing high sympathetic activation getting triggered, which is a normal response to shock trauma. Like this is what happens. That got locked in the system, and now it's wanting to come out, and this is where we need to start viewing our triggers as opportunities. Every trigger is a doorway into potential healing, because what's a trigger? It's our sympathetic storage, survival stress getting activated, or maybe it's our freeze. Maybe we go into collapse. It doesn't have to be sympathetic, but it sounds like from the way you described this, that you're having sympathetic spikes.

(00:40:55):

But yeah, it's an opportunity like here it is, right? And the question is, when this happens, is it possible to get yourself away from the triggering source and into a little bit safer space as soon as possible so that you can actually work with what's getting triggered? Now, it's not always possible, of course, but that could be as simple as, I'm going to the bathroom, I'm going to a bathroom stall. If I'm at work, something happened with my boss, okay, here's this reaction. I'm going to at least take myself away to the privacy of a bathroom stall where maybe I can't make a lot of sound, but I could really press my feet into the floor and squeeze my fists and maybe make a little face and make a little growl, make a little sound, mobilize my body in some way, allow some of the sympathetic stuff to come through, because when it's triggered, it's an opportunity.

(00:41:55):

Now, it's also possible that when it gets triggered, it's already too much. So I want to acknowledge that possibility, and we may not have the capacity to do that in the moment yet. If that's the case, then what we want to do is again, use our imagination and use our memory. So we put ourselves in a well-resourced place. We're surrounded by our resources, our home, our safety, our environment where we feel comfortable and we just remember the last time this happened, or we think about the event where we got triggered, and we start to use

memory to gently touch into these energies when they're not at full force of the trigger. So that is another possibility, but if you can work with the energy that gets triggered soon after it gets triggered, that can be really, really valuable. And again, you want to start asking yourself what didn't get to happen?

(00:42:54):

If your reaction is very defensive, is that because you really needed to defend yourself, but you couldn't? And so how might that want happen? Now, maybe there's an impulse to run away. Maybe there was a need, a desire, a deep desire to be rescued. Maybe there is a real need to have someone come in and stop, and you can work with that visual of, it can be yourself as an adult coming in to rescue your little self, and you as an adult are able to destroy the attacker. This is where you do healthy aggression work, the annihilation work. In cases of sexual assault, I've worked with many clients who are sexually assaulted at very young age, even some who are sexually assaulted as infants. So there is, even in these cases when the insult was in a really early time of life when there's no possibility of self-protection, inevitably what happens in service of resolution is that baby turns into someone who has the ability to push and fight and defend and grows the muscles.

(00:44:07):

Essentially, even as a baby, there can be this connection to the self-protective response that can emerge. And here I am now and I'm going to put the energy I'm feeling now, I'm going to use my imagination. Bam, I'm going to blast these people away. I'm going to destroy them in some way. It can happen at any time. It just may take more resources and more slowly approaching it, the earlier this happened, because there's such a helplessness when we're so young that we may need to work quite a bit on building foundations first in some of these cases. So I would say really see if you can objectively analyze, assess. I would say, what is your capacity when these intense reactions happen? Are you totally taken over by survival and you're just lashing out? Or is there a way in which you're still present and observing the experience?

(00:45:11):

If there's any bit of you that is able to just stay present and witness, then that is something you can build on. And the next step is, okay, how can I get myself someplace safe so I can work with all this energy that's now available? And then what does that want to do? What does that

energy want to do? How does it want to express? Are there sounds? Are there motions? Are there words? Are there faces that want to come out? Are there bodily movements that want to come through? Oftentimes with sexual assault, there's a need to press out through the feet and through the pelvic floor. It's like an expelling. I'm pushing out and ejecting, refusing just everything coming through the feet, through the pelvis. So working with a wall, working with pressing, getting a big pillow, putting it on a wall and getting on the floor and pressing yourself away from the wall is one way to get in touch with this.

(00:46:11):

Sometimes there's another way that Peter has worked with this, working with getting into this charge, working on an exercise ball, like one of those big blue exercise balls you can sit on and just really feeling the support. And instead of thinking about pushing away, you actually think about allowing everything to soften and open up to this big broad round support and seeing if there's, and then in the process of inviting things to soften and open up to that support, you may encounter tension. You may then encounter the resistance that's there, and then you can start to work with that, in the pushing away. So lots of things to explore there. It may be that the arms want to get involved. Again, be open to your unique impulses, but just know that it's very common with these experiences that the legs and the pelvic floor want to push away, and that's something that may want to happen.

Jen (00:47:18):

Let's check the time here.

Seth (00:47:26):

Let's take a little pause. I've got about six left, so let's just take a little pause. If you need to have a little water, go to the bathroom, stretch your legs, and we'll be back here in...

Jen (00:47:38):

Three or four minutes. All right.

Seth (00:51:00):

Okay. Moving on. "With time, physical and spiritual, mental states of my past appear again spontaneously. As my body gets in these states, there is a state between two shock traumas,

which happened two or three days apart. It was a state of defeat and collapse, but within that, there was grace. I have nowhere to go. I do not feel what I want in this, but there is a form of peace. I always focused on the second shock trauma, the one that ended the experiences for me. But I get the feeling there is immense treasure in the state in between.” So this is a great question. So interesting. Yeah, you're probably right. There is probably quite a bit there for you. So what you describe is, there's a shock trauma, and then the system went into collapse. So again, if we think about the survival chain, the polyvagal chain of experiences, the ladder, you have fight, flight, freeze, right?

(00:52:09):

So first, fight flight, comes on as a response. If that's not successful or if due to early experiences, our system has been trained to go directly to freeze in response to stress, then freeze comes on. Freeze is sort of a shock state. The big emergency break is on, everything's starting to slow down, but there's still a lot of sympathetic charge in the system. So that's like the deer in the headlights moment. You're frozen, there's still a lot of fear. Eyes are wide, the system feels numb, immobile. And then if that is sustained, it goes to collapse. The collapse stage of freeze, shut down, where it's just like, okay, we're going to die, and we just basically collapse in a puddle, and that's where we get much more. Dissociation is more severe, that kind of thing. But in that collapse state, you're correct, there can be a deep sense of peace in a weird way, because it's surrender.

(00:53:10):

It's like the body has given up. It's like, no need to fight, no way to flee. I'm just going to collapse and be numb. And that can bring a feeling of peace. Underneath that though, is the big sympathetic charge that's still waiting. And so when you say, I'm feeling there's immense treasure in the state in between, and you used to always just focus on the second trauma that happened. It sounds like after that state of collapse, there was another shock to the system. You don't say what happened after then, but it sounds like that probably would've been even more debilitating. So you've been focusing on that. However, it sounds like what you're starting to feel into is the charge that's underneath that sense of collapse, because that first shock trauma perhaps needs to be revisited, but you have been ignoring it because the charge from that is underneath that freeze and that collapse.

(00:54:08):

So that may be the treasure that you're sensing there, and much like I've described with sympathetic charge, how we need to be present with it, and we mean to help immobilize and express sometimes if necessary. In a similar way, we also need to be present with freeze and collapse. But it's a little different in that the sympathetic charge is an active state, right? It wants to do something. It wants us to fight, it wants us to flee. It wants us to express our boundaries, mobilize in some way. The freeze and collapse is not an active state. It just wants us to disappear. And following that, generally speaking isn't too useful. So what we need to do is stay with the freeze, but not in a way that is necessarily following it in the same way that we might follow, say the impulses from a sympathetic charge.

(00:55:07):

We need to stay with the freeze, with the collapse, but in a resourced way where it's like we're actively maintaining our presence with the environment because it's that connection to the environment and the present safety that will let that freeze start to lift and give us access to the higher charge underneath. Oftentimes, this is where containment comes in, when we're staying present with freeze. There is this experience. I still... There's a photo of it somewhere, but I called it the three hour freeze, where, this was many, many years ago. But having this experience of freeze lift, I just was cold. I couldn't get warm. Teeth are chattering. There was a weird floaty kind of, yeah, a little bit of floaty feeling, and I just sat there. I put my feet in hot water and wrapped a blanket. It was about three hours of just this experience of teeth chattering.

(00:56:09):

Can't really get warm, but I just, I'm wrapped up. I'm feeling my edges, I'm feeling contained. I've got my feet in some nice warm water. I'm orienting around, I'm seeing where I am. I think I put on some music at some point to simulate that ventral vagal social engagement nerve. And then, yeah, it lifted. It just passed. So that's one way you could approach visiting that treasure. Your sense in there is if you're feeling a little bit of the sense of that freeze or you're feeling the memory of that experience, then see if you can revisit that deliberately and really have a good source of resource, something to contain you, something to hold you, some warm water, maybe hot water bottles under the kidneys. Using some of the kidney adrenal practices may be helpful. And it's just like, okay, I'm really going to be present with the experience of, or the memory of this time of collapse where there was this sense of peace and just be with that. See what happens. It may be useful also, if nothing happens with that, what happens if you also

start to think a little bit about the first trauma? Just little bits of memory or image of that first trauma that my hunch is, yeah, there's something waiting there for you to discover.

(00:57:47):

"I have a ritual that I've been doing for years. It's involuntary, and I do it when I'm walking, driving, or sitting. I keep a rhythm by clenching my fingers and toes. I grind my teeth in a right to left motion, and I breathe in time. My counselor thinks it might be self-soothing or an EMDR type of self-treatment. I don't know if it helps to relieve stress or actually causes it. Why do you think I do it? What can I do to understand it and perhaps replace it with something less regimented?" So yes, this does sound exactly like a self-soothing behavior. It is what we would call stimming, which is often associated with autism, but it's not just about that. It's about self-soothing, and it's any repetitive motion essentially that we do involuntarily that is self-soothing. So that's called stimming, total and normal experience, adaptation to health, survival stress in the system.

(00:58:48):

So that's what's happening. It's not bad. It's just something that your body has learned to do to contain energy because there's a charge. If you think about what is actually happening, clenching fingers and toes, grinding the jaw, what does this tell us? There's sympathetic energy in the system. Clenching. Clenching. That's what we do. If we're going to punch, if we're going to run, if we're going to push, kick, if we want to bite, "grr", right, we're going to use the teeth, the jaw. So when there is a thwarted sympathetic response that's sitting in the system, this kind of behavior that you described is a way that the system is managing it and helping you feel soothed. So when you ask, is it helping relieve stress or causing it? Neither, it's an expression of the stress that's in your system and it's helping you stay soothed, so that it's a form of relief, but it's not true relief, because it's not actually processing it. It's just a way of helping your system contain it and stay present. So in terms of replacing it with something less regimented, well, it's about getting that underlying charge out of the system. So this means you may need to work with interrupting the pattern because your system wants it, it knows this pattern, to keep it boxed up.

(01:00:27):

So how might you interrupt that pattern? So what might that look like? You could, the first thing is noticing when it's happening, and can you start to engage with it and deliberately, so

you could, for example, slow it down or speed it up, change the rhythm of it, see what happens if you deliberately do it just slightly faster or slower, or what happens if you make it more intense? You really squeeze your fist tight and you press and you let your jaw start to, and you see what happens. If you get a little bit more intentional with it, as if you're moving into some kind of self-protection, what happens if you just make yourself stop? My hunch is that there would be - there'll be a great deal of frustration, or irritation, or anger, or fear that may arise in the system. So in order to get underneath it, we need to interrupt the pattern in some way, and that's up to you and your creativity in terms of how you choose to explore that, and then essentially what else can happen.

(01:01:53):

It's going to be my hunch, somewhere in the territory of self-protective response. Maybe that's where you need to discover for yourself, what is it that can happen when you interrupt the pattern that's established? Maybe there's a pushing, maybe there's a need to actually hit again. If you do that, you want to slow it down, don't hurt yourself. Maybe use a pillow. Use your imagination. Do the jaws. If the jaws aren't grinding, what if they open? Ah, you start mobilizing that left right pattern, but with the jaw open, maybe there's a... or something else that wants to come through there. So it is going to be your discovery and your journey in terms of what you find. But the way to find the something else is to interrupt the pattern of what is and see what happens, because it's containing the energy. And someone asks, so is that the faux window where stimming happens? It indicates that we're, oh, thanks, Jen. You go. You got it.

Jen (01:02:59):

Yeah. Great. Yeah.

Seth (01:03:06):

Alright. Anything else? Yeah, that's it. Okay. "Early developmental trauma and shock trauma. Hi. I am an alumni. This work is slowly changing me and helping me become more authentic. Learning to use my voice, occupying my space better, better selection of who I spend time with, safety, less reactive. It seems these would bring me more into balance. Yet, even though I am an introvert, I find myself choosing to be alone more than ever, seeming to indicate more movement towards imbalance. This is confusing me, and I wonder what I'm missing. What are your thoughts on this?" I wouldn't assume imbalance necessarily because you're wanting to

have more time alone. I think there's other possibilities, because everything you describe, becoming more authentic, using your voice, occupying space, better selection of who I spend time with, that's about boundaries, healthy boundaries, your increasing your safety, you're less reactive. All of these are indications of greater regulation and healing at the nervous system level. So I think that's real. What you might want to consider is that, well, the world is a pretty toxic place a lot of the time. I don't know where you live, but one thing that happens as we get more regulated is we actually may need to protect our space more.

(01:04:40):

Yeah, you're getting more capacity, you're being more authentic, and it's still a vulnerable space. You're still in the process of healing. You may need to protect that space even more than you used to because you have less tolerance for toxicity. And guess what? The world is pretty toxic, so I wouldn't necessarily discount it as moving towards imbalance. To me, it sounds like you actually just need time and safety to really integrate the work that you're doing. And for you, that means more time alone and safety, and that's okay. What I would encourage you to do is connect to other things. So use nature. If you have pets, spend time with pets, connect to the trees, connect to the soil, connect to the water. There's all sorts of sources of healthy, great, yummy, non-toxic connection out there that can support your ventral vagal. It sounds like that's what you're maybe worried about, as I'm moving away from social, and I know I need social engagement.

(01:05:43):

Yes, you do, but you need social engagement with safe people, and that's kind of in short supply. So as you develop more capacity and regulation, you can get more of that social regulation. Even when people themselves are in survival, you can develop the capacity to find and connect to the goodness in people, even if they are living with unresolved trauma. You can connect the goodness in the environment, even though there's toxic things around you. You can develop the capacity to be more in the world and be more in connection, even though it's not ideal as your capacity grows, it just might not be there yet, and that's okay. And if you have an urge, an impulse to move more towards being alone, I would say just follow that for now, because everything else you describe is really positive, and that is not necessarily negative. It may just indicate, yeah, I really need space and safety to keep integrating and yeah, connect with things that are safe, music, sound, nature, animals, all of these can be great sources of connection to explore.

(01:07:02):

Okay. "Hi. I am sensitive. I live alone, and noises drive me crazy. How to orient while falling asleep. When I'm disturbed by neighbors, like steps, closing doors, talking, it's dark. I can't orient with my eyes. I can't ground my feet. I can't run away. I feel helpless and raging and not safe. When I stand up and start to bang the walls, then I feel so rushed and frustrated. I can't fall asleep. Any advice on how to regulate in this situation? And by the way, moving or talking to neighbors or using earplugs doesn't help." Okay. Yep. That's frustrating. I totally relate. I used to be in the exact same boat. Yeah. Be trying to fall asleep and the slightest little noise and I'm in rage. Right. Totally. I get it. It can change. It absolutely can change. It means, of course, that all that sympathetic energy that's getting activated has to be worked with and released and integrated, et cetera.

(01:08:06):

Because what's happening is you're getting triggered into your survival responses at night by things that are not actually life threats. Again, no judgment here. I've been there. I totally get it. Yeah, just instant rage. So what's going on here is it sounds like you're missing some steps that could be useful to explore because by the time you're flooded with rage and you're pounding on the walls, you're already into catharsis and acting out the trauma. So you're already into a repeat and you're just sort of cycling the same survival charge. Kathy Kain gives the example oftentimes of the survival stress process as falling down a flight of stairs and it's like you have a landing at the top and there's a railing, but by the time you're falling down the stairs, it's already too late. You're not going to get the railing, you're going to fall down the stairs.

(01:09:05):

If you can catch yourself at the landing before you start to fall, then something different can happen. So by the time you're hitting the walls, you've already fallen down the stairs. It is like you're in the charge. How might you start to work with it before it gets to that level of intensity? And so that means maybe challenging some assumptions that I'm hearing here. It's dark. I can't orient with my eyes. You can turn the light on. Just because you're trying to sleep doesn't mean you can't turn the light on and orient. I can't grab my feet. Yes, you can sit up and put your feet on the floor and you don't have to stay laying in bed. Right? It sounds like

what's happening is you're laying there feeling helpless. You're getting all these triggers until you get to a point where you erupt out of bed and are slamming on the walls.

(01:09:54):

So there's some things you can do in between before you get to that point. I can turn the light on, I can sit up, I can get my feet on the ground, I can orient, I can contain. How can you start to work with the aggression, then? So maybe it's not as much, right? And you can start to maybe just give a little growl. Maybe you start to just push again with the feet, clenched the fists, really see where you're at. Give yourself permission to introduce some other options. I know it's like you just want to fall asleep, but it's not happening, right? It's not going to happen anyway. So turn the light on, sit up, get your feet on the floor. Maybe stand up, maybe you do some squats and press through your legs. Find some way to start to mobilize that energy that isn't a full on explosion.

(01:10:50):

And the other thing is to work with what's getting triggered when it's not triggered. So this means can you start to think about why this is here? What happened? What was going on in your early environment that laid such a deep trigger? For me, it was just very frequent sounds of, and fighting in my environment as I'm trying to go to sleep. It's just a pervasive sense of threat. There's quite a few things that happened around sleeping and going to bed that laid these kinds of seeds for me as well as just all the overt yelling and screaming and abuse that happened when I was awake. So can you identify what was happening when you were young that planted this charge in your system? Where does this originate from? You need that information a little bit to start working with it when you're not getting triggered.

(01:11:52):

So when you're awake in the middle of the day in a relatively well-resourced place, can you start to feel into the stimuli? Maybe you revisit the memory of what happened last night and just feel this rage, or maybe well, actually, yeah, that's right. My dad would always start screaming as I was trying to go to sleep. Whatever it is, I don't know what it is, but for you, can you identify what is the source material and start to visit that deliberately when you're not trying to go to sleep? So that's the other thing. Again, this is a big sympathetic fight charge that wants to come through. So the healthy aggression work, the annihilation work are probably going to be in your future at some point. It may be useful to also work with the joints and

diaphragms to free up space in the body to allow these charges to move. Again, this might be something you do deliberately during the day. You start to recognize, maybe you just, okay, that's right. That used to happen when I was a kid. Okay, yep. I can feel a little glimmer of that. And then you start working with your diaphragms, particularly maybe the chest or the pelvic diaphragm. You think about bringing in space and what happens if you just start to bring in a little bit of sense of space in you while you're connected to a little bit of this charge.

Okay. Yep. That's it for that one. Okay. "How do I stop yelling at my older child? I had a second baby two years ago, and since then I struggled more with lack of self-control. I feel strong guilt and I know how bad it is, but I still can't seem to stop. My sleep loss is huge." Yeah, man, I'm really sorry, my heart goes out to you because that's such a tough situation. So even if we aren't living with unresolved trauma, even without that, sleep deprivation is a really profound thing. It has a huge impact on our system and it is very easy to lose control and have not enough capacity even without trauma in the picture. So when you're also living with unresolved trauma and you throw sleep loss in there, man, that is, yeah, really hard. So no wonder it's so challenging for you to stop this behavior of yelling even though you cognitively recognize how damaging it is.

(01:14:28):

Yeah, it's just the capacity in your system to stop it isn't there because you're not getting enough rest. I guess the first thing I would really want to explore is practical stuff. Is there a way to get any kind of more support? You don't mention if you have a husband or not or a partner or if there's a family system or if there's friends. So you really need to look at what are my resources in terms of family connection? Is there anyone who can provide any kind of support such that you can start to get more rest? That's the first thing I would invite you to really consider. Are there resources that maybe you're not calling on or using that you could potentially use more because you really do, it sounds like, need to get more rest along with that? Or if that's not possible, how might you find some moments of the day to deliberately, purposefully, connect with your resources, whatever they are, to bring in some moments of a little bit more ease, a little bit more settling during the day so that your system can get a little bit more access to resource?

(01:15:39):

Obviously you need to work with the underlying aggression. So it is likely that there is, again, unresolved sympathetic fight flight energy, and that's getting activated and because of the sleep loss, you can't contain it, and so you're lashing out and yelling. So needing to work with that underlying aggression, but again, that can be hard to do if you're not coming from a well-resourced place and you're exhausted.

(01:16:09):

I would say can you focus on ways to connect with your child in positive ways? It may be important to apologize every time you yell. If you can't interrupt the yell, at least you can repair, right? And you can tell your kid, I'm sorry, it sounds like they're a little bit older. If your second baby was two years ago, maybe the child you're yelling at is, I don't know, three or three or four or five, somewhere around there that's old enough that you can at least say, I'm really sorry. Oh, mommy's really sorry. I love you. You're okay. I lost my temper. It's not going to be like the be all, end all in terms of repair, but it's something. And if you can at least acknowledge that it's your temper and your fault and you're sorry, that is something to consider in terms of service of repair, what would be even more meaningful than that is to actually be able to spend some good co-regulating time with 'em. So can you find moments to do that? Is there a way to just have some cozy time reading a book or watching a show, playing with Legos, doing a puzzle, making dinner together, doing things together that are co-regulating or would be even more important than the words, I would say, but apologizing is at least if they're old enough to understand your words is maybe not a bad idea and may provide a signal to your system as well.

(01:17:45):

Yeah, I'm sorry. That's a tough situation. So it really seems like how can you find a way to get a little bit more rest so that you're not at the edge of your capacity so much? And then yes, connecting to resources as much as you can, connecting to co-regulation as much as you can. And if possible, can you find a way to start working with the aggression that's in there?

Okay, last question. "When fear is present in both persons at either side of the conflict, it feels like one puts oil on the fire of the other and vice versa, but a conversation is unavoidable to try to resolve the conflict. Is it best to keep it short, as clear and objective as possible, and maybe even wear a mask, meaning pretend, or should I try to be as authentic and open as possible, allowing all emotions that could come along at the moment expressing my needs and my

borders? I feel I am capable of neither of these?" Yeah, that's not surprising, and neither of those is necessarily a good option because what's happening, what you describe here is a situation where both people are triggered. Both parties have been activated into their survival stress. You cannot resolve a conflict from that place. So I hear you here. A conversation is unavoidable to try to resolve the conflict, but that doesn't mean... it doesn't have to happen now.

(01:19:27):

It doesn't have to happen now. It doesn't have to happen at the moment that you're both pouring oil on each other's fire, which is exactly what happens when both people are triggered into their survival state. There's no way to find resolution, because what happens is it goes from being about a thing to, it's just we're both trying to win. We're both fighting for our life. We're both trying to win, and there's no resolution possible in that context. So what needs to happen here? Again, I'll circle it back to shock trauma. This could be the result. This charge that's erupting and being triggered, could be the result of shock trauma. So it could also be the result of chronic stress and other things, but we need to, one, work with a charge that's underneath. That's something that each of you'll probably need to do in your own process.

(01:20:21):

But in terms of the relationship, it sounds like you need to have a couple things in place. So yes, you need to have a conversation to resolve the conflict. That's unavoidable. Great. It doesn't have to happen when you're both triggered. So the first thing that needs to happen is both of you need to learn to recognize when you're activated, when what are the cues that you are now in survival mode and you're pouring fuel on each other's fire? How can you recognize that? So it often will be in the kinds of words you're saying. They may be very familiar scripts that you go to that are always the same. It may be somatic cues. You're full of heat, you're full of tension. It's likely going to feel very urgent that you get your point across. You don't have room to listen. You're just waiting to say your piece and formulating your response while the other person is talking.

(01:21:16):

You're feeling a lot of anger, a lot of frustration. Your jaws are clenching, your fists are clenching, or you're collapsing. Maybe you're going into freeze, you're dissociating. What are the signs for you that you are now in a survival state? Each one of you needs to figure that out

for yourself. Then there needs to be an agreement that, hey, as soon as either of us recognize that we're now in reactivity and coming from survival, stop talking and go away from each other and you do your work, use your resources, work with the stress that's in you. You're not going to get anywhere, cycling it back and forth. Work somatically. Use your tools, use your healthy aggression. Bring space into your diaphragms, put your feet on the floor. Connect to your seat, orient to your environment. Do all the things to let your system start to notice where you are and how can this energy move through more directly, more somatically?

(01:22:20):

What does it really want to do? It may be that healthy aggression and annihilation, again, come in there. Maybe you need to destroy that person in your mind before you go back there so you can have actual compassion in the moment. There's all sorts of things that may need to happen individually for each of you. That's what really has to happen in order to have any kind of productive conversation. So learn to recognize the signals of a trigger. When you notice that, have an agreement in place, this is an agreement that you set when you're not triggered, like when you're both calm, in a reasonable place, like, Hey, let's talk about this. We need to work on our communication. We need to start recognizing that when we're triggered, there's no point in having a conversation. And then once you develop that skill, go away from each other, each do your own work, come back together to have a conversation when there isn't all that fire.

(01:23:18):

When that happens, then yeah, you want to be authentic. You want to be open. You want to express what your emotions are, what your needs are, what your boundaries are. But you need to do it from a place that is not fueled by survival. Otherwise it won't lead to any kind of resolution and there won't be clarity. There won't be clarity on what the emotions actually are because they're all going to be so heightened. It's like in the moment, man, I just was full of rage and I was convinced you're trying to kill me. Like, oh, what's actually happening is I feel a really deep hurt at being misunderstood, and it's taking me back to being an insecure little child who was never listened to, and actually I feel a lot of grief right now, and pain. That may be what the real emotion is, but the defense is all that's present when you're activated.

(01:24:08):

So you may not even have access to what's really going on for you until you go away and process the material. Remember, every trigger is a doorway. Anytime you get activated, it's an opportunity, but you have to recognize that that's what's going on and proactively take steps to get yourself into a safe enough environment that you can work with it somatically directly. Alright, thanks y'all. That's it for today. Now we have one more call next week as part of the official program, and then I'll be also doing a bonus call later in June. So look forward to seeing you all then. Thank you, Jen, so much, for being in the chat and rocking it. Thank you, Ari, for being here. Thank you all for being here. Really appreciate you. So keep on doing the good work and we will see you next time. All right. Bye for now.