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## Curated Q&A Call #3 with Seth

Seth (00:02):

All right. Welcome, everybody. This is the third Q&A call for SBSM 19.0. Good to see you here. Got lots of questions. And so I did respond to a bunch via email, and we have one sort of theme that I'm going to talk about here, because I got three different questions. So I will start with that. Just a little basic housekeeping, of course. If your camera's on, we can see you. If you have little kids wandering, consider turning off your camera. And if you are in the chat, that's fine, but just remember that the purpose is also to take in the information. And Irene and I have actually been talking recently about, we really should encourage people to start taking notes again for the old paper and pencil or pen. There's something about that analog way of writing down information that is - it just sticks in the head a bit more, it seems to be, than digital typing.

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So if you do feel like taking a note, consider having a little scratch pad, and a pen or a piece of paper or something like that, that you can write stuff down on. All righty.

(01:31)

Okay. So the first theme I want to talk about, there's a few questions about this, hypervigilance, hyperreactivity. So this is something that we see quite a lot when the system, especially with early trauma, when it's been in survival mode for a long time - it tends to sometimes have this default where it's like always scanning for threats. I certainly had this myself. The other direction it can go is to sort of shut down and cut off from perceiving the environment. So you can go either way. That's more of a freezy kind of adaptation. Hypervigilance and hyperreactivity is very much a sympathetic kind of adaptation where the system is just on high alert all the time. And when that happens, it can extend to many different layers of the human system. So it may just be that we're super sensitive to other people's emotions. We're super sensitive to sense, to different kinds of sound.

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The cells themselves of the body can become hyperreactive. We see this sometimes in something called mast cell activation syndrome, where the mast cells of the body become hyperreactive to input and will just shed a bunch of histamines at the least provocation. It's like the cells themselves become hyperreactive. So this can extend to all different kinds of areas of human physiology, the emotions, the mind, the body. These questions cover a variety of those. Now, the thing to know about hyperreactivity and hypervigilance, there's no real quick fix kind of thing for this. It's something that the system has learned over time as a way to be in order to try to keep us safe. So it, generally speaking, will not just kind of ditch it. If we do relaxation meditation, in fact, this can be a huge source of frustration for lots of people who are living with unresolved trauma.

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They'll try to do, "Oh, this thing's supposed to help me relax in ten minutes." And yeah, that does nothing for me. I feel even more on guard, or now I feel kind of checked out, because it's challenging the system's way of being that wants to stay protected, that wants to stay hypervigilant, so it can know that it's safe. So just trying to relax in the short term with some kind of tool or something doesn't necessarily always work. That being said, working with the brainstem directly can sometimes help bring a bit of communication in that very primal area that maybe things are kind of okay. That's one approach we take with a lesson that'll come out later. If you're a newbie this round, there are the additional resources, and one of those additional resources that will come out is something called watering the brainstem. So if you're an alumni, you know what I'm talking about.

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If you're new here, that will be coming in a few weeks. The reason we wait is because the brain stem is a very, very powerful area. Like I was just talking about, it's the watch tower kind of that wants to stay like scanning, scanning, always aware. And so we want to build a bit of capacity, build some foundations before we start sort of talking to that very primal area of our physiology. So that's why we wait a bit to release it. But watering the brainstem, it will come out in a few weeks in the additional resources section. So hypervigilance, hyperreactivity, we

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generally want to employ a combination of somatic approaches and also really practical approaches. In fact, the practical approaches are sometimes the most effective for short-term relief while we do the work to get regulated, because it's really only by increasing our capacity such that we can release those big fight-flight charges that are at the root of hyperreactivity and hypervigilance, that we actually start to really change the physiology and come out of that.

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And it just takes a bit of time. So the first question someone asked is it possible to have too much interoception? So, interoception again is our ability to feel our insides, essentially, to sense what's happening there. They say that they're sensing EMFs, both natural and artificial to the point that it's draining. So electromagnetic fields are what they're talking about. So, cell towers, wifi signals, electric lights, microwave ovens, all these types of things emit non-native EMFs, so electromagnetic fields that are not natural. And they can have quite an impact on people who are very sensitive. What's happening here is it's not that there's too much interoception, it's just that the interoception has become coupled with this sort of hypervigilance. So the signals are very loud in the body and it's like we're feeling it almost too much. We want to have interoception, but we don't want to be constantly set into overwhelm because of it.

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And that can be tough, especially in our modern environment. I don't necessarily want to have to move out into the middle of the woods in order to feel okay. Of course, that's also a totally valid option, which I have taken. That's part of why I lived in the woods for so long is because I also was very sensitive to all sorts of input and stimulus. So what are some things we can do with this? In terms of a somatic approach, we really want to cultivate our ability to actually orient to the outside, to tune into the outside, rather than just the signals inside our body. Of course, that can be very tough if the signals are very loud, but it can be done with practice and determination. It's like, yep, I hear you, but I am looking at this, and now this can be helpful to combine with resources, like I'm not just looking at any old thing.

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I've got my favorite thing here, or I'm in a setting that I really like. I'm in someplace that feels good, and I'm just really cultivating my ability to pay attention out here. One way you can do this is just with intention with the eyes, like noticing as you look around, as you orient, is it possible to play with the way that you perceive things? For example, are you taking in the environment or are your eyes pushing out into the environment, like they're going to the things as if they're trying to touch almost the things that your eyes are looking at? That's sort of more of a defensive orienting response. It's sort of like, I'm like, "Okay, I'm really scanning." Whereas if I'm kind of more relaxed, let my eyes be a little bit softer, I'm just kind of taking in and cultivating that quality, that ability to just be still and take in something, allow the colors, like can you really see the textures, the colors, allow them to come into the eyes, especially of course, like I said, with pleasant things, pleasing environments.

(09:02)

That's one way to start to get out of the constant paying attention to the inside, to all the sensations and everything that is happening. That can be empowering. Expression. Sometimes it's like we have to remember, we do have the ability to ease some of what we're feeling a lot of the time by allowing it to express directly. And this is something that may have been inhibited in many of us, just kind of allowing ourselves to make sounds that may sound weird or silly, but it's something that can really help. If you're feeling all this stuff to just ... Feel the sounds coming out. Notice how you can translate some of that distress into your voice. And what happens is you allow those vibrations to emerge as you feel those vibrations of expression that sometimes, that can sometimes help letting off the steam, kind of. You can combine that with orienting and maybe even with containment, like having a nice cozy blanket, nice cup of tea, your resources, all of that stuff.

(10:19)

Apart from that, with EMF sensitivity, there are actually some practical tools out there that can really help. Now, this is technology that I don't fully understand. It's quantum technology. I've experienced that it works. The company that we use has a whole lot of laboratory tests where they show you the blood, essentially, like, "Here's your blood platelets normal. Here's what

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they look like when they're exposed to EMFs, and here's what it's like when you're exposed to EMFs." But we bring in this quantum, what's called a harmonizing device. What it does is it harmonizes non-native EMFs such that they are more in alignment with a natural frequency, and it mitigates the impact. So Irene and I have these in our house, in our cars, we take them when we travel. We have miniature versions in our wallets that are always with us, and they're very helpful for navigating this very EMF rich world.

(11:22)

So I'm going to put those in the chat here. I've got a couple links saved. Just a moment. And of course, this will also be on the replay page.

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And this company - the company is called Leela Q. Again, there's lots of these types of things out there. This is one that we really investigated and feel good about, because they have a lot of evidence. So I'll encourage you to check out their site, look for yourself. Here are the frequency cards. Those are things we keep in our wallet and all those carry with us. They also have clothing, even hats, shirts, boxer shorts for the guys. I mean, they've got all sorts of stuff to help sort of protect from the non-native EMF. I'll also copy this one. This next one I'm posting is called an infinity block, but this is the most expensive one. They have different tiers that are less expensive. Basically, they're just stronger and cover a wider area as they get more expensive. So you can get one for your house that isn't as expensive as this.

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So again, just go check it out, browse the site, check out their products. But these are the practical kind of approaches that I would use and recommend if you're living with EMF sensitivity, as they can really help. Okay.

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And then there were two questions about hypersensitivity to sound. And boy, this is one that I lived with for a long time as well. Now, this one is a little bit tougher when it comes to somatic approaches, because orienting to the outside doesn't really work when it's the thing on the outside that's annoying us. The sound, right? The sound is coming from our environment, and

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if we deliberately orient more to the environment, we're probably going to hear more of the sound. So it's a little tough with hypersensitivity to sound. Again, this is something I lived with. You can, of course, play with your environment. There's a few different suggestions I have. The big picture really is about just continuing to do the work, and in the meantime, bringing in resources to mitigate the effects of the sound. So the first thing I'm going to recommend is actually noise-reducing earmuffs.

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So both the people who wrote in said they have trouble with earplugs, and I totally understand that. They can feel uncomfortable. They can be difficult to sleep with.

(14:00)

You can get custom fit earplugs, which are more expensive, but are much more comfortable. So that is something to consider, but a cheaper solution and one that can work quite well is a really good pair of industrial quality noise canceling earmuffs. I'm going to paste these into the chat. These are the ones that I recommend, made by 3M, the Peltor 310 Peltor Optimum. So I'll put that in the chat there. It's a way to get a break from the noise. And that really is something that can be incredibly relieving when we have this type of sensitivity, even for a while. You can take other options, you can investigate other sort of big scale solutions, like putting in soundproofing in your walls. Most walls and houses, especially interior walls, don't have any insulation a lot of the time. So you can install soundproofing, but that doesn't always work 100%, and it's expensive.

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Communication. Sometimes we need to at least try talking to the people who are making the sounds that are driving us crazy, if those are unreasonable. Now, if they're not unreasonable, if it's just they're watching TV in the middle of the day, and it's driving us nuts, there's not a lot we can do about that. We can ask them to turn down the volume. But what I would usually do in this type of situation, if it's a neighbor or something, I would try to have a conversation with them about quiet hours.

(15:31)

Is it possible that we could just agree that in between 10 and eight, it's quiet. And if you're going to watch TV, you use a set of headphones or something. Of course, that's not always going to go well, but sometimes it can go well. It depends on the neighbor and in the relationship, but it can be worth at least trying sometimes to have a conversation about that kind of stuff. And finally, oh, that's cool. I just saw someone put in - Flare Audio has specific earplugs for this issue. Yeah, earplugs. Yeah. Yeah. Yeah. Flare is a really good company. I use their earplugs also for music and stuff, for performing.

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And then the big sort of nuclear option is, well, sometimes you just have to move. And of course, that's not easy for many people, but it can sometimes be a viable option. Really, this is about our home needing to be what I call safe enough. To do this work, our home has to provide some kind of respite from activation. We can't really progress in healing old trauma if we're constantly being overstimulated in our home. It has to be a place of at least relative safety and peace. Nothing's perfect. So sometimes we do just need to move and find a better situation, maybe that's more rural, more space around it. Sometimes that's cheaper too than living in the city. So it's something to consider. It can feel overwhelming, but so is living with noise you don't want every day. All right. Someone asked, "Is this misophonia?" Kind of. Misophonia is a sensitivity to sounds, very often specific sounds, like people chewing. That's a classic one.

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I also had that. And a little story about how these sensitivities changed, at least for me. Yeah, if someone was chewing near me, just instant blinding rage, just, I will kill. I don't know how that starts, but now what happens for me, if someone is chewing near me, I still feel a little spike, but that's it. It's just like, "Oh, yep, there's that sound I don't like." I can feel a little rrr. It's this gentle little growl, but it's not a big deal. It's not a big deal. I can hang with it. So these things change. And of course, yeah, there's all sorts of other things, smells. We can be sensitive to smells. We can be sensitive to textures. We can be sensitive to certain kinds of fabric. There's

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all sorts of ways that we may be hypersensitive, and we've just got to do the best we can to mitigate it practically.

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Again, through these types of approaches, through communication, through talking to people, maybe we have to close our windows, maybe we have to install some kind of ventilation. We really want to look at practical solutions to try to mitigate the input.

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Okay. Moving on to individual questions. "Hello. This is my first time doing SBSM. Six years ago, I started doing qigong and yin yoga, and almost immediately my body started releasing with twitching and shaking, jolts, heat, and itching, and that's all good. I can handle most of it just fine. But there's one thing that drives me crazy, which is an almost constant trembling of my face muscles. It's very tiring and I often cannot make it stop. I already tried focusing on lower parts of my body trying to move the energy. Do you have some advice?" So there's a couple things you can work with here.

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One, I'd be curious to know, is this only happening on one side of your face, or is it on both sides of the face? And if you're here, you could put that in the chat, if you like, because it would sort of change my answer, but I'll sort of answer for both. But if it's only on one side of the face, it's possible that there's actually a physical issue. Sometimes the seventh cranial nerve, which is the facial nerve, can be sort of pressed on by inflammation in the system. It can get irritated. And when that happens, there can be this type of experience of trembling and shaking on one side of the face, but it's usually just on one side, if it's a nerve issue like that.

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My hunches, from the way you describe it, it's not just on one side, but if it is just on one side, then that's one thing that you could get checked out, and see if there is some kind of irritation happening to that nerve. So this, I have to say, I haven't actually heard of this before. I've heard of trembling in all sorts of parts of the body. That's totally normal. For it to be nearly constant, that's not something I've heard of before. So it sounds like mostly the left side. Okay. Okay.

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Thank you. So yeah, you may want to just get a cranial nerve exam and have that looked at, and just to see if you can sort of assess. Perhaps there is some inflammation in one of the blood vessels, that's what happens, and it can press and irritate on that cranial nerve. So that is something to check out.

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It's also entirely possible that this is just some kind of held tension that's trying to let go. And that's generally when we experience this type of trembling is when there's been a lot of tension in the system or repression of some kind constriction, and then we start to open up the system, and these things that have been trying to happen start to move through the tissues, and we can get this kind of trembling response. So a couple things to explore, as well as maybe getting it checked out, is just touch. I hear this in the question, it just won't go away. I'm trying to move the energy somewhere else. So there's this energy of like I'm trying to get rid of it, and that generally doesn't work if it is some part of a trauma response.

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Generally, we want to be more welcoming and exploratory and curious and caring, if it's part of our body that's trying to do something. Of course, that can be hard to do if the sensation is annoying, but nevertheless, that is usually the best approach. So just touch, just holding the face with care and curiosity. It's just like you're listening to the tissues, maybe seeing if you can feel the skin. Can you feel the difference between the skin and the bone and the jaw? Can you feel a sense of the muscles? Sometimes moving a bit. So what we're doing is we're kind of exploring the layers, and there is a lesson, the layers lesson that will come a little bit later, that talks us through this, but it's a way of bringing in differentiation, exploration, like, can I feel the skin? Can I feel the muscles moving underneath?

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Can I feel the bone? Can I feel how there's fascia that allows the skin to slide?

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And just paying attention in this way can sometimes bring some different types of experience. Perhaps some emotion arises. Perhaps something else starts to happen. Perhaps some heat

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comes. And that's kind of what we're looking for. What happens as I explore and make contact in this way? Another thing that you could potentially explore if this isn't just an inflammation issue, maybe there's some expression that's been really needing to happen. So when we have our ability to express repressed as a young person, when our authenticity is not valued, when we don't feel safe to speak up, there can be all types of things that the face and the mouth have been wanting to say and do and show that they never got to do. Now, these can come out in micro expressions, sometimes. They'll just sort of sneak out, because they've been wanting to happen. Or sometimes you may see it as part of a person's resting face, like a person's resting face may look annoyed or angry just all the time.

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And that's because there's a lot of anger stuck in there that wants to be expressed. So these are things to consider. What would it be like to just make faces, to like, ah, let the stuff move, let your mouth open, let the teeth bare, and let the eyes bug out, and like play around, play around with your features when this is happening. What happens? Does that change anything? Are there words that want to emerge as you're playing around with these faces? Are there sounds that want to come out? That's all stuff you can also explore that might potentially be useful. But yeah, it's really about, can you explore without the intention of making it stop? That's the key difference. And I've said this many times, and I'll say it many times again, the symptoms, we want to view our symptoms as parts of ourself that are looking for attention.

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So when we tell the symptom to go away, we're telling a part of ourself to go away. And that's what happened in the first place, to create the symptom. So that's why it's so important to try to maintain this kind of curious and caring approach even to our own symptoms. Okay. Just a second here. I'm just going to change a setting here. They've changed the whole Zoom interface. There we go. I'm just turning off my chat previews, so they don't keep popping up. If you're distracted by that as well, you click chat, the little arrow next to the chat bubble and on mine there's a little thing that says chat settings, and then I just uncheck the whole show chat preview thing, so they don't keep popping up. Okay. Next question. "I've always considered myself passionate about writing."

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“And in recent years, people have praised my talent for writing deep personal posts on Facebook. Since I've been in SBSM, I'm no longer sure if I truly enjoy writing. I get a lot of good ideas to explore, but in my body, I feel a resistance to the act of writing. While I'm thinking about ideas, I feel tension in my forehead, and my mind becomes so agitated that it frustrates me. Do you have any thoughts on this?” So yeah, it sounds like it's possible that your physiology doesn't have the patience for writing at this point. Now, this is something that can happen. Yeah, we can have maybe a long period of time where we have access to this ability to express ourselves very deeply through prose about our inner experience and our struggles. Then we start engaging somatically with our inner experience and struggles. And it's kind of like the body may be like, “You know what?”

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“I don't have time for this writing bullshit. I just need to express and feel directly.” The effort, it sounds like the effort to translate what's happening in here onto the page is feeling like too much. And it may be because that's not what your system's wanting right now. It's wanting to just ... It's wanting to express much more primally and directly rather than taking the time to translate into beautiful prose. So that's what I would encourage you to do with the things that you're wanting to express and write. How might you express those more directly using your body, using your sound, using your movements? Art could be potentially useful for this. Instead of writing, what if you paint your thoughts with some pastels or oil paints, or something like that, or drawing, or free writing. Maybe instead of trying to write and craft it, what if that frustration, you just let yourself write.

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You just kind of scribble automatic writing. Sometimes people will do this with the non-dominant hand as well. But my hunch is it sounds like your system has a lot of activation. The dish wants to be expressed directly and wants to come out. So I'll encourage you to explore that. And it's sort of like, what is the nugget? What's the nugget of the thing that you're writing, the core of it, and how can that be expressed directly, somatically in an embodied way? And then maybe you try writing it down.

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Once the charge is less, it may be easier to translate onto the page. “Hey, while orienting and feeling my feet on the floor or my breath, I feel a strong block in my body. I see the thing and cognitively name what I'm seeing, but the connection of my eyes to my brain feels numbed. Similar to feeling the floor, or the breath, how can I ease this, and release the fascia and the body, which feels calcified? I even have a hard time breathing, or difficulty sleeping, and I wake up at night with my breath feeling stuck and shallow from my nose, throat, chest, feeling closed and hardened. Not allowing enough expansion or air. Related to this is my self-critical perfectionist part that's bitterly hating my inability to successfully do these exercises. Even Irene's guide to be gentle and easy is taken as a challenge that I failed to rise up to, and a reason to inflict even more self hate for failing to be gentle and easy.”

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“It feels like an unwinnable downward spiral, any tips on how to work with this self-critical or self-hating voice.” Okay, so there's a lot here. The first thing to note is that you are doing the exercises successfully, because the purpose is not to have any specific outcome. The purpose is to notice what's happening, and you're describing very well what's happening. So you're doing the exercises successfully. This is what your experience is.

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That's the purpose. It's not to create any specific result. It's to discover what we do, how we are. So big picture, just keep practicing. The struggles you describe are normal. I see that you're a new member this round. So these practices are somewhat new. Just keep doing it. It takes a lot of repetition to build these bridges that may never have been built in the first place. The way you describe, yeah, I can name what I'm seeing, but it doesn't go in. It's like, yeah, that's normal. That's totally normal. It takes time to really build that ability to allow the environment to really come in and be perceived. One thing you can explore is what I was talking about with the eyes. As you're orienting, are you really going to the thing? Are you defensively orienting? Or are you able to be a little bit more easeful and allow those things to come to you?

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And just playing with that difference might yield some interesting things.

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Same with the breathing practices. Yeah, you're trying to expand into these areas that sound like they have been really rigid for a long time. It's not just going to change right away. It's about discovering this like, okay, yep, I can feel that rigidity. Okay. I'm still going to keep doing it. Okay, that's what I'm experiencing. Huh? What happens if I try breathing in this area? Is that a little different? So it takes a lot of practice and patience. It really does. In terms of the self-critical self-hating voice, we'll get deeper into how to work with that as we go, in the later labs. For now, what I'll encourage you to do is first just name it. Name what's happening as a thought. As you're sitting there, you hear this voice, you say out loud even, "Oh, I have the thought that I am worthless, that I'm failing."

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"I have the thought that this is terrible, that this sucks, that whatever it is." It's usually some version of, I suck. If we want to put it like really the simplest terms, it's some version of, there's something wrong with me, I suck. So you just name it as a thought, because that's all it is. And this thought, it's like a mental representation of the survival energy of the rage essentially that's inside. And it's directed inwards right now because that's what happens when we are subjected to rage, when we are subjected to abuse, and we don't have the ability to protect ourselves, we internalize it. So this voice is what I would call an introjection, or it's not just me, it's what it's called, an introjection. It's where we have taken this impression in from our environment, and we've made it a belief about ourselves. And it's essentially like a little gollum that we've created inside ourselves, and it has the voice, and it's sometimes wearing the face of the people that put it there ultimately.

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So that's another thing to name for yourself. Where did this come from? This isn't me. No one is born hating themselves. That is information that we take in because of what we experience from other people, and the way that they are angry and rageful at us. So name it as a thought, identify where it came from. This is the voice of my dad who would scream at me all the time. This is the voice of my third grade teacher who did such and such. Whatever it is, name it for yourself, because I imagine you probably know who it was that screamed at you, or yelled at

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you, or was abusive, or neglectful, or silent, or misattuned, or whatever it is that you experienced. This came from that.

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I'm just checking my notes. Yeah. As we move into the later labs and we start getting into the healthy aggression work deeper, and we specifically get into a practice called annihilation work, which is about destroying these internalized little gollums that are living inside of us, but that is very high energy work. And so again, that's why we save it for a little bit. We want you to focus for now on really building your foundations. You need to be able to bring a little bit of space into those lungs, bring a little space into the diaphragms, be able to connect to your environment with safety before we start doing things like high energy aggression work. So keep practicing those fundamentals. And when these thoughts come up, it's just like, all right, there's that thought. Yep, I named this thought. I know where this came from. That's not me.

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That's the voice of so-and-so.

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Okay. Next lab, the diaphragms, or I believe actually, no, lab five, I think the diaphragms come out. So again, those will be interesting for you to explore as well. But yeah, for now, cultivating the inhale and the exhale, those lessons will probably be useful to keep working with. And see what happens if you start bringing in some self-touch and containment into your practices. So instead of just orienting, really orient to a resource, or with your resources present, or with containment, a blanket wrapped around you, some kind of self-hold, feeling your edges. Same with breathing. That's something we can do, just stick the hands under the armpits and just notice there's going to be some movement. Even if it's a tiny, tiny bit. As you breathe, can you physically feel how there's something happening?

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And that's sort of like instead of reinforcing the rigidity that's in there through noticing how rigid it is, can you start to notice that there is a little something that may move or maybe you hold the belly. But if you're breathing, there is an ability to notice some little bit of expansion

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somewhere, most likely. And so how can you reinforce that? Even the little bit of stuff that is happening instead of only the stuff that isn't happening. Okay. "In the recent Q&A on early developmental trauma with Jen, she mentioned the fear paralysis reflex that develops early alongside digestion in the womb. Are there specific practices that work well for relaxing the dorsal vagal brake? I wonder if people like me who've had their foot strongly on the dorsal brake since fetal development could benefit from more intentional practice regarding the fear paralysis reflex, thoughts and suggestions."

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Yes. So the dorsal vagal brake, that's the freeze response. And yep, we can learn very early on, even in the womb, to go into freeze as a way to cope with overwhelming stress.

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All of the work is in service of helping the foot come off that dorsal vagal brake. I mean, that's part of regulation. So big picture, yes, just keep doing all of it. And over time, that is going to happen, but there are, yes, some specific things you can do, which I will go through for working with that. So the first thing is a practice. It's not in SBSM. I just realized perhaps we should add this at some point. So I'll actually just guide it briefly now, and you're all welcome to participate with this if you like. So you start by just resting a hand or hands gently over your belly button, and sit such that you can really feel support behind your back, and start to visualize the space within your hands. So they're resting over your belly button, and go ahead and put whatever kind of lovely natural resource that you connect with right in your hands.

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So maybe you love the forest, or maybe you love the ocean, rocks, whatever it is, whatever kind of lovely natural scenery that you like that you connect to, start visualizing that as being in your hands, and just notice what it's like to hold that image and that energy close to your belly.

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And if that feels good or neutral, great. If it feels scary or weird, well, okay, maybe leave it for now. That's enough. But if you're in the camp of like, okay, that's just neutral or good. All right, well, keep going. And now start to really visualize and feel your belly button. Feel your belly

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button, see the image of the resource, the nature. Now, imagine that you can grow a brand new energetic umbilical cord. These lovely little filaments are going to start reaching out of the belly button, this chord, and it's just going to land nicely into that resource.

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So there's this energetic umbilicus coming from the belly button into the nature energy in your hands. And if it feels okay to do so, you start to imagine that that is just now flowing in. And the mantra here is only goodness is allowed. Only goodness is allowed. This lovely natural energy of the earth just flowing into the body through this new umbilical cord that you've made. Sometimes people may like to use the breath to help that. So like on the inhale, the belly button is also drawing in. Can you imagine the color of that nature coming into the belly, into the abdomen? Just this lovely frequency, this lovely color.

(42:36)

And then you just kind of sit with that for a bit. And as you're feeling that, you discover, "Well, if my eyes have been closed, would it be possible now to start to find the outside world while still feeling this?" And you come into the environment again at your own pace, feeling that connection. That's about it. Great. So very simple, but it can be very, very powerful as a way to start to bring in a different kind of information to that very primal system. So many of us experienced stress in the womb. We were getting our mama's cortisol and stress chemistry, and whatever scary noises and stuff were happening outside.

(43:51)

So that is one way to start to renegotiate in utero stress and trauma. It's lovely natural energy. Now, another thing you can explore, and I'm not going to lead this, because it requires a bathtub, but you can also do this in bed, but it's really great if you can do it in warm water, but again, I'll just describe it. So in a body of warm water or in the bathtub or on your bed, start to really imagine that you are that little organism in the womb, and allow the impulse to freeze and be still to kind of show up.

(44:46)

It's like, okay, yep, that's where I was. This is what I was feeling, probably, something like this.

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And really connect to your back and the support that's holding you, be it the back of the bathtub and the floor of the bathtub or your bed. And it's almost like you imagine that like, you know what? I can back up right into this corner, and it's like you're sort of retreating into a corner of the womb, and you're just allowing yourself to be there for as long as you need to be. And the reason it's good to do this in warm water is because then you start to connect to the feeling of the warmth. So it's like you're purposefully essentially doing a very mild form of imagination-based exposure therapy, where you're intending to sort of recreate the experience of the womb, you're feeling that support behind the back, because very often the back of the infant as it's developing is against a wall of the womb.

(45:59)

You then hold the intention of allowing that stillness, that freeze to be there. And you know what? I can just hang out here as long as I need. There's no hurry. And you start to notice the warmth of the water. And as you notice the warmth of the water, you just sort of feel into, like, is there some kind of something that wants to happen? Is it possible to imagine that actually there's safety now through feeling the felt sense of the warmth? Now, if you're on the bed, maybe have a nice heavy blanket or duvet or something, and you start to feel into the safety of that containment, the safety of that warmth in the present moment.

(46:41)

Is it possible to connect to that now? So that's another type of exploration. And from that, you may get various impulses and such. And then the other option for working with this is to work with someone directly who does touch work. And there's a few forms of touch work that work really well. For this, Stephen Terrell has developed a form of work that's specifically for working with unintegrated reflexes like this. So if you can find someone who is trained with Stephen Terrell, that could be potentially useful, but there's so much you can do on your own. So I definitely encourage you to explore these types of practices. And that umbilical one is something that can be very useful to do frequently for a period of time as you're ... Maybe you give yourself a little brand new umbilical break once a day or something, and you connect to that lovely natural resource.

(47:46)

These practices, all of them, again, it takes time. It is normal to not notice anything the first time we do something like this, and we can feel like, la, la, la, this is silly, whatever. You do it anyway. You keep doing it. Most of us will have some kind of resistance, some kind of defense. We're trying new stuff, and it takes a lot of repetition. Just keep doing it. The changes happen. Okay. "I want to know more about the release of storage survival stress or trauma, what it looks like. How can one feel the difference between an old stress trying to come out or a new stressor adding in?" Okay. Well, the answer to this is actually not so much in the felt sense, but in just being aware of your environment. Old stress tends to emerge in the context of safety, at least in a productive way.

(48:49)

Now, of course, there's the other way where we can get triggered, and that can be a little bit more tough to suss out. I'll explain that. But generally speaking, if we're actually releasing survival stress, if we're having a deactivation, that generally only happens in the context of safety. So if we're just chilling or doing one of these practices, and we're in a pretty safe environment, and we start to have these sensations of stress, so, shaking, heart rate change, maybe our breath wants to get shallow, whatever it may be as representative of the stress emerging, heat maybe is arising, there can be lots of expressions. If we are objectively safe and engaged with our system, you can be basically sure that this is old stuff emerging, because there is no stress in the environment. New stress coming in is the result of stress in the environment.

(49:40)

It's not just going to come out of nowhere. So yeah, if we're scrolling through very upsetting social media posts or news, or in our work environment, or in our living situation where something's not good, or had an upsetting interaction with a friend, or we fell off the curb, whatever it may be, then that's a current stressor. The current stressors will be obvious because they have a source. Old stressors don't really have an obvious source. They just kind of bubble up when things are objectively feeling a little bit safer. Now, new stress, also deactivation is kind of like I described. It could be a flush of heat, there can be some kind of

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trembling, there can be a shaking or pulsing, there can be movements that spontaneously emerge, there can be emotion. When new stress is coming in, we tend to go into one of our known survival patterns, which is probably familiar.

(50:44)

So I start to get really tense. My shoulders start to get really tight. I start to get a headache. I start to feel angry or irritated, or I start to check out. I start to feel like I'm spacing out or dissociating or disconnecting from the environment. I can't be present. I start to feel floaty. These are all indications that we are experiencing current stress. Now, sometimes they can be combined, because we can experience current stress that then triggers stored stress. And that is generally when things feel especially awful. And that can be all the things I just described, but basically even more so. And we can feel like a panic attack or like we just have to get out of there, et cetera. So current stress can trigger stored stress, but when we're releasing old stress, it may not feel good necessarily, but it's - something is happening that maybe is a little less familiar, and that changes.

(51:50)

That's another indication that something is releasing. It doesn't just stay the same. The earlier question about the face muscles trembling. Well, if that's just always happening, that's not a release of stress. That is the system sort of stuck in some kind of loop, or maybe there's some kind of irritation. So when stress is organic and releasing, there's some kind of change that happens. Okay. "Hello. I have early developmental trauma, and a lifetime of abuse and control from my narcissistic family. I'm now on my third round of SBSM, and I now feel a major shift, like I'm finally starting to come out of survival mode. I'm 31. What should I do when distressing and traumatic memories come up, and I can't move past them, and they keep circling in my mind? I keep waking up in the middle of the night, and can't get them out of my head."

(52:42)

All right. Yeah, so this is indeed an indication that you are making great progress like you describe, because this is what happens as we keep doing the work, the old stuck stuff starts to come up, and very often that can happen at night, because at night our defenses are dropped, and we're sleeping a lot of the time anyways. We will get a little bit more vulnerable. And if we

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are in this momentum of doing this work, our system wants to heal. It wants to get better. It has an organic trend towards wholeness and health that it wants to do. In order to do that, our system is very wise. It knows it has to let go of these things. So yeah, very common. Okay, this thing is now persistent. It's like it keeps coming into my head, these memories, these emotions, these visuals. What we've got to do is get out of the head, because that's not where we process this stuff, right?

(53:40)

We process it in the body. So if it's waking you up, then yeah, this is almost certainly some big charge of survival energy that is ready to move through. And how do you do that? That is what you have to discover, because only your physiology knows what it needs to do. But as a general guiding principle, what you want to start to investigate is, okay, I have all these memories and images. What wanted to happen that didn't happen? That's sort of the main kind of somatic inquiry we want to take when this kind of experience is happening, because the reason it's emerging is because it's looking for a different outcome.

(54:28)

And this is where our imagination needs to come into play as a constructive use of the mind, and a way to interface with mobilization of the body. So what didn't happen that wants to happen, and that can happen now? That may be words that you didn't get to say. It may be a more primal expression of rage or self-defense. It may come with movement, like maybe the body really wants to push or grab or twist or claw. Maybe the legs want to run. Maybe we just want to get the hell out of there. And we actually, instead of staying in these minds as we're woken up, we actually need to get up, and sit on the edge of the bed, and realize I wanted to get the hell out of there, and I couldn't. And we just let our legs start to run, let the legs move, let the body mobilize, see ourself fleeing from that situation.

(55:27)

So we can use the mind as part of this, but we want to do it proactively. We don't want to just circle in the memories of the experience. We want to create new information, essentially. We want to do that in our body. So the reason it's called somatic experiencing is because we want to have a different experience. The body needs to have a different experience than it had. So

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say the experience originally was one of inescapable attack. I'm under some kind of attack or threat and I can't get away. Now that could be a very literal thing like a mugging, or it could just be living for 18 years growing up in a household where there's constant stress. It doesn't have to be a literal attack, but it's essentially a situation where the body is under duress and it can't really get out. Well, what didn't get to happen is I didn't get to run.

(56:20)

I didn't get to flee or I didn't get to fight back. So what would the body need to do to experience that? It's about having a different somatic experience than the one that is imprinted, which is one of helplessness or collapse or whatever it may be, of fear. That's what we want to start to explore. How can I facilitate my body having a different experience? And part of the way you can do that is with your imagination, but it's not just about the imagination, it's about the imagination coupled with somatic action, and that's what creates a different somatic experience in the context of this imprint.

(57:02)

And again, we will get into healthy aggression work, annihilation work, all that stuff, but you can start to play with it organically. The key is when we start mobilizing aggression is we want it to be contained. We don't want it to be explosive. We don't want to just start beating the shit out of something with a baseball bat. We want to be able to stay connected to the effort and the feeling of energy. So this is why we encourage things like squeezing a towel or twisting, pushing, exerting force, like movements that are a little bit slower, where you can stay connected to the sense of effort. Because again, that didn't happen. That wasn't a somatic experience that happened. We didn't get to use that effort. So we really want to feel the sense of that as we use that effort. And big, explosive, fast actions generally don't allow us to stay connected enough to our physiology, and the felt sense of that experience.

(58:01)

Okay. Let's take a little pause. We're at about an hour now, and I've still got a little ways to go, so we'll probably be at least an hour and a half call. So let's take a little pause, and just take a break from the screen, go have a pee break, drink some water, whatever your body wants to do. What is your impulse right now? Discover that. We'll be back in a few minutes. All right.

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Welcome back. Okay. This question is from a new member. "I've seen for years therapists saying emotions can never last more than 90 seconds if you let them move through the body. This makes me feel so bad because I can feel emotions of intense panic or deep grief for days. And when I feel them, I fully feel stuck. I heard an experienced somatic practitioner say this yesterday. She said that what makes emotions last for more than 90 seconds is the thinking process about those emotions, but I don't feel like I have that many thoughts."

(01:03:25)

Oi vey. Yeah. So yeah, here we go again with oversimplified information. Sorry you got that information. That's basically ridiculous. So it is true that when we have an emotion and we are fully able to feel it, and have the capacity to feel it, that being the key point, and we just move through the body, yeah, sure. I think 90 seconds is pretty arbitrary, but yeah, it's pretty quick. It generally will just move through and we're done with it. However, it's not just thoughts that keep something stuck. That's ridiculous. Thoughts can keep it stuck. I think most of us are familiar with that loop, where we have an emotion, and we maybe get memories or thoughts related to that emotion in historical context. And then we start thinking about those thoughts and memories, and that generates more of the emotion, and that generates more of the thoughts, and that generates more of the emotion.

(01:04:27)

And there we go.

(01:04:30)

Sorry, just so I know that someone had ... Are you able to hear me? Okay. Yeah, I didn't change anything. So maybe check your speakers and see if they're on. So the thought emotion loop, yes. I don't want to invalidate that. That is a real thing. However, there's much more primal reasons that stuff can get stuck in the body, and any somatic practitioner should know this. Stuff can stay stuck in the body because the body doesn't feel safe to release it, and because the body doesn't have the capacity to release it. So there's very literal reasons why we may be stuck with an emotion that has nothing whatsoever to do with our thoughts. It's that, wow, I don't actually, the body doesn't know how to release this. It's been holding it for so long. Very often we have formed our personality, our posture, our way of being around the trauma.

(01:05:30)

It's part of who we are as we move through our life. So just letting it move through, yeah, that's not going to just happen right away. What tends to happen is more like what you are describing. With trauma, we will tend to feel this sense of dread for maybe a few days, if something happens that gets activated, or yeah, I just feel panic. It won't go away. That's trauma. And it's because the body doesn't have the capacity to just let it move through. So yeah, I'm sorry you got that kind of oversimplified information. What we want to do is work on making more space in the body. So a lot of the lessons in SBSM are in service of this. Right now, the cultivating of the inhale and the exhale lessons are part of that process of bringing in more space. The basic joints lesson also is about bringing space into the joints of the body.

(01:06:28)

This can often allow emotions to start to free up. And there will be a lot more as we move on. Lab five, again, the diaphragm lessons will be very important to work on bringing space into the body. Another thing you can explore for now, when you feel the emotions, really identify the sensations of them. So if you're feeling panic, what is that? Okay. I feel a tightness in my chest. I feel butterflies in my belly. I feel this swirling kind of feeling. See if you can get really specific about what the sensations are. Where are they? So you're doing this somatic inquiry to start to essentially bring a little bit more space around them by becoming a little bit more clear about where they are in the body. Otherwise, you can kind of just be like, "Nah, I don't feel good." I just feel awful. And so if we inquire and get a little bit more specific about the actual sensations and where they are, that's step one.

(01:07:34)

Then see if you can just find the edges. Okay. I have this feeling in my belly. Where is it not like that? Okay. If I go around to my side here, I can feel sort of around here. It's not like that. Here it's like that. Here it's not like that. Okay. Then you can start to get a container, like the sense of like, okay, this sensation is contained within this area of the body. Great. That alone is fantastic. If you can start to do that. Then this is what we'll do in the diaphragm lessons, but you start to bring in space. Okay. If I can feel a container and I can feel the sensations, can I use my breath

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or my intention just to imagine, okay, here's the container, here's the swirling bits. Okay? Here's the container. Oh, maybe I can make the container this big.

(01:08:31)

It was here. Maybe I can make the edges a little bit bigger? Can I bring more space around the area where the sensations of the emotion are? That's how we start to build capacity in the body, by working with the containers of the body. Emotions are physical. These are signals from our organs. This isn't just metaphysical imaginary stuff. These are physical signals from the physiology, usually from the different organ systems. The liver, the stomach, the lungs, the heart, the spleen. Emotions come from biological signals. So yeah, identify, name them, find where it's not like that. See if you can develop the idea of having a container around the sensations. Can you make that container a little bigger? You can bring in things like pendulation like, oh, here's where it's like that. Here's where it's not like that. You could use a totally different area of the body.

(01:09:34)

My foot feels very calm. There's nothing going on in my foot. Great. I'll feel that for a while. Then I'll go back to feeling my belly where the swirly thing is happening. All of this also builds agency. It's building your ability to choose and act proactively with your physiology instead of just reacting to what's happening. We're building the ability to have choice in how we interface with ourselves. And again, with trauma, that very choice is what was taken away from us a lot of the time. So the very act of inquiring in this way starts to bring in more agency, which builds capacity, et cetera. And all of this is what allows those things to actually move through and find completion when the body's ready.

(01:10:22)

You know the phrase, you can't push the river. The river's just flowing. It's like you can't push it, but you can make more space around it, and then it's going to start to find a wider bank and then maybe new things can happen. "It's my fourth round of SBSM, early developmental trauma, mostly. And like in previous work with therapists, I keep hitting the same wall, a part of me that's convinced that it's not safe to heal. So whenever there's a bit of progress, that part makes sure I fall back into help or helplessness or hopelessness. How can I use SBSM to work

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with such a belief? For a long time, it felt more like I don't deserve to heal. Now it's more like it's not safe. It's just not an option for me to get better.” So first off, I mean, that is progress. Having a sense of I don't deserve to heal, that is very common and rooted with this kind of self-critical self-hating energy that can be an interjection, and an internalized impression that we got from somebody else about us.

(01:11:32)

So the evolution from that to like, it's not safe to heal, that's progress. And actually, you know what? It's not that it's totally accurate, but from the body's lens and the lens of trauma, that is kind of an accurate perception, because when we've been through trauma, familiarity is safety. Unfamiliarity is danger a lot of the time. So if it's familiar, it's pretty safe. Even if that familiar thing is a form of dysfunction or a symptom that is bothering us, it's at least familiar, predictable a lot of the time. That feels safer than the unknown, unquantifiable potential of healing, and being healthy and regulated. That's totally unknown territory. Our body doesn't know how to do that. Our mind doesn't know how to do that. The way that Kathy Kain talks about it is that's the safety map, which we don't know. It's a much better map.

(01:12:35)

We can get from A to B on the safety map much more efficiently, but in the trauma map, yeah, we have to go around the corner and through the alley and through that random junk store to get to the place where we want to go, but at least it's a familiar route. We know how to do that. We know how to navigate that map. This map is much better, much more healthy, much quicker, much more efficient, but totally unfamiliar. So we feel lost. We don't want to go to that map. So the impression you're having makes a lot of sense, and it's totally normal. Now, in terms of working with beliefs, we don't really work with beliefs in somatic work. What we do is, like I said, we name them. That's sort of the extent that we get. If you want to really work with beliefs, you can do that.

(01:13:22)

There's different psychologists and counselors that'll do that. Hypnotherapy can actually be really useful for some people in changing belief patterns depending on their system and the practitioner. There are different ways of working with beliefs. For us, we don't really do that.

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What we do is we name it as a belief. I have the thought that it's not safe to heal, and then we explore what's happening in the body. So what is the somatic representation of it's not safe to heal? What is the posture of that? What is the emotion of that? What are the sensations of that? We can work with those in all the ways I've just been talking about. Identify it, find something else, notice the container. We can work somatically, but we don't really have the tools for working with the belief itself directly other than naming it. Now, another thing that can be really important is to do practices that support baseline safety.

(01:14:27)

So I mean, a lot of the times that it doesn't feel like it's safe to heal, like I said, it's because we never have done that. We don't know that. However, we can start to work directly with the organ systems associated with the threat response. So the kidney adrenal lessons, the gut-brain intention lessons, watering the brainstem, like I mentioned, because it's your fourth round, you have access to all these things. So it could be really helpful for a while to only really focus on those types of lessons, lessons that are working with the organ systems, kidney adrenal lessons, watering the brainstem, gut-brain awareness and intentions, gentle head rolling. I think there's actually a list of practices that are best suited for working with early developmental trauma in the frequently asked questions section, which you can review if you want. And all of those could potentially be useful.

(01:15:29)

Just checking my notes. Yeah. And if you do have access to a touch practitioner, that can also be helpful. I'll go ahead and put this directory in the chat, which is the directory for touch practitioners. Okay. So again, supporting baseline safety, that is very, very helpful in such situations. It's like instead of working with a belief, you're supporting the physiology of safety directly, and you start to be able to change maybe the expressions that come through in the mind. Just saw that in the chat, I cannot heal a freeze collapse expression. Yeah, it is kind of part of that collapsed shutdown area. It can be, but it also can be more general than that. It just can be really rooted in this core sense of it's just not safe. And also, like I said, it's just unfamiliar. It's an unfamiliar territory.

(01:16:45)

Oh, thanks, Rebecca. Great. Yeah. She posted the link to that FAQ that I was referencing. So all those lessons are potentially useful for building baseline safety. And it depends on each person, of course. You have to decide which one of those works for you the best. Okay. "When I try to relax, I get a shaking that starts in my right knee, and spreads to my pelvis. Sometimes up to my shoulders, similar to Irene's recent video, but less intense, it can last a few minutes to half an hour, and then I can finally relax. I've been staying present and allowing the shaking to happen. No other feelings, thoughts, or sensations come with it. Should I try to slow it down, or titrate it in some other way?" You certainly can. There are some ways you can explore that. There's also potentially something else that may need to happen.

(01:17:37)

So the ways that you can potentially slow it down or titrate it, one, don't pay attention to it so much. Again, orient externally, pay attention to what's out here, or pay attention to a different area of the body where the shaking isn't happening. It's like you keep the awareness of like, "Yeah, yeah, that's happening, whatever, but I'm paying attention to this out here, or I'm paying attention to my feet. I'm paying attention to my butt on the chair." Finding points of stability or neutrality to focus on instead. That is one way. And it may be that you're already doing that. And honestly, it sounds like you're doing really well. You may not need to do anything other than you're already doing, which is just allowing it to happen. These things can go on for a while when they've been stored for a long time. Another thing you could do to potentially titrate it or help it ease a bit, if you want to go that direction, is you feel the shaking and you sort of imagine like, "Huh, what would this be like if it was a wave rather than a shake?" And that can sometimes be an interesting way to explore some kind of difference or a different option somatically.

(01:18:52)

How would this feel if it was more of a wave-like expression? Another thing though is it may be that it's useful to actually go with this shaking. So like you said, Irene's not as intense as Irene's recent video, so I'm assuming you're referring to the video of her legs discharging that she posted after a workshop in Austria. And the thing about that, the reason it looked more

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intense is because she wasn't just only allowing the shake to happen. She was actively going with it. She was purposefully sort of mobilizing a little bit. So it wasn't just this tremble. Her legs were fully ... And because she's done so much of this work, she knows how to participate with that. So it's like you feel what's happening, and you actually even really let it happen. You maybe even exaggerate it a little bit. You lean into it, is kind of the way I would say.

(01:19:55)

So that's another thing you can explore. And then that might bring different things. And you could explore what are different expressions of it? Maybe this thing has just happened, and I just let myself start to vocalize, and I don't try to make any specific sound. I just let sound happen. And what does that bring into the experience?

(01:20:17)

Okay. "I go into fight mode with my 10-year-old son and in moments that he gets disrespectful, which is a newer thing. I try to calm myself, orient, count to five in the moment, but more often than not, I lose my temper. Chronic sleep loss, I'm also home with our 2.75-year-old toddler who wakes me still, makes regulating harder too. Any suggestions for one, regulating better to be calmer with my son, lots of stress elsewhere too. I do one nervous system exercise a day, but currently I feel in a ditch and guilty, with little support." Okay. Well, first, I just have to acknowledge that, I mean, this is completely understandable. It's a very hard situation. When you're living with unresolved trauma and kids, especially little ones who are really, really dependent on you still, that is just really hard. There's no way around it. You really want to use whatever support you have.

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I hear you, that you don't have much, and I'm really sorry to hear that because, yeah, it's so hard. So whatever support you do have, please take full advantage of it to get whatever breaks that you can. If there are grandparents or aunties or uncles or friends or anything like that, even in a situation like this, I would not be above letting the TV be a babysitter if you just need a break. Yeah, not ideal, but neither is you losing your temper with your kid. So it's just a hard situation. And so you've got to do what you can to make a little space for yourself. Now, in the moment when this is happening, some other things to consider. If you're counting to five, well,

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then during that time, do a long exhale through the mouth. So just let the breath come in through the nose.

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That was a long exhale. I'm really focusing on all the air that I can possibly get out of my lungs is getting out through slightly pursed lips. That is one way to lower the heart rate and lower activation. It's not about the deep breath in. That's what they say. Take a deep breath, and it's not about taking a deep breath. It's about a long exhale. That's what actually lowers the heart rate. If you take a deep breath in, that raises the heart rate, actually. So let the breath flow in through the nose, and then long exhale through the mouth. Feel your feet on the ground. Connect to the earth.

(01:23:07)

If you do lose your temper, which is going to happen, apologize. He's a 10-year-old. So yeah, it's okay to have a bit of a ... He's old enough that you can have a bit of a conversation. "I'm really sorry, honey. I'm working through some stuff and it's not your fault. I get angry," and it may help him understand if you say, "When you do this, it makes me angry. And so I'm doing my best to stay calm, and I'm really sorry I yelled at you, but this is what's happening." At 10, he's old enough that you can have that conversation.

(01:23:46)

So, big picture, ultimately what it sounds like is there's a need for you to really work with your aggression. Now, this is something that is, I think, always true, that when our kids are coming at us with aggression, that ultimately starts with us, or at least it's our responsibility. Now, they may be reacting to other stuff. It is possible. Maybe they're in a bad situation in school. If there's divorce in the picture, maybe they are getting riled up at dad's house, and then your place is safe, so then they get to be angry at your place. That was certainly my situation when I was a kid. So it's not always directly coming from you, but it's still your responsibility as a parent to hold the container for that. And very often, if kids are coming at us with some form of aggression, like disrespect, that's a minor form of aggression.

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Very often it's because we haven't worked with our own aggression, and so they are reflecting that to us. Also, the more capacity we have to feel our aggression, the more capacity we have to feel other people's aggression and to stay present. We get familiar with that frequency, so to speak. So working with your own aggression is going to be important. Because you are in your second round, you already have access to all the healthy aggression, annihilation work, all that stuff. So another thing to consider, in the moment when you feel this happening, take yourself away from the situation. And this is again, this is a conversation you can sort of preload with your son like, " Hey, honey, if you're talking to me and you see me just walk out of the room and go to the bathroom, that's because I need a moment and I don't want to yell at you."

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"I want to do something else instead." And then you do that. You go to the bathroom, you twist a towel, let a little sound out, maybe just contact the aggression that is in there, but more importantly, you want to do that proactively when this isn't happening. You want to start working proactively with aggression in a healthy, embodied way, so that you can start to develop your own capacity to be with that energy, and to hold that energy.

(01:26:10)

Okay. Okay. "How are migraines worked with in SE and other modalities that you teach? I'm an SPS alumni of many years. I have childhood trauma and chronic stress that I'm healing from, and I suffer from debilitating frequent migraines since childhood. My doctor says that migraines are a neuroinflammatory process. Any insight on how this relates to the autonomic nervous system." Absolutely. So migraines, chronic migraines, like you described since childhood, are always rooted in chronic stress and childhood trauma that we see over and over and over again. Migraines, the way that we see it in this work, they're an aspect of something that we call coupling dynamics, where things become overcoupled in the system. And this is an incredibly complex topic, so I'm not going to go fully into it, but it's when ... So an example is in a non-somatic way, perhaps like I had this traumatic car accident with a red car when I was in my teens, and now anytime I see a red car, I go into a panic attack.

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So a red car has become overcoupled with a fight, flight response, with the trauma. There's an overcoupling there. So that's kind of the concept in a nutshell. A migraine is a somatic overcoupling. So usually the root of it is some overwhelm, usually chronic stress, but it could be just one overwhelming incident, but usually more often it's chronic stress. And there's all these symptoms that kind of get coupled together. So we're actually, we're just working ... I was just doing a workshop with Kathy Kain on coupling dynamics a little while ago, and she used migraine as an example. So I'll just share what she shared to sort of explain this, and how we work with it. So with migraines, there's always what are called prodromes. So these are things that happen before the migraine. So I start to get glassy vision. My face gets really hot. Maybe my eyes feel a little weepy, and I realize that I start to feel tense.

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These are all the prodromes. And most people who have migraines, especially chronic migraines, they know what their prodromes are. It's very familiar. You know the indicators that you're about to have a migraine. So those are various somatic symptoms that have become all coupled together as part of the migraine experience. What we want to start to do is find the indicators that are less obvious, that are still coupled, but maybe we're not noticing as much. And these are called pre-prodromes, the pre-prodromal experience. So what happens even before the things that you're consciously aware of? So in the example that Kathy used, yeah, I start to get glassy vision, my face gets hot, I get a feeling of tension throughout the body, my eye gets a little bit - a kind of weepy feeling. Okay, those are the things I know. And then what we would do is sort of like, okay, well, are there any other things that may happen before that?

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And very often, these things, they know that they happen, but it's so frequent and automatic, they don't necessarily name them. But if you stop to sort of really inquire with your system, you may notice, like, "Oh, actually, there's also a change in my breathing. I just noticed that. There's a little stutter in my breath that happens. That also happens before that. Okay. And what else?" And what you're basically looking to find is what is the thing, what is the pre-prodrome that you're not familiar with? And so this is something that often takes a while

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to discover. And unfortunately, you have to use your migraine experience as the process to observe, and you may have to reverse engineer it a bit. So as soon as you start to feel the first indicator that lets you know I'm about to have a migraine, see if you can inquire what happened before that.

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What was happening before this? So in the example that Kathy taught, for example, she saw as she was asking this client about their experience leading up to a migraine, oh, it looked like there's a rigidity coming into the spine. And she asked, "Do you notice that ever?" And like, "Oh yeah. Now that you say it, yes, I hadn't really noticed that, but yes, my spine does tend to get rigid very soon before these other things I'm more familiar with happen." Okay, well, let's work with that. Are there other times that you maybe remember feeling that spine becoming very rigid? And so in the example she used, the client, this is from an actual case study, the client realized that, "Oh yes, I remember this feeling of my spine being tight when I was curled up tightly in my bed when my parents were getting a divorce, and there was all this constant arguing for months and months and months, and I would just retreat and hide in my bed curled up."

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"And yes, I felt this tension then." Ah, okay. Now we're starting to make connections to these pieces that were not so known to the client. And as that happens, there starts to get a little bit of wiggle room in this cluster of symptoms. And then they realize, oh, that's what the tear's about. That's what the little weepy feeling in my eye is about. I was heartbroken. And then they had this huge emotional release of intense grief that had been locked up in the system, which actually was the root of the migraine, of just being frozen in bed, basically terrified and heartbroken, and not having any support to express that intense grief. That's tremendously overwhelming for the system. And that's what eventually formed this constellation that makes the migraine happen. So that's how we work with migraines is by working with the pre-prodromal symptoms, that may be less obvious than things you're familiar with.

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So it takes a fair amount of discovery. It can be useful to sit with a practitioner for a while, to do a few sessions, to have that kind of inquiry with somebody.

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But you can do it yourself, because you know yourself. If you are a chronic migraine sufferer, you know what the prodromes are, and you can discover what the pre-prodromes are. You can discover what those things are that happened before the things that you're really familiar with. And then you want to start to think like, when are other times I've experienced this? What are some other situations when I've felt this in my life? Okay. And that's another thing to just think, like, big picture, what was happening in my environment when this started? When these migraines happened when I was a kid, what was happening during that time or before that time? And then one thing I forgot to say in terms of autonomic nervous system, how that migraine is related, it's a vasodilation. So the pain comes from a vasodilation, the veins widening, expanding. And especially if they've been in constriction and then they pop open, that produces a migraine.

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So what does that? Underlying fight, flight, and freeze responses. Fight, flight makes the veins constrict, freeze makes the veins dilate. So when we have that in our system at the autonomic level, fight, flight, and freeze, battling it out, there's that combination of vasodilation, vasoconstriction, and that's the autonomic link into the migraine.

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Okay. "Hello. Second round, and hypervigilance. I'm wondering about finding that balance between working with early developmental trauma and more activating things. I'm trying to work with a pissed off and bullied, constricted young part that's been told over and over that the sensations and emotions from my prenatal trauma was not real. Things are changing and opening up, but socially it's more difficult, and it feels like the activated energy is hitting restrictions. Thanks." Great. Okay. So it sounds like you've been doing really good work to build capacity, and sort of that early developmental trauma approach like we talk about, and like Jen talked about on the last call, building capacity, all that stuff. Great. Keep doing that. And this is

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really good that you're starting to get this desire to work with this part of you that feels like, yeah, repressed, invalidated, not attuned to appropriately. So this is healthy aggression territory.

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So time to start using those tools, leaning into those tools. Now you don't want to do this socially. Here you say things socially, it's more difficult. Yeah, it may be that way for a little while, and it can be, we don't want to necessarily make our social network or situation the place that we start to really lean into our authenticity, because it can be a bit imbalanced at first, and kind of freak people out, honestly. So this is what I really feel. And it's like, I really need to say it like, okay, dude.

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So we don't necessarily want to approach this socially, but you want to give yourself permission to start to lean into this stuff on your own, or with maybe one trusted person, or maybe a practitioner, but like what are the things you need to say? What do you need to say to all those people who didn't believe you? Maybe not just say, "What do you need to do to all those people who didn't believe you?" This is where the healthy aggression work comes in. So reclaiming your authenticity by, again, what didn't get to happen that can happen now, and authenticity, authentic expression, healthy aggression, all that stuff can be very, very helpful. It sounds like your system is starting to get ready to mobilize that energy. So you can also work with a safe person just speaking authentically, like someone who you really trust, but in general social situations, not so much.

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Okay, last question. "I feel stuck in life and it has to do with my mother. She's been my support for the last five years. I had severe depressive episodes. She's successful, and I rely on her a bit financially. I live in one of her apartments. I keep going to her for emotional support, but end up feeling hopelessly unseen by her. I have intense thoughts of self-hatred that I'm not further along in life. I need to be my own person, but still I need the financial support. What to do? I feel a huge inner pressure and survival stress." Okay. So this circles back to an earlier thing, where that self-hating voice. Again, that doesn't just come from direct abuse. Just, if our parent

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is constantly critical - my dad was scary and screamed a lot, and was violent sometimes. Most often he was just extremely critical. That's plenty.

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Someone doesn't have to be violent. If they're always critical, and nagging, and you're not doing this right, that is plenty for you to feel, this internalized voice of, "I suck. There's something wrong with me." That's more than enough. So when you say here, "I feel hopelessly unseen by her." My thought is that it's probably not new. That is probably the formation or a big part of the formation of everything you're struggling with, it is likely she has not been able to accurately attune to you, and honor your authenticity from the get-go, which is why you're struggling in the first place. I'm sure there could be other things as well, but it sounds like that dynamic is probably part of it. So this is not the person that you need to go to for emotional support, because what's happening is it sounds like you're getting re-traumatized.

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Take the financial support. Great. That's her job, since she was part of what caused the trauma in the first place. Take the financial support. Great. Don't go to her for emotional support. You're not going to get what you need. So use a therapist, use a friend, work with yourself, get a pet, get some plants, use your resources. What can you find to help support you emotionally that is not your mom? And that doesn't mean that you have to cut ties with her. There may be some expectations of communication or something. If she's supporting you financially, you can still do that, but you can have a boundary. Don't share your feelings, don't share your vulnerabilities. Take the money, do the emotional stuff elsewhere. That's my recommendation.

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It's possible that you would want to maybe get some one-on-one support for a little while. It could be useful to have a practitioner, just to be that emotional support person. Very often it's like our friends, even this can be a bit too much for our friends even, sometimes. So yeah, I hope that that makes sense, but the main thing is stop going to your mom for emotional support. You're not going to get it. Okay. Ah, okay, great. I see you in the chat there. Okay. Oh, hey. Okay, there you are. All right. Great. Yeah. Navigating boundaries with family is a huge part of this work. It's part of creating that safe enough environment for ourselves. We don't want to

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expose ourselves to family or people that are part of what caused our trauma, at least as much as possible. Now, sometimes we have to. Again, if there's financial support, there may be some expectation of communication.

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You can do that, but you can still have a boundary about what you share. You're like, "Oh, how was your day? Great. I'm fine." We don't have to be fully honest, essentially. All right. Well, that is it for today. Thank you so much for hanging out with me and listening. I'm sure happy to spend this time with you. And yeah, we'll see you next time. Keep doing the work patiently and persistently.

(01:41:33)

Many of you know, I did Vipassana early on in my healing journey, and that was cool. But one of the real nuggets from that was the guy, Goenka, who led it here, this - patiently and persistently, you were bound to be successful, patiently and persistently, you are bound to be successful. And it just lives in me, man. It's like, yeah, all right. Keep going. Keep going. Keep going. All right. Bye, all. We'll see you later.