
Curated Q&A Call #2 with Jen. Special Topic: Early/Developmental Trauma

Jen (00:08):

Okay. Well, welcome everyone. This is a special Q&A call. It's the second Q&A call of round 19 of SBSM. And the date in North America is March 19th, 2026. I am here today with all of you, and we'll be supported by Susan from Team Lyon. And I'm trying to see, Mara, are you here? Hi. There you are. Hi, hi. I see you now. So Susan will be popping links in the chat and taking care of things, like when people unmute themselves and we hear background noise. And if you have ... We aim to keep the chat relatively quiet, but if you have questions, something's not clear, you didn't hear something, you're welcome to pop it in the chat and Mara will answer the more content oriented questions, and Susan will answer other questions. Okay. So, welcome everyone. Today, the topic is early developmental trauma. And Seth and I introduced these calls, I think it was, I can't believe it, but I think it was around four years ago now.

(01:28)

Because the reason being, I'm just going to give a little bit of context, because some of you have heard this many times before, and some of you, this might be your first time, and you might even be wondering what is early developmental trauma. It's a pretty big topic. I'm going to point you toward resources and just give you some essential information, and you'll hear more as we go through the call today. But just before I keep going, can everyone hear me okay? Clear? Yeah. Okay. Thank you for confirming. So the reason we introduced this information a few years ago is because while SBSM is really designed to be for you to go through however it works for you, and that can be different for everyone depending on your history and your background and your intentions, we find that it can be even more, or sort of two big categories of difference can be people who identify as having a history of early developmental trauma, and people who feel like they had more regulation, or have signs that they might've had more regulation on board early in life.

(02:37)

The reason this is different is because if you already have regulation on board, then the work is more about growing awareness of yourself, going inside to look for things that you might be holding in there, working through the activation as it arises. And as you work with those things, then you usually find like, "Oh, I can settle. Oh, my regulation is growing. I'm noticing changes in my life quite quickly." So that's for people who already have a foundation of regulation to some extent. Some of us, myself included, which is partly why I feel so strongly about the topic, may not have gotten that foundation of regulation from the get-go. And so what that means is that as we engage with SBSM, part of what we're doing, an important part of what we are doing is building a foundation of regulation from the ground up, in many cases.

(03:35)

And so what that means is that we might engage with the practices and the work a bit differently for a while, and sometimes for quite a while. And that's why we offer these calls, and that's why we offer at least one of them pretty early in each round.

(03:52)

So I thought what might be, if you have been here before and you are familiar with the topic, if you can think of one thing that told you that you thought you had, or that you might have a history that includes early trauma, you might pop it in the chat, because it might be helpful for others to hear like, "Oh, that's sort of how I might know. " For me, one of the ways I knew is that I explored many modalities over the years, and I felt like nothing ever really moved the dial. I would meet great people. Some things would change a little bit, but it felt like people were still having these experiences and these big changes in their lives, and that wasn't happening for me. I also studied yoga for a long time, many years, close to 20, and I taught, and a lot of people would be in Shavasana and they would talk about how blissed out they were, and they would talk about having spiritual experiences, and seeing God, and my mind would be going ... The whole time.

(05:03)

And the reason for this from a nervous system perspective, which is our context here, is that I didn't experience the conditions that helped me to grow access to the states, the nervous system states that support experiences of calm and quiet and resting in myself, and not being on alert, or vigilant, or checked out.

(05:34)

And so to name those states, we're primarily talking about growing access to ventral vagal, the ventral vagal branch of the parasympathetic nervous system. And we're also talking about growing more access to just a little bit of activity in that dorsal vagus, right? A little bit of what we call low tone helps with sleep, digestion, just chilling out. More activity in the dorsal vagus, what we call high tone, is when we start to go towards freeze, collapse, shutdown. So hopefully that gives you some context, because we'll refer back to some of these things. I'll share one more thing that we'll refer back to as we go through the questions today. But before we do, I'll just share ... I'm not going to read all of them. If you want, you're welcome to look through the chat, but I'll just share a few of what some of you shared, that gave you a clue that you might have a history that includes early developmental trauma, or what I'll call EDT, for sure.

(06:34)

So things like no memories, a premature birth, not having a connection to the body, feeling constantly overwhelmed, or overwhelmed by small things, having abandonment and attachment issues. And as I say these things, we're going to talk a little bit about this too, but if you want, you might move or turn towards a resource, because sometimes as we hear these things, it can touch into things that we hold inside. So just please take care of yourselves in whatever way, feel supportive as we go through the call, including dropping off if that feels supportive at some point. Someone shares that they had a breakdown at some point.

(07:14)

Nothing stuck after 40 years of healing, and destabilization happened. Often alone as a kid, had to grow up fast, mind never stops, fall apart in relationship, extreme functional freeze. So

I'm going to pause there for a couple reasons, but you get the sense. Sometimes an event like a premature birth or something that happened early in life will give us a clue, but really as trauma is in the response and not in the event. So we're looking at things like never being able to relax, never being able to move my life forward, swinging between depression and anxiety my whole life, things of that nature. So hopefully that helps give you a sense. We did create a resource called the Early Trauma Tips, and that is in the resources section of SBSM. So that is something you can turn towards if you would like more information, and it's something you can always go to, turn towards for some ideas for how to work with different things.

(08:24)

I'll also share some more resources that are specific to early trauma as we go through. And I think one I'll mention right from the get-go, Susan, it is the 10, what is it? 10 things to know when working with early trauma, something to that effect. It's one of Irene's blogs. Okay. So I want to share one other thing for context, and then we'll start answering the questions, because we have a number of questions to go through today. And the one other thing that I'll share for context is that when we're thinking about early trauma and how to work with it, and really I almost like to think of it, I almost like to put the words early or early developmental or preverbal trauma off to the side, and think about, oh, how do I grow more access to settling and soothing? How do I grow more access to just being able to rest in myself, more access to myself really, or yourself?

(09:20)

How do I grow the ability to feel safe in a relationship, with other people, and living creatures? So you can also think in those terms, it doesn't have to be about trauma, because sometimes that can be a little bit, have different connotations, and it can also have, in some cases, be misleading in this context, because sometimes you might've had very loving, attentive parents, and you had an early surgery, or they just simply didn't know how to attune enough of the time. So it doesn't necessarily mean something egregious happened, and something egregious might've happened. So what I want to share is that if you think about a baby, a little baby, and the baby is crying, crying, crying, crying, crying, what supports regulation is that a parent or a

caregiver or the person who is there hears a baby crying, recognizes that they need to be held, picks them up and lets them know they're okay.

(10:23)

They might let them know that through just the physical contact, through a little bit of rocking, through some touch of some sort, through a little bit of sounds, like the sounds people make when they're with a baby, like some cooing, or singing a lullaby, or playing certain music.

(10:46)

And that presence of that regulated enough, present enough other is what helps that little one start to sense themselves, and starts to get the message, "Oh, all of this feeling is going through me." Of course, you're not thinking this yet, if they're really young, but all this feeling is going through me, and something is telling me that I have this container, I'm held and I'm okay, and it will come up, and it will go down. And then doing that over and over enough of the time is what helps that baby learn to sense it themselves, and to self-regulate. And if you think about Irene's swimming pool beachball metaphor, it's like that holding does much more than this, of course, but in simple terms, it helps that baby to sense, it helps to create the swimming pool. It's a container, and at first it's the mother and the baby, and eventually the little one is really kind of sensing their own container, and it just helps the beach balls to move through while there are messages of safety.

(11:54)

So hopefully that's clear because we're going to refer back to it and back to it, and that's what also helps to grow access to these branches, these other branches of the nervous system. So someone hears an echo. Is there ... No? Okay, I'm getting some shaken heads. So hopefully if it keeps up, you might try playing with your sound. It doesn't sound like it's an issue across the board. And if there are issues with sound, just let me know and we'll do some investigation.

(12:27)

So the first question really relates to this, because the first question is, “what is feeling our feet on the ground and feeling our butt on the chair doing or affecting? Is this causing us to come back into our body so that we can then use our ventral vagal nervous system to orient and calm down? I see that the ventral vagal nervous system goes to our eyes, our ears, our mouth, and our nose, so we can use those to orient and calm down, but the ventral vagus doesn't go to our feet or our butt. So I'm wondering, so, what is feeling our feet on the floor and our butt on the chair doing?” Okay. So this question is, I feel like we could talk the whole time about this question, so I'll just try and share a few quick thoughts. But really, when we're under the influence of survival under trauma, we swing between the past and the present, the past and the future.

(13:31)

We don't hang out in the present very much. And so one of the things that, oh, there's my butt, and you're welcome to join if you like, but oh, there's my butt in the chair. Oh, there's my feet on the floor. I might move them a little bit. It's just an invitation to come into the present moment, and a no big deal, no big deal, don't have to hang out there very long, kind of way. Just a simple invitation to the present.

(13:59)

The other thing is that Irene talks, SBSM talks, and Irene talks a lot about orienting, exploratory and defensive orienting. A lot of us with a history of early trauma are prone to defaulting to defensive orienting. Defensive orienting is basically looking for a threat. We need it, but we don't want to be in it all the time, which is how I spent a lot of my life, for example. And so by just noticing things that are relatively innocuous, oh, butt on the chair, feet on the floor, over time I start to separate out that sense of threat from the immediate environment, because often we have a threat of... there might be threat everywhere, looking around, looking around, scanning. And so just like, oh, butt on the chair, feet on the floor, in time we can notice like, oh, there's not a whole lot going on there, in most cases, and we start to tease apart that sense of threat.

(15:05)

I'm just looking at my notes. Or also, the pelvis and the feet are bases of support. They're an important basis of support physically, and they provide sort of stability. They also connect us to our ability to move in different ways, in different directions. And so that also can be a physiologic signal of safety, letting us know, "Oh, okay, here I am. I have this physical structure, think of the swimming pool again, and I can move if I need to." That's access to agency, we might say. Touch. Also, we're going to talk a little bit more about this, the senses today. Touch is the first sense to come online. And it comes online, different people say different things, but they think roughly most experts say, around seven to eight weeks in utero. So we're like, not even an inch, for those of us who use Imperial, or a little over a centimeter, for those of you who use a metric system, and already that sense of touch is coming online.

(16:16)

And we don't, of course, have executive functioning. We can't make meaning or we don't have context, but physically we begin to develop the ability to sense touch that early in our development. So it runs very early and very deep. And there is that touch, that physical, that connection to the surface that we're on.

(16:41)

Excuse me, my ums, they do pop up, they're getting less and they still show up. Developmentally, there's the mother and the baby, again, thinking of holding that baby. And a lot of times we learn that it's important to support the baby along its back and its head, neck, and back, and that helps with developing regulation. And so we're getting a little bit detailed, so I'll just touch on this briefly, and keep going, but there's a cranial sacral connection. So when we have that stability in our pelvis, potentially it can translate all the way up our spine and into our head. And Feldenkrais, you can sort of ... I answered a similar question recently in SBSM about ... No, actually, sorry, it was 21 days, about Feldenkrais and the relationship to growing regulation. And so that's why I was saying you could do a deep dive into this, but simply put, it really helps to support a sense of safety.

(17:43)

And the last thing that I will add is that, because I feel like it's an important one, is that when we have early trauma, a lot of our feeling can rush up, and it can kind of come up the center, and we can really feel it in the torso, or even it can get stuck in the neck, the head, the jaw. And so when we notice our pelvis, and especially our feet, it's a reminder, if you picture that swimming pool again, it's like all the balls rush to one end and there's the whole rest of the pool that sort of has all that space in it. And it's sort of this gentle reminder like, oh, those balls can also, they can find their exit pathways, but they can also take up more space in the rest of the pool, because remember, the body is a swimming pool.

(18:26)

It's our physical container. So hopefully that gives you some ideas. Oh, I feel like this person might've been looking for a technical answer. And I do think that the answer to the part about ventral vagal, if someone already had ventral vagal online, then as we were talking about earlier, coming back to the present might help them to access their ventral vagal. If we're just starting to grow access to these different states, this would probably be more likely to help us to grow access to low tone dorsal vagal than ventral vagal directly. But then as we have more safety on board, which low tone dorsal vagal supports, it primes, it creates a condition that would make us more receptive to experience that, and helps to grow the ventral vagal. So hopefully that makes sense. Okay. The next question is, "I'm a third time alumni with early developmental trauma. I'm coming out of swings between shutdown and functional freeze."

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"I have periods of feeling intense grief being triggered by emotional disconnection, even from people who are not very close to me. Could the sensation of grief be a memory of trapped energy in the body that I had to hold in when not being attuned to by my mom? And could expressing it break the cycle of repeating? Please give some suggestions for expressing." Okay. So first, I want to acknowledge that you're coming out of swings between shutdown and functional freeze, so it sounds like whatever you're doing is supporting growth and change, so that is something to acknowledge. I'll also share more generally, you'll hear in a number of

questions, shutdowns between something that involves sympathetic activation and freeze, or something in that higher tone dorsal system, and that's very common with early trauma. We're using our survival physiology for day-to-day life. And so some people might tend to be more on the freeze shutdown collapse side.

(20:40)

Some people might tend to be on the run, sympathetic all the time side, and even more common is those of us who kind of move back and forth between the two. And we can have a mix. We're always in a mix of states. So what I want to start by saying is that you say a sensation of grief, and I would say grief does have sensations, but usually we think of grief as an emotion, which involves a cluster of sensations. So that might be something to be curious about is that as you pay attention to your grief, do you notice, and as it becomes more available to you, are you able to notice it in more detail? Are you able to notice where it is, and if it's different at different times?

(21:33)

You also ask if it could be a memory of trapped energy you had to hold in. So it could definitely be a memory. I also think when we don't receive the attunement that we ideally have when we're young, there is grief. And with that little one, if you think of the little one crying that I mentioned at the beginning, if they're crying, crying, crying and no one is there, then they can start to feel like ... And no one is there repeatedly. Just to be clear, for those of you who have a little one and didn't pick them up every time, they say we need to be present and attuned 30% of the time. That's what some experts say. People, some would say more, but just so you know, it's not like you had to be perfect in order for your little one or someone in your life to develop self-regulation.

(22:34)

But if there are repeated experiences of crying and no one there, there can be deep grief. We can feel deeply alone. There can be this sense of what some of us experience as existential grief, alone in the world. So there can absolutely be grief in there. And I would say it might be

trapped or held, but also sometimes it's more just the exact mechanisms of it getting into a whole other territory. But basically when we touch into that experience, it evokes a feeling of grief, or another feeling.

(23:14)

You ask if expressing it could break the cycle of repeating. And this is a really important question, because with early trauma, often just feeling something on its own does not change the cycle, especially if we're earlier in the process. So you might imagine, I grew up with someone who had a lot of anger. He got angry a lot, but that didn't change the cycle. So simply expressing did not change the cycle. I personally, for a long time, had a lot of ... I cried and cried and I cried. I literally could have probably filled a swimming pool. Speaking of swimming pools and beach walls, I could have filled the swimming pool with my tears, swimming pool with my tears, and that didn't on its own change the pattern. Because if you think about that metaphor, or that example of the mother and the baby, what helps that baby to grow up, self-regulation, is someone is there.

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So there is a sense of safety, there is a sense of being held. And so what can be important in breaking the cycle is to first just let yourself be connected to something while you're crying, while you're feeling the grief. We could go back to the first question, feeling your butt in the chair, or your feet on the floor, if you're on a better couch, feeling your back supported. So we're just starting, we can create that sense of what I'll call the holding container, is that experience of being held through many things. Sometimes it's through people, but sometimes for some of us, it takes a long time before we feel enough safety for another person to really create that holding container for us.

(25:10)

That's partly why I love my blankets. And if you have a blanket, you can take it or a scarf and wrap it around yourself and see if you want it loose. And sometimes people find that having it tight feels quite supportive. It could be ... For a long time, I had a stuffed animal, a very soft

stuffed animal I really liked. Warmth is very helpful when we're developing the ability to feel soothing. So something that you might be able to heat up, or put in the microwave, and then rest on your chest, or on your belly. So turning towards something that helps you to know that you're in the present, and ideally be connected to something that feels soft or supporting or soothing while you're in the present.

(26:03)

We can also use the imagination. So I'm just looking at your question again. So we can use the imagination to imagine that someone is there. It could be someone spiritual. It could be, some of us had parents who were depressed, but we really felt their love. So it could be imagining that your parents could be there consistently with their love. So you can use your imagination in many ways. If you have an animal, animals are great. You can see one there. I have lots in the other room, I have lots of plants going. And if you have a place to go to a park and sit against a tree, so whatever you can do just to create that sense of being connected to something, feeling supported or soothed.

(26:53)

In time, at first it's like we just unclog the pipes, and the feelings just come, and it's great that the feelings come. In time, because with early trauma, our feelings can be really big and our true capacity can be really small. So there's a lot of paradoxes with early trauma. So we have these huge feelings and this small capacity. So in time, as it becomes available, to be able to learn to touch into the grief, maybe have a little bit of grief, and then take a break and come out. And really you might look around. Sometimes looking can be stimulating, so you might offer some self-touch. If you're an alum, Lab six has containment lessons. And if you're not an alum, Irene has the DIY, ancient anxiety medicine, which offers a containment practice.

(27:46)

I'm looking at my notes for a moment. Titration, right? So a little bit at a time, titration and pendulation, we go in and then we come out. And so there's two vlogs that Irene has. I think I forgot to link the one, Susan, about pendulation, but there's one about titration, and one

about pendulation, which can both be helpful. And if you're an alum, there's a 'finding the painful and the present practice' that can help to guide you through an experience of moving toward one experience, and then moving toward another. Because what we're wanting to do is to not feel what that grief might feel like, but without it being so big. If you look at old calls, and I think Soma might help you find this, using that tool, the new tool in SBSM, but Seth talks a lot about grief in different calls. And so I'll skip that part of this, but grief is sort of its own experience, and it can come in waves.

(28:43)

And in time, there's sort of a difference between we're just thinking and looping, looping, looping, and this experience where the waves can move through, and then we feel the calm, and the waves move through, and then we feel the calm. So I'm just looking to see if I missed anything. Oh, sound. Excuse me. So, sound is important. So you might let yourself follow your impulse. In lab two, we have the 'follow your impulse' lesson. So you might allow yourself to follow your impulse, to make sound. And we can also intentionally make soothing sounds like an 'umm', or 'woo', or a little, if you have access to, if you're an alum, the 'voo', you can do a big 'voo', but you can also a really little 'voo', like a 'voo'. So a little sound, that vibration can be soothing. So there can be the sounds of expression and the sounds of soothing.

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There can be a place for both, because a lot of what we're talking about here is holding both, expressing what we're feeling, and supporting ourselves as we feel what we feel, growing access to safety and soothing.

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The last two practices I'll mention are our... the kidney adrenal practices and the diaphragms practice. And to be clear for all of you, this goes for whomever asked this question, and all of you, the practices are sort of a menu for you to see what resonates at a time. It's not intended that you go and you do all six practices or whatever, look at all the videos. It's just sort of like, oh, what speaks to me? Because we're not having a direct conversation. So the kidney adrenal

practices, that they talk to the areas that are involved in sending the stress response. So in time that can give us more access to that ability to rest in ourselves, and to calm and settle. And then the diaphragm's practice, people have different responses to the diaphragm's practices, but sometimes it can be settling and they in time can help to create more space for what we feel.

(30:51)

And if you're new, the diaphragm's practices are coming up in week three, I think. No, week five. Sorry, they're in week five, so they're in a few weeks. Okay. So, next question. Thank you for sharing the link, Susan.

(31:11)

I meant to tell you that we're kind of going through some different categories, and the first category is relationships and development. So we're in the relationships and development category right now. This question is that, "my mom had depression and lost her mom early at seven. What does this mean for me? I'm a second timer here with EDT and other challenges. Can you say a bit more about this? From the age of 13, my mother lost her mother, leaving her to caretake five siblings instead of fulfilling her musical and school aspirations. And then she died when I was seven. I know she loved me deeply. And through this work, I now also have a sense that her expression of love perhaps wasn't as consistent as I needed to feel seen. And she was a single mom."

(32:02)

So I would encourage you to listen to the response to the last question, because there's a lot of overlap here. Even though that focused on grief, there's likely - you asked about the impacts. There's likely some grief, both about the loss that you might've inherited or felt from your mom, and then your own loss. And also the loss or the experience of when someone isn't able to be there consistently. You also have the gift of really feeling her love. And so I would encourage you to also practice connecting with that love, and maybe even if it's possible to sense her love even as you feel what you're feeling.

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So you mentioned in general other challenges, so I don't know specifically the impacts that you're dealing with. If you have questions about specific symptoms or experiences, if you do want to ask more specifically, you're welcome to post. There's a curated Q&A Call Thread. And so after the call, you're welcome to post in there if you want to say more. Another important point is that as little kids, we're the center of the world. And so if someone isn't there consistently, we believe that it's because of us or something that we're doing. And so we might internalize the belief that we're doing something wrong, or even something's wrong with us, because if not, my mother wouldn't be sad, or she'd be able to be there consistently. And so there could be impacts in that direction. There could be potentially, for example, some shame or some disconnection from self because of the pain there.

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Due to epigenetics, your own experience and your moms, you might have inherited an imprint of loss because often, I'd be curious, but often, you lost your mom early, and she lost her mom early. And there's a chance that if you go back to your ancestors, that there might even be a pattern of early maternal loss. And so sometimes we can actually sort of inherit that epigenetically. And so that could be another impact. And then we might associate that with different aspects of our lives or relationships. Sometimes too, like a characteristic, a hallmark characteristic of early trauma is that we suppress our authenticity. So for example, like, oh, you might've sensed if your mother was sad or depressed, that your joy would be too much, or your enthusiasm or excitement won't be too much. And so there's a chance that you might've suppressed. You might've suppressed some of your life force, some of your aliveness and your expression.

(35:00)

So that's another potential impact.

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So all of the things I mentioned in response to the last question would apply to really allow yourself to express what you feel, and grow access to the ability to settle and soothe. Another practice that comes to mind is the mediastinum meditation in lab eight. And as you do, you might connect with that love from your mom, if that feels resonant. There's also, if you're not an alum, Irene has a publicly available heart meditation as a blog. So that could be another option. In this case, you are an alum, but if someone's listening who's not. The other thing that can be helpful is to find ... There are a lot of places out there. People were wired to connect. And so there are different places and forums out there where you can connect and feel held in different ways. And so I used to teach restorative yoga, and people would just come, and they would just get to cuddle up with blankets, and support their body in different ways, while I would offer guided experiences themselves.

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So sometimes you can find a place like that. There are communities like Focusing, and you can ask in the peer-to-peer thread or the alum thread, because I know there are people in SBSM who tap into some of these. And sometimes there's communities where people do things like through meet ups, but sometimes people just offer presence and listen to one another. And even sometimes people in SBSM find a partner, a fellow student that they want to meet up with. So doing things like that when, only when you feel when that appeals to you, or feels interesting, could potentially be supportive.

(36:49)

Music. Music is applied to the last question too. Music and books and shows are all other ways, audiobooks, other ways that we can connect with regulation. Irene has a video of four ways to spark up social connection, a blog that might give you ideas. And then there's also a special Q&A that Seth and Irene and Janice Castlebaum, another team member, did a while ago on the topic of early trauma. And Janice in particular, and that one talks a lot about what happens early in life if we don't receive the attunement that we ideally have. So hopefully that covers

that. So I might just wiggle. This is a lot of information. So you might sort of give yourself a wiggle or move around or have some, I'm going to have a sip of water, whatever speaks to you.

(37:44)

Okay. Next question. There's a number of mom questions here. So, mom, or whatever your word is in your part of the world and your family system. So this person says, "As a little child, I became the emotional caretaker for my mom. Every time I try to set boundaries, I feel like the bad girl that doesn't care. I already worked with anger and sadness around this, but lately I feel a deep emptiness that holds me back in setting boundaries, which brings back the anger and sadness. It feels like it all started with this emptiness as a child in the first place, and I'm in a loop I can't escape from. Any questions on how to work with this? I am an alumni." So first, I want to start by affirming that you already worked with anger and sadness, and it sounds like even though you're in a loop, you've created some change, and you are aware of some of what's happening.

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So start with acknowledgement.

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So I want to refer back to the developmental paradox I mentioned a few minutes ago, which is where we need to choose between our authenticity, and our authentic expression, and maintaining the connection, getting our needs met and maintaining connection. And in this case, it sounds like you learned that if you were, there's a relationship between healthy aggression and boundaries, and that no, that we have as a little kid, no, maybe as an adult, no, or maybe no. So there's a relationship there, and it sounds like you weren't supported for whatever reason in really having access to that no, and that aggression. And in fact, you feel like the bad girl. In somatic experiencing, we can overassociate and underassociate things. And what you're saying is when you set boundaries, I feel like the bad girl. That's what we would call an overcoupling. We call it coupling dynamics. And if you're curious about this, it's not something that you need to know unless you're curious, but Seth does have an article that he

wrote about coupling dynamics, and I think it's 'Planes, Babes and Incubators,' maybe, but it's on his blog.

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And so that can give you a little bit more information, if you're curious about the general idea.

(40:05)

So what I want to say here is that boundaries and healthy aggression go hand in hand. And with early developmental trauma, it's really, really common that we don't have access to our anger, our healthy aggression. And it either comes out as rage or reactivity, or it's just locked away. That's super common. And so what we want to do, let's say it sounds more like locked away, or kind of put somewhere in this case, under different layers, what we want to do is we want us to make space for those other layers first, before trying to like, if you want to get angry, go for it. There's no right or wrong here. And to really support that organic expression of healthy aggression, we want to make space for what might be in the way. And so you've named a few things here. You've named sadness, you have named anger, you've named emptiness, and you've also pointed to shame, and a 'bad girl', usually that's shame, and disgust and shame often go hand in hand.

(41:10)

So there's a number of things that you pointed to there. You also mentioned emptiness, which feels important. So we can go into an experience and do a lot of expression. And when we do, we often miss a lot of things that are also there, and might want to be heard, or might want to express. And so by exploring just a little at a time, you might refer to it as micro titrating, we can also hear a lot more of what wants to happen. And so when you are thinking about the sadness, or let's start with the anger. When you just start to think about the anger, and maybe at a time when it's not really raw, wanting to just come out at a volume of 10, at a time when things are quieter, maybe just start to think about that anger, and notice what's the first thing you notice.

(42:06)

Often someone who has a history that includes EDT, their belly might tense, or they might feel their chest or their throat get a little tight, their breath might stop. And so those are the things that we want to be looking for and making space for, because you didn't name it, but often there can be some fear associated with the expression of healthy aggression. The other thing is that there was probably an experience that told you you're the bad girl. So you might see if anything comes to you, if you kind of imagine that little girl and what happened, because we have the opportunity to both listen and see if there's emotions or sensations or movements that want to come, impulses, but we can also renegotiate. So maybe someone said, "Don't be angry. Don't be angry." I'll just pick a name, Harriet, don't be angry. And so we can go back and we can imagine that, okay, what would it have been like if someone actually said, "Oh, Harriet, you're angry."

(43:08)

"Oh, wow. Oh, I can really hear that. Do you want to stomp your feet? Do you want to make a sound?" And do imagine that your anger and your ability to set a boundary and say no was encouraged, and see what did she need? What is that like? What wants to happen there?

(43:30)

In terms of resources, many that we've already mentioned might be helpful in terms of the practices, but also on healing toxic shame might be one to check out. That's a blog. And so I'm just going to answer one more question and then we'll take a short break. So the next question is, "I grew up with trauma. I cut off my family and I can now see that I did many insensitive things to my partner, and they've done two rounds of SBSM and they have done many insensitive things in their relationship. And now they see so many things differently to when they were living in survival mode. They're only just coming out now. How do I explain to my partner that many of the bad things I did were due to disconnection and survival mode and not being present?" And so first, I really want to acknowledge the changes that you made, because it sounds like you've made huge changes and that sounds like a gift to you, but also to your partner, and maybe other people in your life.

(44:33)

And what you're talking about sounds like it could even be an important, maybe a turning point even in your relationship, exploring new territory. So the thing that jumped out at me is you said explain. When I hear the word explain, I think sort of more cognitively like, "Oh, I need to tell him. I need to explain this. I need to help him understand." And what I think I'm also hearing is that you're aware that you've hurt him through your behavior, that you were insensitive, and it sounds like you have an awareness that some of that might've been hurtful. And so the essence of what I would suggest here is what happens if you think about talking to your partner from your heart first, and let the heart lead and the head follow. And maybe to just imagine doing that on your own first without your partner, to just see what comes up in yourself.

(45:30)

If you just think about acknowledging, as I've done this growth, I can really see, I can understand where my behavior came from, but I can also see that it might've hurt you or that it did hurt you, and I'm sorry, or it makes me sad that I hurt you, or whatever feels authentic to you. But to start with really being present with one another, and with your awareness of what happened, and to maybe be curious about the impact on him or her or them, instead of going in thinking like, "Oh, I need to say this in a way that they understand why I did what I did," and they get that it came from trauma, and whatever else that might look like. So just thinking in terms of what would it look like to really come from your heart, because presence heals, rupture happens in every long-term relationship, and repair deepens connection.

(46:28)

Again, though, it might bring things up. So to practice on your own or with a tree or a friend might be helpful before exploring that with your partner. It depends on you and your relationship. Seth and Irene have a vlog.

(46:46)

Do you remember the one I'm talking about, Susan, about the relationship? Okay, thank you. It's how nervous system regulation impacts romantic relationships, with Irene and Seth. Also, the heart meditation and mediastinum I mentioned, I meant to mention this earlier, so this also applies for some of the questions, it really could apply to any question, but potent posture, especially the last question as well. But any of the questions so far, potent posture could potentially be really supportive, because it's about many things, but one of them is really feeling that place inside where we feel a bit more access to ourselves and to our potency.

(47:31)

Okay, so why don't we just take a two-minute stretch break. Of course, if you need longer, you can, but if you want to get up and stretch or get a drink of water, I'm just going to turn my camera off and I'll be back in two minutes. Okay. I'm going to get started again. And if you're off somewhere having a stretch or getting a drink, just take your time, please. So the next question is, excuse me, a little burp. "Hello. I am an alum with EDT, relative mental trauma. Growing up, my needs weren't met appropriately. I wasn't listened to. As an adult, I find myself time and time again in situations with people who just talk my ear off, and they aren't interested in what I have to say. Recently, I realized that I myself talk my own ear off with stories in my head, and when I try to listen, for example, to my layers, it's so hard to keep focus, and not drift off into thoughts."

(50:13)

"Any advice other than just refocusing again and again." So this makes a lot ... Sorry, I just saw the comments, and the one that made me giggle is 'the first place I've ever been where needing to pee is honored.'

(50:31)

So, back to the question. So, just remember that it's completely understandable. We gravitate towards what's familiar and what we learned. And what I absolutely love about this work is that it opens a door to new possibilities for us inside of ourselves and in our lives. And so just

more clearly at the beginning, but that combination of supporting expression or expressing in different ways alongside awareness of support.

(53:31)

So I'm moving and I'm making sound while I'm feeling my bum in the chair. So there's the support of the chair and the expression through movement and sound. So that's kind of a general way you can work with this alongside those practices and resources that support settling and soothing. The other thing that you might consider is that feeling what being heard would, or exploring what being heard might feel like. So imagining, just imagining that someone was really there listening to you. Maybe looking for, is there a place in your life where someone does hear you, maybe, maybe not. Maybe you have a pet, maybe you have plants, maybe you can talk to a tree, but just starting to explore what would that actually feel like? And honestly, sometimes we can really want something like, I so want to be heard, but it can actually feel really unfamiliar and scary.

(54:33)

So sometimes starting in a quieter, less big deal kind of a way can be helpful. There's also what I mentioned earlier about different communities and groups where people just practice listening to each other. But again, that might actually be, you might put that off a little ways down the pike, if that feels like a lot and just practice with ... I really like plants and trees or animals, if you have them, or a stuffed animal, but practicing in those ways. The other thing is that you might see, I'm imagining that there might be an impulse present when someone's talking, and not talking your ear off, and not listening to you. And I'm imagining that there might be an impulse there. And so it could be healthy aggression, because we're touching the boundaries there. That's the inability to say, stop, too much, or I need a moment to talk.

(55:27)

So you might get gently curious as to what's happening when someone's talking and not listening. And it might be helpful to do that in your imagination as well as real life, because I like that, the tree. I don't know, maybe it can talk back. But going back to what I was just

saying, it might be helpful to listen, imagine that someone is talking and not listening in your imagination because it might give you more access and space, because part of this work is that really slowing down and doing less helps us to notice and hear more. I'll say that again. Slowing down and doing less helps us to notice and hear more. So hopefully that gave you some ideas.

So someone asked, "Is SBSM enough to heal attachment trauma, or do we need to do attachment work in order to heal our attachment style? I have an anxious ambivalent attachment style."

(56:31)

"Do I need to supplement SBSM with attachment work like in Diane Pool Heller's courses?" Diane Poole Heller is, she used to be part of the somatic experience community. Many longtime faculty members have gone off and done their own thing. Diana's really brilliant, and she focuses on attachment work. So what I'll say here is it really depends. With early developmental trauma, there's - most of the time there is an attachment wound involved. And I think the most important thing here, I'm not going to go a lot into attachment and attachment styles and all that. What I'll say is that what a lot of attachment focused modalities overlook is that we need access to the physiologies that support attachment in order to do attachment work, that ventral vagal and low-tone dorsal vagal, or the modality or the practitioner needs to recognize that part of the process is growing access to those platforms, because otherwise we're just bypassing and overriding and doing probably what we learned young to stay in connection, while it was actually too much for us.

(57:43)

So the good news is that SBSM, there's so much in SBSM and so much that we're talking about today, in fact, that helps you grow access to those platforms.

(57:55)

And it also will help you to learn to access yourself, because a lot of what SBSM does is help you to connect to yourself and your authenticity, which is important in feeling safe in a

relationship. The other thing is that attachment work, when we say attachment work, it can mean so many different things. And depending on your history, I know people ... I have a lovely woman who's, I was going to say young, but she's not that young now, but she was adopted, and she was a family friend, and she had a lovely family, but her primary healing came through her relationships to dogs. It's truly her relationship with dogs that helped her to have a different experience of relationship and secure attachment, that led her to go on and create her own family. So it can really depend on the person and their history, what is supportive at a given time around working with attachment.

(58:57)

The other thing is sometimes people, authority figures might've been scary, so working with peers can be more helpful. So it really depends. The one kind of cautionary thing, or not cautionary, but maybe tip I'll offer, is that if you do work with a practitioner and you know you have a history of early developmental trauma, to find someone who either has specific training and skill in early developmental trauma, or who will really go slowly and really listen. And when you say you need to do less, they really get it. So one of those two things can be really important, so hopefully that helps. Oh, I wanted to offer that. I do find that if you want to do attachment work, and again, it can come through a massage therapist, it can come through someone in your life, it can come in many directions, so it doesn't only have to come from this direction.

(59:55)

And in this work, this fear that we're in, in SBSM, Steve Terrell offers a modality that's specifically for early developmental trauma. And his work is called transforming touch, but there's a site, co-regulating touch, that has practitioners who are trained in his work and/or Kathy Kain's work. So I wanted to throw that out there.

On a similar note, someone said, "Round six for me, taking the information as slowly as possible this time," with a big smiley face, and I say, "Yay." The longer I do this work and study this work, the more slowly I go. So that just makes me smile. Their question is about parts

therapy, IFS, and as they go through the work, they're asking if we see if there's precautions or if they're complimentary. And similar to an IFS, just for those of you who are not familiar, it stands for internal family systems.

(01:01:01)

It's a parts-based modality that is very popular right now, and it can absolutely be complimentary to SBSM. Many people, many SBSM'ers, also practice or work with a practitioner who practices IFS. Can especially be powerful if you bring in your felt sense, and if you also listen to yourself and follow your impulse.

(01:01:28)

One of the great things about SBSM or this work and/or this work is that it can help us to really sense ourselves and what works for us and what doesn't. And then in time, learn to communicate that to people we work with. And so to be able to say, "You know what? I really want to work with IFS," to your practitioner, "but I know I need to go way more slowly than you probably go with most people. So can we work together to find what pace feels supportive?" The other thing is that IFS, a lot of the premise, and some of you probably know more about this from me, I have a lot of experience with Gestalt, which overlaps with, but is also different from IFS. And my understanding is that the self with a capital S is important in IFS, that the self is always there in the background or the foreground.

(01:02:24)

And it's described as the core wise healing essence within each person, distinct from the various parts of their personality. The self is characterized by qualities such as calmness, compassion, and clarity, and it's meant to lead the internal system for healing and balance. So the reason I bring this up is because that's very consistent with what we're doing here is accessing what they call self with a capital S. And with early ... I fully believe that we all have a self and it's always there. And with early trauma, often the pathways to really rest in that place within us are not as well established. And so some practitioners might be aware of that and some may not. And so that early developmental piece, again, could be something to be aware

of, really to trust yourself, and whether it feels supportive and helpful, or whether it feels like too much with the IFS.

(01:03:29)

So hopefully that helps. If you want suggestions for practices, the kidney adrenal and the brainstem practices we mentioned, and some of the Feldenkrais practices like rolling like a baby, excuse me, come to mind.

(01:03:48)

So I'm just looking here. I'm going to answer two short questions or three short questions just to address those, and then come back to some longer ones. So there's two related questions, and I'm going to read both, and then answer them together. The category is, how do I know if it was too much? And someone says, "My nervous system was recently activated after an interaction with my husband. I stayed with what happened, allowed myself the feelings, but then I felt depressed and exhausted for most of the next day, and my legs were twitching later that evening after the activation moved through." I would actually say the activation might still be moving through, if you were twitching. "Is this normal or did I do too much, even if I felt okay going with the feelings?" And the next person says, on a related note, "Hi, this is my second round of SBSM."

(01:04:49)

"I reached lab three for the first time. I've lived with ME/CFS," that's myoencephalitis chronic fatigue syndrome, "since 2020. Last Sunday, I listened to Seth's Tellurica track, during the third part..." That's some of the music that Seth offers that speaks to different parts of us, and not parts in the IFS sense, but vibrations, different vibrations. And there's more to it. You need to ask Seth, but I'm going to answer the part about too much. "During the third part of the track, I felt shifts in my upper body, my arms, and my shoulders, and my back, and the next day I had pain, twitches, and felt disoriented. Two days later, my period started and the pain became overwhelming. Now, a few days later, I still have body pain, which is fatigue, yawning, and irritability. Did listening to the whole track push my system into freeze?"

(01:05:44)

So in both of these instances, there are, more so in the second, but there are examples of activation coming up, and there's examples of - little examples that there might've been some freeze or collapse coming in with the depression, with the exhaustion, with the disorientation, and the fatigue in the second one. So it sounds like in both cases, there was a little bit more sympathetic activity and a little bit of freeze, but even the sympathetic activity can be too much. And what we're looking to support in time is that something can go up, a little activation can come up, that parasympathetic system comes in and it comes back down, so comes up and comes back down. And really, we're wanting that in time we learn, and that just happens organically. We might look out the window or offer a little hand here, but it's just sort of up and down.

(01:06:50)

And that's with early trauma, what a lot of us don't have access to. It's like up and up and up, there's up and up and out, and we're just kind of hanging out there. And so we're looking for those ups and downs. And so there's no right or wrong way.

(01:07:08)

Everyone, you all have your own wisdom, and this is a journey for all of us. And in terms of supporting growth and regulation, if we can do less, that brings us closer to our true capacity and window of tolerance, and it tends to be a more direct path to growing capacity and regulation. So in both these cases, you might just want to potentially keep that in mind and experiment with, okay, well, what does it feel like to do less? Because I always want to point you back to your own experience, and to maybe just try on. Okay. And to give you an example, in the first case, the person after the argument with their husband or the interaction they say they had the option to really stay with the feelings, or the feelings could have been there while they went and they got their resources.

(01:07:55)

Maybe they went for a walk or took a bath. Instead of really focusing on the feelings, the feelings might've still been there, but their focus was more on support. So it's that balance of expression and support that we were talking about. So hopefully that's clear.

(01:08:12)

So going to go back to, we had a few questions about, it's hard to get out of bed. So again, I'm going to read these two, and even though they're a little different, I'm going to answer them together. And again, there's a lot here, and we have about 20 minutes left, so you might move a little bit, or take a nap, or whatever works for you. Sign off if you need to. So the first one says, "I have resistance to have-to's. I'm experiencing big resistance, anxiety, and have-to's. Have-to's are finance work and home, and I often wake up in a panic and delay getting out of bed as long as I can. I delay taking action until I absolutely have to, which in turn leads to more anxiety and catastrophizing and even more resistance. How can I start off the day better?"

(01:09:05)

"Orienting after waking helps, but I often forget to do this. And how do I distinguish between pain, resistance, and overwhelm?" And the next question is, "Hi, I'm having issues with stubbornness in my biological impulse in the morning. I wake up in my bed and my interoception tells me to pee. I don't, I stay in bed. I have inner conflict with awareness of thought, saying, no, I don't want to. As a child, my stressed single parent mother found it hard to cope when she woke me up for school, and so she would shout, call me names, lie about the time. She would change the time on the clocks, pull off my duvet, and so on. My stubbornness protected me, but now it harms me. Any ideas? Thanks." Okay. So there's some overlap and there's some difference here, but I'm going to speak to both at once.

(01:10:02)

So when you're waking in panic or with activation, there's a few things. In the bigger sense, taking steps outside of sleep and wake time to settle and soothe, and do this work and grow

access to regulation and capacity, will help when we wake up. So doing things where there's less intensity or less activation then helps us where there's more intensity or more activation.

(01:10:33)

When we wake and we feel panic, for example, you say in the first question, you'd said orienting helps, so that's great. You orient and it helps, but you don't remember. And so there's a few things there. Just on a practical level, I wonder if it might be helpful to set a second alarm or a reminder just simply to help you, because you already found something that's helpful. So maybe just setting a reminder to do it consistently and in time, it might become a habit. For me, a habit is that I have a few nervous system-related recordings, and there's one in particular I listen to the most. When I go to bed, if I'm falling asleep and I'm sort of in that twilight zone, I'll hit play. When I wake up, and if I have a minute, I don't have to get out of bed, I hit play.

(01:11:20)

So for a while I didn't do anything, because I'm like, do I hit that one or do I choose that one or do I choose that one? And then I'm just like, oh, you know what? I need to take the choice out of the equation, because it's more supportive just to listen to something than to choose exactly the right thing. And it's been a game changer. But so you might think about whether in general, whether in both cases there are resources that you could have around your wake time so that when you wake, there's something there that feels supportive.

(01:11:50)

With the panic, remember there's a lot of activation in panic, and panic and flight go hand in hand. And so when you remember, I hear that there's some remembering things going on, but when you remember, you might move a little bit, or make some sound. Maybe you have a clear impulse, if not just a wiggle, move your toes, and may go, ugh, but something to express some of that big underlying sympathetic activation that's under the panic. The other thing I'm hearing here is that you both have a no coming up. And so it sounds like there's some healthy aggression coming up that could use expression. And so in one case, you call it stubbornness. And in one case, you say, I think, the have-to's. I don't want to do the have-to's. And so to really

let yourself, it might be on the other side of the panic, as we talked about earlier, sometimes we go through other layers before the healthy aggression is freely available, but to really let yourself have your no, instead of - because I feel that there's a little bit of maybe the no is diluted by, in one case, but I'm supposed to be doing this and I'm not, and then I feel more stressed.

(01:13:02)

And in one case it's like, but I'm supposed to be peeing because my interoception's telling me that, and I'm not. So to let yourself sort of put, maybe say to your bladder, in the second case, or say to your have-to, I hear you. I know you're there. I will get to you. I hear you. I know you're there. I will get to you. And then to give yourself permission and just say, no, I don't want to, and see if there's an impulse around, just really letting yourself have the no. And in the second place, in the second question, there's a clear example of how your mom was with you. And so there's probably some protective responses there to say - I don't know you, but I'd be like, "Get the F away, or leave me alone," or to push back, or to flee and get the heck out of there. And so in time to tune into what are the protective responses that might want to come up?

(01:14:00)

Is there some fight? Is there some flight? And to gently explore that.

(01:14:06)

And that is probably the case in the first example, too. So if you're, I think you both said you're alum, but if you're alums, there's the healthy aggression practices in the second half of SBSM. If you're new, there's a 'What is healthy aggression,' or sorry, there's a healthy aggression playlist that Irene has on her blogs, just in case you're out there, and you're like, "Oh, I'm already feeling grr." So you might check those out, and I'm just looking to see if I missed anything. Oh, you asked about resistance and overwhelm. Irene also has a resistance, four steps to beat inner resistance, and the pregame video talks about resistance, because often there's some aggression held in resistance. There's some no. And I would say that's the main

difference between aggression and overwhelm, is resistance is often, no, I don't want to, or it's some kind of a stop, and overwhelm, is usually too much, too much, and they can definitely overlap.

(01:15:09)

But I would say I won't versus I can't. So that's how I think about the two. Hopefully that is helpful. Seeing if there was anything else I wanted to mention.

(01:15:23)

Yeah. Oh, the one thing I wanted to say is then to think about the corrective experience. This is a renegotiation we talked about earlier. So the corrective experience would be, and I don't like the word corrective. So let's say renegotiation would be in this context, I don't like that word, to sort of say, okay, what would it be like if your mom had been able to or someone else had been able to wake you in an attuned way? What would that have looked like? And this might be supportive in both cases, to someone, say, "Oh, you really don't want to get up. There must be something going on. Is it okay if I sit with you, and we talk for a few minutes, or can I get you a cup of tea? Would that sort of help you get up?" Or my examples, I'm sort of flagging a little bit, but if you think about it, hopefully you would be able to think of some examples of what it might be like to be woken up in an attuned, supportive, kind way.

(01:16:27)

Okay. So the next question is, I'm just pulling it up here. We answered that one. We answered those. Okay. So someone said, this is a related question to the last one, so I'm just finding it here, taking a minute. I just lost it. So one second, please. Okay, here we go. "The last 10 years I've had sleep paralysis that I've tried to fight myself out of, like becoming aware in a dream and be paralyzed while something scary happens, and trying to fight myself awake, which used to be really hard and exhausting. At some point I started to scream out loud. The other night it only took seconds to wake up and scream. Could this be related to healthy aggression coming back online?" So, absolutely. It sounds like you have more access to healthy aggression, easier to wake up and scream. That is related to healthy aggression coming back online.

(01:17:30)

And so I would say keep doing what you're doing. The only other thing is if you listen to the rest of the call, doing things outside of the waking hours. So that could be doing things to support access to safety and settling and soothing can - might carry over into your dreams. And then also if you can remember, or even if you can't remember here, don't have images, but remember in your body, working with the experience of sleep paralysis during the waking hours could be a way to work with it in a titrated way, and that can go for anything. Working with something outside of when it's happening live can be a way to titrate. The other thing is, if you listen to the answer to the last two questions, just making sure that you have things there that might help you feel safe or soothed.

(01:18:22)

So for example, I'll use a stuffed animal example. Even if you can't move, knowing it's there beside you in bed, and remembering that might help with a sense of safety. Sometimes imagining that someone is with us, even if we live alone, might help with a sense of safety.

(01:18:43)

If the healthy aggression weren't online yet, I'm imagining it wasn't, although it sounds like it is, imagining that you could fight, and really orienting. When we wake and we're scared, really orienting to the here and the now, the bed beneath you. I'm in my room, I see the light coming through the window, I hear the sound of my heater, whatever the case might be. And then there was one other thing I wanted to say. Oh, moving. I've had sleep paralysis. So even if you can't move, if you can move a toe, but even not, if you can just even start to imagine that you can move, or notice that your breathing, can be helpful. It sounds like you're beyond this, but I'm sharing this for someone who might be earlier in the sleep paralysis journey.

(01:19:34)

Okay. So, next question. "I've been in SBSM for three years. I have had early EDT since in utero. I've had some shifts along the way and they say, Yay." And I say, yay. And they say, "But my two big issues, which are migraines and severe constipation, have worsened in the past couple of

years. Does it really take this long for things to shift, or am I doing something wrong? Any suggestions to awaken whatever is keeping my bowel shut down. I currently need regular colonics and enemas just to eliminate, which is very stressful on both body and nervous system.”

(01:20:22)

Okay. So first of all, as I said, yay for your shifts, and I want to say that it's common, as along the way that we notice some shifts, and then things might get a little, symptoms might get a little louder, and then we notice some shifts, but typically we move through that. It's like a layer emerges, or we go through a new place, we're shifting our baseline. If something like that happens, as it sounds like is a case with you, and it doesn't shift, then that is not always but often a clue that there might be something, we might be not hearing something, or maybe attention is needed, or support is needed in a different way. Oh, so something, sorry, I just saw the question pop up, EDTA. What I'm talking about is early developmental trauma, is EDT. And if you're not sure what that is, you can go back and listen to the start of the call or you can look at the early trauma tips.

(01:21:24)

So now I just wanted to answer that because it's so foundational to what we're talking about. So coming back to the question about migraines and constipation. So of course, I don't know specifically what's happening in your case, and I can share some general thoughts.

(01:21:46)

With migraines and the constipation, if we're looking at the constipation as freeze, the two things that they have in common are underlying sympathetic activation. Migraines and sympathetic activation often go hand in hand, and then freeze as the response to too much more sympathetic activation than we have the capacity for at the time. With migraines, I'll speak to one and then the other, even though they're connected through activation. With migraines, it can often be helpful to do what we talked about along the way, give some expression, like maybe blow out or a little sound. If it's a really bad migraine, it might be too

much to move, but turning towards your resources, like the warmth, if it's a recurrent issue for you, you're probably on that one. So the thing that we start to look for is what we call the prodromal, prodromal. And that is the thing that comes before.

(01:22:51)

So if I get a migraine, can I start to notice that before the migraine, I start to notice some tension in my jaw, or my vision gets a little blurry, or I feel some kind of a tension across the tops of my shoulders, because noticing the thing that comes before means that we have more ability to support and express and intervene. So if you look, I'm aware we don't have a lot of time. So if you do a search for migraines, you'll find some related information, and the word is prodromal. If one of you could pop that in the chat, that would be great, so people know how to spell it, but you're looking for the thing that comes before ... Thanks, Mara, because then that can help us to grow awareness and to work with something before it sort of becomes so intense that all we can do is hold on until it passes.

(01:23:48)

So that's with the migraine. I would also be curious about if you were to really slow it down, sometimes what happens with headaches and migraines is the activation just comes up so quickly that it's almost like it gets stuck in the head, and creates all this pressure. And so, gentle expression, and again, when you're actually in the throes of it, it might not be possible, but when it is just gentle expression through breath, through sound, ooh, the 'voo' practice I wanted to mention before is - Seth has - exploring the chambers of the body through sound, as an extra resource in lab five. And the other thing is just to start to imagine, because as I said with early trauma, things just kind of rush up, and we want to both grow awareness of that whole container. And so that reminds me of the containment practices. I did mention those actually, so those can be helpful, the diaphragms.

(01:24:48)

And then also just playing with this idea that things go up, but they can also go down. Energy can flow up, breath can flow up, it can also go down. So that's the migraine piece. With the

digestive freeze piece, the thing I'd be curious about is one, sometimes we can have generalized freeze, and we can have localized freeze, and we can even be in activation, be more sympathetic, but some of our tissues could have freeze. And so it's possible that you could have some freeze in the tissues of the digestive system. And so working with gentle palpation could potentially be helpful, and maybe even to the abdomen, but maybe even to the stomach, almost like you're just initiating a very gentle peristaltic wave by just a very gentle leftward movement, just very gentle. Sometimes when there's a lot going on in an area, supporting around that area can be helpful.

(01:25:54)

Instead of going directly to it, it's already working so hard that it had to shut down. And then we're like, let me poke and prod you. And instead being like, okay, how can I support around this area? So that could be like with the diaphragms above and below, the gut-brain connection practice comes to mind, supporting the back. So I think the nerves that have a lot to do with our digestive activity are in the sacral area, so supporting the low back, and really sensing the support from the back, almost like your organs could just go like, "Ha," and rest into the support.

(01:26:36)

I was also thinking about - I was just somewhere with that work I mentioned, Steve's work, they also, in a very gentle way, they work with the primitive reflexes, which I won't talk a lot about right now, but you can look up, if you like. But what I looked up is that our digestive system starts to develop, I think it's set around eight weeks. I have it in my notes. I think it said around eight weeks. I'm just looking. Give me one sec, so I can be accurate. Pulling it up. Here we go. Oh, it's not in this part of my notes. It's in another part, but I'm pretty sure it was around eight weeks. And then the other thing is that the very first primitive reflex that we have as humans is called the fear paralysis reflex. And some people say that comes online at seven or eight weeks, and some people say even earlier, so super early.

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And that's like, if you imagine, remember, it's only like a peanut or a little baby strawberry, but it's like it sort of is overstimulated, and it pulls back into the womb, pulls back, kind of curls up and pulls back into the corner of the womb. And so I was thinking about your question. I was really struck by the fact that digestive system starts to develop at the same time that that fear paralysis reflex comes online, because what that fear paralysis can do if it's still lingering in our system is that it feels like, or what it seems like practically, is that it just has a heavy influence on that dorsal break, just keeps that dorsal break down in either all or part of our experience, and working with it in very specific ways can help to lift it. I see cool things happen. So I mentioned that just because I know it sounds like you've been at this for years, and so I wanted to throw that out there, in case you wanted to explore.

(01:28:40)

I just want to clarify that I'm not suggesting working with primitive reflexes in the way that we go and we do repetitive movements over and over, because gentleness feels important, if this is very early in, deep set, but working with someone who can do very titrated, maybe someone trained in Steve's work could be something to explore along with those other ideas.

(01:29:03)

So hopefully that's a wrap. We're just on where I - in my part of the world, it's 7:30, just about an hour and a half. That was a lot of information, so thank you for hanging in there, and hanging in there and hanging out with me, and hopefully something in there spoke. Dorsal - I'm just going to answer the question that popped up in the chat, to clarify. I didn't say dorsal manipulation. The dorsal vagal system, it just can put a hard brake. That's that heavy parasympathetic brake, different to the soft, more refined ventral brake. And sometimes when we have a really early tendency to freeze, we can just have this, it feels like a very deep set imprint of freeze in the system, and this work can be really powerful. The work in SBSM that you have access to, really powerful for lifting that brake.

(01:30:04)

And in some cases, I find that that fear paralysis reflex can be a nice compliment in cases like this where she's worked for years and it's still going on, just something else to potentially explore. So thanks, all of you. I really enjoy being here with you. It's a pleasure, and I wish you a lovely whatever part of the day it is in your part of the world, and I will see you next time.

(01:30:38)

Bye-bye. Oh, and sorry, I really wanted to thank Mara and Susan. So if you're still here, thank you so much, Mara, and thank you so much, Susan, for being here. It looks like Susan left, but hopefully she will hear this, and I will be sure to tell her. And take care, all of you. Bye-bye.