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

Seth (00:02):

So this is a special topic call. It's the ninth Q and A call for SmartBody SmartMind 18, and this one is a special topic call on shock trauma. Now we didn't get a ton of questions specific to shock trauma, so I'm going to answer, of course, the ones that we got, which is only about six or seven, and then there's a couple that weren't about shock trauma, but I felt were just good questions for people to get the answers to in a broad scale, for lots of people could potentially benefit. So I kept those in. That being said, it's possible that there may be time for a couple questions in the chat that I can get to. If you do have questions specific to shock trauma that you didn't get to submit in time, and you want to ask them on the call today, I'd ask you to just wait and submit them at the end of the chat. If there's time that would be great If you put them in now, I may not see them because the chat gets long, so alrighty, we will get going.

(01:11)
Alright, first one, hello. “I had a C-section that went very well, but during the surgery I did feel an overwhelming fear of death even though the doctors around me were calm, it felt to me like something bad was going to happen, and that I would die. Any advice on how to process the trauma from back then, and two, does an elective C-section have negative effects on the baby because labor has not started naturally. I didn't want to give birth naturally, and I had a scheduled C-section, which was very good for me, but I wonder how it was for the baby.” Okay, so this is a really interesting one to start off with, because it's actually not clear to me here if there was trauma for the mom during the birth or not, and for this to make sense, let's get into what shock trauma is.

(02:04)
So shock trauma is what most people tend to associate when they think of trauma. It's an event, it's a single event that has sort of a beginning and an end, and it's overwhelming to the point that we go into survival mode, like our fight flight and freeze gets activated, and then because of whatever circumstances, we're not able to complete that survival response, it gets

stuck and we get stuck sort of in that moment in time. The emotions that are associated often get stuck and may loop. We may have physical symptoms, so that's a straightforward scenario. Now with something like this, it's actually not clear to me if the survival energy got stuck or not, because one, it was a planned C-section. So this is very different from an emergency C-section, which is almost always, you can pretty much guarantee it'll be traumatic because it's a life or death situation, literally an emergency like that.

(03:11)
And then of course it can be really, really scary, and we're usually going to see trauma from a planned C-section where everything went well even though there was this fear of death, that doesn't necessarily mean it was traumatic, because there was an awareness at the time I'm feeling like I'm going to die, and yet okay, everyone's calm and it all turned out really well. This was actually a really positive experience for the mom. It doesn't sound like there were any difficulties. It all went pretty easily. So it's possible that fear of death, one, that's just a natural response, that is a normal human response to going into a surgery of any kind. I don't know how much, and of course there was anesthesia involved. I don't know what kind, it doesn't sound like you went under, it sounds like it was probably more of a spinal tap kind of deal.

(04:10)
So I would say that there's actually a chance that you weren't traumatized. Now how would you know if you were, and this is again a general shock trauma sort of quality. How do we know if we've been through shock trauma? Well for example, things might happen, anytime you see a hospital you start to get really scared, or you start to check out and feel floaty, like you're not present. Or maybe you go into a lot of constriction and your body gets really tight. Maybe you start having flashbacks or memories of the operating room, and of the procedure, and this could happen just seeing a hospital, or seeing a doctor, or maybe you touch your scar where the C-section is, or somebody else touches your scar, and boom, you're flooded with this emotion, and this intense fear of death that you experienced comes rushing back.

(05:10)
So none of that is clear to me from the question, if that's happening or not. Are you getting flooded with fear? Are the memories coming back in an intrusive way? Is there a strong over

coupling such that you can't set foot in a hospital, or even see one without intense survival energy being activated? If that's the case, then yeah, it sounds like there's trauma that needs to be worked through. However, if it's just like, yeah, I felt this intense fear of death, I was going to die, but it all went really well, and actually I can go to the hospital, I can see a doctor, it's not a problem. It doesn't sound like there's trauma there in that case. So that's for you to assess, and if you'd like, you can get back to me. I don't know if you're here, if you are, you can put the answer in the chat, or feel free to respond on the Q and A page itself later on, if you like.

(06:05)
The second question, and I will get to what to do in such a case if there was trauma, but I want to get to the second part too. Does an elective C-section have negative effects on the baby because labor has not started naturally? So the answer to that is usually yes there are some negative effects. Not always. We can't guarantee it. It doesn't mean that it was necessarily traumatic, but what can happen when there's a C-section is that the baby doesn't have the experience of marshaling its life energy and pushing its way into the world, and for the developing organism that's a very important experience. It's like the initial achievement, like it’s time to go, and I'm going to use my energy to go, and I'm going to push, and my effort is involved, and I'm going to succeed in emerging through this canal into the world.

(07:04)
It's an incredibly powerful archetypal experience. So when babies don't have that experience, what we see sometimes is that later in life there can be an issue with motivation, with I just don't feel motivated to do anything. I have these ideas but I can't get started. I feel like I can't really get a sense of my purpose in the world. What do I do? What am I here to do? There can be those types of issues sometimes, and it's because that initial impulse of that doing, of achieving, never got to happen. Now if that's the case, there is actually a specific way to work with this, and the younger your child is, the easier it can sometimes be to do this kind of renegotiation, which is essentially what we call a womb surround, where you're recreating some of those conditions. So one of the ways that you could do this is you could play a game like, hey, let's get all cozy in a fort.

(08:18)
I'm going to make this pillow fort. So again, this is totally age dependent if your kid will get into this or not, if they're in the tween age, they maybe should be - no interest. And then if you're an adult, you may be able to do this as an adult, because you understand the purpose. So there's a couple windows there as a kid with the imagination, this can work really well, you don't have to explain that this is therapy. It's like let's play a game, then tween, teenager, maybe not so much. Then as an adult you could probably do it with a conscious understanding. So you sort of surround with pillows, so you're making this confined space kind of like the womb, and you get positioned so that their feet can be against the wall, and you set up a game like okay, we're going to make this fort, and your job is to escape the fort so so that your feet are against the wall so you can push off, and I'm going to put all these pillows around you, and we're going to make this really cozy fort, and you could do this if it feels right, you could do this with them, you could be in there with them, or they could do it on their own, but essentially it's like escape the fort, and you make it so that there's all surrounded by cushions, even in the front, so that they're going to have to break through and push against the wall with their legs, and push their head out through the fort.

(09:39)
And that kind of thing can trigger into the system the experience of birth that didn't get to happen. It can be sort of an archetypal experience, and it may be I haven't done this, I've done this with adults, I've never done it with a kid, but I think it could potentially work well, at least it's something worth exploring, if this is an issue, if you notice that your kid has issues with motivation, with going with accomplishing tasks, with that kind of stuff. Alright.

(10:21)
Yep, great note there from Cat. Fun fact. It's the baby that initiates the labor, not consciously, but the baby somehow through hormones signals readiness for the process to begin, not the mom. Yeah, I believe that is true. I have heard that as well. Or it may be a collaborative thing, but yeah, I think the baby does emit some kind of signals that's like - kicks off a hormonal process where it's like let's go, let's go, let's get this thing happening. So what to do if there was trauma in this experience? I'm going to get to that in the next question, because there is

this general approach that we use for shock trauma that applies to many different situations. So I don't see a reply from the person who asked this right now. So if you see the replay, go ahead, and if you want to answer some of those inquiries of mine on the Q and A page after the call.

(11:25)
Okay. “Hello. Five years ago the doctors gave me a diagnosis telling me that I would only have a few more years to live. At the time I was 30 and didn't know everything I know now, so I believed them. In the meantime I've understood how things really are, but even so on a somatic level there's still a lot of fear and terror. Any advice?” Now this is interestingly a part two question from the same person. This is the same person who had the C-section experience and everything went well. So this is the first thing I'm wondering is - so you're still feeling fear and terror. I wonder if, because this actually makes a lot of sense, this does sound traumatic. The doctor's telling you you're going to die, and you just kind of believe them, and like, oh my gosh, that does sound pretty clearly traumatic, and it makes sense.

(12:18)
There'd be fear and terror there. I wonder if it's possible, that fear and terror you're feeling. You also are wondering - is this related to the C-section, which it's possible, these things could potentially get intermingled. I talked about this on the last call, the trauma vortex, how things that kind of look like other experiences in some way can get coupled together, and sort of exist within the same basic charge. So just something to note. So when we're working with a specific event, with shock trauma, one way that we will do that is something that we call a T model. So this means, T is the time, the trauma, the time of the trauma, the peak sort of threshold of survival energy. That's T. And what we tend to do with T model work is we start way away from the T, so far before the actual peak trauma, and actually far after as well.

(13:24)
And we start with those bookends, and gradually work our way towards the T from both sides. And this is a form of titration, of course. It's also a way of, in a way, pendulating the experience, because we're starting with things where things weren't so bad, and then we'll start to dip into stuff where it's more alarming. But we have the foundation laid of, like, wait, but there was this

outcome that was okay, or there was this time when actually before it happened where things were okay, we're trying to establish these bookends, of kind of manageable, is a way of saying it. So if we were to do this in this situation, it's like, okay, back up, and this is of course using memory, and you can do this on your own. It may be useful to work with a practitioner to guide you through this kind of thing, at least at first, and then later you could try it on your own, if that feels better to you, but you can certainly try it on your own.

(14:35)
So with this particular experience being told that you only have a few years to live, we would start, so what time of year was it? What was going on in the weather? What was the general season? Okay, great. So what was going on in your life a few days before this happened? What was happening? And okay, pause, notice what's happening in your body. And so each step along the way we contact a memory, and then we drop into the felt sense. So yeah, I remember I was going to school, and I had a math test that week. Oh, okay, pause, and just notice what you feel, and then you work with anything that's there. If there's nothing there. Okay. Yeah, I feel just kind of okay, okay, let's move on. If there's anything happening in the body, which sometimes happens, oh, okay, that let's work with that.

(15:35)
Let go of the memory, work with what's in the body. So this is a very slow process. If I'm doing T model work with someone around a specific incident, this may be over a few sessions, it may not even be in one hour that we would do the whole thing. Okay, so then what earlier that day, earlier that day, this day of when you got this diagnosis, what was happening in the morning, what were you doing? And again, pause, drop in, feel, notice. Okay, great. Now let's talk about the outcome. So it sounds like at some point you realized actually these doctors dunno what to talk about. I'm still alive, I'm okay, I've learned new things. I was that. When was that moment that you realized, wait a second, I'm alive and those doctors didn't know what the hell they were talking about. There's a lot more that I can do for my health that they weren't acknowledging.

(16:34)
When was that? Okay, what do you feel? What was that like to realize, wow, I'm actually okay.

So again, sort of a positive bookend out in the future. Okay, what was the first moment that you knew that you might actually be okay? What was the first time? Was it, a year later was like, when was that that you knew actually maybe I'm all right, work with that, et cetera, and you sort of work your way in. The next thing might be like, okay, well when you went to the hospital, do you remember going in the doors? Do you remember going through the entrance of the hospital? Okay, pause. What do you notice in your body? Et cetera. So that's how we would tend to do it. Then I would probably do another one in the future. Who was there for you? Who's the first person you talked to after you got this diagnosis? Do you remember - who was the person you shared the news with? What was that like? Okay, so that's T model work, and that is generally what I would practice with working with a specific event like this. Another thing that you might want to bring in as a general practice is some kind of affirming mantra, so to speak, maybe with some containment. So the one that Peter uses a lot is, I'm alive, I survived and I'm here.

(18:07)
Sometimes he'll use if there was a dissociative quality to the experience, I'm alive, I survived and I'm real. That's another really powerful one. So either of those or both could be useful to just feel yourself speaking those words, and maybe even bring in some containment. Feel your edges like here I am, I'm alive, I survived, I'm here. I'm real feel. I can feel my realness, I can feel my aliveness. That can be just a general supportive action process when we're working with renegotiating these events where we felt like maybe we would die. And then in terms of what may happen in T model work, it's like, yeah, you just got to see, essentially we're trying to get in contact with the survival energy, but not all at once. And once we do contact it, then we want to think about things like, and this is a general shock trauma principle, what didn't get to happen that can happen now?

(19:24)
And this is where we get into things like incomplete procedural memory, like incomplete self-protective response. Oh, I really wanted to run out of that room as soon as they told me that, but I made myself stay. Okay, what would it be like to run, feel yourself run, and see yourself running outside out of that room and down the street, and that kind of thing. And

maybe the legs actually start to go, they start to run. So that's what we're working towards is finding that charge of the survival energy, but it may not be running. That's just an example. There may be all sorts of things that want to happen, and that's what you're looking for, is what is the body wanting to do, still, what does it want to do that didn't get to happen?

Alright, “Hi. I've experienced several harmful incidents in my life, two car accidents, a near drowning and a mugging.”

(20:20)
“I know they've affected my nervous system, but they don't feel like shock trauma. My EDT, early developmental trauma, has had a much deeper impact. I worry that because of the EDT, I might not fully register the impact of these incidents. Should I work on them directly, or trust my body to bring them up, if needed?” Great question, and this brings in a lovely teaching point about what happens when we have shock trauma, but we also have had early developmental trauma, and that unfortunately is kind of closer to the reality for most people. Most people have some level of early developmental trauma. If you're living in the industrialized world, it's very hard to escape having some level of that, where you learned early on to use some kind of survival energy in order to adapt and survive your environment, just because the nature of our environments aren't really that well suited to human health.

(21:25)
So when that happens, and if we have pretty severe early developmental trauma, what that means is our system has learned from a very early age to use survival strategies as just the normal way of living. So the way that I go through life is by being kind of frozen and numb to my experience, because that's what my system learned to do early on as the only way to manage what was happening. It's not a decision, it's not a lack of character, it's not a moral failing. It is biology, that there's nothing you can do. It's like this is the way your system adapted. It had to. When that happens, we can go through shock traumas and have it be like, no big deal.

(22:14)

Oh, yeah, I was mugged, whatever it can, because our baseline is one of survival. So you have an acute event come in, and it can really feel like it didn't have much impact. Maybe you were shaken up for a little while, and then you just moved on and nothing got processed. This can be especially true sometimes with physical traumas, things like car accidents, like you mentioned, I'll use Irene as a teaching example. I'm sure she won't mind. This was her, she learned to freeze her system, went into freeze super, super early, even in the womb I would say, and that was just her way of living, and she had so many falls, ice skating, skiing, just fall after fall after fall. Whiplash, concussions, injuries, surgeries, knee surgeries, massive injuries with a knee, just all of these really big physical traumas. None of it phased her really.

(23:17)
I mean of course it was difficult and painful and frustrating, but none of it got processed. Only in the last few years has that stuff now started to emerge. So that is potentially the case here as well. When our system has been frozen and we experience shocks, they can, it's like the system just sucks 'em up and just like, yep, we'll just hold onto that. And then as you start to thaw, that's when you can start to get these things emerging. In answer to your question, should I work on them directly or trust my body to bring them up if needed? I would say you want to lean towards option B there. You want to just focus on building capacity, increasing your regulation, increasing your ability to be present, to feel kind of okay in the world, the early developmental trauma approach of just slowly building your capacity and regulation.

(24:16)
I would say that should be the baseline. And I would imagine that these things, from what I've seen, and how the system works, they will emerge organically. Once the system is ready, they will come up. That doesn't mean that you can't, if you want to also occasionally touch into your memories as you go through this work. Maybe you just check in, and what is it like now if I think back to that car crash, or that mugging, what happens? Do I feel something different than I used to? That's totally fine too, but there's no need to go hunting for the survival energy. Like, oh my gosh, I'm so frustrated. I know there's something here, but I can't get to it. I just want to, it's like your system will present it once there is room and capacity, it will come up almost

certainly, that just tends to be how it goes. So I think it's good to have the willingness of wanting to find them, of wanting to embrace this stuff when it comes, but you don't need to go hunting for it.

(25:19)
Okay, “I have shock trauma - from childhood. My jaw got hit by a metal swing when the girl on it asked me for her shoes. Ashamed, I rushed home by myself, bleeding, and my mom was disgusted because my jawbone was showing. The doctor praised me for not crying by getting sutures. Looking at my dressing, I was thinking, I'll be ugly for life. The girl never apologized to me. My chin is tilted to one side. I can't feel it, but I see it in photos. Sometimes when I sleep, my left jaw gets glued to my shoulder. Any advice?” Okay, so yep, pretty clear example of a shock trauma here. However, this is another really good example of when we think about the T model. The T isn't always necessarily what we think it might be, and this is an example of that, potentially you never know until you actually are in process, working with the person, and you discover.

(26:29)
But sometimes over the years I've sort of gotten a gut feeling about where that T actually is, and sometimes it's not where you would think, so you would think that the T here, or the shock, is that moment of impact with the swing. That was the real overwhelm, the overwhelming moment, and it was overwhelming, I'm sure, and painful and scary. However, it's possible that the real peak charge of this experience is when you got home and your mom was disgusted, instead of being compassionate and holding space, because that is really overwhelming. Kids get hurt all the time, and there is a natural resiliency, and what they need is to be able to go to a place of safety, and be nurtured and calmed and soothed, and have their wounds taken care of in an attuned, compassionate, kind way. To have that experience but then get met with disgust.

(27:30)
That is really intense, and that's sort of where my radar pinged in reading this question, as oof. Yeah. So that's just something to be aware of in renegotiating this. If you do choose to explore that T model work in terms of other ways that you may work with this, there's lots of ways

with an early injury that never got addressed, it's possible that yeah, there's a degree to which your jaw is just kind of like this. Now that being said, a lot can be done with different forms of body work, and self-awareness work, and trauma work. So I don't know for sure, it's a tough call when there's an injury that's a trauma, because sometimes the body is just changed, and that's how it is, and we have to accept that it's, that's a much more clear cut case, with things like losing a limb, and that kind of stuff.

(28:37)
With that there's a process of grief that needs to happen, and a process of acceptance that needs to happen that this is how life is. Now, this is kind of murky to me. I don't know if this is really structurally changeable or not, but it could be. You can certainly work with any of the survival energy that may be stuck associated with it, that's for sure. In terms of the actual physical structures, it's possible that you could work with that as well, and that could also potentially change, a lot is changeable once the survival energy is uncoupled and released. There can be ways that the body is very resistant to change and stuck from injuries. That's more about the stuck emotions and the stuck survival energy than it is about what the body's actually capable of healing and processing. So things that you could explore.

(29:26)
There is the T model work. Of course there is Feldenkrais work, actually it could be quite interesting to explore, not directly with the jaw, at first. Perhaps just working with a full body kind of Feldenkrais lesson could be really interesting to do, and notice what is the effect on your jaw, because that's the sort of magic of that Feldenkrais work is we don't necessarily need to work with the area that is potentially problematic when you work with the whole system. Things can change in pretty interesting ways, in unexpected ways, sometimes. So I would say explore those Feldenkrais lessons towards the end of the end of SBSM. I think eight, nine and 10 are all really heavy Feldenkrais based. There's things like mini balance, the back rolling, like a baby, connecting the head and pelvis. Those are all pretty potent Feldenkrais lessons. Gentle head rolling is another one that could potentially be really interesting.

(30:35)
Now saying that the caveat is treat these Feldenkrais lessons as an opportunity to really pay

attention to your system. It's what it's asking you to do anyway. But if you start to get overwhelmed, if you start to feel a lot of activation resistance, please feel free to stop the lesson and just work with what comes up. That's a really important thing. In general with Feldenkrais work, it is really powerful at unpacking stuff. It's working with the nervous system and it's working oftentimes with movements that are close to developmental patterns that can ping right back into really early stages of life. So anytime anybody is exploring Feldenkrais lessons, please treat it as an opportunity to really notice what's coming up and give yourself permission to pause. And if you're starting to feel a lot of emotion or energy or activation, you just pause the lesson, and you work with that, and you leave it, and then maybe you come back in a day or two.

(31:43)
So that's one thing to explore. Working with the voo ahh, in a very titrated way, with touch perhaps even, that could be interesting. Just really exploring that slow process of opening the jaw, just feeling all the different parts of the jaw, feeling movement, using your sound, lateral movement, touch, all of that could be powerful potentially as well. And then there's the bodywork realm, which I don't suggest trying first, but potentially at some point after doing some of these other explorations on your own, if things start to change or shift, or maybe you process some of the survival energy associated at some point, that can be very powerful. Myofascial work, rolfing, these are deep tissue manipulation platforms of body work that are getting in there and literally ripping apart scar tissue, ungluing muscles from bone. Just really intense, deep, painful, painful stuff that can be really, really, really helpful if we need it, and if the system's ready for it, we have the capacity to be with that kind of intensity.

(33:20)
It's like in order to get that kind of work, you really have to have enough capacity to feel a lot of intense emotion and physical sensation and still remain present. You don't want to go into something like that and have to just then override and brace and go into more survival energy. So I'll always say with - you get the deep, deep body work. It's really important to talk with your practitioner. Let 'em know, Hey, I may need to ask you to pause. I may need to moan, I

may need to cry, this. There's trauma here. So you need to have that discussion with your body worker, make sure you feel safe with them, that kind of stuff.

(34:10):

“Hello, I'm a first time alumni swinging between sympathetic charge and freeze, due to multiple shock traumas and baseline EDT. I'm having a hard time with all my sympathetic energy that was hidden under the functional freeze.” So this is exactly what I was just talking about. As we start to thaw out, all those sympathetic charges start to come out. “Can you give me some advice on how to cope with feeling a stronger heartbeat? I've become more sensitive and feel it now, and only touching myself during the exercises. I wonder if that means I'm getting overwhelmed, and I should slow down the process, and recess more.” So one thing that can happen when we thaw out from being in freeze, the system starts to come online more. Sometimes sensations that are normal feel, like, crazy, feel really intense because we're used to them being suppressed. One classic example is Irene was working with a client and their stomach gurgled for the first time in their life that they remember, it had been so shut down, it just didn't do that.

(35:21)
And peristalsis started, stomach started gurgling, gurgling, gurgling, which is awesome. That's a parasympathetic function, healthy. And the person freaked out. They're like, oh my god, what's wrong with me? They thought they were possessed or something. They really were, by the sound of their stomach gurgling. It never happened. So it's possible. I don't know for sure, but it's possible that's what's happening here. It could be that your heart is beating normally and what you've only ever experienced before is more constriction in the system, and you haven't felt this full heartbeat, or it's also possible that it is extra strong because you're processing your sympathetic energy, right? That's also probable, I don't know for sure, but just to have that in your awareness that sometimes normal healthy things can feel alarming, if we've been really shut down.

(36:14)
One thing, of course, if you're worried, there's always the rule it out approach. Go to your

physician, make sure there's nothing wrong, have them get your blood checked, get your heart checked. All that kind of stuff is an option if you want to just have that for your logical peace of mind. My hunch is that you're fine and you're processing sympathetic energy, which you said you're having a hard time with sympathetic energy, that's been an impact, right? And yeah, that could make your heartbeat strong. I think you're not saying fast, you're saying it's strong. And so that to me tells me that you're sort of touching into yourself, and you feel like your pulse, boom boom, you can feel it, and that actually is not necessarily a bad thing. So one thing you could practice is actually embracing that when you feel that, ah, I'm alive. Wow, listen to how strong my heartbeat is. Wow, right? It's like, that I'm alive, I survived, I'm here, that I was talking about, I'm here, I'm alive, my heart is beating. Wow, it's so strong. That is awesome. Just a reframing of - listen to that strength, listen to that vitality.

(37:36)
I'm wondering if there are other ways that you feel overwhelmed, because you say, I wonder if it means I'm getting overwhelmed. If you're, you're asking, am I getting overwhelmed? It doesn't sound to me like you're overwhelmed, right? It sounds to me like you're having an experience that feels strange and potentially alarming, but it doesn't sound like you're panicking. Your heart isn't racing, from what you say. It doesn't sound like your breath is really fast or shallow. So I wonder, are you actually overwhelmed, or is it just really strange, and you're wondering if you're overwhelmed? So I would say see what it's like to try just leaning into it, accepting it, embracing it, affirming it, and notice what happens. It may be that it calms down. Just checking my notes. Yeah, I think that's pretty much it for that. And of course, yes, you can rule things out if that feels like something that you want to do.

(38:46)
Great. Okay. “Hi Seth. I'm still struggling with lab six. I just stopped my progress here. Last night I attacked my mom physically. My uncle had to drive her to a hospital two hours away. I live with my mom. A lot of unprocessed rage is towards her. I want to move back to Ottawa as soon as possible, and I'm looking for housing. Any suggestions?” Okay, so first I'm really sorry to hear about this. That's really painful for you and for your mom, your whole family. Certainly that is a shock. Trauma for your mom. Potentially that's a shock trauma for you as well, because it

sounds like you got taken over by your survival energy, and you couldn't contain it. That sounds like retraumatizing to me as well. So certainly in the camp of what we're talking about.

(39:48)
So this is a difficult situation. The reality is your home is not safe enough to do this work. So it makes sense that you're feeling stuck. I actually advise leaving the work entirely except for anything that helps you soothe and settle. Don't work with healthy aggression. Your system isn't ready for that. I really encourage you to, whatever your resource is, I don't care if it's healthy or not. Objectively, whatever you can go to to help calm yourself and soothe yourself, whatever kind of boundary you need in the meantime with your mom to keep you both safe, that's the priority. And the only thing you should be focusing on is getting the hell out of that house, because it's not safe enough to do the work. So that's really a pretty short answer, but it's the case. So I hope that's helpful.

(40:53)
When we get triggered that intensely and it's in our environment, it's like, okay, yeah, leave the environment. That's the only priority. Alright, two questions that aren't directly about shock trauma, but I thought that could be useful. “This is my second round, and I started to work with the healthy aggression until lab six. My face has become a “disgust face,” whatever I feel or sense, or most of it now, my face becomes “disgust face.” Any suggestions how I could get out of “disgust face?” How do I titrate? Do I work with the face or the whole body? The shame position? I feel stuck in disgust on my face. For example, when I meet a person at work that I don't like, I make a “disgust face.” Thank you.” Okay, so what's going on here? Disgust is in the room, folks, and it's ready to move. That's all that's going on.

(41:54)
At some point, you took in a lot of disgusting, something probably associated with toxic shame, being told that you are not good enough, that you're whatever, something you took in, information, or the dish is like, ugh, yuck, ugh, I don't want to feel that way. And now disgusted is ready to rock. So, cool. On the surface, I think part of it is time. These things have their own schedule, and they just may hang out for a while until they're processed, but you can certainly lean into it to help it process. And one of the ways that you can, there's a few ways you can

work with the affect of disgust. So what are we talking about? That's sort of the mild version. And then that's full disgust, right? The tongue comes out, the mouth opens, what do we do when we vomit? Which is the ultimate expression of disgust.

(42:56)
So sometimes what has to happen, what that face is wanting is that energetic vomit. Sometimes people will actually literally vomit when they're really processing deep disgust. Just be aware that can happen. Not necessarily a bad thing. Often it can just be energetic, can happen with the breath, with the sound. So the first thing I would encourage you to tap into when you're feeling this on your face is to discover your gut. So that's where this is likely arising from. So feel into your gut, feel into your stomach, and then how can you become aware of the esophagus? So you feel into the bridge between the stomach and the mouth. What we wanted to do is build a connection from the viscera to the affect on the face. So it's like you're sort of feeling, maybe it's just like this, and you, okay, what's happening in my stomach?

(44:02)
And even as you do that, you may start to feel a little bit more visceral disgust, because the face is sort of the presentation, you're wanting to feel the deep sort of visceral, twisting, yuck. That is what's really the height of that charge a lot of the time. And then if you can feel that, that bridge from the belly up to the mouth and the face start to work with breath and sound, and it's just like you feel like you can even envision brown, green, gross, light, energy, just blah coming out the mouth, from the stomach. You really want to feel it coming from the viscera and try not to strain too much. You just sort of let it sort of plop out. That is one way to get this moving and to really let that energy start to do its thing. Another thing to be aware of is that very often this will naturally want to bridge into rage, because that is kind of the completion of the disgust toxic shame process, is we really should, we would've wanted to protect ourselves from that in the first place.

(45:31)
So I mean, I've got plenty of personal experience with this. My dad just screaming at me like, you're unacceptable, that's terrible, et cetera, et cetera. Before I went into collapse and all the

freeze and the activation and all that stuff, there would've been an initial impulse. Get that shit away from me. That is not cool. I don't want that in me. I don't want that vibration. So sometimes that disgust could turn into - get the hell away from me. So just be aware that that might be an option. Perhaps you start to move the arms or you think about maybe it's turning into a snarl. Maybe you're aware of where this imprint that you're feeling, all this disgust, comes from, or who it came from. Maybe you start to see them and you're like, ah, right. And you're starting to let your rage come out and move towards the perpetrator where this came from. All of that can help get this completed for you.

(46:41)
Alright. All right. And then a last one. This is a very general question, but a good one. “Hello, newbie here. As we approach the end, I'm struggling to make connections between the intellectual and emotional states. I feel like I'm missing a bridge, and don't know how to begin to feel, or use the information gained, feeling I'm missing out, and will not find a way in to work with the trauma. I feel the trauma is unreachable. There's fear that I'll never be able to heal. Any advice?” So this is a case where I'm wondering, have you really done the neurosensory practices? Because the bulk of this program is not information, it's experience. That's the bulk of it. Of course, there's lots of information in there. Training calls, the biology of stress video series, the pregame video series, Q and A calls, and there's information in some of the neurosensory practices, of course, but the bulk of this isn't about intellectual understanding.

(48:02)
It's about experiencing your body. And that is the way in. So the diaphragm lesson, like, yeah, it's good to know about your diaphragms, but the work is to go into the diaphragms and to really do those lessons and use your breath, use your intention to feel into these spaces in your body. So it sounds like there may be a way in which you've been perhaps protecting yourself from the more visceral quality of these lessons by viewing it as information, and it's actually meant to be experienced. So all your ways in are there. They're all there. The joints, the diaphragms, the voo, the voo ahh, the layers lesson, there's all the neurosensory exercises, are ways into what your body's holding.

(49:06)
You're one. Just maybe see what happens if you revisit. Start from the beginning, with some of the earliest practices, orienting, even though it's externally focused, we do also want to notice, what do I feel? And so, emotions. That is your felt sense. Emotions are not intellectual, they are sensations. When you're feeling an emotion, you're feeling sensations. So that's another thing to really start to pay attention to. You're aware that you're feeling an emotion. What are you actually feeling? Is the chest tight? Is there a thrumming? Is there a vibration? Is there a pulsing? Is there an upwelling of some kind of tears? Is there - what is physically happening?

(50:03)
It's possible that your system just doesn't feel safe enough yet to go in, really. And that's fine. Sometimes we need to go really slow. So see what happens if you just rewind, go back to the beginning, and really start doing the internal neurosensory practices again with this lens on, really paying attention to the felt sense on the inside. I'm just going to the site real quick, just to remind myself what's in the early labs. Yeah, of course the orientation, follow your impulse, the basic joints, cultivating your inhale and exhale, lab three is when we really start to go in more. So maybe you want to start there. Basic joints, cultivating your inhale or exhale, lab five, all the diaphragm lessons. Those are really about going into the containers, the physical containers of the body, and discovering what's in there. What am I actually holding? What am I feeling?

(51:17)
So yeah, just revisit, revisit all that with this understanding that that's what this is. These are your way in, and you may want to consider, if you do that, and you still, it is just landing in your mind, you're not feeling anything. It may be that you just need a practitioner to get started. That is sometimes how it goes. Some people are the opposite. A lot of people feel way safer doing it at home with this neurosensory exercise that they can pause and stop at any time. And that's a lot safer for a lot of people. Other people feel safer in connection with somebody else, and it's all good either way. It's just we've got varieties of how we respond to this work. So that's my suggestion for that. And of course we do have a team. There's many of our team members that are available for sessions and consultation that you can check out on the site.

(52:16)
And of course there's the SEP directory. Maybe we will link that in the chat if you do have that handy, Susan, the SEP directory, if you can just pop that in there, and then we'll put it on the replay page as well. There's also a lesser known directory that I have saved there. This is the co-regulating touch directory. That's the people who do touch work. Kathy Kain's touch work. We'll put that on the replay page as well. Alright, so that's all the questions I got. So I'm just going to look here a bit in the chat. Great. Yep. Thanks, Jen. Great responses. Yeah, great question. Can one's baseline survival from lots of EDT make you extra sensitive to shock trauma? Yep. Yep. That's another way it can go. Where the system is on hypervigilant alert and everything is overwhelming. That's like the flip side of the freeze coin. Absolutely.

(53:50)
A question about birth with forceps, yes, that is almost always traumatic for the kid because they're being pulled, and just the physical pressure on the head having to be pulled out. If forceps are in the picture, that means there's a problem. So there's going to be some survival energy in the room. Mom might be scared. So yeah, if forceps are involved, it's usually maybe traumatic. That's different from pushing with the pillows, surrounded, like the womb surround thing. A little bit different. But that might still be useful if they didn't get to fully push themselves out. What's usually actually even more useful for forceps trauma is craniosacral work. That actually can be really important if we were born with forceps, because that constriction to the very delicate systems in the head can just last and stay. And just that constriction can make the system very irritable and angry and upset.

(54:51)
So a lot of times things can be resolved from forceps trauma just through some good craniosacral work, and then the system can't organically recover, especially with kids. “Are all the neurosensory exercises indexed in a single place or page?” Nope. They're in the labs. So the neurosensory practices are embedded throughout the course. You should go back here. So when you look at the labs, lesson one, lesson two, lesson three, the biology of stress videos, are labeled. Those are purely educational, of course. But yeah, the other ones, researching your resources. That's kind of a mix of education and practice. Basic orienting, guided

orienting, that's neurosensory practice, lab two, follow your impulse, finding potent posture, neurosensory practices. If they don't say biology of stress training video something, then they are some form of neurosensory practice. The training videos are all clearly labeled. Everything else is a neurosensory exercise.

(56:11)
Asking about the T model. I don't know if there's a book about it. I mean, if you haven't read, I can't remember if Peter Levine talks about T model work in his books. I don't think he does, but he actually, In An Unspoken Voice, I think he does maybe a bit, or at least indirectly, when he is talking about his accident. So one, if you haven't read Peter Levine's books, read them all. The best ones, in my opinion, are In An Unspoken Voice, and Trauma and Memory. That is a fantastic read. And also his first book, Waking the Tiger is really good. He's got other ones that he's co-wrote with other people that are good. But for me, In An Unspoken Voice, and Trauma and Memory, are really, really powerful and helpful.

(57:03)
“Is it a shock trauma when a toddler wakes up and nobody is home? It happened many times when I was between 18 months and three years old, and I see it as early developmental trauma. Is it both? Is it important to know the difference? I've been in survival my whole life, feel like a broken record, and starting to come out of functional freeze. Like if I'm not in survival, what is there?” So much good stuff there. So yes, waking up, being alone when you're so young, that you literally need people to survive, that is a shock trauma when that happens over and over again. That's early developmental trauma. So what early developmental trauma is, is essentially when you have shock trauma after shock trauma until it all bleeds together, and it's just how things are. It's just - life is constant stress. That's early developmental trauma. And again, that's on a spectrum that can be, that's what makes it complex.

(57:58)
It can be just having parents that are loving and kind, but they're so stressed and busy, they can't attune to you properly, or be around enough. You get dropped off at daycare when you're a few months old. There's no abuse. There's just chronic stress and misattunement, that's early developmental trauma, being beaten almost every day of your life growing up is early

developmental trauma. It's a huge spectrum that can go from very subtle to very overt. What's the theme? The unifying theme is the chronic inescapable nature of it. It's like you need this home environment. You need these people in order to survive and develop. You can't get away and there's chronic stress in some form on your system. And so the system adapts by going into survival mode as a way of life. So yeah, if I'm not in survival mode, what is there? That's a really great place to be.

(58:52)
It's very confusing. It can feel scary. I don't know who I am without this trauma, without this survival energy. That's a great place to be. If you're finding yourself there asking those questions, it means that your system is really evolving. It's starting to discover the unknown. Now that feels scary for any traumatized person. Familiarity equals safety. A really important thing to know about yourself. Even if what's familiar is not good for you, it will feel safer than something that is good for you and is unfamiliar. So that can be sometimes when we're in this stage of feeling out, well, what am I? Who am I? How do I be? Sometimes we have to lean into the unfamiliar scary stuff because it's actually new and important and way better for us. That may mean trusting someone who we really feel like we can trust. Even though it feels scary, it may mean allowing ourself to feel a sensation. We've been trying to avoid what's at the root of this headache that I've been just suppressing. What's at the root of this feeling in my stomach that I try to ignore. It's time to lean into that. It's time to discover the unknown, the scary unknown.

(01:00:14)
But yeah, when we're in that place of like, I don't know who I am or how to be, that's really valuable. Someone asked about which archived Q and A are about shock trauma. I think they're all labeled. I'll have to go back and check. But there is a Q and A archive on the site. It's on just under the calls and recordings tab, and it's Q and A calls, going all the way back to March of 2022. So a huge archive. We didn't do special topic shock trauma calls - we didn't start doing special topic calls until 2023. And we started with early developmental, I'm just looking at the page right now. So those are labeled early developmental, and then, yeah, there's the first shock trauma call in SBSM 14.0, it looks like. Yeah, SBSM 14.0. September,

2023. There's the first call on shock trauma. It's labeled curated Q and A call, number five, special topic shock trauma. So yeah, they're all labeled there on the archive page. It's just that we didn't start those special topics until a little bit later on.

(01:01:27)
“What's the difference between rolfing and osteopathic work?” Rolfing is deep tissue working with the myofascial deep musculature, unsticking stuff, tearing apart scar tissue. It's really intense direct work. Osteopathic work is very different depending on if you're talking about American osteopathy or French school osteopathy. American school osteopathy, I am not very familiar with. I've not heard the best things about it. It sounds more like it's closer to chiropractic, but I don't have a super educated opinion on it. I have experienced lots of French school osteopathy, and that's amazing. Very different from Rolfing generally. But osteopathy in the French school works with every system in the body. They learn from. We're talking about from the organs to the etheric fields on the most subtle level. So you can have an osteopath, and they barely are touching you, and they're just working with very subtle energetic fields. Biomorphic field, there's a lot of different fields that they get into. Or it may be working with systems like the ventricles in the head, that's closer to craniosacral. Osteopathy is a wide range of work from the French school, whereas Rolfing is very direct, manual, breaking up tissue stuff.

(01:03:10):

Okay. So, asking about really severe debilitation from a car accident, being bedbound for a long time, and still feeling very terrified to be in a car, you need a special driver who can only go at very low speeds, with a specially trained driver. So, feeling trapped. Yeah, totally get it. That makes a lot of sense. It sounds like you need to work with that event. So the T model work that I was talking about is exactly it. And actually I would encourage you, if possible, to just do one or two with a practitioner, just to be guided. That could be really useful. But yeah, that's what you need to do is work with the super high charge of terror that is still in your system. It can clear for sure, it sounds like and looks like you have more mobility now than you used to.

(01:04:08)
It doesn't look like you're bed bound. So good. So you're healed, you've healed a lot. It sounds like your body is doing a lot better, but there's this incredible survival charge, and I think you'll need some help. You'll need a little bit of one-on-one help and attunement. So yeah, just do a couple sessions, and tell 'em that you wanted to go in specifically, saying, I want to do T model work on an accident. And any good SEP will know what you're talking about. And feel free to contact anyone on our team page. I know that Samantha has availability. I don't know about everyone else, but I'm pretty darn sure Samantha Ross has availability, so you might want to start with her. Okay.

(01:04:56)
Trauma from electrical shock. Oh yeah, that's one. Shock trauma. So yes, fluid work, and gosh, it's so hard to explain fluid work. So what happens with electrical shock? There's a couple things. There's the jolt itself, which is of course terrifying, but the fluid systems in the body can become disrupted. That, of course, when you think about electricity, how does it travel? Water is a conductor of electricity. That's why you don't want to be standing in a puddle when an electrical line falls into there. So when electricity goes into our body, it travels through all the water, the fluid systems of our body, and that can get disrupted. So what we do is we work on something that's called fluid work.

(01:05:58)
And this is tough to explain, but it's about bringing in what I would call a unifying coherent rhythm. So our fluids respond well, they want to be in what's called coherence, which means they're flowing and moving and working together in a rhythm that's coherent for the body. And when you get this electrical charge in there is like everything goes, it can be stuck, it can be jangly, it can be sluggish, it can be too fast. Things get out of coherence. So what we do is, this is one that actually you might as well practice on your own, because almost no practitioners know how to do it. It's only trained, it's taught by Kathy Kain in one little segment of one of her trainings. So unless you have a touch practitioner who's done that and knows how to do fluid work, and even then it's hard to understand for a lot of practitioners, so you can do it yourself.

(01:07:03)
What you do is you want to get into a body of water big enough that you can float, if possible. This could be really powerful to do in a float tank, if those things don't scare the hell out of you, which they do some people, because of the claustrophobic factor. But if you like float tanks where you can really be suspended, this could be really good to do in there. Or you just do it in a bath. What's important is that you be in water, and comfortable, and then you think about, say you had a disc that was big enough to surround your body, and it was at your feet. So like you're standing on a disc, it's big enough that it is bigger than your body, surrounds it, and that disc is like this lovely translucent energy disc, and it's going to be able to move up and down your body like a cylinder.

(01:08:06)
It's like you were inside a cylinder, and there was this lovely healing disc, and it's going up and down the body. And what you do is you think about the rhythm of the tide. Think about you're at the ocean, and there's this wave that comes up. It crashes and it flows up the shore and it crests. It pauses, and then it starts to flow down, back down the beach, back out to sea. That's the speed and rhythm of this disc, that you're moving up and down your body. It's the rhythm of the tide. So it comes up to the beach, it's at your feet. It starts to come up the sand, it's moving up, legs, up the torso, it's cresting. It gets to the top, it pauses, the top of your head, and then it comes down, that same gentle rhythm. So that's the practice. It's this intention of moving this disc, this healing disc, that's moving at the rhythm of the tides through your body. And what it's doing is it's giving this information to your fluids about the tide. Our fluids want to be in a coherent rhythm naturally, so we're giving it that cue. And so that's the intention and the imagination is that you're working with this disc to convey the rhythm of the tides to the fluid system of your body, and you can do that while you're in the water.

(01:10:01):

Just scrolling. Okay, great. Alright. Thanks y'all. We will call it there. Really appreciate your being here, asking your questions, doing this work, keep doing it, keep doing it. It's slow going sometimes, but that's the work that works. You don't need to get fancy and do all of the biohacking, vagus, nerve toning things. It's like, no, show up. Be present. Feel yourself, connect

to your environment. Inquire about what you're feeling. Use your resources. Build your capacity. It's boring. It's boring sometimes, but it's what works. So keep going. We believe in you. All right. Okay, we'll see you later. Bye for now.