
Training Call #7: Other Primal Emotions & Healing The Somatic Imprint of Toxic Shame

Irene:

Alright folks. It's December. I'm not sure how that occurred. It is December 2nd. It is the year 2025. And we are already on training call number seven. Seven. How did we get to seven? I know Seth did the last training call on anger and healthy aggression, part two. How did he do? Did you learn stuff? Yeah. Did he growl? Maybe? Did he show his teeth? Did he get his claws out? He did. Okay, great. Big growls. Yes, he can have a growl that's quite big. It's got a big lung cavity. So we've gone through these two healthy aggression training calls. We're going to get into today's actual topic, it is other primal emotions, and healing the somatic imprint of toxic shame. So this is a hot topic, a hot button topic. And of course one handout will not give you everything. One needs to know everything about toxic shame.

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And yet it is quite simple, when we break it down to the bodily responses of how toxic shame imprints in the system. The complex part is of course unraveling it in our system, because we're more than just our golden retriever dog, that ate all the dog food mistakenly. And then we shame our pup to say bad dog. And then his tail tucks under and ears go down and it knows it's done something wrong, right? If you've had pets, you know that you've got to teach them right from wrong. And while they are complex creatures, if we think of our canine friends, their brains are still not as complex as ours, obviously. And because of that, us humans, we hold the imprints of toxic shame a little deeper. It's a little trickier, and we do all sorts of things to cope as humans. But the good news is you're here, and you've got everything you need for the basics of learning how to move out of this, and really feel it at the body level.

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Now we wait until now to bring this up because it is quite deep, this concept of toxic shame, how it gets in the system. And we need to have an awareness of the spine and that pelvis, which contains that tail, right, part of our spinal cord that tucks under, when we feel that deep,

deep shame, we need to understand our eyes, our breath, fight flight. Why did I go into these responses? Was it due to abuse? Was it due to something else? So we'll get into that today. Before we start though, if you are looking at your page here, there's a quote at the bottom from Peter Levine. I don't know exactly where this came from. It could have been a note in one of my many notebooks. I'm pretty sure it is actually. And he said, one day, the antidote for trauma is to create new experiences in the body that contradict helplessness and collapse.

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For fun, let's all say it together. I know this is a little childlike and grade school, but as I have mentioned in the past, if you feel a desire to say out what I'm saying or repeat some of the words that you're writing out, it is one way of really feeling it in the body. So I'll say it one more time. Feel free to join. I know I can't hear you, but I can see your lips moving. So the antidote for trauma, the antidote for trauma is to create new experiences. You can even say new experiences. Yay, new experiences in the body that contradict helplessness and collapse. I just feel that we read so much and we listen so much. And as someone who speaks, and speaks a lot for teaching you guys, and summits, and creating videos, we really do learn it more when we speak it out, and we teach it to ourselves, or we tell others about it.

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So it's very important to consider how we might talk these things out, and then feel how they land in our body. So again, I won't keep reminding you of that, but feel free to do that as we go through today's call. So the first page there, just a little reflection. Now we're all the way into the final few labs of the curriculum. And of course some of you are in some places. and others of you are in other places, and that's fine. But the one thing we all started with was researching your resources back on day one, lab one lesson one of the course. So if you just reflect back, and this can be a thought experiment, you can write them down, you can sense it in your body and speak it out. So do you remember what some of the resources were at the start of the program? And this is one of those times where I'll say write them in the chat. Just a word or two. Nothing too long.

(06:12)

What were some of the resources you had at the beginning of the course? Ooh, I've never seen

that one before. Origami. I forgot about that. Origami, nature, walking, nature. Tea, church, walking outside, sound bowls, sauna, yoga, dropping the kidneys, music, pillows surrounding me in bed. Yeah, so some containment, cooking, being in the woods, sitting on my deck, bathtub, studio, dancing. Husband, dog, hugs from a kid, infrared heating pad. Nice. Playing with other people's pets. Then I got a puppy, fun, brushing my horse's tail out. Ooh, that's a juicy one. So, caring for another creature. Safe connection with safe people.

(07:17)

Thank you everyone, watering the brainstem. Yeah, that's one of the lessons that Seth teaches. Great, thank you. Okay, so those are some of the things at the start. And then the question might be how have they shifted? So have you shifted how you resource? Have you needed to, not to say that you shouldn't resource and use those resources, but has there been a shift? And I'll make this kind of a hat trick question, any other neurosensory exercises that you've been doing through SBSM that have become your resource? So some of you have mentioned things that lead me to believe that you maybe are alumni, which is wonderful, but is there anything that you just naturally go to now? So someone said, potent posture, containment of the hands and the heart, on the heart. Qigong in the morning, orienting, orienting, listening. Listening to the birds, orienting.

(08:21)

Yes, it's a good one. The voo, cultivating the inhale. Great. Ahh, the pleasure, and pain. So this ability to shift between something that is a bit more painful, and something that is a bit more pleasurable, or less painful. The inhale, the exhale, the mediastinum, which is the heart space, kidney adrenals are a staple now. Eating nuts. There you go. More nature. Voo. Hot water bottles, hot water bottles around the kidney. Adrenals, grounding, and gravity. Gravity. Isn't that fun? I like that one. We're always in gravity, aren't we? And yet we forget that we're actually in gravity. So this ability to feel our weight be taken, being present, yes, growling when driving. Orienting vocalizations. I growl a lot when I drive too. I also swear quite a bit. It's like an advanced growl. Remembering to not fix anything. Good one, Gina. I'll end on that one. Remembering to not fix anything, to just notice and be aware.

(09:38)

So this ability, you guys, to really be in awareness of your body, and to not feel like it's harming or making trouble, it's giving you information. It is giving you sensory tidbits for you to pay attention to. Okay, thanks everyone. I have some liquid, speaking of tea. And as we get into the next page, take some time to connect to these resources, whether it is this orienting, whether it's your posture, can you tune into those kidneys, those adrenals, give them a little, hello. That's the other thing. We don't have to try to change these internal organs. Just saying hello. I always like to say hello to my brain. We talk about the brain, and changing it so much, and trying to fix it and retrain it. But what if we just put our hands on our skull, or tune in and just say hello, hello. Brain, you're here. It means it's working. It is working. Might have some habits that we're still trying to figure out, but it still is showing. It's allowing you to sit up, to listen, to eat, to feel, to communicate.

(11:30)

All right, so page two. Oh yes, I'm sharing a story. So I'm going to share a story right now. So this is an example. We used to have this example on the previous training call, but it just got too long. So we popped it here, because this story that I'm about to teach you is actually not about toxic shame, but it is an example. It's a continuation of the anger and healthy aggression call. And here's an example. So I'll read now from the paper, of working with an emotion or quality of human experience, which is not anger, which is not anger based, but can lead to accessing anger.

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So this is a story of mine sharing a time when I had no idea that I was in functional freeze. I had no idea I had stored anger, I had no idea I had experienced anything horrific in my life. I knew I had had injuries and surgeries and some autoimmune skin things. I knew that stuff, but I thought, oh, there's nothing wrong with what happened to me when I was a kid. Smiley face. And so this story happened back in 2009, and I was at my SE training. So get comfy for this. It's a little, not totally long, but a little long. I was at my somatic experiencing training in California, and I was in a practice group. So we do these practice groups where there's three students and

one assistant. And the topic of the day was horror. So H-O-R-R-O-R, horror. And we get told about this concept, which of course is, we kind of know what that is.

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Something that's horrific, hard to look at, really scary, lots of fear maybe within it. And I'm like, okay, cool, let's go work with horror. And so I'm sitting on this deck outside and trying to figure out what was going to happen, because I couldn't think of anything in my life that had been horrific, to my memory. Very important. But what I did is I stayed open. This is the key here. We have to stay open and curious. I don't have a chair that has a back to it, but I think I was on a chair that had some support, and horror. Horror. It's like I was monitoring the horror in, and I was just tracking my spine and my pelvis. So again, this is why I mentioned at the beginning, being able to really feel our physicality and our skeleton and our muscles is so important.

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That's why we do the Feldenkraisian movements, to get into that. And so I'm listening, and feeling, and horror, horror, horror. And then my body started to do this movement. And so knowing what I know, I'm like, just go with it. And I kept going. I slowed it down even more, and I'm feeling, and I don't think my eyes were closed, I don't remember, and this is hard to show, I can't stand, but I'll stand a little bit in a second. And I started to bring my hands to this position that was kind of like this to my right. And it was so specific, that movement. And I hunched a little bit and I felt it. And then this memory just floods through. So some of you know this, the alumni, the story context. I was raised in an animal hospital. Some of you might know that my parents were both veterinarians.

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They're retired, they're still alive. And part of my afterschool job, part of my weekend job back when kids had jobs in their teenagehoods, and as even a child, as soon as I was tall enough to stand at the treatment table, I'm sure some of you have had, you've gone to the vet with your pets, and the treatment tables are usually quite high. You put your pet there, and then the vet and the assistant work with the cat or the dog, granted they could fit on the table. So I was at one of those treatment tables. And so I'm in this, and I remember this treatment table, and all of a sudden I realized, wow, I have held down thousands of animals as they have been put

under for surgery. What animals do at an animal clinic, they go and get spays and neuters, and their teeth cleaned, and they have to be put under with anesthesia.

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But what else do they do? They are put down. They are euthanized. It's a very common thing that happens in veterinary practices. And as soon as I went into that movement, I felt that I was standing at that table, and it was the same table for my entire childhood, and teenagehood, and my early twenties, and the wave of anger, sadness, and horror just flooded through me. I have never, still to this day, can remember I got so pissed and so sad. And the feeling of an animal going limp is like no other, right? It's like if you've ever had an animal put down, when they're gone, because the whole tone of the body changes. I'm sure if you've been by the bedside of a loved one, a partner, a friend, if you're a nurse, a doctor, that feeling.

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And it dawned on me in that moment, wow, I have had the souls of thousands of animals rush through me, as I feel their transition to the other side. Now I talk about this now as if it was no big deal, but at that moment Irene was pissed, because it was like, I don't think I should have been doing that as a child, maybe as a teenager, but it was just, what I did is my job for my parents. But the other thing was, is, I was really good at it. I was really good at it. And I remember when we had some cats - we don't have them anymore. Seth could not believe how I could hold our cat open, its mouth, and put drops in its mouth with two of my hands. So I also had this great skill to know how to hold the animals, so that they wouldn't feel fear.

(18:37)

They probably were going into a bit of shutdown, I will admit, or freeze. But I always would have my hand on the back of their butt, petting it, saying, it's okay, it's okay, it's okay. And then they would go under or be put down. So that moment was not only my system finally opening up the floodgates of functional freeze, that really was the moment where my system cracked open. It was also the moment where I realized, wow, we don't have to look for anger. We will find it when we maybe touch into other memories that we don't think have anything to do with anger. So this is a very specific story around this topic of horror, and also me taking the time to listen and feel. And this is a good example of how you can't just think, I've got to get

angry today because I know I have anger in my system, so I better get that baseball bat, and hit and hit and hit.

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This was a very nuanced memory for me, that who knows if that would've come up in a different context. But obviously that's what happened for me. The message was written, somewhere in the stars, and that's how it came out of my system. So I shared that with you because we have gotten into, and definitely not in SBSM, but we've gotten into this world, in the trauma healing world, where we are like, anger, okay, let's work with anger, grief, let's work with grief, sadness, let's work with sadness. But sometimes you have no idea where an emotion comes from, and it could be from being at a birthday party, and you hear the song Happy Birthday, and all of a sudden you remember that time that you had a birthday party, and something happened that wasn't good, right? I'm just using that as an example. And so this is again where this ability to really sense and be embodied makes it such that we don't miss these little tiny cues. If I had just read about horror, it wouldn't have happened. I had to sit there and sit there, and feel it and feel it and feel it and feel it and feel it. And then that came out. But I had to feel it in my somatic system, and I had to go into that movement. So I'm going to quiz all of you. What is this? Biology of stress? Video number five.

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There is a memory. There's that procedural memory. Yeah, that movement is so embedded in my body even to this day. It is a skill. It's not necessarily a negative skill, but it is a skill that is written in my motor skills because of having done it over and over and over again. So thank you for listening to that story. It's one of the ones that I think really was offered to me, to be able to teach you guys the nuance of how anger and how our functional freeze patterns open up in ways that we can't predict. And I was just doing some live calls over the weekend and yesterday, and we always get the question, can you give me some techniques for getting out of functional freeze? I say, no, I can't. I can give you the foundations to build up your somatic capacity, to feel your body, to get familiar with your spine and your pelvis and your ribs and your guts, and the sound, and be in connection with the world, and get to know your organs,

and follow impulse. But I can't say, yeah, this is how you get out of functional freeze. Does that make sense?

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It comes when our system is ready, and we have to be very patient with it. And the more patient we are with it, I think the easier it comes. But if we're trying to force it and force it, trying to heal faster, heal really good and quick, it just won't occur. I mean it might, but it might not be as organic and as lovely. Not that this was a lovely experience, but it definitely was an important experience. Okay, I'm going to have a little bit more water. Let's get to the next piece here. So I've already sort of mentioned this, back to anger and healthy aggression. So back to the handout, we can't always conjure up anger or any other stored emotion in a hocus pocus kind of way. Those are the two words. Hocus pocus is like a magic trick.

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We can't play magic with this stuff. We must apply. That's the word. Apply the tools, self-knowledge, and educational resources. We are building. We are building. Then, trust. Trust and get out of the way so that the healing wisdom, that's the word, and the return of our true self, that authentic self can show up. That's a good sentence to read out loud. Then trust and get out of the way so the healing wisdom can return to our true self and show up. Someone, I caught a comment said, yikes, I'm glad you told that story. I used to be a vet and I bet there's a bit of that hanging around for me. Yeah, Erin, I would encourage you to tune into those experiences. I don't know if this is accurate, but I had heard somewhere, a long time ago, that veterinarians have one of the highest suicide rates.

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And having been in that environment, I do understand why you can't talk to your patients. You have to have a lot of intuitive sense, and you also see owners that are not good for their animals. And the animals get sick, and sick, and they overuse their animals as a resource. And it is a really interesting environment to be around. And you're everything, right? You're not just the skin doctor for your animal, you're everything. And so you've got a lot of responsibility as a vet. And so, yeah, it's something to consider. If you've had any history in the medical field, first responders, anybody here who's a nurse, firefighter, police. I think there's a reason why a lot of

first responders, first responders, tend to abuse alcohol and drugs. It's a way to calm them, to get out of the things that they see every day that are not nice. So yes, very, very important. All right, next line. So the power of other primal emotions that connect with anger.

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This is where disgust comes in. So, enter disgust. Enter disgust. So, disgust is an interesting one. It's one of the primal emotions, like fear and sadness and joy and surprise and anger. And so the first bullet here, from the point of view, from the point of view of evolution and survival, the primary function of disgust is to get rid of or away from a toxic substance. That's the word there. Toxic substance for any living creature. This could be a poison, a food that's gone bad, anything environmental, that is not healthy for us and could make us sick. That is not healthy. That's the word, for us, and could make us sick. And this really ties in with us getting more attuned to ourselves. I know, and I can't prove this, but from what I know, a lot of people are disconnected from toxins and poisons because they are shut down, because they're in functional freeze.

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Has anybody found that? As you get a little bit more aware, a bit more sensitive, you can't smell things. The heavy detergents, going into stores with lots of perfume, has become really tough. Don't even get me started about airports and walking through those perfume areas where they sell all this stuff. Seth and I often joke that we should carry gas masks, gas masks, we go through airports, and the Amsterdam airport is the worst. They have perfume that drips out of the ceilings. I've seen it happen, and it's like, what is going on? You don't have to make it smell like tulips, which is, I know, what they're trying to do. So it's pretty bad, the chemicals that are out there. My hope is that as more people become regulated, there's more interest in non-toxic, non-scented things. And it's not a bad thing if you're sensitive to this stuff. This isn't a hypersensitivity that's bad. It's good. It's just that most of us are desensitized to these things. So that's my rant on chemicals and toxins. So next thing, it could also be a human environment. It could also be a human environment that's toxic.

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Social, parental, peers, caregivers, teachers, that do not accept you, or reject you and your

natural self. Plus all its biological, creative, emotional and sensory experiences and expressions. So this toxicity is everywhere. It's not just in chemicals. Okay. I know we're on a bit of a thing, on the chat, with toxins and chemicals, but let's put that aside. We know they're bad. We know they're bad. The key is that you take them out of your home, and when you're out, you notice that they're there, but you try to not react to them. That's what I'll suggest, because the moment you smell them and you get mad, what do you think happens?

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You over couple with it, it puts you into a stress response, and then it makes it worse. So if you do inhale it, it's not going to come out as quickly, right? You'll infuse it. And so while I can't prove that, just knowing the stress response and how it works, we don't want to re-traumatize ourselves when we have to smell those things. We go, Ugh, yuck. Maybe you say that. Ugh, gross. And then you move out of the situation as fast as you can. Now of course there's situations where you might be somewhere where you can't get away, on an airplane, and that's where you kind of have to maybe, hate to say this, go into a little bit of functional freeze, and just know that you'll get off that plane eventually. And then you do the things to cleanse your body, detox, get some fresh air, do some aerobic exercise, all those things.

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So yes, sometimes we need to block, it's not so much the feelings, but we have to go into a bit of survival. Remember, part of this work isn't not having a survival response. It's knowing when we are going into one, and then knowing what to do after. And it is very important. It's very important to understand there are certain things we just can't get rid of in our world, and we don't want to be completely disengaged from the world and others because of these things. But you also start to get to know, these are the places I don't go as much, right? I go shopping at this store, not that store. You'll all be shopping at the hippie grocery stores before you know it, if you're not already.

(31:58)

Okay? So page three. Page three, we need disgust to warn us that something is toxic, but what if we can't get away from it? The toxicity. Now this is going to go a little bit more into how we were raised. This is not so much regarding chemicals and all that. So this is where shame, enter

toxic shame, specifically toxic shame, right? There are two types of shame. So we're going to go into the two types right now. So there's two types of shame, two kinds of shame, healthy and toxic. And they're felt in the somatic experience, they are felt in the somatic experience. Now, what I'm going to say, as a precursor to what I'm about to talk about, for those of you who are very new here, and you've never heard of this distinction between healthy and toxic shame, you're going to be like, yeah, there's no such difference. Now, this is something that Seth had to figure out when he first started learning this. It was like a foreign language, that there was something as healthy shame, and why? Because he never got it when he was young. Now, this is really important for those of you that have yet to have kids, or maybe you work with kids, maybe you have access to children who are family. Kids need healthy shame when they're growing up to learn right from wrong, and what's occurred.

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I would say, historically, over the last little bit, many of us, and those maybe older than me here, got way too much toxic shame, post-war, repression, abuse, violence, all the PTSD from all that time got dosed on to us, to you, perhaps your siblings. This is what happened with Seth. And so when we then raise our children, we say, I am never going to do that. And then we are too nice. We don't put any rules in, we don't put any consequences in, we don't put any, don't do that, bad. And then you then raise a generation who have no boundaries, who don't understand right from wrong. He now understands this, but it took years for him to feel comfortable. For example, asking his son, who is now 25, to take out the trash, asking his son to do any chore, felt like death to him.

(34:47)

And now his son and he's open about this, is trying to learn how to learn the things he should have learned when he was five. This is a true story. Seth has often said that his son should be a spokesperson for healthy shame. To teach young parents the importance of it's okay, but you, you've got to heal it in yourself, because you can't dose out healthy shame if you're afraid of it. And this comes back to our own work. So back to the handout. So the example I give, it's kind of like the classic thing goes back to primitive times. Don't touch that. Don't touch the hot stove, don't touch the fire, don't touch the cleaning supply, all these things just, don't touch

that, bad. So the healthy variety, first line, the healthy variety is imprinted when connection, love, and secure attachment are present along with the demand or disciplinary action. So now I have another example. This is my cutting bread example. I remember, I have no idea how old I was. I was old enough to cut bread at our kitchen counter, and I was handling the knife, and I had the knife facing my face. I was cutting it weirdly.

(36:14)

And my dad was sitting at the kitchen table, obviously watching his little one figure out the knife thing. And clearly I had been taught before, but for some reason didn't have it right. And I hear this deep baritone voice come from the sky, and it's this, Irene, look at the knife, turn the knife the other way, you could hurt yourself. And I just was like, oh. And it woke me up - turn the knife. And even to this day, if I am a little sloppy when I'm cutting something, and I feel that I'm getting a little too close to my fingers, I feel that in my body, and I go, slow down, or don't put the avocado with the knife, and do the thing. All these things that we know regarding kitchen work and knives, but this is that level, it is felt in the spine.

(37:15)

Now, toxic, the toxic variety can be imprinted by the tone of the voice. Also, ridiculing, violent behavior, or any other abusive actions that invoke a sense of fear, a need to protect, and or shut down. So I don't like giving this example, but I'm going to give it. So let's say I'm cutting the bread and the knife is facing my face. The toxic shame variety would be, Hey, you're being so stupid. What are you doing, smarten up? Don't do that. You're going to hurt yourself. And it often has a violent tone to it. It can also be a worried tone. Typically, and I'm being very more stereotypical, but typically the mother will have more of a high pitched, frantic, anxiety producing voice when the kid is doing something not right. And they'll be really like, don't do that, don't do that, don't do that. Whereas often the more, the male figure, has more of that sting and that violence.

(38:18)

Now of course it can go both ways, but it doesn't have to be just a deep voice. It can also be a voice of panic. And so this comes back to the essentialness of a parent being able to have a steady, clear, direct demand, disciplinary, whatever it might be, but with connection. And so if

the child cries, then you connect, and it's like, a, oh, I know this is really difficult. You're learning. We're just learning how to be a human. And then you might have a hug, let's try this again. Let's do it again. So that's a very quick example of healthy versus toxic shame. I'm going to take a sip of tea.

(39:10)

Animals are so good at this. In the wild, you see animal videos where if the mother cub or the mother of the cub has just had it with her little ones crawling all over, she'll just kind of smack. And that seems mean, but that's their way of, leave me alone. I need my space right now. There's a little difference with humans with that, and we wouldn't necessarily do that, but we also have to, when a child gets a little older, this wouldn't happen in toddlerhood, but when they're old enough to know how to go find a toy or go find something, it makes sense to say, not now, right? You see this a lot where children talk over their parents, parents are having a conversation, the kid constantly interrupts. There's a moment where they're old enough where it's okay to say, I'm talking to your dad.

(40:11)

Wait, please wait. That's going to feel uncomfortable for them, but that's okay. They have to understand, I have to pause and wait and be a little uncomfortable in my body. Now, you wouldn't do this with a baby, right? When a baby's crying, you pick them up. So there's this difference, depending on how old we are. And there's this point in time, and it's usually around when kids start to go to preschool, if they do that, where we want to start showing these boundaries, they need boundaries. So that's less about shame, it's more about right from wrong, knowing when to speak, when to play, et cetera. Okay, let's keep going. The affect, emotional quality of disgust, is very similar to the affect of anger.

(41:11)

So I'm going to keep reading, and then I'll explain this a bit. So when we are able to powerfully express our anger, we reclaim, that's the word, we reclaim our life force energy. This can lead to completion. That's the word. Completion of self-protective responses, stored procedural memories that would've wanted to happen to protect us from the toxicity, the abuse, the person, but did not. So working with anger. So again, just pause and really think about this. By

working with our anger and understanding it, we can put up boundaries of, I don't like that. No, this happened to me before. It's not happened to me again, you're not going to talk to me like that. There is a boundary, there's a strong direction, there's a protection. Now, someone asked if this is responding strongly, when the baby bites with nursing, can also be an example of healthy shame.

(42:21)

Not so much at that age, an infant. And you are not wanting to put a baby into healthy shame. They don't understand, they're too young, when a baby bites and when they scratch and pull, when nursing and they're pulling on things, and that's them getting their healthy aggression, actually. And we don't want to get harmed, but we also don't want to proverbially slap them and say, bad baby. They don't understand that, at that age they're too little. But that's where, and I've talked about this in previous, Seth should have talked about this on the last call, but I'll just remind you all, in case he missed it. When that baby is doing that, we want to engage with them. And if they're hurting us, we take their hand gently, and we start playing, with a little play fight.

(43:17)

If it's their mouth, take your finger, let them suck on your finger if they're biting, so that you as mama can have a break. So you want to encourage that strength because that is the start of their healthy aggression. It's the start of them feeling their fight and flight and sympathetic responses. You're not going to have a baby do that at day one, at week one. It's when they have a little bit more dextrous capacity in their fingers and they're like, whoa, I've got these fingers. What's going on here? I have this mouth that can move, and I've got these teeth.

(44:01)

So finding creative ways to play with them and engage that movement is important. So next quote here, this is a longer one. It goes on to page four, at least on my handout. So this is from, if you look to page four, this is a quote, fairly long passage from the book, *Healing the Shame That Binds*, by John Bradshaw, by John Bradshaw. He's long passed, but he has a lot of great videos on YouTube. I think he had PBS specials back in the day, when television programming was informational and useful. So you can find them, and he is really, really interesting. So he

says, so take a second to sit back and listen. So this is in regards to anger and shame. So for example, if you are never allowed to express anger in your family, your anger becomes an alienated part of yourself.

(45:08)

You experience toxic shame when you feel angry, really feel that, right? If you weren't allowed to be angry when you were a kid, and then you feel it, you'll feel bad about it. Like if you were punished for showing your life force aggression. Now of course this happens because usually our parents don't know how to be with that stuff. And so it triggers them, and then they get triggered, to tell us to stop, or they punish us, or they ignore us. This part of you must be disowned or severed. So this is how we start to break ourselves down, you guys. So this part of you must be disowned or severed. There is no way to get rid of your emotional power, or anger, of anger. There is no way to get rid of your emotional power of anger. Anger is self preserving and self-protective.

(46:03)

True story, yeah, anger is self preserving and self-protective. Without this energy, you become a doormat and a people pleaser, as your feelings, needs and drives are bound by toxic shame. More and more of you is alienated, when shame has been completely internalized. Nothing about you is okay. You have the sense of being a failure. There is no way you can share your inner self, because you are an object of contempt for yourself. When you are contemptible to yourself, you are no longer in you, right? You're just in this survival mess, when you're in constant contempt, when you're internalizing anger. Those are my words, back to John. So to feel shame is to feel exposed in a diminished way. When you are an object to yourself, you turn your eyes inwards, watching and scrutinizing every minute detail of behavior. This internal critical observation is excruciating. It generates tormenting self-consciousness that Kaufman, he's quoting someone else, describes as creating a binding and paralyzing effect upon the self. This paralyzing internal monitoring causes passivity and inaction. So what is that withdrawal? From a nervous system point of view, passivity and inaction. It's that collapse. It's that high tone, dorsal of the parasympathetic. It's that tail being tucked under. It's that look of being in a shame cycle, depression, biological deadness.

(47:59)

And if we just think about that from a structural point of view, when our pelvises tucked under, when we're collapsed, all of these organs aren't in good space. And then as they get compressed, and as we shove emotion down, and we store it all in, how can we know what we feel? Just all this goes back to the swimming pool and beach ball analogy. Everything's just tightly packed in. So again, this is a big chunk of information. It's very intellectual, but it's important to understand that this is where those thoughts that some people have, which come through, you're a piece of shit. You're an idiot. You'll never do anything, right? How dare you think you can have this or have love, right? Anybody get those? That isn't you. That's the imprinting of the shit that happened to you on the outside. No baby comes into the world thinking that because first of all, they don't have that cognition.

(49:05)

But of course, if we have trauma, and all the things, and this environment where our parents think that about themselves, which they no doubt do, that gets imparted to us. So this is how this cycle continues. But again, back to the basics of SBSM, and what we're working on here. This is why it is so important to build this capacity slowly, and get this organ system of ours alive again. It's again, not enough to just think, I'm going to work on my thoughts today. Those thoughts are embedded into this physiology and tissue, the tissue that we have, the muscles, the bones, et cetera.

(49:51)

Page five. So sometimes people get confused between guilt and shame. Brené Brown really messed this up for a lot of people. I respect her as a researcher, but she really confused a lot of people on shame, saying shame is all bad. And so, because of that, because of that, there's so much confusion around what is shame, toxic versus healthy? And then people go, oh, but that's guilt, Irene. But guilt is much more complex. Toddlers don't have guilt. They're too underdeveloped to understand that. They break a vase in the living room, and they hear it smash. If no one is there to tell them that, that's wrong. It's just a fun loud bang, right? Think about that. You see videos, which I don't totally agree with, of toddlers and infants crawling around snakes. Hopefully they're not poisonous, and they're not afraid of them. And why

would they be? Because they're just this muscular thing that's slithering around. But if you have that toddler and they break that vase, and you have the parent screaming at them with this piercing voice, and they get picked up with fierce energy in the claws of the mother, they are then going to get scared.

(51:34)

This goes back to that idea of Nina Bull, on the first anger and healthy aggression handout, where I asked the question, how do you know if you're afraid? Is it because you see the tiger? Or is it the biological response of starting to run, which is innate, and getting away from that threat? Whereas so much of the stuff in our life as kids is not a real threat. It's how we perceive it, based on how our caregivers showcase to us, that was a bad thing that we did. Now, of course, we don't want to keep going around breaking things, but that's where, then, the action of how you connect with our little one goes. And again, while you probably shouldn't have really expensive things that can break when you have a toddler learning how to walk, or a baby learning how to crawl. Just best to not have those things in there. So, guilt. So the first line here, the experience of guilt is more advanced. Advanced, John Bradshaw terms guilt, moral shame, morality kind of means you've done something not good.

(52:56)

I broke something the other day in the house. I can't remember what it was. It wasn't really important, but I remember saying to Seth, it's like, ah, I'm so sorry I broke this thing. Oh yeah, it was like one of those little froths, milk froths and cleaned it too vigorously. And I thought, I actually thought I broke it. And I'm like, did I break this? And I had this like, ah, sorry. He's like, no, no, no, no, you just have to put it back. But there was that moment of guilt, like, oh, I can be heavy handed when I wash dishes. And so it's like, damnit. So that's guilt. That's like, oh, I just broke something. But there's no shame in that. It's consciously, ah, do we have to buy another one of these? That's different. So he says, the rules and limits children have experienced from their caregivers or from the environment are internalized and become an inner voice that guides and limits behavior. Guilt is the guardian of conscience, and children begin to form their conscience during the preschool period. So it's around age four or five that a child starts to really understand, oh, I just broke someone's toy.

(54:11)

I just hit that kid and I probably shouldn't have. But when we're three, when we're two, when we're an infant, we certainly don't understand that. Okay, I wanted to address one thing I did see in the chat. Someone asked, do you have to pick up a baby when they're crying, if they need sleep? Sometimes they override their own sleep need. When there's people visiting, is it okay to put them down, then cry for a couple minutes, stop crying? Not really. When we have an infant, when they're crying, something isn't right, we do want to pick them up. And Carrie had mentioned, we can ask this question, and Seth can dive into it deeper on the call on Thursday, but when we are infants, when we cry, that is a sign of distress. We need something.

(55:17)

This concept of a baby being overtired and not sleeping, that is often a sign that there is, we could say residue activation, or there's activation in the system, and they're staying awake for whatever reason. But it's very important to know that when a baby has good regulation, with their co-regulation, I should say, with their primary caregiver, they sleep really well. This concept of colic is sort of a Westernized concept. The book, *The Continuum Concept*, by Jean Liedloff, if it's on the book list, is a really good book to read. It can be a hard book to read if we know that we've raised our children with cry out methods, and sleep training, and putting them in devices that constrain them, and all that kind of stuff. But again, we're here to learn and break patterns. And essentially children are meant to be picked up when they cry.

(56:15)

Babies, I should say. Now one could say, well, what about a toddler? Or what about a five-year-old? Again, this is a bit more complex because if they didn't learn that co-regulation as an infant, their response to stress as a toddler and as a five-year-old, six-year-old, seven-year-old is going to be skewed, because they didn't get that sense of secure attachment and safety when they were infants. So it's very hard to say to someone who now has, say, an 8-year-old, and an 8-year-old has troubles, just do this, because we have to then kind of correct, perhaps, the early trauma of not being picked up when they cried. So this is a little bit of a loopy piece I'm adding in here, but just for a little bit of information that's extra, it is not enough to just give parents behavioral tactics to help their kids when they have tantrums, for

example. We have to go back to that cellular response. Why is this kid having a tantrum? Why are they acting out? Why are they being defiant? It usually isn't something that just happens when they're eight or seven. It happens when it happens based on how things were really, really young. Final thing, I'll say, the book again, it's on the book list, it's The Continuum Concept.

(57:46)

Yeah, I'll tell this story. When I was in the Philippines, ages ago, I've been there many times. That's where my mom's from. I remember being there with my first husband, and we were riding in this thing called the jeepney, which is their kind of public transport, and there were babies and toddlers, and it's hot. And my ex looked at my mom and said, Desi, I've noticed that none of the babies cry. None of the kids are crying. There's just no crying children, at least in the village that she grew up in, where we would always go visit. And my mom just kind of sat there with this smile on her face.

(58:29)

And I remember thinking, I think I only saw a child cry once on that trip, and he was running down the road. He was maybe six, and it looked like he had been hurt at the basketball court. And so he had a real hurt. He had been in a little trauma. But because of the secure attachment in that village lifestyle where the babies are always on the mother, or always with a grandmother or a sibling or an auntie, they have secure attachment. There are no cribs. You just don't do that there. Everyone sleeps together on a big mattress. So there is utter safety always, at least in that village situation. Now you go into Manila, you see kids crying and having tantrums, in the grocery stores, at the fast food restaurants, because they've been more Westernized. You have money, you have cribs, you have money, you have a caregiver.

(59:27)

So it's always really interesting to me, and this is what Jean Liedloff documented and researched. She's long passed. She went into cultures that were more indigenous and noticed the babies didn't cry. They cried, but they didn't cry and cry and cry. They slept soundly. They didn't have hard, distended bellies and muscles. They had no colic. They were just healthy and happy. And it comes back to this secure attachment. So I wanted to just put that in there,

because they actually just released, I think, a study that finally stated that sleep training is very detrimental to the health of humans. It's been kind of going around the social media world. So that's what I want to say about that. It is definitely a tough one to feel when we know we've maybe done the thing that maybe our kiddos shouldn't have had. And this is where as a mom, as a father, as a caregiver, you've got to work and just forgive yourself, and know that this was just this time in humanity where we told mothers the things that were opposite to what they should have done, and it's called the medicalization of birth.

(01:00:42)

So I'll actually be having an interview come out in a couple of weeks from one of your SBSM peers who talks about the birth trauma process. One example with her first son, compared to her second son, and how it was night and day, when she trusted her impulses and instincts and did not, she would've gone to the hospital if she needed to, but she didn't. Whereas the first example was a really, really terrible experience. Okay, yeah, just write the name down, get out your paper and pens, folks. I'm sorry if it's not on the list. Continuum Concept, me putting in the chat won't help, write it down. Continuum Concept. Jean Liedloff, if you just look up Jean, J-E-A-N, and Continuum Concept, she has two great videos on YouTube that will pop up automatically. And then the book is a tiny little read.

(01:01:44)

It was a piece of reading in our Feldenkrais training, actually not in our trauma training. Oddly, it was never mentioned in our trauma training. So that's kind of strange, but true story. All right, last piece here. So dissolving the imprints from a somatic perspective, dissolving the imprints. So disgust, this concept of disgust is a gateway emotion to healing toxic shame. I learned that through Peter Levine. So again, this comes back to, you guys, we can't think our way out of these things. We have those terrible thoughts that come into our mind, about all the things that we think about ourselves, that are terrible, that aren't ours. This is why journaling, and getting them out with talking isn't enough, because they're imprinted in our biology, and then disgust, which is this, yuck, that one, right? Like, oh, that smells terrible. That is terrible. I don't want it in my body. I need to get it out. We need to be able to connect those

two. When a person can access the quality and feeling of disgust, they start to heal the imprints of toxic shame.

(01:03:18)

Toxic shame is often associated with lifelong collapse. That's the word, collapse. So shut down, poor posture, difficulty with social engagement, and varied vocal prosody. Prosody. That just means that your voice can have differing variations of tone and sound. To be able to offer healthy shame to a child or an animal means we have to go to the belly and have tone. That's like a baritone. We can't just stay up here high in our nose and nasal passages, that will not imprint on a human or an animal's spine. They won't feel the hairs up on their chest or up on their neck. So this prosody comes from regulation and having space in this visceral cavity. Again, this is why we work with the diaphragms, the breath, the movement of the spine. If we do all the thought based work, but we're not opening up this vessel of ours, it just doesn't work in the same way.

(01:04:39)

When we begin to move, when we begin to move these emotions and bring more energy and potency into our body via the neurosensory exercises, as I just mentioned, other somatic practices, good therapy. This is where dance and expression and art can come into play, and we can stay oriented to the present moment. This is why we learn how to orient at the beginning. So you see we're putting the puzzle pieces together, guys, alongside more accurate interoception. This is following impulse, right? Can you follow your body's needs? Internally, we start to move out of these imprints and heal. So I'm going to make another connection. If you think about that infant, if you were that infant that cried and needed food or shelter or warmth, or you were too hot or scared or whatever it is, and you weren't given that connection, sooner or later, you stop expressing.

(01:05:48)

No one's coming for me, so I might as well. There's no point. We're actually quite clever as humans. I will just shut down. Nobody is there. So this is how far back some of us are going, and this is why, as remedial as it is, listening to your impulses, thirst, bathroom, hunger, fatigue, movement, connection, solace, being a little more quiet, being a little bit more out

there, all of that is what we wanted to have when we were infants, right? A baby just isn't always one way. They shift and change based on their energy and what they're doing. So this final little section here is actually quite telling of all these things we've been mixing into the pot to get to this point, such that to go back to my story of horror, tracking these internal pieces, then knowing in our brain, oh wow, I think I should pause and really feel this right now.

(01:06:58)

Or, why do I feel like I want to puke? One thing we might find, and some of you may have already found this, is some days you kind of just feel like you want to throw up, but it's not because you're sick. It's not because you've eaten something bad. It is a disgust that's starting to come up. And I've had students say to me, whoa, that disgust thing really happened today. I was dry heaving in the toilet, but I wasn't sick. There was no fever, there was no food poisoning. And you kind of know when you have food poisoning, you get hot, often. Sometimes it comes with diarrhea. You feel your energy is down. When we feel disgust coming up with this stuff that is old, toxic shame, it's just pure disgust that just blindsides us. And actually, Mitch, one of our alum, I did an interview with him a year ago, and he talked about how a piece of toxic shame landed one day when he was walking outside with his wife, and he literally had to run into the house.

(01:08:06)

And I think he threw up in the toilet, and she thought something was wrong. And he's super funny. He's got a great southern accent. He's like, I'm good. I'm just getting the toxic shame out. But imagine if you didn't understand that, you would've thought something is wrong with you. But it was very clear that this piece got healed. And then he was like, no, disgust is not just a sensation, it is a primal, visceral emotion. And it's the disgust we feel for what happened to us. It's not us being disgusted with ourselves. It's the disgust of what occurred to us. And for anyone who has been physically assaulted, often this is sexually. We carry tons of toxic shame around from that because of just how disgusting and violating that is. But it also connects with medical trauma, other traumas where our bodies were not treated well. Right? And so it doesn't have to just be these horrific shock trauma events. It can be both. And yes, it's also a sensation, so we'll feel it, but remember, where do emotions come from? Quiz time.

(01:09:29)

I'll wait for the chat. Where do emotions come from? The organs? Yeah, the viscera, the body, which is why we're doing Smart Body Smart Mind, not Smart Mind Smart Body. Okay, the fascia. Yeah, this stuff. The meat suit, right? They're being interpreted from our brain. We need our brain to interpret them, but we're feeling the sensations. Okay, next page, we're going to play a little, because this is a heavy topic, I just want to get you to come. If you're standing, if you want to stand, you can stand. You don't have to. You can stay seated. If you want to wiggle, move, walk, maybe you want to lie down.

(01:10:31)

I would recommend being more upright, actually more energy in your spine. And we're just going to do something really simple. A lot of Elia's lessons are good at this, of getting open and closed, but take these lovely little hands of yours. I'll show you with my hands. And of course, they open and they close. Some of you have maybe done the bell hand lesson yet. Maybe, maybe not. Some of you have. But just gentle, just kind of like jellyfish. Just make it fun, and open them with kind of this opening of the chest, looking up to the sky if you want, opening, and then going into a bit of a ball, like a snail. And then bring in, just open with your breath, whatever feels good, and then a little close, and just, it doesn't have to be perfect. It doesn't have to be big. Could be to the side. Could be a diagonal. You can look to a direction. You can look to the side and let your pelvis move on the chair. This isn't rocket science, it's not interpretive dance. It's just a feeling. The opening of the eyes and the mouth. And then a little closing. We could call this extension and flexion.

(01:12:01)

Okay? And then just pause. Feel that little movement, the octopus. Woo-hoo. Yeah. So just as simple as that is, right. When we have stuckness in our body, our bodies tend to stay kind of in one tone. And so this ability, this again, this is why people dance. This is why people like to move and exercise and walk, swim, stretch, and yawn. I know you can do that at any time, right? This ability to open up and close. So I wanted to just do a little bit of that, and then we'll end with something that I typically teach when I'm in person for workshops. Elia taught me this. This is a quarter of how he would teach this in class. So we're going to steal from him. And

that is this concept of me and you. So what you do is you just take your own hands, say hello, hands, hello, and you bring them to your body and you just say, me. You don't have to tap. You can sink the hands in. You could touch your head. You could touch your hands. You could touch your shoulders, your legs, your lower back, your feet. If you touch your feet, it means you've got to bend a little bit more, that you just bring your hands, and you say, me, this is you. Me. One of the things that doesn't occur when we have good parenting and boundaries is we don't get taught me versus you.

(01:13:50)

Mothers tend to do this naturally when they're with their kids, when they're babies, they'll be like, this is your nose, this is your feet, these are your, this is your belly. Or that's how you teach the body parts. It's one way, oddly for us as adults to be like, these are my hands, this is my face. My skin might look a little silly, but that's okay. These are my legs, me. And then the second one is you. Obviously you guys are through my screen, but you might have a pet near you. You might be, her or him, doesn't matter. But it is outside of you. You might have a glass of water on your desk. Oddly, what would it be like to be like, you, and point to it, tree outside, you, and literally bring your hands and say, you've got this cactus, on my desk, you, and then come back. Me.

(01:15:06)

Kids do this naturally. Remember those games that people used to play? I spy with my little eye, something that's red, right? Car games, looking out, orienting. So again, just a little way to break the ice. Remember why we're here. It's this body of ours, but also connecting to the environment, and this ability to feel this expansion, contraction. Maybe just for those close to your chat, what are you noticing after doing a little bit of this release? Lighter, more open, less shame. Connection. I feel hopeful. Laughing. Relief. Feel more solid. Borders, fun, joyful, yawns. A difference between me and you. Something else. More alive. Boundaries, more containment, yawns, centered. A sense of animism. Yeah, more present. Warm. So what we just did, again, you don't need a script for it. You don't need someone to guide you. You've got your hands, you've got your body, you've got your voice, you've got the external world.

(01:16:39)

It's always there. So again, another way, if we're feeling a little stressed, a little whatever, flighty, shut down. You've got these tools. So if you need to put it in a post-it note to remind yourself, do that. But these little tiny breaks allow us to break the spell of the system being stuck or collapsed, right? And so this opening and closing, we need both. It's that flow. Open, close, constriction, dilation. The sine wave of regulation. It's not just up and it's not just down. It's up and down, up and down. All right, folks, we'll end for today. Next week we are doing training call number eight. We're going to dive a little bit more into the Feldenkrais components, which we haven't talked too much about, but you've been doing them from the beginning. So I'm going to be a little more specific as to what this is, why I feel it is some of the glue that sticks all these things together, and the importance of intentional movement, and learning from it. So of course, that'll be next week, as always, recorded. Thanks, Carie, for hanging out in the chat. Thanks, Susan. And thanks to everyone who were here today, and all those listening to the recording. Okay, friends, be good to yourself. Get up, walk away from the computer, get some fresh air. Bye.