
Curated Q&A Call #1 with Seth

Seth:

Okay. So, welcome. Good to see you all. Oh, it sounds like my volume is low. Okay, just a second. How's that? Is that better? Yay. All right. All right, great. Okay. So, welcome. This is the first Q&A call for SBSM 19.0. Good to see you here. So the way these calls generally work, as we get going into the session, is that I will get a lot more questions than I generally have the time to answer. So I'll do what's called a curated call, which means I just pick a variety of questions that best sort of suit the most number of people, as far as I can tell. However, this being the first call, that's not the case. As often happens with the first call, I don't get that many questions, so I'm able to answer all of them today. Another thing you'll sometimes hear me do, if we get tons of questions, is I'll sort of pick themes and do sort of lecture sections on themes.

(01:26)

But again, today, I can just dive right into the questions, because I didn't get too many. So this first one is actually two questions from the same person. The first one is, "Hello. My voice and mouth are frozen. I can't speak clearly to anyone, because inside I feel like I'm speaking in vain, and that it's pointless. Because of this, the words don't seem to come out of my mouth, as if I have so many things to say and nothing comes out. And when I want to speak louder, I lose my voice. When I want to scream, a whispered scream comes out, as if my body refuses to enter sympathetic mode. Any advice?" For sure. First, let's talk about why this happens. This sounds like it's likely a scenario where you were not listened to.

(02:16)

Oh, it sounds like my volume is still low for people. Sorry. No. Okay. I have it as high as I can, I believe. I want you all to hear me the best you can. Let me just check if I can increase it anymore. Okay. That's as loud as it goes. Okay. Okay. Sounds good now. Great. So if we're in a situation growing up where we're not heard, where our voice isn't valued, our opinion isn't valued, if we're told outright to shut up, be quiet, children are to be seen and not heard, that

old trope that many of us got. This is something that can happen where our voice literally gets repressed to the point where it can feel physically difficult. Now, another reason this can happen is not just because of the emotional impact and sort of the mental kind of imprint we get that I shouldn't speak up.

(03:20)

These structures themselves that we use to speak can become kind of frozen and shut down. So that's actually the first area I suggest that you explore is how you can work just physically, with giving some care and attention to these structures here, the jaw, the mouth, the throat, the upper chest, the diaphragm. These are all areas involved in expressing ourselves and using our words from a place of confidence. It can be very difficult to access, like a clear, "This is what I feel when these structures themselves may be shut down." So just explore. We'll get more into this as we go with a lesson called the layers lesson, but for now I'll just describe it as a listening touch. So you think about how your hands might be able to communicate to the tissues of the body, a basic intention of presence. We don't really want to have any agenda.

(04:27)

It's not like, "Wake up, come on. " It's just more, "Okay, I'm going to just hold my jaw with this attention of listening. I'm just here."

(04:41)

"I'm just here with myself and I'm just feeling the skin. Maybe I start to feel the muscles underneath a little bit." And as I'm doing that, maybe I notice if I get any impulses to open the jaw a little bit. What might that feel like to have the fingers noticing the muscles of the jaw? And then I just open a little bit and I feel how something works, how something contracts, how the muscles are doing something. Essentially, I'm very gently building connection with this part of my body whose messages and functions have not been honored. It's like waking up the tissues just with this gentle attention. You can do that with the chest, the diaphragm, the throat, just listening, feeling. And if anything, thinking about just, "I'm here. I'm here. I got you."

(05:52)

Sometimes that alone can bring some emotion, that can bring some tears. This concept of building a bridge to ourselves, there's parts of our body that are just waiting, longing for this attention, this kind of care and, "Oh, pay attention to me. Yes, please." And sometimes when we start to give it that, we can get some tears, we can get some emotion, maybe we get some anger, maybe we start to wake up, some of what's been hanging out in there. So that's one way to approach that. Now, the other way is to start using your sounds, but in a way that doesn't involve the pressure of other people being there. So just allow yourself to make sound. It doesn't even have to be words. This could be something that's very difficult for many people. Again, because of just programming like, "Oh, what are you doing making weird sounds?" That's not what we do.

(06:54)

Or again, just our body may not know how. Sometimes it may start with just the breath. So maybe we're just breathing and I'm thinking about, "Well, on my 'out' breath, I'm just going to let something happen. I'm going to let my vocal chords vibrate a little bit." Okay, maybe that's all I'm starting with. Great. It depends. You don't know exactly what will happen for each person. Sometimes we may need to warm up. Sometimes maybe there's a big, woo, there's a big ah, there's something waiting there ready to go. Right? So I don't know exactly what each person's process will be, but the invitation is to allow yourself to make sounds. Allowing yourself to just express vibrations of air is one way to think about it. Another way you could consider doing this is with a mirror. What might it be like to witness yourself making sounds?

(07:53)

This can sometimes be a powerful way to start building that ability and that facility to see ourselves. I mean, it may sound crazy, but just like looking at the mirror and ah, and like giving yourself permission to be a little weird, giving yourself permission to be a little silly, whatever comes out. And then you may find that there's words that want to be spoken. There may be words that just emerge that maybe don't even make any sense. Great. Let that happen. Just curiosity, openness, invitation, allowing yourself to explore your own expression.

(08:39)

The next step after that, you could maybe pick one person. Is there one safe person in your life that feels like this would be more possible to do than with another? And maybe you just sit with them and say, maybe you just say, "Hey, can you just witness me sitting here making some sounds?" That could be kind of weird, I know, but it could also be incredibly powerful. What would that be like to have a safe person just fully allowing like, "Yeah, just express yourself. Yeah, I'm here for it." A pet, you could do this with a pet. They've got zero judgment. Your dog might look at you weird. A cat might take off, you never know. But yeah, a stuffed animal. Yep, yep. A stuffed animal could work. It's about building our facility with expressing ourselves, in a way that feels safe enough and manageable enough, that we can pay attention to what happens in these tissues.

(09:38)

Because again, maybe we start doing this, and then we feel a little ah, like something feels a little stuck. Okay. Then maybe we back off the vibration, the expression, and then we come back to touch. Oh, hello, I hear you. You feel a little stuck. Okay, let me just pay attention there a little bit. So, all different ways to explore. The final option that I thought of is sometimes if there are no safe enough people in your life, that is sometimes where a practitioner can be useful for a session or two. Maybe it's just focused work on, I just want someone to be with me and witness me in exploring expression. And if you can have someone who is somatically trained, then they might be able to help support in different ways as well. And of course, we do have our lovely team available for sessions, listed on the site.

(10:39)

And then the second question is from the same person. "How can one work with toxic shame besides using potent posture and disgust? I would need a few ideas to help reduce the physical collapse, which is also caused by a sense of helplessness." Now, it makes complete sense that this is from the same person. When our authenticity is suppressed, when our ability to express ourself is suppressed and we don't feel like we can access it, that very often is part of the picture when we have experienced toxic shame, because that's part of the messaging, is, I don't want to hear from you. What you have to say isn't of value, et cetera. So, everything I just

described will probably help, because you're supporting and building your authenticity. You're supporting your ability to start to make sound and express what is genuine for you. And that's why I say start with sound.

(11:35)

Sometimes we may not always be able to put it into words, but our body can make sound that is a direct expression of its internal experience, and that's what emoting generally means. And we tend to put it in sort of, you emote this way for this feeling, and you do this for this, but there's all sorts of gray area nuance in there where the body may find organically different things it wants to say about its experience through sound. So, that alone can start to help support your authenticity and start to help you come out of some of those results of being toxically shamed. Now, using potent posture is quite important and helpful, and you don't have to do it standing. You can do it sitting. One of the key ways is to just notice - what is your pelvis doing? That's one of the biggest things that people who are living with toxic shame find, is that they tend to have a tendency to be collapsed.

(12:34)

The tailbone tends to be tucked underneath. The shoulders may be dropped. There may be a sense of collapse through the midsection, and the back may be often quite curved or hunched. So, even right now, see what it's like to play with this, just where you're sitting. Without even changing anything, notice what happens if your tailbone is more tucked.

(12:58)

And then if you simply think about raising your tailbone, like you're lifting a tail into the air, notice what happens along the spine, what happens with the shoulders. And you can go back and forth, just sort of notice this difference where you can raise a little bit, you can tuck a little bit, and just feel like what kind of qualities do these postures support? It's kind of easier to feel a little more in that collapse when the body is physically collapsed. And when we lift, and we feel our ability to have those shoulders drop a little bit, and the chest come out a little bit, that supports some different qualities. So, potent posture can be played within subtle ways like this. It doesn't have to only be standing. So, that's something to consider bringing in if doing potent posture in standing is a little much.

(14:04)

And it's also something that you can be aware of all the time, as much as you can. I mean, that's the purpose of a lot of these, and this is something you'll hear me say throughout this call, and the program, and years to come, is that it's not about just doing the exercise. It's about internalizing the principles, the lessons, of that exercise, and remembering to apply them in your life. That's how we create change. If we just go, "Oh, now I'm going to do my somatic practice, and listen to Irene, and I'm going to do this thing," that's fine, but the point is to learn that as a tool that becomes internalized that you remember to apply in the grocery store. How am I standing? When I'm chopping my vegetables, what's my posture like? As I'm doing the dishes, as I'm sitting here, just reading, et cetera.

(14:53)

Bringing this somatic awareness in all these different ways is how we change how we live and how we relate to ourselves and the environment. So yes, potent posture, but how can you imply it in different ways from organically, especially when you notice you're feeling some of that collapse, or you're feeling shame, noticing the tailbone, what is it doing? But some other things that you can also work with, encouraging the development of more sympathetic qualities in general. So this is less about specifically working with the collapse or the shame directly, and it's more about getting familiar with the sympathetic nervous system and its qualities and supporting that. So this can look like just increasing your exercise a little bit, going for a walk in the morning when maybe before you didn't, adding in a few squats into your day, just sitting there and maybe squeezing your fists a little bit, pressing your feet, feeling this ability to sort of feel a little bit of that energy, right, that aggression energy in a titrated way.

(16:14)

If the jaw is stuck, that's very often because it has anger. Like you were saying before, how it feels like you can't speak, or like these structures just don't even allow this stuff to come out. That's very often because there is a lot of trapped emotion, and specifically the jaw often holds anger. So supporting a little bit more sympathetic energy, a little bit more engagement with that part of your nervous system in a way that's manageable for you. It doesn't mean you start doing 10 pushups and run around the block, and like little bits here and there, seeing what it's

like to help support some of that, a little bit more of that juju. And again, remembering it's about staying within what is your capacity, what is your capacity for that? That's a big part, of course, what we discover as we get into this work.

(17:16)

Okay, final piece, and this is something that maybe you want to explore carefully, or maybe not yet, maybe you want to build some more capacity first. Sometimes we want to not only challenge or find interventions for the difficult stuff, we want to actually allow ourselves to experience it, which can be more difficult. But for example, in this case, what might that look like? It could be that you actually allow yourself, as you feel this repression in your system, if you feel a sense of shame, to sort of curl up, and you do it with your resources, like get a cozy blanket, get your teddy bear, get your favorite spot, and just let yourself curl up with all that containment, resources, whatever it is that helps you feel a little bit better, and just let yourself feel that look. Very often it'll be in the belly.

(18:16)

And then - how might that want to express?

(18:21)

It may just look like you're curled up in a ball on the sofa with your blankie, and kind of moaning a bit. Sometimes we need to allow ourselves the collapse, and to be contained and safe with that, and to start to allow ourselves to express the feelings of it a little bit. Very often, there's many things that weren't heard, not just our anger, but also our grief, our sadness may not have been heard. So there's all different ways that you can explore these things you're asking about, and I hope that that's helpful to help you find some options. Okay. This is also a two-parter, two questions from the same person. "Hello, I have sexual trauma only - in quotes - due to being in freeze with previous partners. I've worked on it for half a year already, but I'm not sure how much progress happened. My partner's touch often sends me into freeze, but usually I can work my way out in an hour or two if I'm left alone."

(19:31)

"At times, touch feels fine or causes anger. Now I've started to just feel uncomfortable and cry

when we're about to have sex or afterwards. Maybe sex isn't fully bad if it doesn't send me to freeze, but does let me process through the exposure?"

(19:48)

"I can't be sure if my body feels fully comfortable though. I don't want to do any more damage. It's just frustrating for both of us, of wanting physical contact for so long. Any thoughts or book recommendations?" Okay. So there's a few things here. Well, first I'll respond to this question where you say, "Maybe sex isn't fully bad if it doesn't send me into freeze, but lets me process through the exposure." Sure, as long as that feels doable for you, and manageable. I have said, and will say many times, every trigger is a doorway, is an opportunity to work with what is being triggered, but we're not really into what's called exposure therapy, which is where you deliberately put yourself into the environment of the triggers. That is not how we roll so much. There are big cathartic practices out there in the exposure therapy camp, and they generally don't work well for trauma.

(20:51)

It's just too much.

(20:55)

That being said, if this is a different kind of situation, where it sounds like you're in a good relationship with genuine closeness and connection, and you're trying to work through this together, if your partner can be there for you and stay connected as you process this stuff, then yeah, it could be an excellent opportunity to work with what is getting activated, and consider slowing that down. So what might it be like to have closeness and connection and cuddling without any expectation of sex? Take that off the table deliberately, and just know we're not going there. Let's just be together and close. Maybe you have skin to skin contact, and what happens just from that when you take the pressure off? That might be one way to start exploring underlying stuff that's there with a little less pressure. So that's one thing to consider. Just slow that process down.

(21:56)

One thing I would be curious about, if I was working with you as a client, is like, well, what did

happen? You say that you have sexual trauma “only” to being in freeze with previous partners, but what happened in your life to put you into freeze with previous partners? So that's what I think we'd want to find out, is what was the original trauma that left your system with this tendency to freeze as you go into intimate connection, because that just doesn't come out of nowhere, that there's something that causes that. It could just be societal programming, not feeling ready for sex, and rushing into it. There doesn't have to be overt abuse. There doesn't have to be an overt sexual trauma in your past, but there could just be going along with the crowd and societal conditioning as a teen, and doing stuff you don't maybe necessarily want to do.

(22:49)

There can be all sorts of ways in which we may get ourselves into a bit of trouble with sex and sexuality if we're ... I don't know about y'all, but I didn't exactly receive the best sex education. There wasn't much in there about intimacy and connection and all the sorts of things that are very powerful and important about a relationship, and lots of foolish teenage dude conditioning. So oftentimes just going along with societal norms can leave us with a bit of trauma, and maybe getting into sexual situations before we're ready. And that could lead to us freezing. If that's the case though, we'd want to go back somatically and sort of explore, well, what was happening, how might you have wanted to do something different? What happened in the first place that was traumatizing? And it may have been nothing to do with sex. That's the other thing.

(23:46)

I mean, we may have been through some kind of early developmental trauma or early chronic stress that just left us with a predisposition to freeze in general, as we go towards the unfamiliar, or something that's highly charged. So that's another thing you'd want to start working with and looking at, is what was the original cause? Why did my system learn to go to freeze? I'm just checking my notes.

(24:18)

Okay. Yeah. And then you ask about books. There are many books on sex and sexuality out there. I do have a preference myself for the Taoist practices when it comes to working with sex

and sexual energy, because it's a very scientific, embodied, physical approach. So I do have some book recommendations that I will put on the replay page. There's also a PDF that I got from a fellow practitioner that's really handy. So I will put that on the replay page of this call. So the link is there for you. Just go check it out afterwards. But they're essentially Taoist sexual practices by an author named Mantak Chia. He's got one specifically for women on cultivating female sexuality. And this can be useful, because it's about working with your sexual energy in a way that isn't about having sex. It's getting those energies moving in different ways, which can be supportive and empowering for many people, if they resonate with that approach.

(25:29)

If you don't, though, there's many other books out there. There's tantric practices. There's all sorts of books on sex and sexuality.

(25:39)

Okay. Question two. "I started to feel quite sensitive to the cold two years ago. This winter, it's gotten much worse. No matter how many layers I put on, my legs get cold almost instantly outside. It takes a long time to heat them back up, sometimes one to two days, no matter what I do. At times, I also feel like I'm getting sick. It's only the legs, and I feel only slightly cold to the hand, so why could this be, and what could help? Otherwise, I'm doing great with SBSM and I have come out of a lot of freeze already, and feel way better, and present in my body." Great. That's wonderful to hear. So this, again, it's not surprising to me that this is from the same person. What's going on? Below the waist, there's a tendency to be in freeze. And that's what they were just kind of talking about, right?

(26:27)

This is a different manifestation. The lower body, it sounds like, is experiencing freeze, or living in freeze, which makes us quite a lot more susceptible to cold. We literally don't have the same kind of circulation going through the legs. And so it can be very easy to get cold toes, cold legs, and have them feel that way for quite a while, if they already are kind of shut down, living with some kind of freeze response in the tissues. And that's my bet is what's going on here. So really work with those legs in a warm environment. Start to explore, along with everything I just talked about in the previous question, are there things that your legs would like to do? I

wonder, I don't know if this is the case, but say, for an example, you were in some sexual experiences early on as you were growing up, you didn't really want to be.

(27:29)

Maybe there was an impulse to get up and leave that never got to happen. Maybe you didn't want to be there. Even though there was no abuse and everything was consensual, you actually were just kind of pushing through, because that's what was expected. And your body was like, "I don't want to do this, " but maybe you didn't listen. I had no idea if this is accurate for you, but this is a very common thing that could happen. And again, with these questions, I like to try to extrapolate out a bit so people may see how maybe this applies to them as well. So there's lots of different ways that this could happen, but have there been scenarios where you wanted to flee, in a sexual context or not, and you didn't? That would be something to start looking at. What do the legs, how do they maybe want to mobilize?

(28:21)

One thing to explore is an exercise of laying on the floor with your feet on the wall, and your legs bent at sort of a 90 degrees angle, and just feeling how you can push a bit into the wall and such that you start to slide away from it a little bit. And you can make this easier or more difficult depending on the type of floor, or if you put a mat under you, or you don't, you can make different levels of friction and feel, about feeling what it's like to push, and send energy through those legs, through those feet, into the wall, and what it's like to drive the body, like push, force through the body in that way. Exploring what the legs might want to do. And also the kind of listening touch, I was talking about with the first question, bringing that to your legs, the hips, just making contact with the tissues.

(29:19)

It may also be that you could be supported by deeper work. Like if there is say fascial structures that are really bound up, or muscles that need to be unglued a bit from the bone, or separated, it may be that you need some deep tissue massage, or myofascial work, Rolfing, maybe some bone therapy would be a place to start that's a bit more gentle, but it may be that some kind of body work would be supportive in physically working with those tissues as well. This is often part of coming out of freeze, when it's not been just a nervous system state, but

also inhabiting our tissues. This is one of the strange things about our use of freeze as human beings, is we seem to be kind of strangely refined with it in terms of how our system can employ it. We can be in sort of a generalized freezy state, where we're kind of shocked or numb, or maybe we're in collapse and we're just shut down.

(30:17)

But that freeze can also be literally in the tissues of the body. So we may feel, for example, none of that lethargy or shut down or collapse, but the tissues themselves, like we may not be feeling, and we may be cut off from areas of our body. This was the case for me for sure, with lots of areas of my back, which had injuries I had never explored, and the tissues themselves were locked up. So the first approach is often with this kind of listening touch that I've been describing, awareness as well, just listening from the inside to our tissues and to our body, and what it's holding. And then that kind of gentle contact or maybe also body work. These are all different options. One thing I will say with body work, of course, if you go to explore that, just of course be aware that you want to have a conversation, and make sure that you feel good about the practitioner ahead of time.

(31:15)

This is something that's really important in the context of trauma and receiving body work. Stuff can come out. Emotions can come out. You need to be able to say stop if you need a break. You need to feel safe enough with the person and have that conversation beforehand, like, "Hey, I'm doing this body work in the context of working through some trauma. It's possible I'll have some emotion or sounds come out. I might need to ask you to stop. I just want to make sure that's all okay." And really feel their response. Is it genuine? Do they have sort of a roll of their eyes and get annoyed? Okay, not a good person. Have that evaluation and conversation beforehand.

(31:58)

Okay. I'll just move in the chat here a little bit, so it's out of my... Just FYI, I may not be able to get to any questions in the chat, if you post new questions, because I will probably use the time just answering the ones that were already submitted. Okay. "I feel a constant urge to yell and make loud sounds, because it releases stress and feels joyful. I feel that society is

restricting my freedom due to social rules of not accepting someone being loud with their voice. How to heal naturally without feeling so trapped?" So, that's so interesting, right? Similar to our first question, but kind of on the other side, the urge is there, the desire is there, the ability is there, but I don't want the police to get called on me. So yeah, it's the same kind of thing, and exactly what I was talking about, how, yes, society's rules can be problematic.

(33:03)

And this is a tough one. What would society be like if everyone was always genuine with everything they're feeling? I'm not sure. It'd probably be better in the long run, but might be kind of messy 100%.

(33:19)

As it is now, you do want to have, I think, mindfulness about the sounds you're making in society. I mean, personally, for myself, I don't care if people think I'm weird or whatever, but I do want to not cause the attention of the authorities, or get mental health services called on me, or that kind of stuff is generally going to make things worse. So we do want to have a bit of mindfulness, and the amount that we allow ourselves to be authentic in society, which means that you've just got to really take advantage of the time that you can. So your car is a wonderful place to just go nuts, let your sounds fly as you're driving down the freeway, wherever it may be, of course, please stay safe. Don't get so into your emoting that you can disconnect from the fact that you're driving.

(34:11)

But yeah, just driving down the road, and ah, let it just come on out. One thing I've noticed that I tend to do is like, I will exaggerate my yawns. That's one way I'll just play. It's just like, oh.

(34:28)

Play, let yourself play, let yourself express, let yourself be silly in the context where it's totally safe. So in your home, in your car, maybe in the forest with friends who you know you have that acceptance with, that they don't care. Yeah, all good. Yeah. Yeah, that can keep you awake if you get drowsy while driving. It's actually a funny story. Irene and I once were driving in Italy, and she realized that she had never actually ever really screamed, like full on horror movie

scream, never done it. And so we started playing with that because, yeah, it can really wake you up if you're driving and getting sleepy. And she actually had trouble doing it. And then, so we worked with it, and then she was able to. And it was fascinating, the energy that got released from allowing that first just full on, "Ah, I'm not going to do it, because I want to..." But yeah, you all know.

(35:28)

You all know the deal.

(35:31)

So yeah, let yourself fully rip when you can. Take advantage of all opportunities to express and be loud when it's safe to do so. Ha ha. Make it a part of a new piece of music. All right. I think Yoko Ono did quite a bit of that back in the day. She had the direct guttural expression thing down. Yep. Farting and burping, frowned upon in public. Yet we've got to do it. Yep. True. Yeah, that's another one. Gosh, how much do you want to just let yourself be natural? It's a negotiation. But in your own home, yes, please repress nothing, for sure.

(36:27)

Okay. "Can we please be provided with or directed to a compilation of external resource options that's more extensive than in the lab?" I'm assuming you mean in the video, researching your resources, or there's a little list of general categories of resources, external resources. "So we can help spark ideas for those of us who are a bit more shut down. Is it detrimental for our resource list to be too long?" Okay. First, I'll answer that. No. You want to have as many external resources as you can. There's no such thing as having too many external resources. There is such a thing as resourcing too much, which I'll explain in a bit. But in terms of what you have as options, no, your list can be as long as you like. Now, can we have a compilation of external resource sources more extensive than in the lab?

(37:23)

So yes, I will give you a list, but here's the thing. We need to acknowledge that each person is different. That's why, in the video, it's not so much specific things as categories of things, because everyone is going to have different specific resources that they go to to feel a little

better. So just to clarify, what is an external resource? It's a thing. It's a practice. It's something we consume or do such that we feel a little better. It's just a way that we help settle our system using some external thing. So I did make an actual list, and I will, I think, post this on the site. I haven't done it yet, but just for example, all of these are examples of positive things. So hot drinks, tea, hot cocoa, et cetera, that kind of stuff, food that we really love, whatever that may be.

(38:28)

Resources, there can be this thought that resources have to be healthy, like healthy. No, resources have to do the job of the resource, which is to help you come down. So cigarettes, alcohol, pot, like whatever, substances, those are resources. There is no good or bad. Of course, sometimes resources can turn into addictions, and that can be problematic. We want to acknowledge that. That being said, there is no thing that's necessarily bad in the context of resources. It's about, does it help us soothe ourselves? That's really the only question. A hot bath, a shower, a sauna, a walk in the woods, listening to music or playing music, playing in general, doing puzzles, playing with Legos, card games, board games, TV shows and movies, radio shows, podcasts, special objects that may be important to you, a teddy bear, a blanket, crystals, bobbles, rocks, shells, things that you've gathered along your travels, little knickknacks, painting, drawings, sculpting, writing, any of the art forms, anything that you do or create can be a very powerful resource.

(39:55)

Safe people, people that you can connect to and be yourself with, and that you feel good around. Pets, nature, plants, trees, flowers, just the air, so the sunshine, the grass, getting your feet on the grass, any sort of spiritual practice, any kind of faith you have that feels supportive in resourcing. Exercise, a favorite spot that you go to and just like to sit. These are all possibilities for external resources. So yes, I will put up that list. I think I'll put it on the resources page, just because, yeah, I understand that, this is understandable, which I didn't acknowledge at the top. When we are really shut down, it may be difficult to have any idea, even think about what our resources are. So, a totally understandable question. And so, yeah,

it makes sense that you might like a specific list, and then you can just say, "Oh yeah, I do that thing." So I hope that's helpful.

(41:05)

And yeah, I'll put that on the page.

(41:19)

Now, the question about, can we have our list of resources that's too long? No, that's fine. But you can resource too much. So that, of course, addiction, that is one manifestation of that, where it just becomes the thing we have to go to in order to feel okay. I certainly have had my share of those. Doesn't change the fact that they're a resource, but when that happens, we tend to change, we call it a coping strategy. It's kind of like a separate kind of class of resource, that it's more about just managing and getting through the day. And that can get tricky. If you have a history of addiction, or there's addiction in your family, I saw a comment in the chat. It's like, "Yeah, I like a glass of wine, but how do I avoid it being problematic, if there's addiction?" It's about being mindful of what you're doing.

(42:16)

If you're craving a glass of wine, you have a glass of wine, it feels good, fine. If that means that, like, "Oh my God, now I need three glasses of wine or four glasses of wine," then maybe that's more of an issue, and it may need to be worked with. If you can stop with one, if you can have the thing you want, and that's fine, great. It's really about what's the usage. Now you can get into, also, another kind of over-resourcing that isn't so much about addiction, but it's about avoidance. Again, this is kind of tricky, but if anytime we start to feel activation or uncomfortable emotions or sensations, we go immediately to our resource to settle. Eventually, that might be a problem. It's certainly not a problem at the beginning. Part of building capacity is learning, oh, I can feel not great, and then I can do something and feel a little better.

(43:14)

Even if that just means having a glass of wine, having the awareness is a big part of what makes it different, and maybe more healthy, like really noticing, because it can be easy to just

unconsciously go to a resource as soon as we start feeling discomfort without realizing that we're doing that. And then we end up just missing the stuff that's happening, if it's just an automatic thing. So we really want to notice, like, "Okay, I'm noticing I want to go to this thing. I want to soothe. I can have that thing, but can I first just really notice what's happening? What is it that I'm feeling discomfort around?" And be like, "Oh, my belly's tight and I'm feeling worried." Okay, now I'm going to go use my resource. That's like the most basic thing, is just identifying what's actually happening in your body, that you want that resource.

(44:09)

And then as you use the resource, notice what changes in your body. Really notice the effect of the resource working. In this way, it's a way we start to build capacity at the very beginning. Maybe the actions are the same as they have been, but we just begin, a bit, more conscious about it. We just get a bit more deliberate about noticing what is actually happening in the body. And then maybe next time we can stay with what's happening in the body a bit longer, because eventually we are going to have to be with these things without soothing. That's just the reality. When we finally release the old survival stresses, it doesn't feel good. It feels intense a lot of the time. Now, big picture, it does feel good. And actually over time, you can develop the capacity to be excited about feeling difficult stuff, believe it or not.

(45:09)

Like you'd be, like, "Okay, all right. Hey, there's something happening here. Yay, I get to process something." That does come, but that can take quite a while. And we want to get to the point where we are genuinely there, not forcing ourself through will, power, to be present with something. This is the whole relearning process that Irene talked about on the orientation call. It's like relearning how we interface with ourselves and our stresses and our habitual patterns. The first step in that relearning is becoming more conscious about what is. Before we change anything, we just want to be more aware of what's actually happening. That means taking a moment to feel the distress before we soothe it, and then soothe it, and really notice the effect of that. How is the soothing happening? What changes? Then next time you stay a little longer with the distress, know that you can always go to your resource.

(46:12)

So these are all external resources. What this program provides is internal resources. That's the stuff that we really want to get, and that's all the neurosensory practices, because what can happen is, and I'll just reference some lessons that, if you're new, you haven't gotten to yet, but you will. But maybe, okay, I'm starting to feel that thing in my belly, that I would normally go to my glass of wine, but now I know how to work with my diaphragms. I'm going to actually bring in a little sense of space into my pelvic diaphragm. I'm going to feel the container of that. And maybe I'm going to let a little sound express and vibrate what I'm feeling through my expression. These are internal resources, somatic tools. Internal resources are what let us move through an experience, rather than just settling it. So that's the difference. And it's important to give ourselves time to get there.

(47:10)

There's no hurry. So we want to learn all these practices. We want to get so that they are familiar to us, and we can apply them in real time, like I was talking about with potent posture earlier, and give ourselves plenty of permission to use our resources, soothe, settle ourselves as we need to along the way, and not only do that, slowly grow the capacity to be with what's there, and start to work with it somatically.

(47:41)

Okay. Oops. Hello. "This is my third round of approaching SBSM with curiosity. I recently purchased a visible armband, which tracks heart rate variability as a tool for pacing with chronic fatigue syndrome and dysregulation. I aim to live within my limits to build capacity and regulation. Are you aware of whether this tool could help with titrating the SBSM content too? I don't physically notice when my heart rate goes above 104, just sitting up, for example, but the band does." So I see you don't physically notice when your heart rate raises as you sit up, but the band tells you, like, Oh, your heart rate is going up. "Should I do this work lying down, so my system is in rest mode?" Okay. So a few things to unpack here. First, it's important to know that any wearable device itself is stimulating to the nervous system.

(48:51)

So that's something to be aware of, is just having that thing on is maybe raising your heart rate,

or stimulating your nervous system in some way. So that can be a bit of a conundrum. The other thing is, though, heart rate isn't necessarily an indication of whether or not you're within your capacity. For example, there's all sorts of ways our body may indicate to us that we're getting outside of our capacity. It could be a spike in heart rate. It could also be that we start holding our breath, or it could be that we unconsciously clench our jaw or our abdomen, or maybe our heart rate goes way down, and we start to dissociate and go into freeze. There's all sorts of ways that survival energy speaks up through the system and indicates to us that, "Hey, we're going past our limit here." So if you know that a clear indication for you that you're outside of your window of tolerance is a certain level of heart rate, perhaps this could be useful in this context, but it's not necessarily going to tell you everything you need to know.

(50:06)

What you really want to do is start to listen and notice what are the somatic signals that you can notice. So using this could be an interesting tool to sort of reverse engineer that. Maybe you notice, oh yes, my heart rate has spiked. Now that I know that, can I feel something? Can I start to feel what that's like? Is there a sense of maybe a little breathlessness? Do you feel a little tightness across the chest? Is there some somatic cue that does tell you other than the pulse itself? But again, it's not always about the heart rate. And speaking of the heart rate, this work is also not about just being in rest mode, right? It's about being with what is in the body. So no, you don't necessarily want to only lay down. What if your system needs to have some kind of sympathetic activation as part of what's happening?

(51:06)

Now, since you are currently living with chronic fatigue syndrome, yes, you want to be much more careful than others, maybe about being mindful of how much sympathetic energy, for example, is moving through your system. Because if you are living with chronic fatigue, your window of tolerance is going to be quite small. So yes, I understand the purpose behind the band. And like I said, if you're going to use it, try to reverse engineer a little bit and discover what the somatic cues are. And maybe there's other somatic cues that aren't related to heart rate. But in general, we want to explore this work in all different ways of being. We want to do

it laying down. We want to do it sitting up. We want to do it standing. We want to do it while we're walking. We want to bring all these practices into our world, into all that we're doing.

(51:59)

So no, because we don't just live laying down. So I would say for you, since you are living with chronic fatigue, sure, maybe start that way if it feels supportive, if it feels good to do something laying down. Great. Then see what it's like to try it sitting up. Maybe you try it halfway, like you're reclined, but partially up. Then maybe you try sitting up all the way. Maybe you try it standing or sitting in a different way on the floor, or whatever. Allow yourself to experiment with variables. We want to practice this work as part of the way that we live, and we don't live laying down all the time.

(52:43)

“Hello. I just finished lab six. I believe healthy anger is a key. I tick almost every symptom that a lack of expressed anger can give, and I focused on healthy aggression lately. Last week during an EMDR session, I am used to this therapy. I felt like I had an iron shield around my head. Then an unusual headache occurred. And some days later, my neck, shoulders, collarbone, and overarms are aching. Not sure if the pain is related to the nervous system. Is it possible? If the pain is nervous system work related, what do I do with it? Soothe it, release stress, anything else?” Okay. So for those of you who are new, she's referencing healthy aggression, which is lab six. We will get into that. This is about... I spoke a little bit about it earlier, on the first question, like starting to allow our authenticity to mobilize, and part of that may be aggression, may be an urge to protect ourselves in some way.

(53:42)

Fundamentally, that's what aggression is. It's just the ability to protect our space, have boundaries, be able to recognize safety or unsafety. It's a general ability to move forward, is a very simple way to think about it. The root of the word itself in Latin, greedy, just means to move forward. So aggression can be thought of as a life energy that moves us forward, and it also helps us know our boundaries and how to protect our space, so to enforce those boundaries. So, incredibly important, of course, in the context of trauma, because so often what happens is we were not able to do that, and getting in touch with that life energy and

those urges to protect is incredibly important. So it's a big part of this work as we move along. In terms of your question, what it sounds like is that you discovered a big bracing pattern that then started to shift.

(54:52)

So what you say here, an iron shield around my head, then an unusual headache. Then some days later, neck, shoulders, collarbone, arms are aching. It sounds like there was a big thing of freeze or shock in here, and that it has started to lift. This is generally how it is when something has been frozen for a long time. As it unfreezes, it hurts. This is like if you just clench your fist like this for a minute, and then let it go, your hand will ache. So if you imagine all of these structures being clenched for decades, sometimes as they start to come loose, it's going to be uncomfortable. It's going to have headaches, you're going to have muscular pain. This is actually a very often indication of the freeze lifting from the system, because we then feel what was there all along. And that's very much what this sounds like.

(55:53)

And it would go right along with you getting your healthy aggression going. You've been mobilizing and allowing your authenticity to express and move. You're getting more access to your energy. That could easily start to allow things in the body to lift and shift, if they've been very stuck. It is important to know that EMDR can be overstimulating for people with trauma. We don't generally recommend it, especially for a full session.

(56:26)

In working with my somatic practitioner, he would use EMDR occasionally for a few seconds sometimes to help integrate a piece of somatic work. A full hour of EMDR, that could be a lot. Even if the practitioner is aware of the need to integrate and rest and pause and all that stuff. So just something to be aware of. If you're not familiar, EMDR is working with movements of the eyes. It's leading. Very often the practitioner will be leading through moving their hand in a certain way, the eyes to move in a certain way. If we've had early developmental trauma, this can be way overstimulating, especially. So just something to have in your awareness.

(57:15)

So in terms of what to do, soothe it, release it. Essentially, mostly I think you just need to have patience. You probably don't need to do too much. If there's practices that feel soothing and supportive, now is a good time for that. Whatever helps your system feel a little calmer. You could work proactively again with touch, just sort of welcoming these tissues back online. Hello, hello. Paying attention to them with kindness, hot baths, showers, things like that, that may feel supportive. You could work with the diaphragms. Since you are an alumni, it sounds like you have access to the diaphragm lessons already. Remember that there are diaphragms in the head that echo the diaphragms in the body. There are the diaphragms, if you're brand new to this, we will get into them, but they are essentially containers. This is from the osteopathic tradition, places in the body where we tend to hold emotion, freeze, stuckness, that kind of stuff.

(58:24)

There's three primary diaphragms that we'll be working with, but there are also diaphragms in the head that mirror those structures, and that's on the page. So just go have a look at the diaphragm lessons, and look at the ones in the head, and work with those in the same way you would work with the diaphragms in the body, of just using your breath and intention to bring in space.

(58:52)

Yeah. Yeah. I've just seen some comments about EMDR and brainspotting. And these types of techniques have a very mixed result. It totally depends on your trauma history, and how your system is holding, and how you process. For some people, it can be totally overstimulating. For other people, it can work to let stuff move through. It's very varied, and that's why you just need to be aware of how it is for you. Anytime we're bringing in a stimulating technique, anytime we're doing something, we really want to be aware of what is our reaction or response to it. I mean, sometimes people really get overstimulated and they ignore that because they think that's like, "Oh, this must be how it's supposed to be." So that's why doing this more foundational work in this program, getting this education on board will make you

much more informed to understand why you may respond in certain ways to certain kinds of therapy.

(59:50)

And EMDR, as Irene often says, "Go back to the baby." If a baby is highly stressed, well, waving your fingers in front of its face, that's not going to do anything. It'll just be confusing and overstimulating. Yet again, it could be for an adult, and they don't have early trauma, it could be super helpful. So it really got to be, know what your response is.

(01:00:17)

Yeah, EMDR is also recommended. You'll see that, I just saw a note. Yeah, *The Body Keeps the Score*. It's important to know that *The Body Keeps the Score* is a good book, in general. Also, Bessel is not a somatic practitioner himself, so much. He's an author, and he makes some recommendations there that we don't agree with. And some we do. He's putting it out, what he knows. Same with Gabor Maté. He writes great books. He is not trained to work somatically with people's trauma. And unfortunately, now he's starting to, in workshop settings, with mixed results from what I hear, whatever. Yeah, there's lots of times this can happen, where people who are authors, or trauma adjacent, people get confused by their recommendations sometimes, because they are not themselves in practice, day-to-day working with clients. They're more on the periphery of the field. Maybe they've read about it a lot.

(01:01:23)

But unless you are specifically working somatically, nervous system work with clients, and you're not really a practitioner, it can be hard to be more refined and nuanced in the things that you suggest. And you can just say, "Oh yeah, EMDR works for trauma, or yoga works for trauma." And these things are, well, maybe it all depends on the practitioner, the person, the individual system, how we respond.

(01:01:49)

Okay. Let's take a little pause. I just have four more questions left, but we've been here for an hour, so let's take a little moment to pause. If you want to just let your eyes go away from the

screen, if you want to get up and have a stretch, if you want to go to the bathroom, whatever, and we'll be back here in just a few moments. Give it three or four minutes. All right.

Welcome back. So before I move on, I just caught a question, responding to one of my last things. Do you have your critiques of other practitioners, like Gabor Maté, posted anywhere? Nope. This is just me speaking about what I've seen as a practitioner. Don't really spend much time trying to criticize people, but yeah, there's a lot of people out there with varying levels of knowledge. Many are not practitioners. I mean, unfortunately, one of the things that's happened with this work, when Irene put it online, she was the first one to do so.

(01:06:04)

No one was talking about the nervous system. No one was talking about trauma. Now, everybody's talking about the nervous system and trauma. And in social media culture, most don't have any idea what they're talking about. We now have the nervous system influencer figure, as we call them. And these are people who have not done any professional training, but have read a book or two, or have their own experiences, and then start talking about the nervous system, and don't really know what they're saying. Now, Gabor Maté and Bessel van der Kolk do not fall into that camp at all. They're in another camp of people who are very experienced and well read in terms of working adjacent to trauma, or like Gabor Maté worked with addiction a ton. He's worked tons with traumatized people, but he himself has not done any somatic training. He's a medical doctor. I believe Bessel van der Kolk is a psychiatrist, or at least a psychologist, also not somatically trained, as far as I know.

(01:07:05)

So their books are good. Don't get me wrong. I mean, I love Gabor Maté's books. *The Body Keeps the Score*, a pretty darn good general sort of somatic introduction. But if you really want good books on trauma, please read Peter Levine's books. Specifically *Waking the Tiger*, *In An Unspoken Voice* is my favorite. *Trauma and Memory* is fantastic, and really helpful for understanding how memory works in the context of trauma. I mean, Peter Levine is a great author, and actually is the real deal in terms of being a trained practitioner as well. So if you want reading material on this subject, these subjects, please read his books. Also, there's many

other good ones. There is a book list actually that will come out in the additional resources section of the site at some point along the way. So you'll have a whole list of reading material.

(01:08:06)

But yeah, definitely recommend starting with Peter Levine, if you're going to look for books around this stuff. Also, just one note about additional resources. As we were talking about resources, I noticed someone had mentioned the Watering the Brainstem lesson, which is in the additional resources section. However, again, if you are new, you won't see it yet. It will be released later, about midway through the program, I believe.

(01:08:35)

When you're an alumni, you have access to everything, and the site looks different. You can see everything. When you're new, you only see stuff as it's released. And that's intentional, because we don't want to give you too much at once. As it is, it's often way more than people can keep up with, and that is fine. Okay? So if you hear about something and you don't see it, don't panic. It's just not there yet. It'll be there eventually as we move along. Okay. Yep. And saw other people mentioning things like havening, working well for them. Great. Awesome. Massage therapy. Yep. Our resources can be many and varied. And things that work for one person may not work for another person. And that old phrase, "Know thyself." That is the foundation of this work. What do I do? What works for me? Just figuring that out can sometimes take a while, especially if we were gaslit as a kid, if we were controlled overly, if we were in a public school system.

(01:09:46)

I mean, there's so many ways in which we learn to ignore our body's signals. Or we were told that what we're feeling wasn't real. How many times does that happen, where a kid is feeling scared because often of something the parents are unconscious of, and the kid expresses that I'm afraid, and the parents say, "Oh, there's nothing to be afraid of. It's just your imagination" when what the kid is afraid of is the parent's unresolved trauma. There's so many ways in which we can get talked into, "Yeah, you're okay." Yep, exactly. "No, I'm not okay." But then we're told that we are. So yeah, there's many ways that we get fooled or tricked or gaslit or

deceived into thinking that what we feel isn't accurate, when it is. So that can make reconnecting difficult. We need to relearn to know ourselves a lot of the time.

(01:10:42)

What am I actually feeling? What am I actually experiencing? It's a process of discovery. Okay. "Hello. I'm on my third round of SBSM. It's a pretty regular state for me to be disconnected from my body, but when I remember to do a neurosensory exercise, it's sometimes like flipping a switch. My body connection comes flooding back. Intrusive thoughts halt, and I'm in touch with my impulses to move. I'm surprised at the big contrast and the fast effect. It's as if I opened a door to my body or switched on the sound. Is this a common occurrence?" Sometimes, sometimes not. What is cool is that it's a common occurrence for you. So now you've just got to remember to do that. There's different ways that different people are. It sounds like for you, your body was ready and waiting for you to do this work. And as soon as you step into it, it's just like, "Ah, yes, here I am."

(01:11:38)

"I'm present." Wonderful. So keep doing it. Keep showing up. Remember, you don't have to go to a neurosensory lesson. You just have to remember to do the practice no matter where you are. If you still are unclear about what the lesson is, about what the practice is, then yes, listen to the audio. Refresh yourself. But as your third time coming through SBSM, there should be, at this point, a fair few of these practices that are just in your body, in part of your toolkit. And can you remember to apply those? One of the most basic for me as I'm moving through the world is the principle of the potent posture lesson, and follow your impulse. Those two are like, that's just navigating reality 101. How am I standing? Am I being in balance? Am I leaning too much on one leg or the other? Am I in a sense of potency?

(01:12:32)

Can I move freely in any direction? I'm always aware of that stuff as I'm moving through the world. And then what are my impulses? What are my organic impulses? I want to go this way. I want to go that way. Maybe I should do this first. Those are just prime somatic base material for getting to know ourselves and the world in a little different way, in a more somatic way. So this is great. It may be a common occurrence for you. That just happens for other people not

so much. Other people need to spend time building connections to themselves, and it takes work and effort to discover areas that may have been shut down or offline. But what's important is that it works for you. I'll just encourage you again, remember to internalize the practices. And since you respond so well to being engaged somatically, don't wait to do an oral sensory exercise to do that.

(01:13:36)

Bring it into your life.

(01:13:40)

“I'm being triggered with my boss, and I go into shutdown with a lot of pain and grief when he takes a superior position. We had dual roles during my illness. He was my doctor and supported me, and he's my boss. How can I distinguish if I'm healing my early developmental trauma, or if this is too much for the system, and I'd be better to change my workplace? Is the amount of pain I feel dependent on his dysregulation, or would it be the same even though he would approach me with a ventral vagal state when discussing difficult issues?” Okay. There's a few things to unpack here. The first is we've just got to acknowledge that part of what's happening here is probably because of confused boundaries. It sounds like he's your boss, and he was also your care provider and your supporter. That can get messy, because what's likely is that in some ways you attach to him as a care provider as he was caring for you during your illness, and then you may have emotional expectations of him that don't fit in the category of boss.

(01:14:46)

How I'm going to be as a care provider may be very different from how I need to be as a boss, who expects clear outcomes and deadlines and efficiency and all that stuff. That's quite different from maybe how I would be as a care provider, who's there to provide unconditional support, care, attention, all that stuff. So it sounds like some boundaries and some roles kind of got messy and confused here, and that maybe part of why this is so painful is maybe you're expecting him to respond to you as a care provider, and he's actually responding just as a normal boss would. That being said, there's no reason why a boss cannot be, like you say, ventral vagal dominated, or in other words, social, kind, attuned, caring, connecting from a

place of engagement, rather than demanding. So it sounds like he's coming at you as a boss in a very traditional boss-like way, which is being very authoritative, and I expect this and this and this.

(01:15:48)

And that feels very painful, because you also have this relationship with him as a care provider, and that doesn't fit. So the first thing is to be clear about what is real now. Is he your care provider still? It doesn't sound like it. It sounds like he's now just your boss. So it'll be important to look at, are you expecting a kind of attention from him that isn't in the boss camp so much to speak? That being said, yes, there's no reason he can't also be kind in his communication as a boss. So you ask, "How can I distinguish if I'm healing my early developmental trauma or this is too much for the system, I better change my workplace?" It sounds like the best thing to do would be to have a conversation with him when there is no charge. Don't have a conversation with him when he comes in demanding something of you and you get upset, that's not the time.

(01:16:49)

Have a conversation with him that you schedule that's about this, or at least happens organically during a time where there isn't any charge up in the relationship. And you just need to see, maybe, what it's like to express yourself, to say, "Hey, sometimes when we're working, you come at me with a certain energy, and I get, it feels really painful to me. " And maybe you even want to acknowledge that I don't know if it's because of, there's some confusion, because you're also my care provider, and I'm expecting certain things from you, because of that, that maybe you can't provide as a boss, but it is painful for me. I'm wondering if you can maybe be a little bit more gentle, or can we at least talk about this? If you bring it up in that way, his response will be the information you need about whether or not you need to change your workplace, I think.

(01:17:46)

If he gets very defensive, if he gets angry, if he gets more into the like, "You've got to just do what I say," then yeah, maybe not the best workplace, and you want to consider. If he's understanding in any way, if he says, "Oh, wow, that makes sense. I can see why that may be

confusing." Or, "Okay, I didn't know I was coming across that way." Or if he's open and can actually receive the feedback and engage, then yeah, it could be okay. And I wonder if it's part of what you're navigating, since you say you have early developmental trauma, boundaries and appropriate role in relationship is often something that does get muddled and confused and tricky and sticky with early developmental trauma. So it could be setting a catalyst for positive change for you in healing or not. And I think that you want to try to have that conversation with him, and see what the response is, and use that as your evaluation to determine if it really is safe enough or not.

(01:18:49)

Okay. "Irene mentions that during night wakings, it's important to feel sensations and let the fight or flight release, but when I try to feel it in my body, it wakes me up fully and makes it harder to fall back asleep. Resources like water, pillows, or a weighted blanket don't help me. Is it okay to set a boundary like, "We'll process this in the morning," and then focus on sleep, or should the activation be worked with then? And what helps the body fall back asleep fastest?" Okay. The answer to this question really is what do you have the capacity for? Now, it also may depend on the strength of the charge.

(01:19:36)

It definitely is okay to say, "We're going to process this in the morning. I'm going to focus on sleep now." Fine. There's nothing wrong with that. Just make sure that you do revisit yourself in the morning with that intention. Now, it may not still be there, and this is part of why we suggest working with it at the time if you can, because when we go to sleep, the defenses very often will let down, at least to a certain degree for many of us, and that is when stuff can come out. And so it is an opportunity, and I can't tell you the number of nights I have spent not sleeping and instead rolling around, making weird sounds, holding my body, getting up and getting in the shower, going for a walk, getting up, doing squats, letting my legs run. I have spent many, many nights doing this kind of stuff.

(01:20:44)

It's just part of what the deal is if you're really dedicated to this work and moving through it. And I did that because I had the capacity to do so. I would maybe not get nearly enough sleep,

but I would be okay getting through the next day. So that's why you've got to know your capacity. If you really embrace it like I'm talking about and you do it, and then you just are so wiped out and you can't function, then okay, that's maybe not the best idea, because you need to have energy to get through the day. So it's about you. How much can you do and still function the next day?

(01:21:29)

If it means that you're fine, you're just tired, then go for it. If it feels like, oh my God, I'm a zombie and I can't do anything, then maybe back off a little bit and prioritize sleep. Now you ask, what helps the body fall back asleep fastest between these two options, like, okay, I'll work on it later and the priority is sleep, or I'm going to fully work with it. Again, it depends on the strength of the charge. So if you wake up and it is full on, like your heart is racing, and your legs want to go, and they're twitching, it's going to be probably pretty tough to try to just compartmentalize that and go back to sleep. You're probably going to fall asleep faster if you just work with the energy, because it's there, and it wants to move, and trying to make yourself go back to sleep can be torturous when that's the case.

(01:22:24)

On the other hand, maybe, you wake up, you just feel a little unsettled, you feel a little ... Something feels a little off, but there isn't a ton of urgency. The heart isn't racing. It's just like, I feel a little, ugh, I had a bad dream, maybe. In those cases, okay, maybe you'll get back to sleep faster if you just say, "You know what? I don't have the energy for this right now. I'm just going to go back to sleep. I can do this in the morning." Okay. So discover for yourself, but I'll just say that there's going to be some nights, man. There's going to be some nights where you're moving through some stuff. It's just part of the deal, and it's totally okay to resource, take care of yourself, try to go back to sleep. Again, what is your capacity? What is the strength of the charge in the moment?

(01:23:18)

Just checking my notes if there's anything I missed. Ah, yes. So this doesn't apply just to this scenario, but it brought up this important point in general for me to express, which is one way to think about it as we're unpacking this stuff and these sensations, these impulses to move,

this energy, this discomfort, this survival energy in the body, these emotions, as these are surfacing, we can think of all of that stuff as a piece of ourselves showing up to be present. It's like that is the little kid that didn't get what they needed, and instead was abused or hit or neglected or had to repress their authenticity, et cetera. It's like, there he is, there she is. I'm here in all my discomfort. How we respond to ourselves, in that way, in those moments, is critical because what didn't happen is that little self that's poking up and saying, "Hello, here I am in all my distress," was not responded too well historically.

(01:24:34)

That's why they're stuck. We need to really be mindful of how we respond to ourselves. So let it go. It doesn't matter which choice you make. How do you do it? That's really key. So that's the difference between, "Oh God, just shut up. I just want to go back to sleep." That's kind of what that little self got in the first place, most likely, not going to be too helpful. Whereas, oh, little one, oh my God, I hear you. Yes. Oh, I feel you. I just, I don't have energy to get into this right now. Can we check in in the morning? I promise I will be there in the morning for you. I just need to sleep right now. I hear you. I love you. I'm with you. I need to sleep right now. That's a whole different thing. Just changing your intention and how you respond to yourself with kindness, with compassion, no matter the decision, that is a key intervention in this work.

(01:25:35)

So no matter which decision you make, do it with kindness, care, attention, all that stuff.

(01:25:44)

"Last round, I was at the supermarket, and I started to feel sick. I sat down, and could not walk back home, and paramedics were called, and I needed to vomit. They told me I was hyperventilating, and therefore that's why I had cramps in my arms. They brought me to the hospital, but I was already good at arriving there. It must have been freeze lifting, but I wondered, where is the fight, flight? I felt down and out. I couldn't walk. It felt like the opposite of fight, flight. Can you please explain?" Okay. So this was likely actually not freeze lifting from the system, but rather freeze asserting itself strongly in the system. When freeze lifts, there may sometimes be a little sense of spaciness or weirdness.

(01:26:39)

Generally, we will feel a sense of cold. We will feel very often in the spine or across the shoulders or the arms or in the chest, a sense of some kind of cold, kind of an evaporating feeling, is the best way I can describe it, like this sort of chill, but it's not what you describe, where you actually, you sat down, you couldn't walk, you feel down and out. This is actually just freeze strongly being present. So for whatever reason, your system felt overwhelmed, it sounds like, in that moment and went into freeze. That's why you had to sit down. Sometimes with that need to vomit. With the freeze, remember, it's like an emergency brake. It's a rough thing on the system. And so that emergency brake getting pulled, that includes a big change of signals to the digestive system, so it's not surprising that you may feel nauseous or you need to vomit.

(01:27:45)

In terms of where's the fight, flight? Well, when your system is actually being dominated by freeze, it's not like the other thing where freeze lifts and then you feel the energy of the sympathetic, which is very common. This is more like, no, the system is going into freeze, so you're not really going to feel much of the fight, flight. However, it was there in the hyperventilation. Hyperventilating, that's a shallow, fast breath, that's sympathetic. That freeze breath is much more shallow, like you're not even breathing at all. It's barely present. So it sounds like the sympathetic was present in your breath. So that sounds like what happened is your system got overwhelmed, went into freeze, and then thankfully you were able to get support. You were able to get some good help, and you were okay. But I would encourage you to just think about, maybe, what was going on that day.

(01:28:48)

It sounds like for whatever was happening, it was too much for your system. And that can be the case when we're living with a lot of unresolved trauma. We can easily do too much sometimes. And learning again, what are our signals that we're starting to go past, what we can truly tolerate? That's such an important part of this work at the beginning. Just how do I know? What are the signals that I'm starting to feel like it's all too much?

(01:29:23)

There's so many. For some people, it can be that they just start to feel not present, like, "I'm unable to concentrate, or I don't know what I just read. I have to reread it again." Losing the ability to pay attention and focus is one. Another may be that you start to feel tension clamping down in the system, the jaw gets tight, or the shoulders, or the belly starts to clench. Again, and these may be so familiar that we don't notice them happening, is the thing. Our ways of managing can be very ingrained to the point that it's just like, oh, that's just how I am, but there actually are detectable things going on. So we need to start to recognize these cues, and they may not even be somatic. Our cues may be mental at first. We may start having just really intrusive thoughts that just are going round and round and round. That's a signal that we're getting overwhelmed, or we may have the inability to think clearly.

(01:30:28)

That's another signal that we're getting overwhelmed. It may be emotional. We may just start to feel grief and sadness and weepy, or we may start to feel angry, and we just want to bite someone's heads off. These are all potential indicators that we're starting to go past our capacity and heading towards overwhelm. So learning what that means for you, that is such an important part of this as we start this journey, and as we continue this journey. I'm not sure if there is an end to the process of knowing ourselves, which is what Irene means when she'll say, "This work doesn't really have an end." It's part of what we've got to get our heads around if we really want to do this, is, it's not our normal way of approaching healing, where I have this problem, and I need this solution for this amount of time, and now I'm better.

(01:31:27)

It's not like that.

(01:31:31)

Things resolve, things get better. Don't get me wrong. That's the whole point, but it happens by changing how we live, by changing how we fundamentally are with ourselves, and with our environment. So everything I've been talking about in terms of, how do we respond to our cues, learning what they are, treating ourselves with kindness, learning to listen to our impulses and discover what they really are, what is our authentic voice? What sound wants to

come out? These are all things that we take with us into the rest of our life. We're changing how we live, and that creates healing as we go. And that's a process that doesn't really end, as far as I've found. I no longer am uncovering all sorts of survival stress and trauma, but I still find new things about myself and my body and my experience. And I kind of hope at this point that it doesn't end, because it's kind of a beautiful discovery, especially once you get through the heavy lifting, and there's many different arcs along this path of healing, and they're all really valuable, tremendously valuable, no matter where you are.

(01:32:47)

All right, that's it for today. Thank you so much for being here. I really appreciate seeing you. I love seeing all the new faces, and all the familiar faces, and look forward to next week when we'll do it again. So be well, take care, and keep going. Bye for now.