
Curated Q&A Call #7 with Jen Special Topic: Early Developmental Trauma

Jen (00:00:00):

Okay, so welcome everyone. Today is November 20th, 10:00 AM Pacific, and this is the SBSM 18.0 Q and A Call number seven, special topic today, talking about early developmental trauma. So hopefully you're all in the right place. I popped an invitation in the chat. You're welcome to take it or not. The idea was while we're waiting for people to join, to just see if there's anywhere in this moment that you feel supported in any way. And that could be like right now, I can feel I just dropped my ball, one sec. I feel the bench that I'm sitting on, it's chilly here. I'm outside of Philadelphia, but I open the window to get a little fresh air, and the fresh air feels really refreshing. So it could be anything up to you, but it relates to some of what we'll be talking about today. So I wanted to throw that out there, just kind of looking through at your names and your faces, and it's nice to see some familiar faces, and also nice to see some new names and faces. Oh, nice and warm and comfortable, supported in your office. Nice.

(00:01:33):

Alright. So, supported by the floor. Nice. I might sort of pendulate like in and out while we get started. So today we will just touch on a question. We have one technical question. We have a question about containment and capacity, but then we have two main themes that showed up. And the first one is about, has to do with early developmental trauma and being in relationship. And the second one is how do I work with X, which is a very popular one that shows up. How do I work with, I sit down in front of my computer and I go blank. How do I work with anger that keeps showing up over and over. So those are the categories that we will work with today. And as we get started, I want to be transparent and share that I found it, really, the how do I work with X questions really straightforward.

(00:02:32):

But when it comes to early trauma, I find it a little bit challenging to boil down the responses to the relationship questions into sort of a neat package, because it can be a little complex, because we're really talking about being human and renegotiating sometimes parts of our developmental journey as a human being, and then doing that with ourself and with others. So just know that we're touching the tip of the iceberg, and I'll do my best, and you're welcome to ask follow up questions, but know that it's a very big topic, and we're trying to bring it down to this big. So the first question I want to start with is just a very specific question that someone asked, and we do get it from time to time. We get a related question from time to time. So I thought I would throw it in here.

(00:03:22):

This person said that they have TMJ, which we find we hear a lot in this community. Their dentist is recommending what they said is an SBG block as a nervous system reset for pain and anxiety. They said it's not an injection, but lidocaine applied by a cotton swab through the nasal package, sorry, not package - passage. They ask if I've heard of this and if so if it is effective or recommended for nervous system dysregulation. So I want to start by saying that this question is outside of our scope, because it's a medical question, and we're not medical experts. And I will share just a few quick thoughts from a nervous system perspective. First, I want to offer that there's different types of blocks that have sort of been becoming more prevalent in the past few years, and one of them is called a STE ganglion block, and that's where they inject an anesthetic into the stellate ganglion nerve cluster in an attempt to, or with the intention of dulling the activity in that area so that it's not so active.

(00:04:37):

And as you imagine, the anesthesia wears off. So it's a temporary fix. I think people have some different responses to it, but what this person, about what this person is asking about is different, and they said SBG, but I'm wondering if they're asking about something called an SPG, which is where lidocaine, which is an anesthetic, is applied to the pheno palatine ganglion. So I think it's kind of in the sinus package - passage. I keep saying package - sinus passage, if I'm understanding. And so the thing that I would offer to you is that from what I did

some research, and because I'm more familiar with the sella ganglion block, and it sounds like this is very short-lived, so it sounds like it lasts just for an hour or a few hours if you're, and it doesn't sound like it's really intended for use for C-P-T-S-D or anxiety. The short answer is if you're thinking about this, I would do your research. It doesn't sound like it's a fit for the intention that you're looking for, which is dysregulation. Hopefully that was clear.

(00:05:51):

Next question. The next question, and this is a big one, because it comes up a lot, and because we are going to refer back to it as we go through the call today. And this question is, could you explain in more detail the differences between capacity and containment? How are they different and how do they work together? And so I thought I would start in a more general sense and then bring it more to the nervous system, the way that we use it in nervous system lingo. So in a general sense, I have a jar of water here, hopefully you can all see that the container, you might even hear that, or zoom may be blocking. It makes a little glass noise, but the container is made of glass. So you can see it's a glass ball jar. Many of you probably have them or have seen them. That is the container. The capacity is how much fits into the container. So the container is the form or the structure in this context, and the capacity is how much fits into it. So you can see that if I tried to pour a few gallons of water into this container, it would not have the capacity to hold that much water. It would overflow and make a mess.

(00:07:23):

Another example would be that we're all on this call today, the container, we're in the container of SBSM, and within SBSM we're in the container of a Q and A call. And within that we're in the container of Zoom. This time, this place, that's all the container capacity. One way to think about the capacity would be that Crystal would have to tell me, but maybe we can have the capacity to have 500 people here, or maybe we have the capacity to have a thousand. I don't know. But that would be the capacity that we can put into this actual container that we're in. Personally though, if we relate it to a nervous system perspective, you might have the capacity to be in this container, but you might have the capacity to be in this container for five minutes or for 10 minutes or an hour. Hopefully I will have the capacity today to be in the

container for an hour and a half. We will see. But the capacity sort of from more like a felt sense experience, from a nervous system perspective, is how much can you handle without really going into overwhelm or how much can you handle? And if you have the ability to come back to baseline, and come back to baseline, well, we all have that ability to come back to baseline. Our baseline is just different.

(00:08:44):

And then when we talk about a container in the context of SBSM, we're talking about our physical container. You'll hear Irene talk about the swimming pool and the beach balls, the swimming pool, which represents our body, our physical body is the container, the space in the pool is the capacity. And so when we talk about containment practices, it's really helping us to become aware of our physical container as I squeeze down my arm, squeeze down my arm, you're welcome to join me as I practice things or not. But you can say I take a deeper breath, so I become aware of my physical container, and then that in turn in time will actually, even in this moment, I feel like I have some more space inside. So in time it helps to grow the capacity for what I can handle moment to moment in my internal experience and external experience. So they work together. But hopefully that helps to clarify that. Okay, so now we move into the relationship portion of our program. And so a lot of questions today had to do with relationships. So I thought I'd provide just a little bit of background that can apply to the different questions, and that way I can just sort of refer back to this and talk about the elements that are more specific to each question as we go through.

(00:10:25):

So hopefully that makes sense. We'll see how it works. But as I said, it's a big topic, but the overarching message that I want you to take away, and I will relate this to nervous system terms, but in general what I want you to take away is that being in mutual nourishing relationship with ourselves and with each other is something that can be learned. A lot of us, I know this was my case, when we have early trauma, we can come in feeling like we're bad at relationships, we don't know how to be with people, we're awkward in social situations, we just don't feel like we belong, something's wrong with us. And all those things are a response

to how we developed. And when we experience the right conditions, which many of them you have access to in SBSM, we can learn how to be in a more supportive, mutual, nourishing relationship with ourselves and with others and with the world feeling connected, feeling held, attuned to ourselves or to another. Those are learned experiences. And if we didn't learn how to feel them as children or babies, we can learn to feel them as adults. And so that's where many of the practices in SBSM come in. So many of the practices are invitations to attune to ourselves in different ways, to be present to what's happening inside of us, to notice what's happening outside of us.

(00:12:12):

I won't name specific practices right now. I'll do more of that as we go through the questions. So if we didn't learn how to be in an interdependent, right, interdependent mutual relationship, instead we might've learned to be codependent or hyper independent. And codependence can have, I know for me and a lot of people I know it can have a stigma, we can sort of get judgy about codependence, but it actually makes a lot of sense, because when we're young, we are quite literally dependent upon other people for our survival. If we're not fed, if we're not changed, if we're not clothed, if we're not given shelter, we die. And as you've probably heard before, if we're not given nurturance, it also impairs our ability to develop and grow. So much so that there's been studies where the failure to thrive as we go into adulthood, if we didn't receive the conditions and supports to really get a clear sense of ourselves to individuate, to know what it feels like to be in a mutual relationship and to feel safe in connection, having free access to those ventral vagal and low tone, dorsal, vagal physiologies, then we might go through life until we find this work, feeling like we need others to be okay.

(00:13:40):

I mean we do all need each other in a way, but this is like if you don't do this, I won't be okay. If I don't have you, I won't be okay, as in even I may not survive. So it can be important to recognize that, because a lot of these things that come up as we go further into relationships, we can have really big intense feelings, as you'll hear in the questions. And so it can be really helpful to understand and then remind ourselves what's going on and why it's happening. It

makes a lot of sense that things would be scary. It makes a lot of sense that we might freak out when someone goes cold.

(00:14:16):

The other side of codependence is independence, and some of us went the independence route where I can do it myself, don't need, you don't need anyone. I got this. And we may put up walls and the walls might keep the danger out, but it also can keep the good stuff out. So that can be another way that we learn to relate and to kind of keep ourselves safe. But of course as we get older we realize, hey, there's aspects of this that may not be working in the ways that I want. Hopefully that's clear, that part of it because we're going to build on that. And so, excuse me, just to highlight a few of the elements that you're learning as principles in SBSM and with this work that support growing interrelationships, again with ourselves as well as with others in the world, but settling and soothing and sensing our physical container are key elements of key building blocks, you might say, learning to feel held, and that can be in an emotional way, but it can also be in a physical way. And these in time support us to learn to feel more at home in ourselves. And again, we relate this to low tone, dorsal vagal, ventral vagal. So we relate it to the nervous system states, and of course we can have a little sympathetic on, but often when we're in survival, either sympathetic is really dominant, when we're going through life with a lot of sympathetic, or that higher tone dorsal comes in and kind of shuts things down, and it's hard to move, hard to get up, hard to go through life.

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So yeah. So we're going to talk more about this with the questions, and the one thing I want to highlight is that this happens gradually, and we can sort of experience places where, oh, I feel like I can do this more and then can't - normal. It's like as we go through the journey, we sort of expand and then we might go back as we're moving towards a new layer, as we need to rest and regenerate. So just know that it's sort of a bit of a dance. And Seth talked about healthy aggression and the training call on Tuesday. And as we do have the capacity to work with healthy aggression, that really is helpful in the individuation process, feeling like I'm me and

you're you, and we can go apart and we can come together, and I can set my boundaries. So that's just an overview that we will refer back to.

(00:17:03):

So we are going to dive into the first relationship question. The first relationship question is the person says, "Recently a family member has asked me to meet a need for them. When I get up to do something, they're asking that I disclose why I'm getting up and where I'm going, because getting up and leaving makes them feel unsafe. Part of me wants to meet this need and other parts feel angry. I want to be able to get up and freely do what I choose without explaining myself. I have been working with the anger by myself and sometimes it shifts a bit when I'm with this person, would like more guidance. Thank you." So I have to be careful here, because I want to come in, and my perspective is that as adults we each have the ability to say where we want to set up boundaries, and we're each responsible as adults, we are responsible for our own wellbeing.

(00:18:15):

So that is my view. You can kind of take what resonates, leave what doesn't. And so I say this without judgment, and going back to what we just talked about. Their request is an example of codependency. I need you to do this so I can feel okay, that's what they're saying to the person who asks the question, they feel like they need you to behave in a particular way so that they'll be okay. What I want to say is you get to choose how you relate to that as you're doing. And from my perspective, it's not your job, it's their job to feel okay. That doesn't mean that we don't want to be in conversation with one another about our needs and how we impact one another and make requests, but to expect that someone else will always say yes to our request to meet our needs.

(00:19:07):

It's sort of a recipe for resentment. I would say a recipe for a not really sustainable mutual relationship. So something to look at for sure. So in your case you say you feel angry and you want to meet their needs. And so from a purely nervous system perspective, whenever we

have two responses, which is quite common, we can always make space for both. So that in gestalt we say both and you can make space as you're doing for the anger. It sounds like that's already been helpful to work with the anger. So you might continue to do that. And I'm going to say a little bit later about working with anger. You can also go back and review the SES call from Tuesday, and the healthy aggression lessons that are in lab six, I believe. And then the part about wanting to meet the need, you might also see what happens when you think about wanting to meet the need, and seeing if you can take that from an idea to what happens physically.

(00:20:18):

So for example, there's a big difference between, you feel your heart expand, you feel love, and you're like, you know what? It doesn't really take that much out of me to just let them know what I'm doing, and it means a lot to them. Feels loving to me, I'm going to do it. There's a big difference between that and my stomach gets tight, my throat gets tight, I kind of want to go like this. I want to hide or flee because I feel scared of what will happen if I don't meet the need. And so exploring what's going on there when you feel like you want to meet the need can be important, and can give you information to further inform your decision-making.

(00:21:01):

One thing that can be - continuing to work with healthy aggression will also be helpful as I said. And I will say more, but the one thing I want to highlight here is that there's the voo ahh practice. And one way, and I can't remember, I know Seth demonstrates it, I can't remember if he demonstrates it this specific way, but you can do the "voo ahh" when you have capacity for "voo ahh" with the mouth. And as you do, you can put your hands out, and you can define, kind of feel like you're defining your space. So it's like "voo ahh" and then using your arms to really feel like this is my space, this is my boundary. So that's something if you feel like you have the capacity for it, you might explore. It can be helpful generally too. Sort of like my space, your space, and then making it conscious when we come together.

(00:22:04):

Alright, so that's it for that question. The next question is, "I have a lot of early development - " just a reminder, I know a lot, there's a lot of people who have heard this many, many times and for some of you it's newer, but EDT, when people say, that sound refers to early developmental trauma, and I won't say that much here about it because we talked about it on the call earlier in this round. You can also look at the early trauma tips in the extra resources section. Sorry, there's a trash truck going by. Can you hear the trash truck anyone? It doesn't seem like you can. No. Okay, thank you. Okay, I'll keep talking then. There's also Seth and Irene and Janice on our team, did a really lovely call about early developmental trauma, and Janice talked a lot about the relational aspect, so that could be a good resource to look at.

(00:23:14):

And then also the 10 tips for healing early trauma could be a resource. So I wanted to throw that in there, just I realized that I didn't say that at the beginning. So back to the question, "I have a lot of early developmental trauma and also shock trauma which blends into the early trauma, and there's a strong urge to connect with people who I know love me, but they don't understand anything about trauma, and they don't have the capacity for what I'm feeling. How do I differentiate security? And this urge for connection, especially since life itself around these topics is complex."

(00:23:58):

So I'm going to try and tease this apart, there's a few things in here. So the strong urge to connect with people is healthy, and humans are wired for connection, made to connect. But the tension between the desire to connect and the desire to feel safe can be really common with those of us with a history of early trauma, because a lot of times we learn that people weren't safe, or we somehow got the message that it wasn't safe to reach out. So we have these two different experiences, I want to connect, but I'm scared to connect or it feels unsafe to connect. And so to speak to that generally a couple of the things we can do there is to continue to practice the basics to grow capacity and regulation. So, orienting, and orienting perhaps through touch, or the way little ones do, turning towards resources, practicing

following impulse and potent posture, the organ work practices, so the kidney adrenal practices, maybe the brainstem or the mediastinum might be really helpful in that.

(00:25:21):

And then noticing for you which of the practices invite you in a sense of settling, invite you towards feeling. Okay. So that's really foundational, because the more that we do that, the more we can, the more we have a sense of ourselves, the more foundation it gives us for moving towards challenging experiences, whether they be internal or external, and the more capacity it gives us to work with what comes up. So to talk a little more specifically to this, the first thing is often when we have a lot of that survival threat influence, it's like what's wrong, what's wrong, what's wrong? And so things that are unpleasant or uncomfortable or out of our capacity may seem like a threat. And so we want to start to learn to differentiate what is actually unsafe or threatening and what might just kind of feel that way. So if we love someone and they don't have the capacity to be with our feelings, that might not actually be a threat.

(00:26:33):

That just might be something that doesn't work for you where you are now. And so to differentiate those two things could be important, and then you can have some more information, ask yourself some more questions. I was wondering, for example, if part of what you're asking here is how do I differentiate between the desire to care for myself and respect my capacity, and the desire to be in connection with these people who don't have the capacity to be with my feelings? And so if that is your question, you can start to think about, you can make time to feel into that, and then you can think about do I truly actually have any capacity to be with these people in my life right now? It's a hard question. I recognize that and know that we can always ask a question, and the answer we get doesn't mean that we have to act on it.

(00:27:36):

So that can be that sometimes we can be scared to ask ourselves questions because we think once we have the answer it means we have to do a certain thing. But we can ask ourselves a

question just as a way to know ourselves better, and then deciding what to do about it can be completely different. If I have a habit of seeing my family for dinner every Sunday, and I start to realize like whoa, every time I come back I feel really unsettled. It takes me three days to get back to how I felt before I went to dinner. I can maybe just start to think about and notice that before I decide to do anything about it. And when I decide to do something about it, one option is to say, like, Hey, I'm going to take a break from Sunday dinner for three months. Another option could be I'm just going to skip one a month, or I'm going to come for an hour, and then I'm going to go home. So we have different options once we have the awareness of what's happening and what will be supportive to us, we have different options for how we can navigate the practicalities of the situation.

(00:28:44):

From a nervous system perspective, we can always, as I was, we touched on this in the last question, when we have two different experiences happening or more, we can always make space for them, or we want to make space for the different experiences. So what is it, like, what to feel the pool to be in connection? What is it like to feel the pool? I'm just going to use the words to respect my capacity for the pool to care for myself. What does that feel like? And we can invite some curiosity there. I want to acknowledge that this is important, that we have this journey for connection, but sometimes we tend to grow up and be attracted and attract people that are similar to people that we grew up with. And if we grow up in a family that might've been great in many ways or not, but didn't know how to attune and be present, then we might've attracted a whole lot of relationships and a whole lot of people in our lives where there's not a lot of ability to attune and to be present. And so when that's the case, we may need to look elsewhere to learn what it feels like to have a sense of connection and grow access to those ventral vagal and low tone, dorsal vagal physiologies. And we may need to look elsewhere to learn about different ways to be in a relationship.

(00:30:29):

And so that doesn't have to for some of us, for me back in the day, that was terrifying and for some of the people that I know through these communities, it can be terrifying. So know that

doesn't mean that you're going to go out and I don't know, go to a meetup, or you're going to go out and start dating or something. It could mean doing what those of you who are here are already doing, right? You're going to a call where there's other people here for a similar reason listening to the practices Irene offers, and the practices where Seth guides, they're offering a more regulated presence, and so you're getting exposure to that through doing the practices.

(00:31:15):

Oftentimes, animals, I know not everyone feels comfortable in nature, but for those of you who do time with nature or plants or animals, reading things, for me watching a series, and finding ones that would resonate with where I was at the time was really powerful, and it's easy for a while, I judged, like, oh, should I be watching this much tv? But then I'm like, you know what? I have CFS, there's not a whole lot I can do, and this feels supportive to me. So I threw the judgment out the window and gave myself permission, and it felt even better. And I still enjoy a good series that resonates deeply with me. Music too. Music for some of us, right? Listening to a teacher. So those can all be ways. And Irene has some in the four ways to spark up social engagement without socializing.

(00:32:10):

She has some great ideas in there. I think you've probably heard Irene say this, but you can also put yourself in the proximity to people where you can be with them without having to interact. And that might look like just the grocery store, or going to a cafe, or a park, and sitting and reading or working without actually engaging much. But it can also look like if you find like yoga or tai chi, or if you find a teacher whose style resonates with you, being in a class like that, which you can do online as well as in person, you can sort of be connected and sometimes even feel held without having to actually interact a lot, right?

(00:32:57):

You could post online on the SBSM site to see if anyone wants to be a buddy, or ask on the peer to peer or alum threads if people have ideas. I know many of you have done this in your life. There are things out there like focusing, and there's another one, I can't remember the

name of, but there are these free communities where it's really more about listening and holding space for the other person than it is about talking in the traditional sense. And many of those have free resources. There's really, and of course you can work with a practitioner if that's an option, but I just want to point out that, apologies if that was overwhelming, you're not meant to take it in all now, but to have a list to come back to if and as you're interested. And the message I want to send is, there are so many ways to be in connection, and I encourage you to find what works for you.

(00:33:51):

I've really, my family worked very hard, but we also had off the charts dysregulation, and my house was chaotic growing up, scary, feels emotional, but I have loving relationships with my family now, and I learned how to be in regulated, mutual, nourishing, loving relationships elsewhere. But then I was able to bring that back to my family, which not everyone chooses to do. It happened to work for me, but I really went out and found other communities and places to learn how to be in a relationship in a different way. So hopefully that helps. I know that was a lot.

(00:34:34):

Okay, next question. "I get fearful and anxious, almost like a little child, when it comes to interacting with people who might get mad at me or even just slightly annoyed with me. I notice a lot of activation in my system in anticipation of and during these interactions, and I notice a sense of feeling like a victim and feeling rejected, judged and attacked. If someone does actually get annoyed or mad at me, I feel even worse. What is going on and how do I resolve this so I can feel like a stable adult?" So hopefully what you've heard so far, if you're not on the call today, I encourage you to go back and read or listen to what we've said so far, because a lot of that applies as to the why and what you can do both, I'm assuming you didn't mention it, but because of some of what you shared here about feeling like a child and the fear of annoyance, I'm assuming that early trauma is in the picture. So I will offer that if we grew up and people were scary, and that could be anywhere from just verbally threatening, which can have a huge impact on us to physically abusive, right? It's very common that as adults we have

that we're, I think of it as a protective mechanism. We're looking like, okay, do I need to be aware?

(00:36:07):

How do I sense this experience, and then do what I need to do to protect myself? So if it resonates, you might think of it as a protective mechanism, right? You're looking out, you're anticipating that behavior so that you can do what you need to do to keep yourself safe. In terms of, the other thing I want to mention here is that you mentioned feeling like a victim, feeling rejected, judged and attacked. So a lot of those things are things that are probably happening because of the words you used, rejection, judgment, attacked. A lot of 'em are probably - might be happening in your thoughts on the cognitive level. And if that's the case, we can both become aware of the specific thoughts, and say, I'm having the thought, that just to give ourselves, grow awareness, can be a form of attunement, to slow ourselves down a little bit. And then we can also, as we have the capacity and awareness to do so, we can start to get curious about what's actually happening. Excuse me. In my felt sense experience when I feel those things, we need capacity in order to be with some of those experiences. So I want to keep going back to capacity, capacity, capacity, right? Regulation, regulation and regulation. That's really the foundation to be working with these things.

(00:37:36):

And then whenever we're actually in an experience, as we're starting to work with it, it's usually more about just what do I need to do in the moment to get myself through. So if there's a big reaction in the moment that happens, you might think about this in terms of what do I do in the moment, and what do I do outside of the moment? In the moment, if we go into survival mode, and our kind of more primitive brain takes over, we can lose our ability to think and think clearly and to take action. So something that can be helpful is to make a plan in advance. If I know this happens, let me make a plan in advance. One of my teachers says - our teachers, I should say, we all have many teachers in common, says that we lose as many as 40 IQ points when we go into conservation physiology when we're under stress.

(00:38:35):

So that could take us down to, I know personally I've experienced it, where I feel like I can't think at all. So making a simple plan in advance can be really helpful. And that might look like having a resource with you. You might have a stone in your pocket, or something on your keys, that you can rub. I know some people like essential oils, like having something that you smell. Just something that can help you to come a little more present, and feel support, and having it with you. And taking that step also involves agency. You're actually aware enough to know that you need to do something, and you're doing it no matter how simple, with fear, fear and flight often go hand to hand. So making a plan with yourself when that happens, I'm going to go to the bathroom, that'll give yourself a minute. And it involves movement and it involves moving away from the situation. Yes, this is recorded. Sorry, I just saw that popped up. Recorded transcript, you'll get it all.

(00:39:45):

So, point, sorry, going to come back to the point there is to, we can lose the ability to think clearly in the moment. So if you know that you have something that challenges you, making a plan ahead of time can be really helpful. Then you can think about what you can do outside the situation when it's not happening. As I keep mentioning, and I will keep mentioning, focusing on the practices in SBSM, doing the basics, make them a habit in your lives. Maybe if it resonates, the organ work practice, there's other practices, resonate with you, to really support that growth and capacity and regulation, so that you can work more specifically with the responses that come up.

(00:40:31):

So that might look like when you have the time and you're outside of the situation, you're feeling relatively to just start to think about the situation. Excuse me. So you just start to think about it, and depending on your capacity, I might just start to think about a situation and notice, oh man, my guts get really tight. That might be enough. It might be enough to just sort of notice that, place a hand there, and then sort of let myself feel the seat beneath me, or the ground beneath me. I notice my jaw releasing, I might place a hand on my face. It might be

enough to just start to think about something, notice what happens, and then notice that you're okay, as we have more capacity, we might stay with what's happening just a little longer. We might notice if an impulse is present, but know that with early developmental trauma, we often, one, want to really lean into the support. We want to lean into the present, what's okay in the present because that's sort of what helps us to build that holding container, that says this is happening and I'm okay. I am feeling my guts get really tight, and I'm in my eating area, in my kitchen, which is very familiar to me. I have walls around me, the door is closed, I'm with lovely people. So something is happening, and I'm okay.

(00:42:16):

If it feels like a lot, we can always turn towards resources. That's always an option, if you have a relationship with another person. And I meant to mention this earlier too, so this can apply to any of the questions, if you have a relationship with the other person where you feel like you can talk about things. So let's say you have a friend that's really close and this happens with them. If you feel okay doing so, and they'll be receptive, you might talk to them about what happens, right? Talk to them and say, Hey, when I put my finger up, can we just take a moment so that I can take a breath and squeeze my arm and just come back to myself, so that I can be more present with me and with you, right?

(00:43:08):

If it's a situation where, an example is, I have a lovely mother, but, I could be on the phone with her. I don't stay on the phone with her this long anymore, but I could be on the phone with her for five hours, and not say one word. And I am literally not joking. It's not that she's not interested in me, it's that she runs very, very highly sympathetic. So the words just come and come with her. I said, and I remember where I was the very first time I did, I used to spend a lot of time in Portland, Oregon. We were on a beautiful trail walking, and she just wouldn't stop talking. And I very gracefully, which we often do at first, as we're doing these things to it, awkwardly said, mom, can we not talk for 10 minutes? You can imagine what happened.

(00:44:04):

She got very angry, and she started sobbing, and you don't want to talk to me. And so we've come a long way since then. But learning what supports you in being in a relationship to someone, if you want to be in a relationship to this other person, and then negotiating or navigating what works for you in a relationship. And now if my mom just starts going, she knows, I'll say, mom, I'm getting a little overstimulated. I'll talk to you later. And she'll say, okay, and we'll sign off and we'll talk later. But it was a long journey from A to B, just to kind of put that out there. But to boil it down to the point I want to make from the story, to the point is that we can also be in communication as we have the ability to do so, as we have people in our lives who are open to it to talk about these things, and to negotiate and navigate what might work better for us individually and together. Okay, so I'm thinking what do you think about taking, we're about halfway through, so taking a three minute bathroom break, or water break, or stretch break, or whatever you need. Yeah, thumbs up. I got some thumbs up. Thank you. So we'll take a three minute break, and then we'll be back here and we'll start again. And I think I'll switch gears into the other theme, to make sure we have time for that when we come back. Alright, see you soon, gently.

(00:45:48):

Thank you, Crystal. Glad you are here. I will ease in gently as people come back, and just kind of share in terms of the question at the beginning, someone said it's having a nice dinner, feel it helps to arrive here. Just finished rolling around on the floor with my dog, supported by my terrarium snails. Love it. Yeah, and I also saw the question about what caring for oneself looks like, which Rebecca already offered a lovely answer. And I'll just add that it can be, I feel like showing up for this call or joining SBSM is an act of care for oneself.

(00:46:29):

To give you a few examples today, making sure I had a big thing of water feels like an act of care. I've made tea, and I even made it in advance, so I wouldn't have to think about it right before the call. And my tea is not as warm, but it was nice just to know it was already ready. I have some of these I brought because I want to show them to you, I'll talk about them more in the upcoming questions, but I have a ball here that you can just kind of hold and squeeze, and

could be healthy aggression, but could just be a way to let that energy move so it can look like saying, I hear you, I'm placing a hand somewhere. So it could really be anything. And it can be very little simple things, wearing a sweater, you like putting on socks when your feet are cold, following impulse. I feel like that can be an act of care, just listening to ourselves and responding when we do. Hopefully that gives you some more ideas.

(00:47:29):

So I am just going to bookmark where I am, because we have time to come back. Give me one sec here, and then feel like, I don't know about you guys, but I feel like I need a little break from relationships. So, we'll come back though, if we have time. We're going to switch gears to the, "What's happening? How do I work with this?" part of the program. This next question is, "I've made great progress in the last few years with SBSM, but every month or so I go into a regressive pattern of feeling exhausted, anxious, and barely able to get through my day functioning at all. My boyfriend is super supportive, but in those times I find it so hard to receive any kindness or support, thinking I don't deserve it, and I become really hard on myself. What is the link with EDT?"

(00:48:35):

Early developmental trauma, and this regressive pattern? It's so hard to have access to higher thinking and receive kindness from others." So first of all, yay, yay, that you've made great progress. That's huge. And the fact that you go through something each month doesn't take away from that. I also want to just remind you all that when we go more into survival modes, we don't have as much access to our higher thinking. It's just, just how we work. And knowing that, as I was saying before, I'm planning for it, can be helpful. So I want to start by saying that you might consider reframing how you look at this, because you're calling it a regressive pattern. And when we do that, I don't feel like it leaves as much room for curiosity, because there could be a lot of things that you might discover if you view this more as, oh, something's happening here, I wonder what's going on.

(00:49:43):

To give you a few examples of what could be possibilities, there might be a new layer coming up. Sometimes as we grow capacity and have a new layer, we'll have our old familiar ways of responding. We'll show up again, can be very common. It could be a clue that you're just overdoing it and you need some rest. And that's how your system lets you know, a lot of times, I don't know where you are in your life, but many of the women I work with have changes around, related to hormonal fluctuations. Their symptoms might get way bigger before their period or something. Before their menstrual cycle. Exactly. Someone just said, sounds like PMS, you did say every month or so. That's what made me, I was curious about that. There can also be what we call coupling dynamics. There could be an association with something that happens at a certain time in the month.

(00:50:41):

So basically, there could be a combination of those things too. And just thinking like, oh, something's going on. I wonder what, then we can start to invite more curiosity. When you feel exhausted, you might just need rest, or you could be shifting towards freeze or conservation physiology. The fact that what you said - anxious. So the anxiety tells us likely there is some sympathetic activity there too. So if you are shifting to freeze or conservation, that tells us, okay, there's more happening right now than I have the capacity, the capacity to handle. So if that's the case, it could be a time to turn towards resources, get some rest, and nourish yourself, and remember, okay, I'm not doing anything wrong here. I'm having a human experience. It could also be a time to move a little bit. And that movement could look like - taking a walk, or it could look like moving the toes, turning on one of Elia's lessons, giving the old arm or leg a squeeze. Those can all be helpful if we have a little bit of freeze happening.

(00:51:59):

And then as I've said a number of times, I guess as a theme today, when we go into these states, we don't think clearly, and when we're tired and overwhelmed, we often don't think clearly. So planning in advance could be really helpful. And that can include things like creating some reminders, like little reminders that you look at when this happens. Like, oh, nothing's gone wrong here. If you discover that it's hormonal, I'm just having my cycle, or this is part of

the process. But having some things that feel supportive that you can turn to that are already prepared, you might make a plan for which resources you turn to. Okay, when this happens, I know I'm going to block out some time in my schedule, get some more rest, spend time in nature, take a bath, whatever that is for you. And also to think about what, since you have a lovely supportive boyfriend, what would be supportive? Because what he thinks is supportive. If it feels like too much for you, it might not actually be supportive in those times. So when it's not happening, you might say, Hey, I love that you're so kind and understanding and supportive. And actually I realize when I feel that way, I need a little space. So it can be okay, and have that conversation with him around what support looks like right now that can change. But right now, what does support look like in a relationship?

(00:53:40):

As you have the capacity to do so, you can invite some gentle curiosity. A lot of times there's something under anxiety. So what's actually happening under that anxiety? Is there some tension somewhere? Is there some grief? Is some healthy aggression bubbling up? So just getting curious about what's actually happening. And that's where doing that, you might do it in the moment, or it might be easier to titrate, more conducive to titrating when you do it, when it's not happening outside of a time when you're right in it. The other thing that can, another thing that you're raising here, which is very common and important is that a lot of times people think, well, support is a good thing. I am able to take that in. And the answer is like, no, not necessarily. Sometimes we need to titrate, expansive, loving experiences just as much as we need to titrate painful or uncomfortable ones.

(00:54:46):

Because anything unfamiliar can register as a potential threat or something to protect against. And so just know that, that you will grow your capacity to be with love and support in the same way that you'll grow your capacity to be with sadness and anger. And we can also work intentionally with that. So at a time outside this time you might sort of intentionally, it sounds like you might have an easier time taking in support outside of when this is happening. And if that's the case, you might kind of notice, okay, how does it actually feel? How does it feel to

take in that support? If it's challenging in those times as well, you might start to do it on your own, or to do little experiments with your partner.

(00:55:41):

Our teachers use the term micro titrate, which is often helpful with early trauma. These little bits, like micro titrate. And then a lovely person who also is familiar with this work introduced me to the term microdosing. We can microdose kindness, we can microdose care. So thinking in those terms can be helpful when things are challenging for us. Okay, so hopefully that gives you some ideas. I think. Lemme just make sure I didn't miss anything. Oh, oh, oh yes, thanks. I'm glad I looked. You mentioned being hard on yourself. So with early trauma, I find this to be really important.

(00:56:29):

With early trauma, it's human as people to feel anger, especially as little ones, to feel anger, to feel sad, to feel disgusted. If we're not supported in learning to express those feelings, many of us learn to direct them inward. So being hard on ourselves, having a lot of self-judgment or self-criticism, often that's a combination of our sympathetic system kicking into gear and then directing some of that anger or resentment or disgust towards ourselves. So when that's the case, we first just want to become aware of that and kind of remind ourselves that that's what's happening. And then we want to start intentionally, even though it feels like, so familiar to beat myself up, we want to intentionally practice directing it outward. So I might imagine that there's a little gremlin, and so I might imagine this little purple gremlin who gives me a really hard time, and put him outside of me.

(00:57:39):

And then direct little bits, I might kind of split my eyes and direct some of that aggression at the gremlin instead of directing it at myself. And it will feel really unfamiliar. And a lot of times when we do something differently, our brain will kick into gear and be like, that's stupid. No, it belongs at me. I'm the one who did it. And so we can anticipate some mental pushback when we do things differently. And that's a general principle, not just about the aggression, but so

just knowing that with the heart on yourself, there were little clues in here that some aggression might be bubbling up. So you might just get curious about that if it resonates. Okay, so this one is about vagal toning exercises, and the person here said, “Did Irene say that vagal toning exercises are not recommended? I've heard many nerve and system experts online say, do vagal toning exercises to increase vagal tone, and then you'll reduce anxiety and improve resilience.

(00:58:45):

So I was a bit confused in the call with Irene, since it sounded like she does not recommend these exercises. Can you clarify?” Okay, so I didn't hear specifically what Irene said, and the person referred to the training call this week, and that was Seth. So I didn't have time to dig through all the transcripts to see specifically what Irene said. So I'm just going to speak generally, and I think it's really helpful to remember that there's no right answer here. What's important, this program is not designed so that you do what we take this and do what Irene says or do what Jen says or what Rebecca says, right? You should do what Crystal says though she knows her shit.

(00:59:31):

But no, seriously, it's not designed to, it's meant to give you access to education and possibilities, and to help you to really discover what resonates and works for you. You, not pointing to me, but you, me, you get it. So to know that what's important is that vagal toning exercises are not a substitute for taking the steps to grow regulation and capacity, especially for those of us with early developmental trauma, when we're building a foundation from the bottom up. And so a lot of times, I know people out there, like some of my colleagues, a really lovely Feldenkrais practitioner, but Feldenkrais does not - my training and many trainings do not talk about trauma at all. And so now she's putting herself out there as a somatic practitioner who works with trauma. But I share that because there's many practitioners out there, some of them lovely, and experts who might've done one course for a few hundred hours, or even a hundred hours, and they're sharing all this information.

(01:00:40):

So you really need to look at, okay, where's this information coming from, and does it work for me? And so vagal toning can also refer to a very wide range of practices. So it can be hard to know what someone's referring to. Some people could even refer to voo, which is part of this course, as part of the SBSM program, as a vagal toning practice, because it's designed to kind of stimulate the vagus. So people use the terminology in different ways, they use different things. They can also, the practices, and I think this might be part of where Irene's coming from, but they often can overwhelm or overstimulate. Some people, remember too, that if we have early trauma and we're earlier in this journey, we may not have a lot of access to those yummy feelings of connection and settling. And so for me, again, I have some tears coming up, but when I used to kind of go in that direction, I would be overwhelmed by grief and despair.

(01:01:48):

So sometimes people can do these practices that are supposed to tone the vagus nerve and help you feel yummy connection, and instead they feel like they're in a pit of despair that they can never come out of. So it's also important to recognize that the practices can impact people very differently depending on their history and their capacity. And so if you're curious, if you're drawn to a practice and you're curious, and you do identify as having early developmental trauma, you might try just a little bit. I'm going to change my sound here, so you can hear me. So the sound quality might be different for a minute. Just giving you a heads up. Like voo, you can do a baby voo, right, about moving life force through the system. And we might not yet have a lot of capacity to move a lot of life force through. We might also have some tension, which I actually can feel right now on my vocal cords. But we can just do a - take a soft breath, and then, almost inaudible... Voo...

(01:03:02):

It could be that much or even smaller. It could even be inaudible, but you feel it inside. So I'm going to change the sound quality back. So the key is to just know that there's a range of practices, they can impact people in different ways, they aren't a substitute for the bigger picture of growing regulation and capacity. So that soft voo, that microdose of voo. And if you

are curious, and you're sort of sensitive, or can be prone to overwhelm, to just try a teeny bit and see what happens. So you learn what works for you. Okay. So hopefully that helps. Oh yeah. And I said you are your own guru.

(01:03:54):

Okay, next question. "Hello. I am worried about how much I've put myself through over the years with autoimmune disorders, stress and nervous breakdowns. I'm now in my late fifties and in poor health. I'm scared to release all that I feel needs releasing, as I feel my mind / body won't be able to cope, and I'll end up in the ER or worse. Any reassurances, please. Thank you." So this is really understandable, and it can be helpful to know that when we're in these states, if we have a lot of sympathetic dominance or the conservation freeze dominance, things look more, we see more doom and gloom, we see more what's wrong, we're projecting that we're going to the past, and projecting the future based on the past. And so helpful to, I find it can be helpful to feed ourselves a diet of possibility. And so for one, it might look like remembering that we were made to heal, right? And every moment we have trillions of cells that are working to keep us alive, fend off invaders, do all these things to help us to heal.

(01:05:21):

From a nervous system perspective, access to low tone, dorsal vagal, and ventral vagal really helps us to have more access to the ability to rest and repair and rejuvenate. So you've also found your way to a place and a program that is designed to give you more access to the ability to heal. We talk a lot about learning to settle and soothe. And another way to say that is that we're also growing access to those states that support healing, regeneration, repair, and reducing the allostatic load. Allostatic load is sort of like how hard we're working just to stay alive is a simple way to put it. And so all these things we're learning, we're doing lots of things that are helping to lead us to a very different experience, felt, sense, experience, a relational experience, a physiologic experience. Many of you who have been around know that I have been in recovery from chronic fatigue syndrome for seven years, so I relate to a lot of these things, and I've been in a place where I had a lot of fears.

(01:06:33):

Not that I know what you're going through, I'm just saying I have experience where I feel like I can relate, and what I had to do even. It's so amazing how much has changed in seven years. It's amazing because when I first got it, first, I didn't even know what it was. And then when I figured out what it was, it was still, most of the messages around me, CCFs were doom and gloom. Like can't recover, you'll never recover. This is a lifetime sentence. And so I had a teacher who was very influential in my life. Her name is Mariah Fenton. She's passed, but her name was Mariah Fenton Gladis. And if you're curious, I invite you to check out her book, because when she was 30, I think, and this is like 45 years ago, so a long time ago, different time, different technologies, different medical place.

(01:07:27):

She was diagnosed with Lou Gehrig's syndrome, or ALS - has different names in different places around the world, but basically you lose motor function. And at the time she was told she had a 10% chance of living less - a 10% chance of living two years. And she was in a serious relationship with her husband, who was still around. And he said, well, do you feel like you're dying? And she said no, because she was like, I'm going to let you off of the hook. I don't know, I'll make sure, just, her name is Mariah Fenton Gladis, but I'll make sure we put it in the notes. I'll share the link with Crystal.

(01:08:12):

But she was like, I'll let you off the hook. You don't want to be around with this dying person, because they were still dating. And he's like, I'm not going anywhere. Let's get married and let's do this. And against her doctor's recommendation, she got pregnant and she had two sons. She made her life's work about learning to love every cell in her body and help other people do the same. And she lived for 40 years beyond that and helped many, many thousands of people along the way. And so luckily for me, I had that model, and that model where, because she acknowledged that when she first had it, she went to support groups, but she had to leave because they were all just waiting to die. And she knew that that was their journey,

but that wasn't her journey. And so after a while, she was strong enough and her beliefs were so deeply ingrained that she went back to these support groups and she offered support.

(01:09:09):

But I share this to say that it can be really possible to find our way to feed ourselves a diet of possibility. And that doesn't mean Pollyanna. For me, when I looked at CCFs recovery stories, it helped me to look at the ones where people had it for 30 or 40 or 20 years, and then they got better, because otherwise it was easy to be like, well, they were only 20, or they didn't really have it, or whatever. So find things that work for you. Maybe write to your peers on the SBSM site, but just to feed yourself if that resonates, I think it can be really helpful. And even just to remember that we were made to heal.

(01:09:52):

The other thing is that if you can, we want to learn to focus internally, but if we have early trauma, and there's so much going on, and we go inside, and then we get more scared, then we might not want to focus internally for a while, or not very much anyway. We might want to focus more externally, and to find things, to find resources externally that can help us to learn to place our attention elsewhere other than just on the fear and the worry, or to even have something, or it might even be my worries going on, and I'm doing something else so that I'm not only worrying. And so I brought a few examples, letting you into my little world here. So one of them can be, I have a local mentor who did her PhD on how simple artistic activities can help to grow nervous system regulation.

(01:10:47):

And so I like to, if you're an artist and you do lots of fancy stuff, then great, do it. But if that's hard for you or it requires more than you have the capacity for, what I did is I went and found stuff for little kids. So I have this, I bought this, I love this one. It's like an art box, and you really don't have to think, you stick stuff on. And the colors, for me, it's like an aesthetic that resonated with me. So that's something, coloring, even coloring in the numbers. I recently bought this one, which is a paint by number. So again, it might be like this, I wouldn't have had

the capacity for a few years ago, honestly, it would've had to be simpler. But where I am now, this is like I can put on some music, and I don't have to think, and I can just do something without thinking about it.

(01:11:38):

I've also used apps. I know apps get a bad rap, but for me, sometimes my mind can go into overdrive, or it used to especially. And having something to give a puzzle for my mind to solve that wasn't like, I'm going to get sicker, I'm going to get sicker, I'm going to get sicker. It was like, how do I put these letters into an order that makes a word? So giving my mind something else to do can also be helpful. So also I think it goes without saying, but just to be clear, all the stuff we've talked about, growing capacity and regulation, is huge. Feeling our physical, growing awareness of our physical container, and then planning ahead for having strategies for when the fear gets more intense, when the worries get more intense. And then when we have the capacity to do so, we want to work with what shows up in a titrated way.

(01:12:34):

And that could look like noticing, okay, the very first thing that happens is that my stomach gets really tight, and that I gave the example earlier. At first I might just like, okay, my stomach gets tight, and I'm still in my kitchen, and I feel my hand on my chest. And in time it might evolve to, oh, actually fear and flight go hand in hand. So I might actually discover some flight impulse. I might discover that, oh, I'm really harsh on myself. And some of that is healthy direction, healthy aggression that belongs that way. So we sort of adjust what we do and how we work as our capacity and our awareness and our regulation grow.

(01:13:13):

And too, I mentioned it before, the microdosing, but we might microdose cycles of activation and settling, might be just for a moment, I might feel just a little bit, my thoughts might be a little quieter. I might feel a little heavier in my seat. And then it's like, oh, but what about that? And just to know that we will, that's part of the process is that we're going to go back to our

baseline. Well almost all of us, we're going to go back to our baseline, touch into something a little different, and back to our baseline.

(01:13:47):

So hopefully that covers that one. Okay, next question. "This is my second round. When I'm in the shame position." And so by shame position, I'm assuming - often we think of collapse as a shame position. So that's what I'm going to assume you mean in this situation. "And I try to pendulate into the more potent posture position - " Often more on our sit bones, more feeling the length of our spine. Our heads might get higher, but when they do this, they don't feel like doing it. "I feel okay, in the shame position, it's familiar and I don't feel much. Then, I do move to the more potent position, and it doesn't feel that good. I know I'm faking it. So, any suggestions on how to work with this?"

(01:14:39):

So a general principle that we can apply to everything when we don't want to do something, we can look at it in different ways. One way is that there might be a no, no. And we can even, as you might imagine, or might, no is a healthy developmental phase. So part of our development. So you might let yourself say, no, I don't want to right now. No, no. So you might listen for that and if so, kind of express and respect that, and then you could skip it for now. It also might be a sign that we could grow some more capacity, and with some more capacity on board, we might have more capacity to explore what's under there. It might be a sign that we could benefit from titrating more. So remember titrating, we're talking about microdosing today, and micro titrating. So titrating, if I'm in this, I'm just going to do it a bit.

(01:15:35):

Hopefully you guys can see me. If I'm in this posture like this and I'm like, well, I don't really want to go that way. I might let myself go this way. I might actually go into a little bit more, and then I might just hang out there. And then I might just even, I can work from ways around it. I might just lift my head a little bit, and then let my head go back. Or I might just become more aware of my sit bones rooting down on the bench, and then come back. And if I wanted to

work from here, I could just do the teeny tiniest. I could even imagine, just even starting to go the other way, and then come back. So we can do a combination. Any combination of micro titration. Sorry, I have a little bit, excuse me, going to have some water, micro titration.

(01:16:36):

And we can also always, and these are all general principles we can apply to most things. We can work around an area, how can I support above or below, you could work with potent posture and seating, right? The potent posture practice. And you could, again, it doesn't mean that you have to go into this place where you feel potency. You could just work with these teeny tiny, or even going further in and coming back to where you started. I'll also add that sometimes with collapse, from an SE experience, somatic experiencing, we learned that you might need - sometimes we need to go all the way in, let ourselves collapse all the way, and all the way, and all the way, and just hang out there, and then becoming aware of support, right?

(01:17:30):

Yeah, so hopefully that gives you some ideas for how to work with this, but just know that sometimes it helps to fake it 'til you make it, but if that's not resonating with you, you have other options. And as you heard, you have a number of other options. "Collapse." You've got that one, Rebecca, I imagine. So I'm going to let you have that, so I can see if I can answer another one or two before we hit our time today. So next question is, and just so you guys know, I'm not really paying attention to the chat, but every now and then one pops up as I'm looking at that part of the screen, that's what happened there. So next one.

(01:18:15):

Okay, sorry, I'm trying to decide which ones, I just have a few. I'm trying to decide which one. This one. Okay, "I'm returning SBN alumni. The program has helped my C-P-T-S-D and long history of depression." Yay. "I feel like I've leveled up." So lots of good stuff there, "but I often feel drawn to anger even though my life is mostly stable. Am I being a drama queen to myself? Anger gives me energy, aliveness. I struggle to access otherwise, but would love to find a different pathway to the same vitality." So if you listen to the call, we've already talked about

this in a way, but I'll kind of make it more specific. So as I said, like yay, what you're doing is working and if you've leveled up. and noticing a lot, changing. So first I want to say that the anger, or we might say healthy aggression, is the pathway that is our access to a big way that we access our vitality.

(01:19:11):

So it makes a lot of sense, what you're saying, but I think there's a big difference between working with healthy aggression intentionally and expressing anger reactively. So expressing anger reactively can just be like, oh, I'm so pissed off. Or someone does something, and we're like, I can't believe you did that, right? We're just letting our anger fly with healthy aggression. We want to be really intentional about how we express our anger. Doesn't mean, just to be clear, it doesn't mean we have to do that all the time, but some of the time we're intentional about how we express our healthy aggression. So that might look like really starting to, and sometimes we can need to titrate more to listen in more detail, because one with healthy aggression, it's common that something else might be happening first that we blow right by if we just go to the bigger expression. So that could be like some tension here, or some tension in the stomach or the guts, or some sadness. And so we want to by titrating and slowing down, we can make space for those other things that might be happening.

(01:20:23):

So that's number one. Working with anger, I encourage you to go back and listen to Seth's call, but I think you talked about this, but just to review. Sometimes with healthy aggression, we also want to allow the impulse to build. So I'm feeling this in my shoulder. I'm feeling the impulse build, and feeling the impulse build here, and then in slow motion I'm like, right, so we can really feel it build, and then express in slow motion. Sometimes if we're doing all these things and it's still not shifting, we might need a different form of expression. We may need to make it relational, where we squeeze someone's arm, just grab someone off the street. No, just kidding. But if you can find someone's arm to squeeze, one of the things we do a lot in SE is we push on the wall, we kind of put one foot behind the other and push on the wall. With

people I work with we'll often, I have a table right here, I can push on the table as a way to titrate that.

(01:21:29):

It doesn't take as much so, but I can just push on the table, and squeeze a pillow. These balls can be used for general use, but they can also be used for healthy aggression. And again, go back and watch the call. But I would say really exploring how you work with the healthy aggression, and then noticing if there's something else that wants to happen there, and something else that wants to happen. Could be that we have a memory, it could be like, oh, I remember being bullied in school. And so then we can ask, well, what wanted to happen? Well, I wanted to know judo so I could kick those kids' ass, or I wanted to have my friends come in together. We just said, you guys need to get out of here because this is a safe place for us. So what needs to happen could be something like a renegotiation of something that you went through when you were young.

(01:22:24):

Okay, so this one, I'm going to the next one. So just going to squeeze myself, because we're going to talk about anesthesia for a moment. So this one says, "I'm an alumni stuck on anesthesia trauma from a major operation, from age two." This person does touch work, which is where basically we work with the organs. There's more to it than that, but that's the essence of it. So they have a practitioner, and they work with that. They do that work, but when they work with their practitioner, they go straight to the dark place. They call it the abyss, and they say it's very compelling to go there, and then it's compelling to stay there. They say their practitioner is very skilled at titrating and bringing her back, but she hasn't done the specific somatic experiencing course that teaches us how to work with anesthesia and near-death experiences in altered states, which she names here is called Eye of the Needle. And she hasn't found someone who has, and she's not good with online work. So then she says with all these, or they say with all these limitations, do you have suggestions for how to work with this rather than simply coming back from the same place each time? So just to reflect, this goes way back to when they were little and they had an operation with anesthesia at age two.

(01:23:44):

So it's good to hear that you have a practitioner who's skilled with titration and can bring you back. And some of this might just take time, right? You say you're not good at online work. I hear that, and I wonder, you don't have to be good at online work to, maybe if you don't have someone near you, you could just do one consultation with someone trained in the Eye of the Needle work who could give you, or if your practitioner is open to do that, you could just get ideas for how to work with it. It doesn't mean you have to do ongoing work online. So you could do that without being good at online work, and it might be a value to share. A little background here with this type of experience, like anesthesia and altered states and near death, it feels like, it can feel like we're living between worlds, right?

(01:24:31):

There's this world and there's that world, and we kind of have this pool between worlds. And the way that we're taught to work with, in SE,, with the Eye of the Needle work is, you do these really tiny titrations, and you move back and forth between the worlds, and over time you go through what's called the Eye of the Needle and the worlds start to come together. So you're not sort of pulled between them anymore. They start to come here. And that other place could be an abyss, but it could also be a blissful place, which is common with some of the stuff. So in addition to considering consultation, you can continue to grow capacity and regulation, because that gives us more space to be with what comes up. You can work with your practitioner to titrate the touch work even more, which could look like doing it with less time, could look like more breaks, could look like doing intentional touch and seeing what happens.

(01:25:31):

And then you also might explore that, or other ways you might explore, how to just go to the edge of the abyss, where you just start to even know it's there. And that could be through imagery. Imagine it far away. It could be through art. And again, doing that when it's not happening in the moment will likely give you the ability to titrate more so you'll have more access. We tend to have more access to the ability to titrate and notice in detail when

something is not happening in the moment. So hopefully that gives you some ideas. And Rebecca, I was trying to think about who on our team is... Have you done Eye of the Needle?

Rebecca (01:26:14):

Oh, there I am. I have not done it.

Jen:

You have not done it. Okay. I was trying to think who, I know Seth has done it, but he doesn't do a lot of online work. I've done it, and I know, I think some other people have, but I couldn't think of who. I'm not sure. Yeah, I'm not sure, but a few of us have. So yeah, so you can ask more questions if you want on Seth calls, or on the SBSM site, if you have follow up. So yeah, so I think we are at time, and so I think we got most of the way through the questions. I feel like that was a lot of information. So I think we will call it a day today. But it was really lovely to be with you all, and I want to acknowledge it was a ton of information, so just know that it's something that you can come back to, come back to read just a part of the transcript. It's not intended to take it all in. It's sort of like, instead of a jar, I feel like that was a swimming pool of information or something. So you don't want to drink a whole swimming pool all at once. So relate to it in whatever way works for you, and, oh, Janice has done Eye of the Needle. I was wondering, thank you. Someone shared that.

So, Crystal and Rebecca, thank you so much, and I really appreciate your support, and I look forward to seeing you all around SBSM. Bye, everyone.