
Q&A Call #2, Special topic EDT with Seth & Jen

Seth (00:02):

Okay, so I'll just repeat that little bit since we weren't recording. So we're talking about early developmental trauma, and this is early trauma, anywhere between zero and three, early developmental, developmental means while the system's developing, which could be anywhere into the early twenties. But generally we're talking about early life usually. And the reason for that is because it's those first few years when the brain and nervous system are still developing that if we go into survival adaptations because of trauma, those patterns can become our primary way of being. So that means before we've even learned how to co-regulate through our ventral vagal system, for example, which is how we're supposed to engage and get downregulation and good neurochemistry and all that yumminess that comes with co-regulation. Before we even learn how to do that, we may have learned to go to freeze when we get around other people, or we may have learned to default to a fight flight response.

(01:07)

We may have learned to go to a survival adaptation instead of being able to access the more natural, socially engaged downregulating type functions that we're supposed to have developed. And that happens when we experience trauma and chronic stress early, early on. It's like because the system is developing and learning, that becomes part of just how we are in the world and we don't actually know anything else. So what we've come to see more and more is that this is actually the reality for most people to varying degrees because of the realities of our world. What we need as infants is secure, attuned, consistent, reliable attachment for three years. That's what we need to get that really solid baseline. That means mom or dad are there all the time. We're not going off to a daycare, we're not going to hand it off to random people.

(02:15)

We have a primary caregiver or two or maybe three if we're lucky, and we have that consistent, safe, accurate, attuned attachment, which means mom and dad don't have trauma. Mom and dad aren't chronically stressed or dealing with the realities of daily life. So it's very, very difficult as human beings at this point to actually get what we really need. So this may represent as something as simple as, I don't really have a strong sense of who I am or what I'm

doing here, and that may be the extent to which our early trauma represents in our system. It may not be extreme, it may just be like, I don't really fit. I don't really feel like I belong. I'm not sure what I'm doing. Or I feel awkward when I'm in a social situation or I don't know how to be myself, or I tend to put other people's needs first. These are all survival adaptations and they're really common. Or it could be as extreme as chronic immune autoimmune issues, depression, chronic anxiety, ADD, ADHD, all the various things that we've labeled, which are also more extreme survival adaptations. So that's why we really want to talk about this reality. Jen, do you want to say anything about EDT in general before we go to the questions?

Jen (03:38):

Just a little, Seth. Excuse me. I have a friend who joined SBSM in a recent round and it was helpful to hear her perspective because she's coming to this work. She was new to this work and she said it was really hard to hear the call on early developmental trauma because I felt like you were saying that I didn't have a good childhood when I felt like I did. And so it was really important clarification that this does not, is not saying anything in particular about your childhood. You might've had a great childhood, you might've had a really painful childhood or something in between. But it's really more about how our nervous system develops because as you've probably learned by now on your way into SBSM, somewhere along the way we now know that we don't get access to all of our states, or at least not optimal access simply by being born, as Seth was just saying, it takes consistent attunement to develop access in particular to the ventral vagal state, which supports safety and connection, and also to the lower tone dorsal states where we can just relax and chill out and rejuvenate.

(04:56)

And so it might be just helpful in the nervous system context to really think about this in the sense of it's really about how our nervous system developed. and it's broader than that, but because we're in a nervous system focused program, it might be really helpful to look at it through that lens. Does that make sense?

Seth (05:18):

Yeah, that's a really good point because you can have early developmental trauma and have a pretty good loving family. Like I said, this is just part of the reality. Or you can have horrific abuse. There's a wide, wide spectrum here, and that's why the ways in which it presents are so wide and varied and a lot of which has been normalized. A lot of the ramifications of early

developmental trauma are just considered normal. So that's a bit of a pickle that we are working our way out of or at least trying to. Okay, so I'll get started with the first question here. "Hi there. I'm a third round SBSM student. I'm not even sure how to ask this question, but I see the special topic is really developmental trauma, and I think that is what I have as I can't seem to relate or connect my sensations or responses to any emotion or specific event. With the nature of these sensations being so sharp and trapped in what appears to be my respiratory and pelvic diaphragms, how do I process and what fascia releases might you recommend I do?"

(06:25)

Okay, so first, yes, when we've had early developmental trauma, chronic stress early on, when we get into this work and we start experiencing our body and the sensations and emotions that come up, there may be no context because if we're having survival responses before we have the ability to lay down memory, then that is just how it happens. We can just sort of have this general sense of something doesn't feel right or I just don't feel safe, or there can be these intense sensations and you tune into them and you're sort of being with them and asking them, what are you about? I'm here for you, but nothing comes. And that can be if it's early developmental trauma, just the way it is, there was no ability to form memories yet. So yes, this is possible that what you're describing is related to EDT.

(07:27)

Now when you're talking about sharp sensations in the diaphragms, so for those of you who are new, we'll be getting to the diaphragms and working with them. This is from a system of osteopathy, so where they talk about these different chambers of the body, which we refer to as diaphragms. So we have our literal diaphragm, which is our breathing diaphragm, which they're talking about here. And then we also refer to the different chambers of the body as diaphragms. So the pelvic bowl, we would call the pelvic diaphragm, and the top of the lungs, under the shoulders. This is the rest, the shoulder diaphragm, so shoulder, respiratory, pelvis, the bottom of the feet. There's also three in the head as well, and we will get into that more in detail in later labs. So when there is chronic stress and trauma, chronic strain in the environment growing up, bracing is one of the most common adaptations we will do as really little people, because if you think about an infant that has a fight flight response, mobilize, it, can't do any of that, it can't fight or flee, the musculature literally isn't there yet.

(08:47)

It can arch the spine, which is one of the primary movements when we're really little and we have a survival response come in. and it can brace the abdomen and the pelvic bowl, and that tends to be a place where we see lots of bracing and holding. There can be lots of other reasons for that as well. Sexual assault of course, is a huge one for women where we end often end up seeing a lot of bracing in the diaphragms and the pelvis. So this is a man asking this, and it could be that this is related to early developmental trauma. So one of the things, I would encourage you to approach this in a different way rather than what do I need to do to release this? What I'm hearing in your question is, how do I solve this problem? How do I do a fascia release?

(09:44)

How do I get rid of this problem? Totally understandable. However, what is usually more useful is a process of inquiry instead of how do I get rid of this? Or how do I solve this problem? How can I be with this? How can I be with this experience in a way that supports discovery, that supports release organically? So there may be fascia work that would be helpful. It's possible that you want to see a myofascial practitioner, but that does - just so you know - that's really intense stuff. If you're talking about rolfing or myofascial release, that can be very intense. So you want to have a lot of capacity. What I would encourage you to explore is how can you make contact with those places from the inside and the outside yourself? So from the inside, just use your attention. Just move your awareness to these areas where you're feeling this strain.

(10:51)

Now, of course, this can be hard to do in an inquisitive, compassionate way if it's a very sharp, painful sensation, but it is still kind of the way we need to approach it. Of course, lots of people may experience sharp, painful sensations and think, oh my God, what's wrong? I need to go to the doctor. And pain is often an indication that yes, there's something wrong that you need to pay attention to. So good to know that. However, in the context of this work, more often than not, if someone does go to the doctor, what they'll hear is, there's nothing wrong with you. There's nothing going on. There's no issue. But why am I experiencing all this pain? Oh, it's all in your head. It's psychosomatic. No, it is generally bracing in the fascia or the musculature, which a doctor isn't going to pick up on.

(11:39)

So how can you approach this with a sort of kindness, an attuned attention to yourself first and foremost, that's kind of like, Hey, I'm just here with you. Yes, this is uncomfortable and I'm going to be with this. I'm going to feel it. It may be helpful to use your breath, which is something that we will get into again with the diaphragm lessons. So maybe you just sort of hold that area in your awareness where you're feeling the sharp sensation and you bring in some breath and you feel what it's like to expand that area. Sometimes it's useful to visualize the painful spot as like maybe there's a color to it or a texture. Maybe you see it as like, oh, this is like a crinkly, silvery little tinfoil ball, and I'm then going to bring in space around that. I'm going to bring in space using my breath around the area where it's painful or I'm going to breathe into the area that's painful.

(12:39)

You can try different approaches, but just this process of inquiry, bringing in space, holding your intention of kindness, a lot of times that can start to let stuff let go. Another way to approach it is from the outside using your hands. So especially with the respiratory diaphragm, it would just mean holding right there and just simply being there with your hands. How much kindness can you put into your own hands? How much can you just sort of ooze compassion, ooze attention into the diaphragm from the hands? And then maybe you meet your hands from the inside with your breath. So you're holding and you're feeling this and you're bringing in some space what wants to happen on the exhale? Maybe there's a little sound that wants to come out. Maybe expression is part of this. Very often when there's places of constriction in the body, part of the release is allowing some kind of vibration or expression to come through.

(13:51)

So that's how I would encourage you to explore it rather than necessarily trying to stretch it out or do an exercise to release it. Another way to explore it in the pelvic diaphragm is with a ball. So one of those big blue exercise balls, they're not always blue, mine is, but the silver, purple. But one of those big inflatable exercise balls that you can sit on and you don't pump it up all the way, so it's very rigid. You leave it, so it's got a bit of give to it, and you just sit on it because that ball can come up and meet the pelvic floor in a very firm place of contact where it's just the whole floor is being contacted by the support. So just feel that, what's it like to just

feel the pain, but then feel the support? Can you allow the pelvic floor to sort of soften and sink into the support?

(14:46)

What happens then? So those are a lot of different ways that you can approach working with this on your own. And of course, if you do want to explore some kind of body work, that is of course an option. But I would encourage you to explore this in this way first and just be aware that there may be a lot of emotion. A lot of times when we're feeling sharp, painful sensations, those are big constrictions in the fascia or musculature or both. And when they start to let go, what you may experience first is emotion or you may experience, like a trembling. That's very common when something's been very held and you're just there and you're there and it starts to tremble and shake. Don't get scared of that. That's something that can happen, is we can start to do really good work and then it starts to let go and it starts trembling and that feels scary. And then we lock it up again, that we want to soften, allow the tremble, allow the shake to happen. It'll just move through eventually. So that's about all I got on that one. I will hand it off to you, Jen.

Jen (15:52):

Okay, Seth. And the only thing I would add to what you just said is that if you're listening, and when Seth talks about being kind to yourself, that sounds really tough.

Seth (16:06):

Just.

Jen (16:07):

Know that that's not uncommon for some of us as we come to this work. And so if kindness doesn't feel accessible, you can just start by just, I find it really helpful to just name, I have my hand on my chest. No, I notice that I have a lot of pain in my diaphragm, or I have a lot of pain in my stomach, whatever. So know that that's something that grows as you explore this work. That's the one quick thing I had, Seth. So I will go to the next question and I'll also just say quickly that it's nice. I've been looking through. It's nice to see some familiar names and faces and some new ones. And just to orient you, I am not in my usual place because I'm traveling.

So this is an Airbnb and it's dark outside, otherwise you would have something nice to look out.

(17:02)

So the next question, there's two that I'm going to do because they're related, as you'll hear. And so this question, the person says, "I've started to notice my attachment wounds. I have anxious attachment. This comes up even when having a partner that is very safe, how would you approach this? Is pausing and feeling those very anxious feelings and intense fear going to resolve them, or should there be, is it necessary to have other tools than what's in SBSM, for example, other kinds of support and relearning safety cognitively?" So there's actually a fair bit to unpack here. So there's some clues, even though the person didn't say early developmental trauma, usually when we have anxious attachment, that's a clue that might be in the picture. And so since Seth and I are offering this call with an early developmental trauma focus, I'm going to answer it that way. And so just know that it's quite common because remember that the definition of EDT is that we don't receive. I have a ball and I dropped it. I'll get it when you're talking, Seth.

(18:18)

We don't receive the support we need to get access to the physiologies that support the ability to feel safe in connection. So by definition, most of us with EDT feel some degree of safety around some other people or all other people. So it just kind of comes with the territory. And it can be helpful to just start by, I find just generally start by, to be like, oh, this makes sense. Of course this is happening and it's changeable because you've discovered this work. So what happens when we don't have access to those states, when we don't have access to the ventral vagal and the low tone dorsal vagal, then we tend to use our survival states more for everyday living. And so we tend to feel just generally more stressed, things take more effort. We do things with more effort than if we had access to the full range of our physiologies.

(19:14)

And the other thing is we may feel a lot, but we could also feel not much at all. We might sort of just have gone very dorsal from the get go and we just kind of numb out and we'll talk more about that as we go. So just to start by saying it might help to look at this through a nervous system perspective and share a question about whether you need more than SBSM. There's

definitely a lot in SBSM that can be supportive here. And if it feels supportive to go other routes, you can do that, but you don't necessarily need to.

(19:52)

So one of the things that's really important to focus on, and this will be a theme today at least in the questions I'm answering, is to grow access to the ability to settle and the ability to soothe. And so there's so much in SBSM that supports that starting. It's really designed really elegantly, the course. And so just starting by focusing on the basics and labs lessons, the lessons in labs one and two, and making those a habit, things like turning towards resources on a regular basis, orienting intentionally to safety, starting to listen to impulse, all those things, all those practices are things that can take us in the direction of safety. As you go further on, you'll also discover lessons like the breath lessons and the diaphragms lessons that Seth mentioned. And there's also lessons that work specifically with the stress organs, like the kidney adrenals.

(20:55)

Seth has a recording and the resources for working with the brainstem and those can also be really powerful. And just helping us learn what it's like to come down and come down in a way that we're still present. Because what tends to happen for those of us with this history is that we tend to come down in a way that we check out. And if that happens at first, just know that's okay too. Because often as we settle, we start to go into, it's on the spectrum, right? Low tone, midtone, high tone dorsal. So as we start to settle, some of us just automatically tend to go more into the high tone dorsal where we check out of it. And so that's just something to notice like, okay, I am starting to settle and feel safe and oh wait, where did I go? Oh, here I am. Excuse me.

(21:50)

So back to what you do, the practices. If your partner's receptive, then you might share the education with them too so that they have a sense of what's going on, because you say that comes up in a partnership that's very safe. Often being relational, working with our partner around these things and being able to talk about them is something that can help to build safety in a relationship. If you don't have that, don't panic. You can look elsewhere. But it is very helpful when you have a partner who can listen and talk to you about these things and work with you as far as pausing and feeling those feelings, yes, we want to do that, but we also want you to first at least start to grow the ability to settle and soothe and orient to the present.

Because otherwise what tends to happen is it's sort of like alarm bells are going off and we're sort of listening to these alarm bells and they're getting louder, but we don't really have a place to go to get away from the alarm bells because what we're wanting to do is we're wanting to move towards activation, move towards something that we're feeling like the anxiety this person mentioned and then come out of it again, away it goes up and it comes down.

(23:14)

So that's what we're working towards. And if we don't have the ability to come down, then we don't want to be attending to the anxiety, the messages, the intensity too much because then we're kind of just reinforcing it. So we have a question later that speaks to this directly about, well, do I focus on settling or do I focus on feeling and expressing the activation? And really we want to move towards doing a mix of both. But if you don't have any access to settling and soothing, it's really important that you kind of start by really focusing on growing that. And there's really nothing to be lost by doing that.

(24:03)

Just kind of seeing if I have anything else here. Oh, the other thing is titration. So as we do start to have the capacity to be able to move towards these feelings, like the intense fear towards the anxiety, we want to be able to move towards it and move away a little at a time. At first, we might not be able to do that. That's a skill that we may need to develop, but in time, we want to do that. And Susan, I had mentioned there's a video, Irene has a vlog about titration. There's also a Q and A that Seth, Irene, and Janice, one of our other team members did specifically on the topic of early developmental trauma. And there's a lot of talk in there about early attachment and relationship, so that might be helpful to listen to as well. And then the other thing is as you get to the point where you are working actively with the fear and the anxiety, you might notice that you have an impulse and often fear and flight go together, for example.

(25:18)

So you might want to intentionally, you might actually feel a specific impulse coming up. And if you don't yet have a connection with that, you might just sort of move, let yourself move in different ways and see if that's helpful in working with the feelings. Because, and I know there's a lot of information here, but it's important to remember that the sympathetic system is a system of mobilization, the system that's saying move, go do. So if you're feeling a lot of underlying sympathetic activation in the form of fear and anxiety, one way that we can start to

have a little bit more agency over that and relate to it differently is by saying, oh, I'm feeling a lot of energy. I'm going to go for a walk. Or if going for a walk isn't accessible to you, just even moving your fingers or your toes, and I will find it one, Seth is talking next, but I have a little ball here that I was going to show you because just even having something to squeeze as you're doing other things, as you're listening, as you're watching something can be helpful.

(26:25)

And then the last point about this is that to see, again, if your partner's open to it, to see if you might explore things, almost make it a game. Over here, I know it's not everywhere in the world, but some places in the world, there's a game we have called hot potato, cold potato, and it's basically like you're like, am I getting closer to the thing? And if you're getting closer to the thing, you say, you're getting warmer, you're getting warmer, you're hot, which means you're almost there. And if you're getting further away from it, you say, oh, you're colder. You're getting colder or you're getting colder. And so it's basically, am I going in the direction of the thing I'm looking for or am I going away from it? And so you could start to notice like, okay, well what if we take a walk together? Do I feel a little safer when we're doing something like that together? Then we're sitting and staring and looking each other in the eye. Or when we play a game, do I feel differently than when we're doing something, a different activity? So you could just start to notice it's not all necessarily safe, unsafe, but do you feel a little more safe or less unsafe doing some things and in some settings than in others. So I think that's all I had on that one, but Seth, anything you want to add there?

Seth (27:49):

A little, just a tiny piece that if you do decide, because you ask about things outside SBSM, and we will never say like, oh, this is the only thing you need and don't go do anything else because, bad. No, there's all sorts of really supportive things you can do. It's just this piece of understanding what's happening in your physiology and your nervous system is incredibly foundational and important. And so we want this knowledge of the nervous system and how we adapt in these survival ways to inform all the other good stuff. So couples therapy might be really, really helpful even if there's not, like you say your husband or your partner is very safe, which is great. And so maybe they're open to let's meet with a third party who can hold space for us. And just so I can talk about these things, even if there isn't a problem, so to speak, it can be very helpful sometimes, especially if that practitioner is somatically informed, trauma informed. So just something else to consider as well. I mean, Irene and I would not still be

together if we had not done a lot of couples work because sometimes it's just crucial when you're both working through your stuff to have a third party hold that space. So that's just something else you can throw in the mix if it feels useful.

Jen (29:14):

And Seth, do I remember, do you and Irene have an interview or a vlog where you talk a little bit about your relationship?

Seth (29:22):

Yeah, there's a couple. There's one that just came out on someone else's channel. And then we've got, I believe we've got one that we did a few years ago on our channel as well. I can try to dig those up and link 'em on the replay page.

Jen (29:40):

I thought they might be to listen to too for a couple of these questions. Okay, so I'm going to go into the next question, because it's very related and the theme is there's some nuances that we'll speak to in this next question, but the theme is about safety and relationship and particularly an intimate relationship. And so as I read this question, if you asked it or if you relate to it, I encourage you to go back and listen to everything we just shared in response to the last question because of the overlap. So this next question is, "I've started to feel sometimes very unsafe and uncomfortable with my partner's closeness. He's a very safe person who I love a lot. So I've come to the conclusion that it's some sexual trauma coming up. The sexual trauma came from being in freeze with previous partners." And essentially that means that when we're in freeze, we don't really have the ability to say no, right?

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So we don't have our agency, and so we're not really actively consenting to what's happening. The next part is, "I followed my impulses like it's taught on SBSM, getting further to feel more safe and said to him that touch doesn't feel good at the moment. So how do you recommend that I work with this since I cannot forever keep avoiding being touched?" So first of all, I just want to acknowledge that it sounds like you've already done some great work and you've been able to both have a sense of what's happening in yourself and also communicate to your partner. So that's all important and things that you can build on. So keep doing whatever it is

you're doing, tuning to yourself, communicating, creating boundaries, and then go back and listen to what we just said in response to the last question. And then the part that's different about this question is that you mentioned that you suspect that there might be some sexual trauma coming up.

(31:41)

It sounds like that's the case. And only that I also want to add though that one of our teachers, Kathy Kain talks about how early trauma can often feel like sexual trauma, the way it shows up in us. And so that's not to say that you didn't also have it as an adult, but that you could also have these early experiences that may be reinforcing or magnifying what's happened to you as an adult and what you're feeling now. And so as we have the capacity to do so, we want to work with what's actually coming up in us as we move towards the intimacy. And it might be more accessible to do that, to start by doing it on your own when you sort of feel safe so that you can just start to think about moving towards being touched and feel what happens inside.

(32:39)

For example, does your jaw start to tighten? I feel my jaw start and tighten. Do you feel something happened inside? Do you start to close in? Do you feel some fear? Do you feel some disgust? Do you feel something but you're not quite sure what it is? Whatever it is, you're just starting to be able to listen to what actually happens when I start to move towards this experience that I know I have a response to in time. What often happens when we have these experiences like sexual trauma is that healthy aggression will come up. We don't want to be in a rush, often other things like grief and fear and sometimes disgust along the way to the healthy aggression, but eventually it does come up. And when it does come up, you want to tune into what you want to do, what you want to say.

(33:39)

Do you want to say no? Do you want to say, get away from me? Do you want to push, really listening to what you want to do? You might also want to run. The reason it's important to bring in the early piece is because there might be different layers here. You might have responses that come up related to what you went through as an adult, and you might also have some responses that come up related to what you went through as a really young person. And those kids, as you said earlier, Seth, those look different. So as adults, we can run and punch and push, but as little people, we can't do that. So as a little person, we might kind of

feel that spine arching like that, or we might feel some wiggling. We might feel like our head is turning and our hands are coming up.

(34:29)

So I say that, so that it's really about listening to what wants to happen and making space for it, even when it may not make sense or be really clear. So if your partner's open to it, and as you feel like you have the capacity to do so, you would also be great if you are able to work with them in a relationship. Irene and Seth have a great video about how to work. I think it's called 'How to Work with Anger in a Healthy Way,' where you actually can sort of squeeze someone's arm, and it doesn't have to be your partner. It's great if it is, but it doesn't have to be. But there can be something powerful when we're ready about working with healthy aggression in a relationship. Because often it's isolating. We can feel ashamed of our anger. So bringing it into the relationship can be quite powerful. And so again, you don't want to sort of expect your partner to do that, but if you do have a relationship where they're open to it, it can be quite powerful. Again, if they're not, you can find other places to do that.

(35:35)

Just sort of looking at my notes for a second and the things that we talked about, excuse me, earlier about sort of noticing intimacy, this sort of touch intimacy doesn't feel great. You might notice, well, are there other ways of being together that do feel less unsafe or a little bit more safe? That can be important. And then the other thing, this can be a little bit of a, I don't know if it's quite controversial, but I just want to name that if it feels like a definite no, then it's really important to respect that. But sometimes as we get further into the work, it might feel like, well, I have this adult self who has needs, and then I have this younger part of myself who doesn't feel quite safe. And so sometimes we can be in relationship to that in different ways. And it doesn't mean that - everyone's different.

(36:37)

So you have to find what works for you. But for some of us, we found it, we can sort of say to our child, I know this is scary and I am listening and I want to cuddle with my partner, and we'll just see how it goes. So just to know that everyone finds their own way in how they relate to the things that come up inside. And just because one part of us says, I don't know about that, it doesn't mean that we necessarily have to take it off the table if we don't want to, right? Again, it's personal. It's important to listen and be in a relationship, but it doesn't mean that we

always have to follow the desires of one aspect of ourselves if we have other aspects that are wanting different things and have different needs. And I think the resources that we mentioned before also apply here. And so Seth, anything you would add?

Seth (37:37):

You got it. I mean, I just want to highlight the potential for powerful playfulness with our partners.

Jen (37:46):

Yes.

Seth (37:48):

If we have a partner that's game, it can be so powerful because the relationship is a cauldron. It is a crucible that is going to bring up all the stuff for both of you. And so if you have a partner whose game it's like, what would it be like? Let's see how close we can get before you feel something come up. And then when it comes up, really let yourself, like that. No, get away. Can you play with it? This is serious stuff I know. But one of the ways in which we can work with it and really start to diffuse it and heal it is through being playful in a relationship around these very heavy, serious imprints. One cannot hold with the other. Trauma and playfulness don't exist together. So if we can find a way to creatively bring in some of that through our expression, through our relationship, then that can be a very powerful way of working with some of these topics with our partners, if they're game.

Jen (38:54):

Yes. Love that. And the other thing I wanted to highlight, Seth, is the piece that you said earlier about the ball. Whoever asks this question, you might want to go back and listen to that because that can also be very helpful for sexual trauma in particular.

Seth (39:08):

Yep.

Jen (39:09):

Yep.

Seth (39:10):

Okay. Alright. "Hello. Second time alumni. I've never felt comfortable in my body since a child. I've always tended to feel sick when standing or sitting upright. I've also always had internal feelings of physical irritation, like a sense of buzzing or vibrating. When I have this, I tense lots of muscles in my body for it to feel better briefly. Then it comes back again. I do this all day. Any advice on dealing with any of this? I know my mom had an amniocentesis when pregnant with me, but I'm not sure about other early developmental trauma." So it sounds like it's likely you experienced some form of chronic stress or trauma very early on, given the intensity and duration of these experiences you're describing. So it says as long as you can remember, this is how you felt, and this is really big stuff you're describing. So it sounds like there is a lot of overwhelm in the system, which would be often indicative of early developmental trauma, especially since you described always being this way or since you were a child.

(40:18)

It sounds like this is, again, this is a scenario where it's going to be really important to make sure you can support some kind of what we will call okayness. So this is something you'll hear us say sometimes when talking about EDT. How can you support okayness? It is maybe even too high a bar to be like, I want to feel good, so how can I just feel okay? And that's where again, your resources come in, your impulses come in. How can you really orient towards things that are easy, pleasurable? How can you get cozy, get your cup of tea, have your favorite music on, put something nice in front of you to look at, sit really comfortably so you don't have any of these sick feelings coming up. And there's really a sense, how do I need to be, to just be okay? And really cultivate your ability to feel that and know that it's a place you can return to.

(41:16)

Because like Jen was saying, when we've had this kind of stuff, this high overwhelm for our whole life, it's too much at first to try to work with it directly. We want to make sure we have the ability to be just kind of, okay. So that's the first step that I'll really encourage you to cultivate. What are the practices that you're discovering in SBSM? You're an alumni, so you know them all by now. Which ones really support you in feeling okay? And really orient

towards those and notice when you feel okay, what's happening with the buzzing, vibrating, sicky? Is it still there? If it is still there, has it changed in the way that it's there? Is it gone? Just really cultivating your ability to notice these differences, because when there's lots of overwhelm, it can kind of be like everything's bad all the time, which is what I feel a lot of in this question.

(42:15)

Everything's always bad all the time. So yeah, that's too much. How can we start to cultivate your ability to feel just a little bit? Okay, so I would encourage you to focus on that for now. Now, eventually you will want to start to work with these experiences more directly. That buzzing, vibrating feeling you described where you clench everything to make it stop. That's really cool. You have a resource, you have an internal resource that helps you deal with that. Great. Eventually we're going to want to cultivate the ability to just be with that buzzing uncomfortable feeling and start to work with it proactively. But I wouldn't worry about that yet. Just know that that's eventually what we're wanting to go towards is being able to just be with that and actually go with it a little bit. Find out what is it trying to do.

(43:09)

Like Jen said, the sympathetic nervous system and what you described as a sympathetic state, buzzing, vibrating, that's a sympathetic nervous system state on the inside that wants to mobilize. The sympathetic system wants to do something, but your system probably right now sounds like it is feeling too overwhelmed to even discover what that is, hence the need to cultivate that ability to just kind of feel okay. One thing that maybe you could start to play with in that context of supporting okayness is this paradigm of sickness, when you're sitting upright. So like I said, maybe this starts, but you set it up so that, all right, I'm as comfy as I can be. I'm reclined a little bit, I've got all my resources. I know that this is how I can be, to be okay. And then maybe you just start to come up a little bit and then you go back down and just feel like, okay, what was that like?

(44:05)

Can I come up a little bit and not feel sick? Oh, okay, great. Or as soon as I move, do I feel that okay, okay, that's too much. But if that happens, maybe I can touch into that for a moment and then go away from it, touch into it for a moment, go away from it. Like Jen said earlier on the last question, when we're talking about activation states, we want to be able to dip in and out.

This is what helps build capacity. It helps our system know it's not all this way all the time. Things can change, and I can have agency in being part of creating that change and that builds more capacity. So that's one way you could start to play with it. Or in standing, maybe you just let yourself be supported by a wall and you lean against the wall and notice, how does this feel? Okay. Now what happens if I just come away from the wall for a moment? Oh, there's that sick feeling. Okay, I'm going back to my wall. Okay, I'm just going to hang out here for a while. Same kind of deal, finding the way in which you can support your system to notice something else. Maybe touch into these experiences a little bit and then come away from it. That's all I got for that one. I'll hand it off to you, Jen.

Jen (45:22):

Okay, thanks, Seth. Next question. "Hi, I'm an alum with EDT," which just to be clear, that's what we're talking about today. Early developmental trauma and CFS. And CFS, if you're new to it, stands for chronic fatigue syndrome. This person says, "I've made progress, but relapses come from overwhelm linked to helplessness. When it's too much, my body shuts down. Orienting doesn't help me, but connecting to potency does. I'm practicing visualizations and want to meet my younger fearful parts with compassion. How can I work with helplessness using both potency and compassion and real life situations?" So sometimes I want to say, keep doing what you're doing because it sounds like what you're doing is working. And especially with early developmental trauma, things just take time. Great change is possible and it usually happens over time. So very great to hear you've made progress. And yeah, I could basically stop after saying keep doing what you're doing.

(46:37)

But I will say a little bit more. I will say that helplessness and early developmental trauma tend to go hand in hand because as Seth said, at the very beginning, when we're that young, we're completely dependent and we don't have a lot of options. If we're in distress or we're unsupported, our needs aren't met. And so actually the fear paralysis reflex is the first reflex and they think it comes on. We start to be able to feel it. We don't feel it, sorry. But it starts to come on between five and seven weeks in utero, right? It's actually, there's controversy about, I'm geeking out just for a second. I like to do that, but there's controversy as to whether that's actually the freeze response because our nervous system isn't developed yet, so we don't know what we're seeing. But that impulse to kind of withdraw and collapse starts as early as five or seven weeks in utero. And I think it's helpful to know, oh, this is really deep seated and

that, can you mention compassion? And for me, that can really help to foster compassion like, oh, this makes sense. This was my go-to. This is how I learned to take care of myself and stay safe and manage what felt overwhelming.

(47:59)

The next piece, just to speak in terms of development, is that if we did receive that attuned support as we develop, then we go from being completely dependent, to being more interdependent and independent as we get older. And so that's what we want to foster now if we didn't have the support we needed when we were younger. So again, reminding yourself that what you're going through makes a lot of sense, is completely understandable. Remembering what's happening from a nervous system perspective might help support your intention to meet yourself with compassion. And from a nervous system perspective, helplessness is that higher tone, dorsal vagal state, right? We're going into conservation, physiology, freeze is a part of that. We shut down, we collapse. So it might help to keep that in mind because we go into that state. Usually what we're feeling is more than we have the capacity to handle in the moment.

(49:04)

And so that tells us, okay, there's actually something happening under that overwhelm. So you ask what to do when it's happening in real life. I'll say a little bit about that, but I would also encourage you to work with this outside of when it's happening in real life because that usually gives us more opportunity to titrate and to listen in more detail. Because usually that overwhelm, especially with EDT, that overwhelm has a whole bunch of undifferentiated stuff in it. It's like we just kind of throw a whole bunch of stuff into a pot and it just all comes up and feels like too much. And so what we want to start to do is to say like, oh, actually in that pot, I have this tendency to brace in that pot. I have, my stomach feels like, I start to feel a little nauseous in that pot.

(50:00)

I have sadness in that pot. I have some irritation. So we start to differentiate the different experiences that are part of that overwhelm that leads to it just feeling like too much. And doing it outside of the real life situation is what helps us start to listen in more detail. We can just start to think about, okay, I'm to think about that thing that happened when I got overwhelmed. And we can just start to think about something. And often something will come

up, and that goes back to that concept of titration that we talked about earlier. Excuse me. So in the moment in real life, you can always name what's happening. That can be a way to slow down a little bit and kind of to attune ourselves. Okay, I noticed that I'm in a restaurant and I'm starting to feel overwhelmed. I can tell that because my eyes are losing focus.

(51:07)

I feel like I'm not really here anymore. I don't know where I am. And so naming, and then we can start to move just a little bit because moving just a little, could be fingers or toes, or if you can get up and go outside, that's usually like a signal of safety to our system that we're not trapped, right? We're not stuck. And it also brings in some more of that sympathetic system, which can help us when we're starting to shut down. Excuse me. You can also, the self touch or containment, and we can sometimes, the containment, that some of the practices, there's one that you might link to, Susan, the DIY, ancient anxiety medicine. And then if you're new this round, you'll learn many more in lab six. But we can also do containment more actively if that feels good. And that might be like you could even be in a restaurant and kind of squeeze your arm, and that's bringing in some of that support and some things that might help with the overwhelm.

(52:15)

And then as far as the compassion, I think a lot of what I've spoken to helps to support compassion, but you can really, I find that compassion just tends to grow as we do this work. But I'd encourage you to keep exploring with the visualizations in the way of, if that's speaking to you, if that's working for you, then continue to do that and maybe combine it with some of these practices, right? Combine it with the self touch and with the softening and with the feeling. Something that I often forget to mention is that developmentally feeling support along the back of our head, neck and spine is really important. So sitting where your head is supported, where your neck is supported, explaining some of these things when you're laying down, that can be quite supportive too. Quite helpful. So you might consider that. Oh, the last thing is you talked about potency.

(53:11)

And again, that potency with helplessness, we lose access to agency. We just don't have access to the ability to act and to choose, and we don't have access to our full aliveness, and potency is really an antidote to that. So it's really lovely to hear you've already discovered that. So the

potent posture practice would be something that you can practice in real life. You can do it seated right now if you want. You can just kind of feel your sit bones and start to feel the length of your spine from the support of your sit bones. And if you were in a meeting or at a restaurant, you could just start to explore a little bit, just kind of moving one way and the other way. So you can do that in, really, in any position. So you can start to bring that in. And it often helps to practice when these things aren't happening. So if you practice when you're not feeling overwhelmed, when you're less stressed, it then helps to give us more access to the practice and impact of the practice when we are more stressed. There's also, if you're new, I can't remember if he said you were an alum. Sorry, you are an alum. So the other Feldenkrais practices could be something that would be interesting to explore. And if you are new, then you'll have access to those a little later in the program. So they are coming. All right, Seth, over to you.

Seth (54:45):

Great. There's one thing I'd love to add to that is where you say orienting doesn't help me, but connecting the potency does. What would it be like to orient to your potency or to orient from the place of potency? So remember that orientation is not just the visual sense, it is all your senses. So what would it be like to feel whatever it is you're doing that supports potency? Do that, feel the potency, orient to the felt sense of the potency, orient to the ground, supporting you from a place of potency if you want to. Then where do your eyes land when you're in a place of potency, when you're in potent posture, what is the field of vision that you find your eyes going out to? Is that possible to explore? So there is something there that maybe you could find in combining those two things.

(55:39)

All right. "Hello. I have early trauma due to feeding difficulties. Allergies, spent most of my first year screaming. My mom talks about this a lot and has done since I was a child, and all the tension that it caused - how do I separate my own feelings from theirs so that I can work effectively with my own trauma? Thank you." So yeah, this is a bit of a thing. So differentiating ourselves from our parents is something that most people will never, ever do. It's something that especially parents will never, ever do. I view it as a parent myself as part of my job to no longer treat my child as a child once they become an adult, and this is one of the reasons we used to have ritual, is that we would have a clear marker of this person is now an adult and are no longer to be treated like a child.

(56:42)

I actually did that with my 18-year-old son. I did a little ritual where I had saved a piece of his umbilical cord his whole life and kept it like a little altar. And when he turned 18, I took the altar and packed it up in a box with his cord, and I gave it to him and was like, this is, you're now the guardian of your own umbilical cord, your own birth as representing into adulthood. And that's the kind of stuff that we just don't do anymore. So parents will tend to keep treating their kids like kids even when they're in their thirties and forties and fifties, and kids will tend to fall into the roles of being more in a childlike state, even to their late adulthood, when they visit home. This is one of the things that we see a lot of when someone may be doing a lot of good work on themselves and they go home for Christmas and it all goes out the window and they go right back to their child's state.

(57:43)

A lot of that is because of the parents and how the parents are unable to move past that child-parent relationship. So the question you're asking is very important, and it's something that doesn't get talked about or explored enough. We have to very often differentiate from our family system, especially if they're the ones that were part of our trauma in the first place, which sounds like this was probably the case. It sounds like your mom spent a lot of time talking about all the tension and what a problem you were. Well, given that she was probably part of forming that tension and that problem in the first place. So boundaries are what you need, and there's many ways in which those can be expressed. And I don't know what your living situation is. I don't know if you're living with your parents, I don't know if you're living far away, if you're living close, you don't say in your question.

(58:36)

So I'll sort of address all of those because this may be useful for various other people in a variety of situations. If you are living with your parents, if at all possible, move out, get away from them, get your own space, very, very important as an adult to not still be living with your parents, if possible. I understand the economic realities we're in right now sometimes make that not possible, unfortunately. So if you are living with your parents and you can't move out right now, it's very important that you very at least have a room that is yours that they are not allowed into. So get a lock, get a padlock on your door if you need to. Make sure that your

room is your space, there's a boundary, and in your space, no one is allowed to come in. They're not allowed to bother you.

(59:26)

Like, this is my space where I do my work and my practice. If you don't live with your parents, then it sounds like it's going to be a good idea to have some boundaries around communication for a while. So this may mean, Hey, mom, I am really working on some stuff and I need you to just give me some space. I'm not going to call every week anymore for a while. I love you, but I need some space. I need to work through some stuff. I talked about this on the last call. Any parent who's a good parent will celebrate that, will support that. And more often than not, that's not the case. What they'll do is manipulate, try to guilt you, say, why are you such a bad child? What have I done? Et cetera, et cetera. If that's the case, then there's your clue that, yep, I really need boundaries with this person because they're not being supportive of me taking care of myself.

(01:00:24)

It's their job as a parent to support you in taking care of yourself even into adulthood. So boundaries, how can you find a way to get some space and separation from interacting with your family system? Because it doesn't mean you can never, I'm never going to see them again. But it means you need a little time and space to solidify your sense of being within yourself without always being exposed to these old stories and those old relationships and all those dynamics. So boundaries, part of that may mean telling your mother how it feels for you when she talks about all the tension you caused and what a problem you were. What would it be like to tell your mom how that feels for you? And I ask her not to do that anymore. That might be an important part of it. So those are all different ideas.

(01:01:20)

Essentially, you need to work with your boundaries and to create physical space, energetic space, communication space between and your family system for a while again, and you can tell them, Hey, this isn't forever, but I need at least a few months, maybe more, where I need to have no communication with you. I'm working on something, through myself. You're fine. I love you. I'll be back. Give me some space. If they can't support that, again, that means you really need that space. Now, you don't ask about working with the trauma due to feeding difficulties, but I'll just say briefly that that is a very deep survival wound and it may be helpful

to work with the experience of eating in a very intentional way. If that's something that you find still affecting you, what might it be like to really focus on the felt sense of being nourished. Make yourself a nice meal and just mindfully chew each bite, make it a neurosensory practice, make it a somatic experiencing lesson where you're just really feeling the felt sense of food coming into your body. The nourishment of that, the enjoyment of that, and just orienting to that as a practice might be useful. Over to you, Jen.

Jen (01:02:53):

Thank you, Seth. I felt that, as you were saying. So I'm going to read the next question and then in the interest of time, I think I'm going to see if I can boil it down, and of course you can tell me what I missed, Seth. So the next question is, "This is my first round of SBSM and I have a question about strategy. Sometimes we want to calm the nervous system and other times we want to allow the survival energy to express itself. How do we know when to calm versus when to express? I've heard you say that large cathartic releases are not the goal. Instead we want more gentle releases. What does this actually look like in practice? How do I tell the difference between true releases versus going in circles with the same survival energy?" Okay, so welcome. You said it's your first time, and so yes, for sure we have the option to sort of support soothing and settling.

(01:03:54)

We have the option to move towards expression, and then we have the option to do a mix of both and to do all of those to different degrees. The one thing I want to throw out here though is with early trauma, we can feel activation all the time. So some of us live with, and this was me a lot of my life, we just live with this constant state of, and so I want to differentiate between learning, to what we talked about, learning to let waves move through. Like, oh, okay, I stretch and am a little active, an energy comes up and then I go and there's just this sort of wave that moves through. And so some of us need to learn as we come to this work of what it's like to settle, and then to be able to go into some sympathetic and then come out again.

(01:04:48)

And that's a little related but a little different than what we call completing a self-protective response, because completing a self-protective response is as a name implies something that may not be the first time, but over time there's actually a sense of completion and then something changes, which is different to just learning to allow sympathetic energy and

activation to move through us with more ease, with more sort of flow, with more going in and coming out. Because with trauma, there's a lot of fixity and so we tend to go in and stay in, we go up and we stay up. And so it can be helpful to remember that we're not always, especially for those of us who are growing regulation, from a base history of early developmental trauma, we're not always looking to complete, right? Sometimes we're absolutely looking to complete, but sometimes we're just learning to go towards activation and go towards settling.

(01:05:55)

And so if you're someone who doesn't have a lot of access to settling and soothing, then you can absolutely just focus on that. If you're someone who also has a lot of activation that shows up as I have to do something, I have to work, I have to, I can't stop, then sometimes it can be helpful, as I said earlier, to find intentional ways to express that, to mobilize, to move, and that's why I brought this ball. I really like these little balls that are actually made for kids in development. And you could just have something and just be squeezing it. And if you're on Zoom meetings, you could even be squeezing it under the table. And then if you're in a culture that doesn't support hanging out with little balls while you're working and no one would know, so letting yourself work with your experience instead of feeling like, oh, I have to settle, so that means I have to be quiet and still while your physiology's saying move, move, move.

(01:06:57)

It doesn't work that easily. So we would kind of want to work with where we're at. There's a dead end preposition, still having that drilled into my head. So in terms of how we know something, like whether we're actually doing something differently versus staying in a loop, is that something changes, something's different. So completion, right? That's like going back to the healthy aggression we talked about earlier. If someone harmed me as I do this work and I tune into my impulses, I might have a really clear impulse to push. And as I do that, I was actually thinking aggression, but I feel some disgust. So then I would want to make space for the disgust as well. And I heard you, I listened to the last call, the recording, Seth, and I heard you say one of the most important or really foundational aspects of this work is learning what our capacity is.

(01:08:06)

And so this question, a really important part of this question is experimenting so that we learn what our capacity is. Sometimes it means we'll do a little too much, we won't do enough,

right? Well, I don't find that there's much in my world, there's not a whole lot of not doing enough. There's usually a lot of doing way too much and just getting smaller and smaller, so as far as what it looks like, as it can take time, because when things are big, it's hard to go small. So sometimes it's sort of like we just do our best and as we grow capacity and regulation and skill, we can get smaller. And that's where it might look like I just start to think about something and I feel a little tension and then I listen to that and I notice, oh, something wants to happen to my shoulders, and then something wants to happen to my jaw and I might just follow in that way with early stuff, sometimes. Sometimes I feel like there's these in utero responses that happen, and so sometimes there can be these movements that feel quite quiet and we don't even want to make sound and there's no emotion that comes with 'em. So it's really learning to, in time, listen to what wants to happen and then starting to feel like when, okay, enough, that's it's time now to take a moment and to really turn towards noticing what's here now through touch or through sight.

(01:09:55)

There's one thing that I want to say that feels important, just went out of my head. Let me see if I can get it back. Oh, I know. Sometimes we feel like we really need to focus or we don't focus. And what I find to be so helpful is to think about it. If you've ever seen a play, you have foreground and you have background. And so something could be happening, and again, this takes skill, so it's not like we do this right off the bat, but just something that's a possibility that we might discover a little bit down the road is that I can feel a little bit of this tension, but I can sort of say, Hey there, you're welcome here. You can hang out. But then I put most of my attention on you all and looking at your faces and talking so we can allow things to happen in the background can be a powerful way to titrate, especially for those of us who are growing capacity and regulation from a history of early developmental trauma. Yeah, and there's a resource, a real life example of an organic resource. Irene has a vlog about that, so that might be helpful to listen to. Over to you, Seth.

Seth (01:11:21):

Great. So I'm noticing we're at an hour and 15 minutes already and I'm not even sure if we're halfway, so, just, I will eventually call a halt probably if we don't make it all the way. Please know that of course if you need to take off, that's fine. All this is recorded and will be on the site. If we don't get to your question in real time, we will send you a reply via email. So just

know that and let's take a little pause since we haven't paused yet, in case anyone needs to go pee or get a drink or stretch or move around, and we'll meet back here in just a few minutes.

(01:14:23)

Alrighty. Hey everybody. Okay, moving on. "Please give some advice on how to deal with generalized muscular attention and localized muscular pain due to it. I have early developmental trauma. I was sexually abused as a three-year-old girl. My body was very stiff. It is now getting softer due to your course, but I still get very tense under stressful situations. I have wandering pain and muscles, mostly those belonging to the spine. I do not feel many emotions. The resolution of the tension occurs when I also feel more emotions and release them." So with that kind of insult to the system, a sexual assault at three years old, the kind of tension and pain you're describing absolutely makes sense. To be as stiff as a board would absolutely make sense. So the fact that you're experiencing softening due to the work that you're doing, that's fantastic. So I'll echo Jen, what she said earlier, in that the bulk of my answer here is just keep doing that.

(01:15:34)

Keep doing what supports the softening as much as you can. That's fantastic. Also, the ball work that I mentioned before. So this can be very powerful. When we've experienced sexual assault, again, you get one of these exercise balls that are big enough for you to sit on fully and so that your legs are on the ground and you soften it enough that it's a little bit saggy, so it's not super roly, and you just sit on it and you feel that contact with the pelvis and you just move a little bit. This is something that Peter demonstrated, Peter Levine in a masterclass specifically on sexual trauma. The visualization he offered was imagining the pelvic floor and the genitals just like opening, softening into the ball, into the support of the ball. And in the process of exploring that, you may encounter tension, you may realize, oh, I'm actually pulling up and away.

(01:16:40)

And then you can work with that like, oh, what happens if I exaggerate that and then let it go? Lots of times when we're working with pain and chronic tension, we can find a difference by discovering what the tension is doing and then purposefully doing that more and then letting it go rather than just trying to relax. That is often a much more useful approach. The only other thing I'll add is that thing you might want to explore is if you feel ready to explore this, what

are the self-protective actions that never got to happen? So of course at three years old, you're not able to protect yourself from a big person, but the nervous system doesn't really differentiate. It's going to have the same survival response as if you were an adult and maybe had the ability to kick, punch, claw, et cetera. So maybe there's some of those impulses in there and maybe those are connected to the emotion that you're talking about, that I would not be surprised if that was the case.

(01:17:53)

So at some point when it feels like you have the capacity to do this and you're feeling maybe a bit more of that softness and access to that settling, starting to just imagine what would I have wanted to do had I been able to protect myself? And this is the beautiful thing about doing this work with our body is that we can time travel, we can be magical beings. I can bring my adult self into that experience as a 3-year-old, but now I'm a big scary monster that can breathe fire and shred and I grow claws and I can kill this attacker. We can use our imagination and start to discover what wanted to happen that didn't get to happen. My hunch is that that's where the emotion is hanging out, and probably lots of grief and overwhelm and rage as well, and disgust as well.

(01:18:50)

So you ask, will resolution of the tension occur as the emotions come up and I release them? It may not be that direct, but yes, that is very often the case, the sensations of the tension, that holding, is holding the emotion. That's what's containing all that big emotion. So as you start to find maybe some of these movements and further softening, then it's possible that yes, as the emotions come and you really let yourself express them, then there will no longer be a need for the tension. Because if the tension's job is to hold all the emotions, then as we get rid of the emotions, as we allow them to move through, the tension no longer has to hold anything. And also that tension can be directly connected to those movements that didn't get to happen. So if there is a really old impulse to push away, that never got to happen. There can be, that means these shoulders have been wanting to fire in that way. To do that for 30 years, that's going to create a lot of tension. And as you start to explore whatever the movement is that needs to happen, that can start to release the tension as well. And the emotions are also part and parcel of that. They often all come together. So alrighty. Alrighty.

Jen (01:20:17):

Okay, next question. "What came up recently is my fear of speaking up my thoughts, especially with people who are more on the superficial side. For example, when I explain my parenting approach to my in-laws, and apparently this happens because I'm scared of being seen as weird or not normal and therefore not belonging, I guess I'm also terrified of not being understood. It makes me feel a little irrelevant. I remember some of those patterns from school and I would love some tips on how to work with these patterns." And so I do not want to make light and I do want to kind of say welcome to the club because with, I'm going to answer again, because you say it goes all the way back to school and you asked on this call where we're focusing on EDT, I'm going to answer through that lens.

(01:21:15)

And so what happens developmentally if we don't get our needs met or if we experience adversity, instead of thinking like, oh, someone's doing something wrong. What we developmentally do is we don't differentiate, so we think, oh, something's wrong with me. And then we can actually sort of take that belief. It's a deep interject that can even go into our cells because we can start to experience it before we even have the verbal part of our brain online. And so we can have this really deep seated feeling that something's wrong with me, I'm weird, I don't belong. So just know that that is very common with EDT and it's also changeable. And so I want to go back, I encourage you to go back and listen to when Seth and I talked about the importance of growing access to okayness, to soothing to the ability to settle because that's really the foundation for feeling more connected, for feeling more at home in ourselves, which is a foundation for feeling more at home with others and in the world.

(01:22:25)

And it's the foundation for working directly through some of the terror you mentioned and some of the things that come up in a relationship. So again, make sure you keep working towards growing that ability to settle and soothe access to those other physiologies. And then as you do have access to that, you can start to work with the felt sense of what's happening. So that might look like you're on your own in a safe place and you just start to think about interacting with your in-laws and you notice the first thing that happens. And a very common - Seth, you talked earlier about how bracing is one of our most common strategies when we're young. And so often you'll feel some bracing, you'll feel some tension in the gut or in the

stomach, or you might feel something different. That's just an example. But you want to start to make space for what happens and then titrate in the ways that we experience like, oh, I'm feeling this tightening in the gut.

(01:23:29)

How do I know that I'm still here, and in this moment, I'm relatively okay, right? Oh, I feel my butt in the chair. I placed a hand on my stomach, now I'm yawning. Excuse me. So working first, growing the capacity. And once you have that, then, working with what comes up. And there's usually layers to that. You can also work specifically with what happened at school because we have the opportunity, going back to your comment a few minutes ago, Seth, about time travel, we have the opportunity to go back and renegotiate things in a different way. So what that can look like is, that can look like imagining being in school and trying on different things. What did I need? Oh, actually I needed an ally, right? I needed a friend who was with me. And so I didn't feel so alone, and I didn't feel so scared in school, or I needed a teacher, I needed an adult who really kind of saw me and supported me and saw that I needed help.

(01:24:36)

And part of that can also be tuning into whether you had different responses. You wanted to stand up and say, Hey, stop being mean to me. Or to imagine that you had superpowers and that you could blast if someone was cruel to you, that you could sort of blast 'em to another planet. There'll be more on that later in the program. But so you have many different options for how you can renegotiate that, but it can be something that's very powerful to do. Again, when we have the capacity, the one thing I want to mention, two things. One is that, thoughts, right? You talk about I'm not normal, I might be perceived as weird. So often what can happen is if we grow up with enough attunement and an absence of extreme adversity, most of our experience tends to rest in our felt sense. That's sort of what we lead with.

(01:25:36)

If we grow up in the absence of that, we tend to lead with our cognition, and the majority of our activity tends to be more cognitive. And so though we tend to one of our strategies and protective responses, the way we manage and try and be okay is by thinking a lot. And so if you find that's the case, those thoughts can be quite convincing and seductive. And so you want to keep reminding yourself what's happening and coming back to the felt sense, notice what's the story you're telling. Coming back to the felt sense, a few resources, the Q and A I mentioned

earlier, on the special Q and A with Seth and Janice and Irene, and then also Irene has a vlog on pre-verbal terror, and she also has a vlog on 10 Things to Know When Healing Early Trauma. I know this is a lot, so you don't have to look at all these, but I wanted to share some things that came to mind reading your question. There's a great interview with Seth about healing our resistance to making money, exercising and living in the matrix. So those things, see what speaks to you, if anything, but they might be of interest. Over to you, Seth.

Seth (01:26:53):

Alright, so I've got two in a row here that I'm going to answer, and then I think we will probably call it good.

Jen (01:27:01):

I have one really quick one if...

Seth (01:27:03):

You, okay, I'll do two and then you do one, and then we'll reply to the rest of my emails. Sounds great. Okay. "Is it possible that the reason I go from zero to a hundred so fast in my nervous system is related to the severe car accident my mom was in when she was nine months pregnant with me? I wonder if that is why I can feel such extremes of emotion, whether it's joy, anger, or sadness. There seems to be a lot of shame associated with how intensely I feel emotions." So yeah, that certainly qualifies as an early developmental trauma. That's a big shock to the system, even though you were still inside mama, it was a huge shock to her system, which means it was a huge shock to your system. So you would've been flooded with all the same neurochemistry and alarm and sense of danger, and at nine months you're fully awake, a little being in there that's aware of your environment, in the sounds and all the impulse coming in.

(01:28:03)

So yeah, that would've had a huge impact. Now we can never really, it's hard to say definitively, you experienced this because of this, so it's usually not that straightforward, but I certainly would believe that that plays a role, for sure. There's probably other things that happen though based off of other stuff in your question here, namely, there seems to be a lot of shame associated with how intensely I feel emotions. So that's one thing I'm curious about with this is

who told you that it's not okay to be the person you are, who told you that it's not okay to feel the way that you feel? That is something that would be maybe important to discover as part of this as well. If we have shame around what we feel that can compress our feelings and make them even bigger for us as well, because it's like shame is a constriction around the feeling or a collapse around the feeling.

(01:29:10)

So that can sort of drive it inward and make it so we experience it much more intensely. So it sounds like self-acceptance is going to be a really important part of your journey here. I think that it could be a useful practice for you to simply start naming out loud if possible, what you're experiencing when you're feeling these emotions as part of this self-acceptance, and perhaps combine that with some kind of touch, if that's something that's accessible to you, with the area in which you're feeling it. So I'm feeling a lot of sadness right now and I really am feeling that in my eyes and in my heart, and I'm just going to hold that and I'm going to allow it to express and accept myself here. Whatever it is, naming it for yourself and bringing in this kind of caring self touch might be useful as part of that, developing that self-acceptance.

(01:30:14)

Also, when emotions are really, really big, it can be part of the reason for that. I don't know if this is the case here, but part of the reason for that can be because we're actually in the story more than we are in the felt sense. And then the story produces more of the emotion and we end up in this loop where it's like I'm feeling this thing and oh my God, I'm thinking about when this happened, how I felt, and then, oh my gosh, I'm feeling more of it. And it becomes this loop where we sort of go round and round, where the thoughts are generating more of the emotion. So part, if that's part of what's happening for you, really the way you break that is by coming out of the story. And the way you come out of the story is by really focusing on the felt sense.

(01:31:03)

All emotions are sensations, emotions are sensations. They are specific clusters of sensations that we name certain things, and also they come along with a physiological experience. Anger is heat and tension in the jaw, and across the shoulders, and often a tightness in the chest. That's a cluster of sensations. All emotions are this way. So how can you really learn to start focusing on the felt sense of the emotion and not the story, if that's part of what's happening?

And that's just useful, and that's a huge part of this work in general. The meaning is important, your story is important, but most of us who've been through trauma live in the story and not in the felt sense of the body. And that's where we want to come back to.

(01:32:00)

Yeah, that also can be part of finding a way out of reactivity, from where you say everything is really big, everything is really huge. When there's a lot that sounds like the system is quite reactive, you go zero to a hundred in your nervous system. Yeah, you're just going out, your day, and then something happens, and 'Bwa-ha', right? So that sounds like that again if, yeah, that early shock, that huge shock to the system could be part of that. And again, a way out of that can be to really focus on what is the felt sense of what I'm feeling and then what is something else that's happening? So name what is happening, feel what is happening in the body, what is something else that's happening in the body, because not everything is that way. If I'm feeling tremendous tension across my shoulders and in my jaw, and my brows are furrowing, and my fists are clenching, and I feel hot, okay, that's all happening.

(01:32:55)

But what are my toes doing? What are my legs doing? What's happening there? So bringing indifference, some kind of felt sense indifference can be part of diffusing this reactivity. And then the last one I'll do is, "How to deal with the felt message, 'You don't belong here', or I am not allowed to belong here. I'm reclaiming my place. I was denied at my core. It's complex. It is not only an innate feeling like a message that I got due to early developmental trauma, it's also externally connected. I belong to land, the soil, at a specific place, yet land is free. It cannot be owned, but it is in this reality. I belong to it but somehow cannot live it due to the destruction of my sense of belonging, although I could own it, the land, how to deal with this message externally as well as internally."

(01:34:00)

So this message, I don't belong. If we really want to distill this down, what you're talking about to its core, more in a primal way, really what it comes down to is, I don't have a right to exist. That's really what this imprint is about that you're describing here. And so what we want to develop is, I have a right to exist. I have a right to take up space, I have a right to be here. And there's a lot of ways that you can cultivate that, as I don't think you say whether you're an alumni or not. So I'm not sure if you're new or not, but as we move through the program, we'll

have more and more practices that support this. For now, the potent posture exercise, I believe is out already. So that is a really important one for what you're talking about, finding your potency, finding your ability to be supported by your skeleton, by your bones, really is part of finding that connection to earth and that sense of, I exist, I have the right to exist.

(01:35:11)

So what might it be like to do the potent posture exercise, find that sense of potency, really practice that so it doesn't have - to listen to the audio lesson. And as an aside, that's really the purpose of all these neurosensory practices. If you're new here, it's not just about listening to them all over and over and over again. And you can feel free. They can be, that's like a resource, right? And that's cool. But really we want to learn these lessons and get them into our body so we use them in real time so that when I start having a panic attack in the grocery store and I don't have my iPod player to listen to Irene, I can connect to my potent posture and I can remember to breathe and to orient and to sense where I am. This is about really internalizing these things. So get that potent posture lesson down and then take it to the land you're talking about. Take it to the land you're talking about. Take off your shoes, get your bare feet on the ground and be potent. And in that place, see what it's like to really focus on these words. I have the right to exist. And really let yourself feel that. How does that feel in your body while holding this potency?

(01:36:25)

Ritual can be an aspect of this. There's various indigenous cultures that have all sorts of traditions. One thing that your question made me think of is the haka from the New Zealand culture. We have this linked later on when we get into aggression, healthy aggression work in the lab. But I'm going to go ahead and just put it in the chat here. I saved it so you can go ahead and watch it now if you want, watch this video that I'm going to link. Lemme just put it here. There we go. Have a watch of that video and we'll also put it on the replay page in case you're not here. Just feel into the quality of what they're doing and how it hits you. There is no, 'I don't have the right to exist', in there. This is the expression of the haka, is this, is me taking up space as much as I can, and I'm going to show you it.

(01:37:31)

Is it a really beautiful, powerful thing? If you're not familiar with it, it might seem scary. There's a lot of, in the tradition of the haka, there's a lots of extreme faces, where the tongue comes

out and the eyes bug out and there's all these, ah, it's very much about being embodied in a healthy way and channeling this energy of aggression that's about protection. That's what this, I believe, is about, the haka wedding is like we are here to protect this couple and honor their union. Watch that and take that in. How might you express some of that for yourself? I'm just looking at my notes. And then the last thing is it may be helpful to do a little back and forth. So the imprint you're holding, which is essentially, I don't have the right to exist. Well, what's the posture of that? What is the felt sense of that? How can you do that deliberately and then find the other thing? So moving into and out of, like we've talked about, I'm going into the thing that feels bad deliberately. That's part of reclaiming your agency. I'm choosing to do this, right? It's not acting on me. I'm choosing to go into it and then I'm going to choose to discover something else. I'm going to feel what those things feel like, that kind of exploration as well. All right, over to you, Jen. If you have anything to add or just to finish up.

Jen (01:38:58):

The only thing I was going to say is, I have a quick one, but I was going to say, Susan, it might be helpful to link the Pendulation blog, just because we talk so much about titration and it sort of, its sister is pendulation, so just as important, they go together. So this is a quick one, just to finish up. This person says, "I've been doing the four steps to overwhelm," which is a free resource of Irene's. If you're not familiar with it, any of you could have access. "But I've been doing that as a preparation for starting SmartBody SmartMind. Once I got past the mental resistance, there was a feeling of literally wanting to run. And so I ran in the chair, a lot of head movements, to turn away, and then my arms moving. I did it twice, maybe three times. These things lessened and then some grief. The grief seemed buried away. Is this normal? It's not something Irene mentioned happens in the recording." So I want to say yes. Well, I don't like the word normal. I like that because we are all normal. In my book, I like the word common. So yes, it is common.

(01:40:12)

Not everyone will experience it this way. Sometimes it's clear like this. Seth, in the first Q and A, I heard you mention Peter Levine's classic case, Nancy, where she had a very similar experience, and Peter got very lucky. So it's not always as clear, but it is quite common that we have layers within us, and that as we work through one layer or we work through one experience, we discover another layer. And it can be sometimes there's something complete and then there's a sense of something different emerging. I want to kind respect time, but I will

share one thing, which is that one of the things that moved me the most when I did somatic experiencing training a number of years ago was a video of Peter working with a woman who had been sexually assaulted when she was a young woman under quite horrific circumstances, where her life was in danger and she barely escaped, and she did tons of work, tons of meditation and tons of work.

(01:41:19)

And she was a lovely woman. People in my training actually knew her, but so she lived with this for decades. And then Peter did this work and you see her moving through sort of the collapse and through the fear and eventually she comes to healthy aggression and she really worked with her healthy aggression. And on the other side of that, for the first time I think there was some grief, but what I remember, she actually was able to see her attacker as a person. So there was just this whole layered experience that happened and you could really see clearly and what was really felt. It was very moving. But also the fact that she had lived with this for decades and on the other side of this, apparently her life looked very different. And so there are layers, or what's that quote? There are multitudes within us.

(01:42:17)

And I love, one of the things I love about this work is that as we continue to explore in these ways, we discover ourselves and discover experiences within ourselves more and more. And at least in my experience, it's endless. And I don't mean that in a way that you have to work forever to feel okay, just to be clear, but endless as in there's just a lot, there's all this trauma stuff, but there's also a lot of grace and beauty and amazing things in all of us. And the more we do this work, I find the more we come into contact with it. So.

Seth (01:43:02):

Yeah, I mean it is endless in that at some point you get to an end of the survival energy that you've stored up. But the process of doing this work, the way that you do it is about tuning into yourself. And that is something that gets more and more refined, and more and more refined. And that is something that doesn't end our ability to tune into our experience in a somatic way, that you can get down to the atoms. Man, there is no end to that journey of exploration in the body. So it is quite beautiful. Alright, thanks. That was very long. Apologies, there were a few questions we didn't get to. We will send you an email with our answer. Thank you so much for

being here. Thank you, Leah and Susan, for being here, and we wish you all the very best. All right.

Jen (01:43:51):

All right. Take care.

Seth (01:43:51):

You, you all, bye bye.