

**Curated Q&A Call #10: Bonus Call**

Seth (00:00:00):

So we're now recording. Awesome. Perfect. So lots of questions today, which is not terribly surprising given that it's a bonus, and I replied to a lot of people by email, and I still have quite a few questions as well as a few common themes to go over today. So it might be a longer call. Of course, if you need to get off, totally fine, you can always watch the recording later on. So we will get started with these themes. So there were three common themes, where these are situations where I had two or three questions about the same thing, essentially. So I tended to just lump 'em together and talk about it. So the first one was about authenticity. Essentially the question is if we have a history of being rejected when we're authentic or vulnerable, and that's living in us, and so as a result, we end up people pleasing, fawning, telling people what they want to hear, or we end up being hypervigilant, anxious, on guard around people.

(00:01:24):

If that happens, then how do we approach being authentic again? Because there's this deep imprint that tells us, oh, it's not safe. We're going to get made fun of. We're going to get laughed at, someone's going to be mean, et cetera. We won't be heard. We won't be listened to. So I think it starts, or this is one way to start, by being authentic with yourself. That is probably the first thing I would encourage you to do, because we can tell ourselves stories that aren't necessarily accurate. We can not listen to our authentic experience, which is generally conveyed in biological signals. It's the felt sense experience that tells us the truth of our experience. I can't remember the exact quote or where it came from, but it was something along the lines of the truth of our experience is held in our physiology and is much more visible in our nervous system state, our neurochemistry, than it is necessarily in our personality or what we say.

(00:02:33):

So how can we cultivate that authentic relationship with ourself by doing all of these practices that we're teaching you and sharing in SmartBody SmartMind, all of these neurosensory practices are about building a relationship with yourself in a way that is authentic, supportive, at the right pace for you. All of that is in service of you, deepens that biological felt sense experience with yourself. So what are your genuine emotions, genuine thoughts, your beliefs? What are your behaviors? Are you honest with yourself about these things? That's where to

start. Once you do that, then I would say it's like you have to know yourself before you can really be authentic with others. If you don't have that knowing of yourself, how are you going to share it authentically? So once you have that and you decide, you know what? I think I need to start speaking my truth, I need to start being more authentic with other people about my experience, I would say start small. Test the waters. Don't dump all of your stuff on some random person in an elevator. That's authenticity that can go too far, right? I mean, boundaries are appropriate, situational appropriateness. So it might start really simply in casual interactions.

(00:04:09):

Maybe you're not having a great day and someone, you're going through the grocery line, and the checkout person is like, oh, how are you doing today? It's like, oh, I'm doing okay. It's not the best day. How are you doing? It's not a big deal, but maybe it's just that little thing where you're not like, I'm fine. It's like, no, I'm not fine. I'm not doing the best. Okay, how are you? Casual? Maybe you start with a theme that's with just one person that you really trust who maybe you haven't fully shared everything with. Maybe you have a really close friend, but there's something about yourself that I keep this part sort of reserved and hidden away. What would it be like to then carefully sort of test the waters with that person who is close and who feels safe, and you say something like, Hey, I realize there's this part of myself that I really sort of keep to myself. I don't know if I've even shared it with you. Would it be okay to tell you a little bit about that so that you don't have a backlash, essentially is what I'm saying. Like be wise, be cautious, be titrated, test the water, start small, little doses, and see what happens.

(00:05:28):

Once you know yourself and you start to be authentic with other people in a way that is appropriate, boundaried, titrated, all that stuff, if you get a big negative reaction, well then that is telling you something about them, and this is the third part of this is that you're going to need to evaluate maybe some of these relationships I have aren't the best. If you have a bunch of relationships that have sort of been watered in the ground of your inauthenticity and people pleasing and fawning, and you stop doing that, people could be like, what the hell? This person only ever told me what I wanted to hear and now they're speaking the truth. I don't like that. You might get an angry backlash. You might be called selfish. There might be a variety of things that happen that are not that cool, and it's really about them.

(00:06:23):

When you know yourself better, you can discern that more and you can start to have boundaries, and there can be a pruning of relationships that can happen at times with this work and this kind of healing where you realize, you know what? I don't actually need that relationship, or I don't like the way you just spoke to me. I'm going to say that, and okay, maybe we don't need to have this relationship. Sometimes that happens, and then the ones where it is safe, oh good. Those relationships will then become deeper, where you share, you take the risk and you maybe share a little something extra you've kept hidden and you get a good response and you get a little closer. I'm like, okay, great. There is a relationship I can keep and cultivate. So that's the whole process. I think in terms of how we step back into sharing our authenticity, it starts with you. It starts with knowing yourself, really being true with yourself, and then you slowly bring that into the world in a way that is appropriate, that is titrated, and then you evaluate. I'm like, oh, okay. These relationships are working. These ones not so much.

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And understand that it may not feel safe at first, or it may always feel edgy. That's okay. You don't have to wait until it feels totally chill to be authentic, because it may not ever feel totally chill to be authentic. I mean, eventually, sure, but at first it might feel risky. So that's why I say go slow. Go slow, and don't wait until you feel absolutely okay about it. It is okay to take little risks, but yeah, carefully titrated. Okay. The other common theme was a group of people who, very similar, they all wrote a very similar thing about essentially, I really don't feel anything happening with these neurosensory practices. Nothing happens, nothing arises. I don't feel any impulses. I'm not feeling any draw to try one or the other. I don't really know what to do. What should I do now? And in some of these questions, at the same time, they say, I'm not noticing anything happening.

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I just feel irritated. It's like, oh, something's happening there, if you feel irritated, that's something there. But others, they said, I'm not feeling anything. I get sleepy. Oh, well, that's also something happening. That's something happening. You're getting sleepy. That's a nervous system state change. Maybe you're getting a little freezy or maybe you're actually getting relaxed. So don't, I think be careful to not label, oh, nothing is happening, when there may

actually be things happening, but it may not be meeting your expectations. I mean, there's lots of people who do one of these practices and it's life changing, like, oh my God, I never did that before and this is amazing. And it can be kind of discouraging. It's like, I don't feel that way. We really can't compare ourselves to others with this work or with anything really. It's not too useful. We really can only compare ourselves to our own past experiences.

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So it can be really difficult. I understand when we see or read about big things happening for other people and we're not experiencing big things, but that's okay. It's about what's right for you and your system. And your system may just not be ready to have that experience, or maybe you're going to have a totally different kind of experience. So I just want to say that first, that when we say, when people say there's nothing happening, I only feel this, well, that's something happening. So just notice that. And then in terms of I'm not feeling what to do, I'm not noticing any impulses. That's where I'm going to say take it back to the basics, to the most basic things, your biological impulses, what can you just practice following your basic biological impulses day in, day out and not ignore them? That's going to one way where you start to refine that ability to hear these more subtle impulses, which may be like, oh, I want to do this right now.

(00:10:46):

I want to visit this lesson, or I want to do this practice. Just start with the basics. Are you eating when you're hungry? Are you drinking when you're thirsty? Are you peeing when you need to go pee? Are you passing gas when you need to pass gas? Are you getting up and moving when you feel stiff? Are you cooling down when you feel hot? Are you warming up when you feel cold? Right? That's kind of the gamut of biological impulses. Are you doing those things and how might you improve those things? And the more we listen to our biology, the more refined that ability to hear it gets. So that's one thing to focus on. Another thing is that a couple of these end questions, that I've gone all the way through lab 10, and what do I do now? This is my third time through and I do my practice, but I only do it when I put it on a schedule, otherwise I just don't do it.

(00:11:41):

So there's a fundamental piece here that may be getting missed, which is that ultimately it's not about listening to the audio lesson. That's the education. That's the way that you, it's like

training, right? Ultimately, we want to know these practices well enough that we don't need the audio lesson. Now, it's okay if you want to listen to it as a resource. Lots of people find Irene's voice calming and soothing. That's all great, totally fine. But the ultimate goal is for you to really learn these things so that they're in your toolbox so that you don't have to go to the diaphragm lesson in order to work with your diaphragms. You don't have to go to the layers lesson in order to give yourself some self touch and contact the fascia or whatever it may be. You just know how to do it.

(00:12:39):

So I would say that's something that you could focus on. I would say pick one thing. It doesn't matter what it is, pick one neurosensory practice and do it until you really get it. You really know how to do this, and you don't need the audio lesson. You don't need the instruction. And then what happens if you take that into the world? Take that practice into the world. So say I chose potent posture, okay, now, when I'm walking through the grocery store, looking at the shelves, I'm aware of how much pressure is going through my right foot, how much pressure is going through my left foot? Am I retaining my ability to move in any direction easily as I'm standing chopping vegetables? Am I leaning more into one leg than the other by the tilt of my pelvis, I am going to decide to just pay attention to my potent posture, and that is all I'm going to do for a week, wherever I am, as much as I can see what happens with that. That is really the goal of this work. And really, ultimately, we want to be able to do all these things spontaneously as needed. Like I am sitting in that grocery line checkout, and I noticed that I'm starting to feel a little constricted and like, oh, I think I'll bring a little space into my diaphragm and my pelvic diaphragm. That's better. Or, oh, I think I'm feeling a little stressed. I'm just, yep, do a little containment. I know how to do that. It's all right. I'm going to do a little cultivating the exhale.

(00:14:22):

All right. So these things are just in your toolbox and you know how to go to them organically. It's not about doing the lessons, right? It is about really learning the lessons. So I would say make that your focus. Just pick one and see what happens if you really internalize it and apply it in real life. And the last thing I'll say about this, some people will be at a point, and this can change. It can not be this way for people. And then later on it is, or it's this way for people at the beginning and then later on it's not. But there's some times in some people, some states where it's like, our system isn't going to open up without a safe witness. It's just not going to



do it. It needs an attuned, safe, other person there reflecting to us that we're okay and that I'm right here with you.

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And sometimes that's just the case. Our system's not going to open up until we have that. So I would say that's something else to consider. Maybe investigate doing a few private sessions, see what that's like, see if it has a different type of effect. And again, this doesn't mean that you have to only do that. There may be people who need a few private sessions to get the ball going and for their system to open up and start to be able to respond. And then, oh my gosh, I just did the diaphragms lesson. It was a totally different experience. There's other people who may be totally fine at the beginning going through all the SBSM practices, having amazing discoveries, and then they kind of get stuck and they can't progress. And it's like, ah, this piece needs some help. This piece needs a witness, it needs some reflection, some nuance, some skilled guidance. So just know that that's part of it. Irene and I have both done so many private sessions, even though we both know how to do all this stuff really well. We've both, all these practices in SBSM or in our toolbox, and sometimes we needed help, sometimes we needed in-person reflection. So that's another thing to consider. Okay. And then the final common theme, there's actually three people asking about the connection between early developmental trauma and OCD.

(00:16:45):

So OCD, obsessive compulsive behavior. So this is, I think you probably all know what that is. It can be many things. It means it can be counting every step that you take or your breaths or you have to wash your hands a million times, or you're checking that the door is closed like a thousand times. You don't trust that you actually did it, whatever it may be. It's an obsessive compulsive kind of behavior. So the connection, asking about the connection between early developmental trauma and these types of behaviors. So the way that I think about it, if there's survival energy stuck in the system from a very young age, which is the case with early developmental trauma, the system is going to adapt in various ways to manage that energy. And the earlier that energy is present, the earlier those adaptations get made, the more it can seem like, oh, this is just how this person is. This is just how I'm wired. I'm just an OCD person.

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What we are seeing is that it always is resulting from dysregulation in some form, trauma in some form. Now that could be in utero trauma. They could be chronically stressed in the womb. This can go back so far that it's hard to separate between what is the genome and what is the impact of dysregulation. Because what we're seeing with epigenetics is dysregulation, and the environment can have an influence on which genome expresses. So that's why we were saying it looks like there's a connection here between dysregulation and OCD and other things that are considered historically to be like a genetic thing. So yeah, the system will adapt. It'll adapt to manage all that energy. So if what I'm doing is, I'm obsessively just picking up my fingers here, well, that's giving that energy something to do. This is in a small way, an aggressive behavior.

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It's aggressive to myself, and it's a way to give that survival energy something to do so that otherwise, if I just don't do anything, then I'm just feeling it, right? And that can be totally overwhelming. So all these behaviors develop as a way to manage and pack up and contain in a way that survival energy. So in terms of working with it, generally speaking, what we see is that the urgency of the behavior tends to fade as regulation increases. Generally speaking, I haven't heard much that like, oh, I just suddenly stopped doing that and I never did it again. Sometimes I have heard that a couple times, but mostly what we hear is it's just not as urgent. I still have that habit, but it doesn't feel like life or death, or I only checked that the door was locked twice or three times and then I was okay, instead of 40 times.

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So as that underlying survival energy gets released through doing the work, this is the big picture, then that strong survival fuel that's been driving those behaviors starts to diminish. And so the habit may still be there, but it just isn't so urgent. And that's the point at which we want to start exploring a different kind of approach, where we can work with it directly. I don't recommend doing this right away because what I'm about to describe takes quite a bit of capacity, and I would want to encourage people to, don't worry about the OCD thing for now. Just keep doing this work in all the other ways. Start to release that underlying survival stress as you go about your days, when things start moving organically. Awesome. That's great. That's generally a good sign that, okay, maybe I can start working directly with the behavior now because the habit's there, but it doesn't feel so life and death.

(00:21:11):

So when that's the case, you can start exploring then essentially a very titrated form of override kind of where essentially you make yourself not do it. You just sit there and I'm not going to go check the door. I certainly feel that impulse and I can feel the habit and how I would do it. I'm not going to do it. And what happens if I just make myself not do the thing? And generally speaking, that will lead to an experience of activation coming through the system. But hopefully at that point, it's not so much that it's overwhelming, because that's the thing, we don't want to overwhelm you more. So the key to working with OCD behaviors in this way I'm describing, is that you know you can always do the thing if you need to. You can go check the door. It's okay, it's not a failure.

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That's great titration, wonderful, but how long can you sit before you do it? Maybe I made it five minutes this time. All right, whew, great. I'm going to go check the door now. So that's what I recommend. And then as you sit and you make yourself not do the thing and your field activation that comes, what are some other ways that you can maybe work with that energy that is emerging? So that might be healthy aggression. That might be just sounds, that might be movement mobilization. That might mean getting up, that might be saying some words. Who knows? What are the impulses? What are some other ways that survival energy can be expressed?

(00:22:58):

All right. Okay, so that's all the themes. Okay, so I am now doing individual questions. First one, "I often have strong emotions on bad days. If I stay with them in seven steps to de-stress practice, I get pulled into old childhood patterns and they feel worse. Being a neutral observer helps me calm down, but I feel detached from my body. The IFS approach, staying in true self while observing parts helps the most. I can be with the emotions and still have perspective from the SBSM perspective. How would you advise me?" Okay, great. So yeah, what you're describing from our perspective would just be, your inner witness is online, is what I'm hearing here, which is awesome. That's actually completely essential in processing intense emotions because yeah, if we just sort of marinate in them and do nothing and just fully are in them, it can be hard to know how to actually process them.

(00:24:16):



And that can lead us into early physiology, early psyche states, whereas I feel like I'm freaking four again now. What the hell? So that inner witness that has the ability to observe, and this is another thing that gets developed through all of these neurosensory exercises, you're developing that muscle of I can observe what's happening and it's simultaneously, I can feel what's happening. That is the goldilock spot. That is exactly where we want to be, where there is a part of you that's just watching, kind of detached, and there's another part of you that is fully feeling the body and the emotion. They're both happening at the same time. So yeah, IFS, that's internal family systems. That works really well with this approach actually, because yeah, you can be that true self, your adult self, your grownup self, and you can be sort of watching, oh, yep, this is my angry 4-year-old, this is my really sad 6-year-old.

(00:25:15):

This is my part that's protecting that really sad 6-year-old, et cetera. So that is totally fine. What I would say is bring in the somatic element to that. So as you feel those parts, what are their sensations? What are the sensations in the body of that angry 4-year-old? What are the sensations of that sad 6-year-old as you observe? Can you welcome in the felt experience of those emotions? Remember, emotions are fundamentally sensations. They're clusters of sensation that we've given meaning to, and we all sort of agree that this cluster of sensations means this emotion, and it comes along with this face, right? But the fundamental experience is one of a felt sense experience. So really getting into that, where do you feel that in the body as you are sitting there and you're witnessing that angry 4-year-old, what's happening? Are they living in your stomach?

(00:26:15):

Is that where you're feeling the sensation? Are you feeling a tightness somewhere else? What's the what and where is that thing happening? And then, so say for example, you're with that angry 4-year-old, do they have a posture? If you were to see them, what would you see in their posture? What would it be like to do that posture, to bring that into your current embodied self? So it's like, oh, I'm giving you a body disconnected, stuck 4-year-old here. This is what you want to do, ta. That can be very empowering. What are their words? What are their sounds? What wants to come through in expression from those parts? Those are all the different things that I would ask you to consider from a somatic trauma healing perspective. And it can totally work really well with the IFS approach. So yeah, they work hand in hand quite well.

(00:27:19):

“As a child, I ran through a glass door and my wrist was cut. I remember standing quiet in the bathroom with my hands stretched over the sink full of blood. Everybody was running around, but I was still, or better, maybe I was frozen. The same with my other injury where I was not crying even when it must have hurt. How do I heal these traumas? Do I just go back in my imagination to try and feel my body? Or do I continue to build capacity in my nervous system so that the traumatic events will be released without me even noticing?” Okay, so first, just to clarify, and this may just be semantics, but remember, the trauma is not the event. The trauma is what happened inside you as a response to the event. So both those things you described sound potentially traumatic for sure, and yet it sounds like you may have gone into a bit of freeze in both cases.

(00:28:13):

I just wouldn't. I usually don't ever assume trauma because sometimes something can be highly stressful and upsetting, but it doesn't get stuck in the system, and it's not actually traumatic. So just to have that in your awareness. But if there is trauma there and there's a survival state that's stuck in you from these experiences, which could be freeze, then yeah, I would say both of your suggestions or proposed suggestions are right. You want to keep just doing the work to build capacity. Absolutely. And you may find what happens is something that just heals organically. What might that look like? It could be that you're going through your day and say, maybe you're, and this is just an example. Please don't expect this to happen. But I'm just saying, so you kind of know how these things happen organically. It tends to be like, so when the system is ready, it often can happen in response to a stimulus.

(00:29:14):

I'm sitting there doing dishes over the sink, and then I feel a sharp burning sensation in my wrist even though there's nothing there. And that is the body starting to organically release the freeze that was present during that injury, and you start to feel the pain of the cut and like, all right, great. And then you really want to welcome that experience and understand what's happening. It's like, oh, I'm over a sink and I'm feeling the pain right here. That must be that thing. So that tends to be often the way that these things can happen and arise organically as we build capacity. It's not always in connection with a trigger, but it often can be where there's

a stimulus and then the system goes, oh, yay, I recognize that. Here you go. Here's a little packet of survival energy for you to process. Now, you also can work with imagination for sure.

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Again, sometimes this is useful to have a guide with, but you can do it on your own. I would just encourage you if you do that, to maybe not go straight to standing over the sink full of blood. Because what may happen is if you go straight to that, your system gets too overwhelmed by the memory to actually allow anything to come through. So this is called the T moment in what we call the T model, where T is the moment of trauma. You don't want to go straight there. So if you want to work with imagination, see what happens if you rewind a bit, what was happening that day, or even what time of year was it? Was it the fall, summer or spring, winter? What was the season? What were the trees like outside? What was the weather? What was going on in your life at that time?

(00:31:02):

What grade were you in? Who were your friends? That kind of thing. Feeling into that time of your life and just notice what happens with that. Then maybe like, well, that day, what else do I remember? Anything else from that day? Who was around, you say everyone was running around. Who are those people? What were they doing? What was my relationship with them? Okay, great, and then I'm going to go fast forward. I'm going to go after I already had the bandage on and everything was cleaned up, and I was okay, when was that? When did I know? When did I see, oh, I was cut, but now I'm okay. I've got a bandage here. Yeah, it's painful, but yep, I'm not bleeding. I'm okay. My life's not in danger. When was that moment that you knew that you were going to be alright, at least physically?

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Maybe you go there and you feel into that moment. What was that like? So you sort of bookend. You put in these sort of bookends around that peak mode of intensity, and you start by feeling into those things. See what happens. Then eventually you start to sort of narrow in on that moment. Now, the moment may not be what you expect that the moment of trauma could be, yeah, there with you standing over the sink. Or maybe it was actually when you were running and for a split second before you could do anything, you realized, oh, I'm about to run through a glass door. Maybe your system perceived that right before it happened, or maybe it didn't, and it was just a total surprise, and that shock was actually the moment of trauma. So

we want to explore with an open mind, all the territory around the event, and be open to discovering what may happen.

(00:32:58):

And you don't want to do this necessarily all in one day. Either you might do a piece of this work or you start way in the past, in the general situation, and then you leave it. There can be things that happen in our nervous system with this kind of work that's invisible, and it may not seem like anything's happening, but things can be processing at a very deep level just from doing a little piece of work like that. So I would advise less is more always, because you can always do a bit more, but if you do too much, you can't do less.

So, all right. "Hi, Seth. In an interview, I think you mentioned hypermobility, could you address hypermobility and its connection with anxiety?" Okay, so hypermobility we see as a result of trauma and dysregulation specifically, we would say this is an under coupled state where the physiology is under coupled.

(00:33:59):

It doesn't have appropriate relation, like the parts don't have appropriate relation with each other. There isn't appropriate tension in the system. We need tension. We need a tension in order to have everything have the right kind of elasticity and flow and contraction, extension, et cetera. But it needs to be appropriate tension. So when there's hypermobility, there isn't enough tensility is the name for it, in the system, to keep everything in a proper relationship. So that generally is, we feel a result of early trauma, and it's an adaptation of a way of being less connected to one's experience. It often can go along with dissociation or it may go along with anxiety. Now, just because one is hypermobile doesn't necessarily mean they have to have anxiety. It's not like they're always together. It sounds like for you, maybe they are together, but that's not always the case. I just want to be clear. But the reason that they could be together is because they're both part of living with dysregulation, right? So anxiety is a stuck fight, flight, sympathetic response that's stuck in the system telling us something's wrong, something's wrong, something's wrong. That is also a result of trauma. So it's not that necessarily hypermobility causes anxiety, it's just they can both be present as a result of the same dysregulation.

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I could also see that, yeah, feeling hypermobile could potentially cause anxiety or trigger it, I would say, because the cause of anxiety is a stuck sympathetic activation, and that is the root cause. But feeling like you're, you don't have enough organization within yourself or things aren't really connected, or you feel kind of floaty or things are too loose, and that I could see being definitely a trigger for feeling a bit anxious. So that's how I would explain the connection there.

Yeah. Okay. Alright. "Hi. I physically healed from an eating disorder, but I still struggle with eating disorder behaviors. I weigh my food and count my calories every day for years. I can't rely on my intuition when it comes to food because it's skewed by the need to eat in order to ease boredom or to fill a void. Managing the numbers in this way reassures me."

(00:36:48):

"I won't gain any weight as a result of eating more, thus, to not do those behaviors would feel overwhelming. Can you suggest a few ways to dip my toes into letting them go?" For sure. So the first thing I would say is before you even think about tackling the behaviors themselves, I'd be interested in exploring what's going on underneath the surface. So what's in the void that you're trying to fill? If you're eating to fill a sense of a void or emptiness, what's in there? That's what you need to find out. If you're eating to ease boredom, well, is it really boredom or is there something else that's waiting underneath that boredom? Because if, nothing wrong with being bored, it's kind of nice at least, I don't know. For me, I don't have enough moments of feeling bored, just hanging out, not doing nothing, looking out the window.

(00:37:48):

If there's a sense of dis-ease with that, like, oh, this isn't okay to be bored, then it's not just boredom. There's also an activation present there. So I would say that's the first thing to investigate and work with. When you feel that need to eat to ease or fill a void, that's where you really want to do some somatic investigation. Tune into those areas. Where is the void? Is it in the stomach? Is it in the chest? What's happening there? As you hang out with that sense of emptiness, is there something else that starts to emerge or start to happen as you just sit there and don't do anything, start to maybe make a little space? What happens if you bring in the principles of the diaphragm lessons and you just, okay, I have a sense of void here. I'm just going to breathe with it.

(00:38:38):



I'm going to see the shape of it inside, and I'm going to make a little chamber with my breath and I'm going to breathe and feel how that can expand. I would say that's the first way to start changing this, is to work with what's waiting inside in that void, in that sense of boredom. And then again, biological impulses. So that's another thing that you could start working with before you specifically try to change the behavior. Really, again, tune into those biological impulses because your body has the ability to tell you, this is what I need to eat, this is how much of it I need to eat, and now I'm full. All of that is available directly to you from your physiology. Eating disorders fundamentally are a way to have control, sort of the thing that drives them in terms of why is that a survival adaptation?

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If we're growing up and our experience is very out of control, it feels very much out of our control, and we have, say, a very controlling parent. That is one way we can have control over our experience, right? I am not going to eat that, or if I'm going to eat it, God damnit, I'm not keeping that down. I'm going to throw that up. It's a way to have control over your body so that when that's been present, there may be less of an ability to really feel what you actually want because you've been in an adaptation that's in rebellion against something. So that is, I would say, the next piece. Can you really practice honoring those biological impulses? Can you start to listen and feel like I'm actually hungry, or no, this is that void, empty, boredom thing. Start to be able to discern the difference between those things and again, all the other biological impulses, follow them, honor them, listen to them, and then you'll start to cultivate a better ability to feel organically.

(00:40:45):

This is what I want to eat and this is how much of it I want, and now I'm full. Because when you have that, you're not going to overeat. It's only when you, like you say, when you're eating to feed your emotions or suppress your emotions, that's when we eat too much. Or if we can't feel when we're actually full, if we're eating, we're in a lot of freeze and we like to stuff ourselves because that way we really feel something. That was me, that was one of my big things is I would just way overeat all these really intense foods. They're super spicy, hot wings and sour candies and just horrible shit. That would be really stimulating and I would get really full and then that would be like, ah, alright, I feel great now. Because that was the only way I could really feel a sense of fullness was by gorging.

(00:41:35):

So now I can't do that. I physically can't do that. I would just feel sick. So I had to learn this for myself to really hear, this is what I actually want. I don't actually want nuclear hot wings. I would actually like something mild. So that was a process of evolution for me. So I'm sure you can do it too. And then once you start to hear those signals, you may just organically start to not need to do this, not need to weigh all the food and count the calories and all that stuff. It may just organically start to fade. If it doesn't, then I would say, well, just start by limiting the behavior rather than going cold turkey and cutting them out altogether. So maybe you just start with one meal. You start with breakfast, you're like, you know what? I'm not going to count my calories for breakfast. I'll still do it for lunch and dinner, but I'm not going to weigh anything or count any calories for breakfast. I'm just going to practice what I've been doing, which is I'm going to listen to what do I want and how much of it do I want, only with breakfast. So titrate it.

(00:42:45):

Alright, hope that's helpful. Just check the time. Okay, "Four years in, and I'm noticing an increasing agitation in patience and desire to fidget when starting an SBSM exercise. I didn't have this before. I remember you mentioning the requirement to be still in vipassana meditation and how that wasn't necessarily helpful. How to approach this. Do I spend some time with the fidgeting and then do the exercise or do I ignore the exercise altogether and move with the agitation? What's best?" So spend time with the agitation. So again, the point of this work is not just to do a neurosensory exercise. I'm going to listen to this lesson, I'm going to follow along. I'm going to do that for years and years and years. We really want to internalize these things. Again, it's okay if you want to, it's fine, but ultimately you want to have it inside.

(00:43:51):

So definitely I would say work with the agitation. This is actually a good sign. What you're experiencing, the fact that you say this isn't used to happen. Yeah, that's because you have more life energy. You have more sympathetic activation now coming through your system, and so that's expressing as just fidget. I need to imagine it. I want to move. Right? Awesome. Work with that energy. What does it want to do? Let yourself fidget. Let yourself get up. Let yourself make some sound, run around, stomp your feet, do whatever. What is the impulse?

Bring in your other somatic tools such as following your impulse, right? The voo ahh principles, making sound raw, making faces, all of this stuff. Allow that agitation to express organically and let it move and then see what happens. And then, yeah, sure, go back to doing the practice, but maybe that's actually what you needed to do, right?

(00:44:54):

It is possible that you're feeling this because you know what? I don't need to do this lesson. I need to work with the agitation. I need to work with what is present. I need to work with this sympathetic stuff. So absolutely do that, make that the priority. And then if you still want to do the exercise, sure, go ahead. Why not?

Okay. "Alumni here with early developmental trauma and shock traumas, I tend to have big swings between trying to do everything perfectly or full collapse. I've noticed this pattern playing out when holding boundaries with my children. In order to hold any boundaries with them, I have to go into some sort of dictator or controlling mode, or I tend to swing the other way, and just let everything go where it feels completely unbearable to speak up. Can you talk about what's happening here and how I might start to work with this?"

(00:45:44):

So in terms of, let's do what's happening first. What's happening is a swing between high sympathetic activation and sort of hypervigilance and collapse freeze. So it's polar opposites of the survival spectrum. So that is what's going on in your system. That certainly is not surprising if you have a history of early developmental trauma and shock traumas. So both that big freeze charge and that hypervigilance, big sympathetic charge are both hanging out there in your system and you are being either dominated by one or the other in these scenarios. That's what's going on. Another way to understand what's happening from a behavioral lens with your kids. I don't know if this may be helpful. This comes from a totally different modality called transactional analysis, but it fits really well with this, is you're experiencing different ego states. Now these go along with the physiological state, but you are experiencing, when you're in that dictator controlling mode, they would say, you're in your parent ego state.

(00:46:52):

So what you're likely doing is likely what you got from your parents. I don't know for sure, but that's often the way it goes is that we go into our parental self, we start acting out things that

we saw our parents do, or it may be an inversion. We may be in reaction to what our parents did. We may do the opposite, but either way, we're acting out from sort of a parental ego state, or you're in your child ego state, you just collapse, which may have been what happened when you were on the receiving end of whatever it was from your parents. Your body, little system, might have just been like, oh, and maybe you didn't actually collapse, but there could have been, that's when the freeze came on because you needed to numb because it was so painful. Or maybe you really did collapse into a puddle when whatever happened happened.

(00:47:49):

So what we want to find in terms of this lens is what's called the adult ego state, where you are able to be assertive, calm, present, responsive, et cetera. When we're in our parent or child mode, we're basically in reaction. So we want to find that adult self that is able to respond, and that comes with regulation that comes along with increased regulation, means increased access to just our adult self. So I would say in terms of how to work with it, it would start by starting to feel into what's happening when you're in each of these states, if you're in dictator mode, what's going on in your body? Are you very rigid, perhaps? Is there a lot of tension? What might happen if you work physically with your body instead of trying to change the behavior? What if you think about softening your jaw or softening the pelvic floor?

(00:49:00):

Can your breath come into your belly? Are you able to breathe? What happens if you just take a pause to just check out these things? Do things start to change or shift? So that's what I would say, is instead of trying to change the behavior, can you change the physiology that's driving the behavior? And that starts with noticing it. What is happening when you are in one of these states, when you're in that full collapse and you feel totally helpless, okay, how might you start to at least notice that you're breathing now, that you notice that you're breathing? Can you notice where you are? Can you orient? Can you feel the seat under your butt? Can you feel the floor under your feet? Can you do that while you see where you are and notice that you're breathing these basics. Basics. When we're in collapse, we need to come back to the basics of this is me, this is where I am.

(00:50:00):

Oh yeah, I'm alive. That's right. Okay, I know I'm alive because I'm breathing. Okay, yes, I'm here because I can tell that because I can see these things. So work physiologically in these

moments rather than trying to change the behavior through a force of will. See if you can work with your physiology and then the behavior may actually automatically start to change. And again, you're swinging between two different survival adaptations, two different survival states. So as you continue to do this work and you release those balls from the pool, those underlying survival charges will diminish. So again, and part of doing that is by working proactively when you're experiencing it.

(00:50:48):

Okay, let's take a little pause. I've got about eight questions left, so let's just take a few minutes to take a break from the screen. If you want to get some water, follow your impulses. What are they right now? Do you need to pee? Do you need to drink water? Do you need to stretch? Whatever it is, and we'll meet you back here in about three or four minutes.

All right, welcome back. Okay, so next one. "I reckon I have EDT, early developmental trauma. I've been dealing with very severe and chronic insomnia for eight years. Since I started SBSM, I feel very activated. Rage, anger, frustration. I have spasms in my arms, legs, or chest, waking me up when I'm just falling asleep. So many times I've let my body release the sympathetic charge as long as it needs, kicking, shaking, contractions. I'm just wondering, when will they stop keeping me awake?"

(00:55:15):

"Any recommendations?" Okay, well, yes, that makes sense to wonder that. I don't know when, I'll say that. It'll be when they're done, but I don't know exactly when that is. That sympathetic energy needs to get out of your system, and it's really good that you're actually feeling the emotional components of that as well as the sensations. So that suggests to me that your system is quite open and allowing this stuff to come through and yep, I get it, can totally be frustrating. So the first thing I'll say is that it's really important to try to work with this when you're not falling asleep. So you want to see if you can do this during the day when you're awake. So how might you go into a similar mode? So when you're falling asleep, what are you doing? You're getting into bed, you're laying down, it's dark, you're closing your eyes.

(00:56:19):

What happens if you just make a space in your living room where you can lay down comfortably? So we always have moving mats around, which is one of the hallmarks of



Feldenkrais practitioners, because yoga mats aren't big enough to do Feldenkrais. So they use moving mats. You can get a couple of those, put 'em on the floor. That's a great surface for rolling around on, laying down on and doing this kind of work. So make a little time in your day where you can lay down as if you were going to sleep, but it's during the day and you're not in your bed. You're on a harder surface, and see what happens. Maybe as you just lay there, close your eyes, maybe as if you're going to take a nap. Does something surface? The reason we want to work with this during the day is because it sounds like your system is in a bit of a habit where it's like, okay, the walls, the guards are starting to come down because I'm falling asleep, parasympathetic mode, I'm tired.

(00:57:24):

Great, okay, let out sympathetic stuff. So we want to see if we can get to that during the day when we may have more ability to move. Maybe we need to actually get up, maybe we need to stand up. Maybe we need to start running on the spot. Maybe we need to do some squats. Maybe we need to press something. Maybe we need to ring a towel. Maybe we need to growl. Maybe we need to do all sorts of stuff that we may not necessarily do if we're laying in bed trying to go to sleep. So we want to work with this stuff during the day and try to access it during the day, and just that intention can help it come out more. It's like, Ooh, they're actually inviting me. They're paying attention to me during the day. I'm not just having to wait until the guards start to come down at night and then I've got to bust through because I've been hanging out here all day. It's like, okay, yeah. Hey, yay. They're welcoming me in while it's daylight.

(00:58:17):

And then another thing that I thought of is, what might it be like? I hear you saying you're working with all the sympathetic types of things and you're allowing them, you're doing them. That's all good, all. Also, are you remembering to bring in some self-soothing, downregulation calming practices after this stuff? When we're doing a lot of sympathetic activation stuff and we're working with it, and it's high intensity, as that starts to move through, we will often want to go to, deliberately then, starting to soothe, settle, contain. Maybe you work with the kidney adrenals or the brainstem. Maybe we really feel our blanket and get cozy. Maybe we do cultivating the exhale, let out some sighs, let out some sounds. What can you do to bring in some proactive, soothing, settling, downregulating types of practices? That might be something that you're missing from this, because when we only work with the activation,

again, it can sometimes get stuck because what it's actually needing as well is that sort of calming, attuned, caring presence that's like, oh yeah, that was big, huh?

(00:59:34):

I got you honey. I'm here. I'm here. Yeah, it's okay. And that kind of energy can be helpful to sort of bring in a sense of completion to that process. And the only other thing I can think of is, I don't know if you're doing this already, but when we have lots of sympathetic stuff moving through in the form of survival energy, sometimes it can be really helpful to engage in moderate to intense activity exercise during the day. So we give that energy, that sympathetic energy, a pathway to move through that has nothing to do with trauma, healing, emotions, anything like that. We're just moving our body vigorously, and we're using that energy in a way that's not about survival, it's about just life, about moving, about health, fitness, that kind of stuff. Alright.

(01:00:31):

"I really resonated with what you said in a previous call about finding that edge where we can gently push ourselves to move, but not force ourselves. My ways of survival have been primarily dissociation and people pleasing, going out of my body. So I need to find the edge with both doing the neurosensory exercises and physical exercise. I wonder if you could speak more about playing with that edge of going out for a walk or run and not staying stuck on the sofa that feels so safe." Yeah. So yeah, this is that thing where it's like sometimes we just have to use a little bit of willpower, and it's like that doesn't mean that we override. And again, that can be a delicate balance because we don't always want to just push through what we're feeling. We want to spend time with what we're feeling, right?

(01:01:30):

Maybe it's important to sit on the sofa and feel that stuckness and maybe do a little just expression, and this is how I feel and I am just going to be safe here, and I'm going to feel this, and I'm going to let myself have some safety that I maybe didn't get and I need. It's important to have that stuff. And maybe that'll lead to some more emotion coming, and we can get into a thing where we just kind of stay with a freeze and we stay stuck, and we don't really move when we actually need to move and get a little mobilization in the system so that something else can happen. So it can be a tough dance, especially for someone who has a history of pushing through using their willpower and recruiting survival energy. Sometimes for those

folks, it may be more important to do the other thing, which is, I'm going to make time for the boredom or the stuckness or the stillness or whatever it is that's a little bit quieter, when I'm not always doing things. But since you're asking about what do I do if I know that I really need to go out for a walk or a run and not just stay stuck on the sofa, how do I do that? Well, in that case, I would say if it feels impossible, break it into little steps. So again, here we are using titration.

(01:02:59):

Okay, I'm stuck on the sofa. Can I sit up a little bit more? Can I tilt my pelvis a little bit? Can I raise my tailbone such that my sit bones are a little bit more underneath me? So instead of like this now I'm like this. Can I just do that? Oh, cool. Okay. I did that. Whew. I'm going to take a rest now. Okay. Maybe that was enough or, okay. Oh, here I am. Oh, okay. I noticed now I can put my feet on the floor. Now I'm sitting, my feet are on the floor. My tailbone is lifted. I can feel my sit bones. What would it be like to stand up? I don't want to do that yet. I'm just going to chill out again. Oh, okay. Okay. All right. Okay, now I feel ready. Now. Here I go. Okay. Sit on the edge of the chair.

(01:03:47):

I'm ready to go. Got my feet on the floor. All right, let's stand up. Let's stand up. Let's do it. And you stand up. Okay, great. I did it. Is it so awful? No. Okay. I think I'll go for a walk. And then maybe you go to the door and you're like, oh my gosh. Oh my gosh. I don't know if I want to do this. Oh, you can go back to the sofa. It's all right. It's still there. Part of this process means that you don't have to just use your willpower and force yourself, that kind of like with the OCD thing, know that you can go back to the safety of the sofa. It's there for you. It's not going anywhere. So, alright, now that I know that maybe it's okay to step out my door and all right, I'm outside. You know what?

(01:04:30):

I'm just going to go for a walk. Now I'm ready. So if it's feeling unmanageable, break it into little steps and know that you can have that retreat back to safety at any time. And that's bringing in that principle of safety, that principle of titration. And you're also still cultivating your inner parent in a healthy way that is saying, Hey, you need to do this thing. Otherwise you're just going to feel like shit and feel stagnant, and you need to get your blood moving. So that is what I would suggest with that.

"Can you please give some specific advice on how to use this work to improve cognitive function? I'm taking hormonal therapy due to breast cancer, which deepened my dysregulation during the course. I felt a lot of positive shifts towards more flow and more regulation, but I still have problems with attention and forgetting things."

(01:05:22):

"This is more profound when I'm under stress or when new layers open up and balls start to move. Are there any specific exercises that can settle this sort of floating cognition?" Great. So really good to hear about those changes that you're noticing. That is all great, and absolutely, anytime we're under increased stress, or if our system is processing old survival stress, we're going to have less access to our higher cognitive function because there's a lot going on. If we're under stress, then that means that our limbic centers, our limbic brain, our brainstem, our amygdala, those areas are going to be more online and we only have so much mental juice, so to speak. So if those centers are firing more, then that's less energy for the synapses up here in the frontal lobe. So that is just natural, what you described. Of course, we're going to have less ability to remember stuff and have higher brain function when we're under stress, when the balls are coming out of the pool.

(01:06:28):

When you're processing a layer of stuff also, there's a lot going on. So even though you may not be so much in your limbic brain, there's still going to be a lot happening in your nervous system. A lot is happening in the infrastructure. So it can be hard to have clear thinking sometimes when there's a lot processing, because also there's components of the psyche that are involved. The brain may be reorganizing a bit. There's a lot going on when we're processing old stuff. So all that makes sense in terms of specific exercises to work with improving cognitive function, really this is more of a big picture thing. The more that we are in regulation and the less we're ruled by survival stress, the more access we will have to our higher brain, our creativity, our cognitive function, our ability to remember things, all that stuff. That being said, there are a couple of things you can try to do if you notice you're having difficulty in the moment with cognition.

(01:07:28):

So the first thing is downregulation. How can you move more into parasympathetic? Our higher brain works best when we're in a nice little flow of being mostly in our ventral vagal,

parasympathetic kind of deal. Where we're creative, we're relatable to connection with others. We're in a more down regulated state. Our brain tends to work better in that state. So what can you do to promote a little downregulation? Again, maybe it's containment, maybe it's orienting. Maybe it's using your resources, having a cup of tea. Maybe it's having a cup of tea while orienting and containing and having a blanket. Maybe it's doing some exhales and letting your heart rate come down, whatever works for you. Softening the pelvic floor, thinking about the kidney, softening the brainstem, all that stuff that is in service of downregulation, that may help the brain work a bit better. Also, how might you bring your creative mind online?

(01:08:30):

Because the creative mind is part of the same kinds of areas. So one of the ways to do that is by working somatically, but bringing in our imagination. So say you're feeling under stress, you're feeling a lot happening. You feel the sensations of that. If you feel the sensation of that, what's the color of those sensations? What's the texture of those sensations? That sounds really weird maybe, but that is bringing in your creative mind. It's like, oh, I feel like a black itchy swirly thing. That's kind of like bricks. Somehow it doesn't have to make sense. Let your creative mind start to interpret your sensations and your felt sense that's going to bring your creative brain online.

(01:09:24):

What's the sound of this sensation? Does it have words? All of that kind of inquiry can help bring that creative thinking more online. And again, just keep doing the work. Big picture style, just keep doing it. This is again, something that improves over time just on its own as we're less in survival mode.

Okay, "I have had nervous ticks since childhood. Later on I learned it was Tourette syndrome. I never took medicine. Dance, singing and Feldenkrais method helped me. I've been a Feldenkrais practitioner for 30 years and EFT for 20 years. I do have early developmental trauma for sure. I'm so much better and functioning now as a singer and a teacher, but I still have nervous ticks. I tried slowing the movements down, exaggerating it, and all kinds of strategies. Do you have any experience with Tourette's, or suggestions?" Yes, I do. So yes, you're already doing all the good things, or a lot of the good things.

(01:10:33):



Deliberately doing the motion of the tick, slowing it down, exaggerating it, making it bigger, all of that stuff is really good. There's maybe some pieces that I just want to check in and see if you're also remembering these. So while you're doing that, are your eyes open or closed? If they're closed, then you're going to want to see what happens. If you can open your eyes, can you orient to your environment while you're doing those things, while you're slowing them down, exaggerating them, et cetera? Because we want to be in connection with ourselves and the environment.

(01:11:12):

When you slow it down, what happens? Are there emotions or sensations that emerge? And then what happens if you work with those? You follow those while again, staying connected to the environment. Is there some kind of expression that wants to emerge from the movement? How are other body parts related to that movement? So maybe the tick is something like this. If I slow that down, what else can I feel? And since you're a Feldenkrais practitioner, you'll be great at this. How does this movement mobilize something in the abdomen and the pelvis? How does my relationship with my sit bones change? As I do that, start to trace all the connections through the system to find the other parts that are a part of that movement pattern, which you may already be doing. But I just want to mention. And then, the final question is, again, sometimes for some pieces we need a safe attuned witness.

(01:12:22):

So have you done any of this kind of work, and exploring with a good somatic experiencing practitioner who may see some things that you don't see? Because part of what can be really useful with a good SEP is they may say, oh, cool. Yeah. So as you do that, are you noticing how your left eye is starting to squint a little bit? Oh, you may not have noticed that, right? Oh, well, what's in there? So they may be able to see things about your experience that you're not noticing and reflect that to you, which may help actually lead to more change with these experiences. And also your system may just feel safer to open up in a different way with that kind of attuned, safe attention. So those are all things to consider working with.

(01:13:22):

Okay. "Hi, Seth. When I feel into my right side rib cage to upper scapula and shoulder, I feel how stuck it is. I have an impulse to wring it out, stretch it, or jerk my body. This is an automatic pattern and I want to approach these sensations in areas differently. But when I do, I

feel directionless. It's hard to remember to try something other than what I know. Any guidance to working with these times." Absolutely. So the first thing I'll say is what might it be like to meet that experience from the inside? So yeah, you have these behaviors you want to do. You want to ring it out, stretch it, move it, whatever it may be. Well, instead of doing that, what if you sort of swim your attention up like a little fish from the inside to find that experience from in here?

(01:14:21):

Like what's happening in the lungs? What happens if you start to breathe into that area of your lungs? You can use global, the thing called global breathing. Where can you breathe this way while you're feeling that? Can you breathe this way? Can you breathe this way? Can you breathe just there? Can you breathe just there? Use the principle of the diaphragms and your breath to bring in different kinds of expansion into that experience of tension from the inside. And what happens? Is there then maybe an emotion that arises? Is there maybe some sound that wants to come out on the exhale? That's one of the cool things when you're using breath to explore stuff on the inside. What happens if you just kind of randomly let your vocal chords engage as the exhale is happening? That could be interesting. What's that sound like? So that's one way.

(01:15:20):

And then again, relating back to the last question, Feldenkrais, the Feldenkraisian approach is something that I would be interested to discover. So if you just lay down, again, moving mats on a hard floor works really well for this. What happens if you just lay down on your back and you start to feel your contact with the environment in this area of tension, and you start to play with it? So if you haven't gotten into the Feldenkrais lessons yet, do that first. So you know what I'm talking about. This is mostly in labs eight, nine, and 10, I believe. And there's even, I think, a lesson that talks about Feldenkraisian theory. I'm just going to check that real quick so I can know where that is.

(01:16:23):

There we go. Yep, yep, yep. So yeah, the Feldenkrais lessons, there's a few early on, but so, the gentle head rolling, lesson three of lab seven. Everything in lab eight is Feldenkrais, everything. Or a lot of the things in lab nine, rolling like a baby, Feldenkraisian theory. There it is. Lesson two. And lab nine, bell hand lesson. Those are all Feldenkrais. Lab 10 is mostly Feldenkrais, or a

lot of Feldenkrais. So labs eight, nine, and 10 really get into understanding the Feldenkraisian approach to working with stuff, and then bring that in your own way into working with this. And yeah, what that looks like is feeling like you say you want to jerk, stretch, wring it out, okay, feel those impulses and then start to engage them extremely slowly. And this can be useful to do while you're laying on the ground, you feel that big support from the ground and then like, okay, I want to do this.

(01:17:35):

So you do a millimeter of that and you sort of discover, how do I do that? What engages in order to do that, what else do I have to do? What do I have to press into the floor in order to move here? This Feldenkraisian awareness is about building connections, to understand how we do what we're doing. And that can be a very rich way to start to change these tension patterns. And then of course, the final thing is touch work, body work, those types of things. I usually would always recommend starting with self-exploration first because you can do a lot with all these different ways I'm talking about of working with yourself. And maybe at some point it'll be helpful to get some massage, some myofascial work, Rolfing, Bowen therapy, osteopathy, cranio, whatever it is that you feel drawn to. Sometimes body work can be helpful too.

(01:18:36):

Lord knows I've gotten a lot of that. Alright, "Dear Seth and team, I have a question about having scoliosis and wearing a brace. It was once mentioned that scoliosis is related to trauma. Can you explain the connection? I assume that wearing a brace from age 13 to 20 has put another somatic trigger or trauma on my body. Can you also explain what that does to the body or person and what effects it can have to this day? I assume some things, but I hope to get more clarity." Okay. Yeah. There is, we think often, a connection between trauma and scoliosis, not always necessarily. So first there's different kinds of scoliosis. There's scoliosis where someone comes out of the womb and there's a clear spinal deformity, a scoliosis that's there at birth that can have a variety of causes. It could be random, some kind of random thing.

(01:19:37):

That was how the fetus developed in the womb that really doesn't have anything to do with trauma. Or it sometimes can happen if there's twins and there's not quite enough room and

they're sort of competing for space or having to be in a strange posture in the womb or stuck, which is starting to diverge into the territory of trauma. And then there could be situations like mom is highly stressed all the time and baby's getting flooded with cortisol and adrenaline. There could be this thing that happens, we think, where the baby is kind of trying to sort of escape the umbilical cord where all these stress chemicals are coming in and that leads to this curvature or a twist in the spine where it's like they're trying to get away from themselves essentially. And there can be associated with that. Perhaps primitive reflexes like spinal extension or flexion that may be part of that.

(01:20:34):

So those are all ways that possibly could contribute to where a baby is born with this. And there may be some associations with trauma in that. Where we tend to see more clear associations with trauma is with more mild forms of scoliosis that happen later on during development. So this can be in situations where like say a baby is always left in a crib and not attended to, and that crib is against the wall and the door is over here and they get into a situation where they're always looking over to the door for someone to come rescue them, as they are an infant or toddler. And so as they're developing, there's this habitual posture of always looking over to the right, well that's going to make a scoliosis in the spine, and that's going to be connected to this survival energy, to this need for attention.

(01:21:25):

Someone come help me, someone come save me. Or Irene had a client who when she was a baby, her mom would always put her in this little stupid chair thing that she wasn't big enough to be in. So she would just collapse and be slumped like this and she couldn't hold herself up. And that can lead to a spinal deformity over time, because again, when these things are happening, as the system is in these early years of development, the system can organize around those habitual postures and then you end up with a scoliosis or with a kyphosis or something like that. So that's what she's saying. If you were talking about scoliosis being related to trauma.

(01:22:11):

Okay, lemme just check my notes for a sec. Yeah. Oh, the other thing could be injuries. So maybe had lots of my story, lots of falls on the tailbone that were never addressed or healed, which led to compression through the spine, which led to kyphosis in the upper back, which

took a while to process and heal and was related to things like shame, public humiliation, all that failure, all that kind of stuff from these injuries and falls where I wiped out. So these are the ways these things can be connected to trauma. In terms of your question about the brace. So what would that do to the body? What effect would that have on a person? Well, essentially if you have a brace on, it's restricting your freedom of movement, which means it's restricting your authenticity. So that could mean that your body wants to do things that it couldn't, which could also be connected to emotions that are stuck because they couldn't really express through physicality.

(01:23:18):

There could be energy that wants to move in certain ways that it couldn't, and there could be a general sense of repression on the self because your freedom of movement and authenticity therefore was restricted. So I can imagine it having a variety of impacts like that. You don't ask about how to work with it. But again, this is one thing where Feldenkraisian work can be extremely powerful, when there's been a situation where someone had a scoliosis, or kyphosis, or legs that were in braces, that were a brace for something else. Anytime there's something like that, the Feldenkraisian work can be very powerful for helping the nervous system rewire and learning new movement patterns. And please know that can come along with a lot of emotion, a lot of survival energy. So if you say for example, we're started to dip into say like gentle head rolling or rolling like a baby, some of these lessons that are in SBSM, I would encourage you to do it in a very titrated way, with a radar, a keen radar out for is there emotion, is there survival energy coming up? Because when we're doing Feldenkrais, if survival energy and emotion gets unpacked, we don't want to keep trying to do the Feldenkrais. That's very subtle, refined work that takes our higher brain being online to do it. So if you go into it and then something gets unpacked, you want to work with what gets unpacked, be it emotion, survival, energy, et cetera, and then maybe you just leave that Feldenkrais lesson and you come back to it another day. Alright.

(01:25:04):

Alright, two more. Thanks for hanging out. I know this is kind of a longer call. Okay. "Hi Seth. I'm a third timer with early developmental trauma and fibromyalgia and I've had very good progress with SBSM. Recently, a friend described my old pattern of behavior, which was overthinking, worrying, catastrophizing as that's just you, that's your personality. And I felt such repulsion knowing now that these were just survival mechanisms. But now I'm wondering



what is left of my personality. I almost feel a self-identity crisis. I was so focused on changing old habits, but I never thought of how to build a new me. Please advise a way forward.” Oh, I just love this question so much. Yay. This is this question that gets out the pompoms and is like, woo woo. Yeah. So this is something that is almost always going to happen with this work, you deconstruct.

(01:26:07):

And then who the hell am I? Because what we discover is that who we think we are, our personality was actually just a whole shit load of survival adaptations. And then, oh my gosh, we've worked through the survival energy and we don't need to have those behaviors anymore. And I thought that was me. No, it's not me. I also love that you felt that repulsion, that ugh, yeah, that's so good, that's so healthy. Like fuck that. I am not that series of survival adaptations anymore. But who am I? Totally valid question and I love that you're asking it. This is a really powerful place to be. The answer is, to that question, you get to discover who you are, and that is a tremendous gift. You get to discover now who you are. And the way that you do that is by just being open.

(01:27:00):

Let it be unknown. You don't have to figure it out. A lot of that key is going to be in your impulses. A lot of that information to discovering this is in listening to your biological impulses. That's going to be a lot of what leads you to discovering who you are. What do you want to do and how is that led by your physiology? Now there is an innate sort of youthfulness that is probably going to be unchanged. This is something that is a thread that we see. There's a sense of just me that is the same as when I was two. It's not different. But all that personality shit, that wasn't necessarily me at all. It turns out it wasn't, at least a lot of it. So don't try to figure it out. Let yourself discover it. What a beautiful, magical thing that can be. So yeah, that's awesome.

(01:28:00):

“Seth, could you provide a vision of what life is like down the road when there is nervous system regulation? I know it's individual, but I recall Irene saying something about Kathy Kain saying what life is like to get up in the morning when one is more regulated. Thanks again.” So first things first, I'm going to pop a couple links into the chat here, because we just did a call on this. Jen, some of us can get up in the morning. Yay. So yeah, that's one way it looks different. You actually can get up in the morning. Yay. Not just lay there feeling nameless dread. Oh boy,

that is nice. Yeah, yeah, I mean that's definitely part of my story. I used to delay that getting up moment as long as possible. So let me pop this link in here. Irene just did an hour and a half talk on YouTube on this exact subject.

(01:29:01):

So I'll pop that here. And of course these links will be on the replay page as well. So there's that YouTube video, and there's also this old article, Nine Key Benefits We Experience When Our Nervous System is Regulated. So just go watch those, read that article, watch that video. But in a nutshell, basically stuff just works better. So physiologically you have more energy, your digestion works appropriately. Your immune function is online, your cell repair is working, getting to that nice rest digest mode, you have better sleep, you have a good energy, you get tired when you're supposed to get tired, you're awake when you're supposed to be awake. The body works. Also behavioral stuff, you're able to respond instead of react, right? You're able to be in that adult self where you're not reactive, you're not rebelling, you're not being triggered. You're able to take in information, you're able to take in stress and you're able to respond appropriately.

(01:30:07):

You're living in that adult kind of ego state. You have emotional intelligence, you're, you're aware of what you're feeling, you're aware of what's happening inside. You're able to express it in ways that are appropriate. You have self-awareness connected to your authenticity. You're connected to your sense of purpose. What am I doing here? Why am I here? These are things that tend to become clear. As you become more regulated and you discover your authenticity, you have boundaries. You no longer let in toxic people. You no longer expose yourself to toxic situations. Or if you do, you realize, oh, nope, see you, very quickly. Your relationships get better. All of this stuff is what happens when you get regulated. So it's pretty darn good stuff.

Alright, that's it. So thank you all very much for being here. If you just got here, then the replay is available, of course, in a little bit. And if you're watching the replay, hello, thanks for watching the replay. So this will be the last call for a little bit until we get into our next round of SBSM in September, which I will look forward to seeing you all there. And yeah, thank you to my team. Thank you, Jen. Thank you, Ari. And thank you everybody here so much for showing up and doing this work. I really appreciate it, and I know the earth does too. So we'll see you next time, and bye for now.

