
Curated Q&A Call #4 with Seth & Mara. Special Topic: Parenting

Seth (00:03):

Okay, welcome. This is Q&A call number four, I believe, for SBSM 19. 0. I am joined on this call by Mara, who will also be answering your questions that were sent in. Mara, are you able to unmute yourself, and is everything just fine?

Mara (00:22):

Yep. Hi, everybody.

Seth (00:24):

Great. Thanks for being here. And also, Jen and Susan are here from our team, answering questions in the chat, as they are able. And again, just a reminder, always best to try to keep your attention on what's happening on the call, not get too distracted by the chat stuff, but that happens sometimes. So this was a call on the special topic focus on parenting, all issues related to parenting and trauma. We only got three questions related to parenting. So we are going to go ahead and answer those, and then also answer the rest of the questions that you sent in, just like on a normal Q&A call. So I believe that the first one is for you, Mara.

Mara (01:12):

Sure.

Seth (01:13):

All right.

Mara (01:13):

So the question is, "Most moms whom I know sleep train their babies and are glad that they did it, because after sleep training their baby, the parents could get sleep and thus better

regulation. Is it worse sleep training if that could help the baby sleep through the night, which helps the parents get sleep? I know parents who did not sleep train and those moms can't sleep through the night. I also want to ask your thoughts about co-sleeping. Is co-sleeping with the baby important for nervous system development?" So the first caveat is there's no one way to handle sleep with a baby. And babies go through lots of growth and development, and there are reasons why they have trouble sleeping at different ages and stages. And being a responsive parent is attending to those needs as they arise. So it's sort of a fallacy that you can sleep train your baby once, and then be done with it.

(02:20)

And also, there are so many ways to support healthy sleep, that I think the one caution that we would give in this program is really about 'cry it out' as a particular method for sleep training, that we know can then lead babies and older humans into shutdown and freeze for a lifetime. And we know that. So I would avoid that, but there are lots of ways to stay with a baby in an attuned way - patting the back of a baby, staying in verbal contact, "I'm here, you're safe, you can do it, you can go back to sleep." So, many different approaches. And I think that the key thing is to find what resonates and works for you as a family.

(03:15)

It's also helpful to learn about development and when there might be sleep regressions. So if a baby's having a developmental leap like learning to crawl or walk or talk, they might wake up in the night aroused and be excited to practice those skills. And it's good to learn how to be boring as a parent like, "Yeah, I see you want to do that, and this is not the time." And there's later a question about setting limits, but that's a way where you can gently set a limit just by being kind of boring, keep the lights low, pat their back, hug them, hold them, rock them, and then okay, the expectation is it's time for sleep now.

(04:03)

Shifting to the second set of questions around co-sleeping, this is really a personal choice. There are many cultures around the world where co-sleeping is done safely and naturally. In North America, it's a pretty litigious society. And so people are always worried about the horror stories that you might hear if there are too many blankets or pillows, and what happens

if a baby can't breathe in the night. So of course, if you're considering co-sleeping, you have to do it safely with a firm mattress and enough space for the baby to be safe. But as I said, there are many cultures where this is quite safe. I thought I would bring in a little of my own experience, as when my kids who are now teenagers were young, I really wanted to have a good evening routine heading into bedtime, and put them to bed in their room.

(05:07)

And this was after about six months. I think we co-slept quite a bit before six months. So I would put them to bed and they shared a room, but invariably one or the other, or sometimes both would end up coming to my room, either on their own two feet or by crying out and asking for support. And I think there were different - my memory's imperfect, but I think at different stages, sometimes I had the capacity to repeatedly go back to their room and settle them over and over again, as long as it took to get them to fall back asleep in their own space. And other times I did not, and I would let them join me in my bed, and I felt safe doing that. And so that's just sort of navigating it, and not having to be black and white about it. And I think that even the parents who say that they sleep train their baby, and it's magical, and now it's perfect, I think that's probably less accurate than reality.

(06:19)

I think parenting has lots of hurdles, and sleep is one of them.

Seth (06:29):

Thanks, Mara. Okay. Next one. "My mom and her mother almost died during the delivery, because my mom was in a breech position. At some point during SBSM, I'm an alumni in the third round, I realized that I can connect many of my intense body sensations, intense pain feeling during grief, a lot of freeze, sympathetic charge in the pelvis, and a feeling of being stuck in life, to this trauma. Is it true that all the sensation, if not connected to, literally can pass over to the bodies of the next generation? How to release them further?" So this does seem to be a real phenomenon that we see repeatedly. I don't think anyone fully understands how it happens, but here's some ideas. One, there are genetic factors. Genetics are incredibly complex and nuanced. I mean, our DNA is pretty fabulous and intricate. I don't think we fully

understand all that it does, but it does appear that epigenetics is real, which means that you don't just get a genetic predetermination, you get a set of possibilities.

(07:53)

And the environment that you're in, including the in utero environment, and what's happening for mom and the environment growing up in the developmental stages, largely influences what kind of genetic expression is going to happen. So you can have an expression of the genome that is carrying unresolved imprints of trauma within it. That then can be reinforced in many ways. Like say, for example, in this case, mom, your mom, has this stored stress in her body from this trauma that she experienced directly. And because of that, she tends to hold herself in certain ways, to have certain postures, she tends to be maybe not so mobile in certain areas. Maybe there's patterns of activation that come out in the behavior. All of that is also transmitting. So a little one growing up will tend to mirror and mimic the posture, and the affect, and the ways in which their parents may be managing their stuff.

(09:04)

So you can have this epigenetic expression, and then that can be reinforced through the behaviors, through the postures, through the issues in the tissues that the little ones pick up through the mirror neurons, or just straight up through empathy. So it does seem to be a real thing, and those are some of the main things that we suspect in our field are kind of behind how that happens. Now, in terms of how to release this kind of trauma further, there's a few ways you could approach this. One way is to work with the imagination in connection to the felt sense of the body. And it could be that you allow yourself to imagine what could have happened if everything had gone well. So maybe putting yourself in the shoes of your grandma, or maybe of your mother, maybe you switch back and forth, and you just sort of feel, well, what would it have been like if everything had actually gone really well?

(10:10)

What it would have been like if the baby had turned around and not been in a breech position, or if a different kind of support had been available. If essentially - this is something that comes from my mentor, Kathy - it's a way of giving the body a different kind of felt experience, even though it's imagination-based, because I mean, this is why we call it somatic experiencing. We

have experiences that we feel in our body, and we can create different felt experiences around memories and other things that really happened by sometimes imagining, well, what else could have happened? What would have happened if I hadn't turned that corner, if I had gone this other way instead, et cetera. So that's one way to kind of approach it in a broad sense, putting yourself back into the experience with everything going really well. Then another way that you could approach it, because I see that you say you have sympathetic charge in the pelvis, a lot of feelings of freeze.

(11:18)

My hunch is that maybe you are connecting to some kind of incomplete need to push. Again, this is something that your mom could have had directly. I don't know if it was a cesarean delivery, but it sounds likely. And in any case, it sounds like the life force needed to really push through the womb possibly didn't happen. And so there may be, for you, some value in exploring that. What might it be like to work with the legs and that impulse to push? And again, this could come along with the imagination. So recreating essentially a womb environment. You can do this by laying on the floor with your feet on the wall, so that your legs are bent and you have something to push against, and you can place pillows all around you, including sort of at the top of your head, so that there's like something there that you're pushing against and through.

(12:21)

And just play with that imagination of like, "Oh, here I am. Here I am in the womb, and I get to push myself out through my effort and into the world, and feeling what happens when you do that." Those are all potential ways to explore this kind of thing. I think that is all I have on that one. Just checking my notes.

(12:46)

Yeah, I think that's it.

Mara (12:50):

Okay. Our third and final parenting question for tonight, “I've heard you speak before,” and I think this is probably referring to Seth speak, “about how children, especially first born, can mirror or project anything unresolved in ourselves. When this comes up, how can we begin to discern when something is old and ours to work with away from the moment, or when a boundary action is needed in real time? One example - I'm aware I can try and control as a way of coping with my own dysregulation. How can I start to tease apart moments when this is happening, and moments when I genuinely need to hold a healthy boundary?”

(13:39)

So I don't know the age of this parent's child, and I may invite Seth to chime in, because they're clearly referencing something that they've heard Seth say, but I'll start. So I really think that it's hard to do this in the moment, and that that is maybe an unrealistic expectation. It can be very helpful to work some of this out ahead of time or when processing after the fact by yourself, away from your child or children. The biggest clue that something is old is if the reaction feels too big for the moment, if it's disproportionate, if you're five minutes later and you're raging, or something's lost or misplaced and you're completely dysregulated, that is probably not as big a deal as it feels like to you. And maybe it feels like it's such a big deal because there was something in your history that made it so.

(14:53)

With young kids, the boundaries are typically quite simple and can be explained and expressed with expectations that are pretty neutral depending on the age of the child. It's - food stays on the table, set a timer, we're going to leave the playground in five minutes. I'm giving you a five-minute warning now, and then the beeper goes off on the phone, or whatever. And it's not you saying, now it's time to go. It's that expectation, the time's up. And you can even use visual timers if it's a child who's older, toddler to preschool age, so that they can see the time ticking down, and then it's not a surprise. So there's a lot that you can do in aligning yourself with a child to sort of, okay, this is what we're doing, and you're previewing what the expectations are. So the limit, whether it's a time limit, a space limit, a rules limit, is not a surprise.

(16:05)

And the other thing to do is to not have too many limits. So if it's a choice between the red cup or the blue cup, who cares? So where there's choice possible, empower that choice for the child.

(16:25)

And then my favorite book that really helped me do some of this work when my kids were young is called Parenting From the Inside Out, and it's by Daniel Siegel and Mary Hartzell. And it really gets into some of this inner work, because it's extremely surprising, we cannot always anticipate which buttons they're going to push in us. And I think that's the other time when you're like, "I thought we were just going to school or to preschool or to the playground or to a friend, and something blew up, what is that?" And to just stay in it and have self-compassion, and be curious about, "Oh, wow, I blew it." And then with your kids, really, model repair. So know that you're going to lose it, it's natural, you're imperfect, and that's okay too. And the best thing to do is to say, "Wow, sorry, I need to take a break to cool off," and then go do your work and hope that those situations become fewer and farther apart.

(17:51)

Seth, do you want to add to this one?

Seth (17:54):

Oh, that's pretty great. Everything you said definitely works. I mean, I do remember what they're talking about. It really circles back to what I was talking about in the last question, where the kids are picking up what is not being said, what is not being felt by the parents, and mirroring it back to them. So I mean, a classic example would be, say there's a parent, and they were never supported in having healthy boundaries or healthy aggression, being able to say no, or express their anger in a healthy way. And so it's - their anger is highly repressed as a parent, a kid is going to feel that, and it's going to irritate them. They will feel angry and they won't know why, and you won't know why. And all of a sudden the kid is pushing on your boundaries big time, or coming at you with a lot of aggression and yelling like, "Where did this come from?" And so we kind of have to use a little bit of, what do we know about ourselves?

(19:06)

And the more we do this work, the more we know about ourselves, and what the things are that we may not have been supported in feeling and expressing. And you kind of can start to connect the dots like, "Oh yeah, okay, I see." And another way to notice is when you find yourself responding to your kids in the same way that your parents responded to you that you swore you would never act like, that's another big indication that like, "Oh, okay, here's a cycle that can be addressed and healed, and let's work on this." So it is something that happens and is totally part of the healing process. And I think Mara, you said it beautifully that you've really got, as parents, we've got to have a lot of patience and understanding, not just for our kids, but for ourselves, and know that we're going to screw up sometimes, and that repair is incredibly important, and to really view our kids as teachers about ourselves, and also, of course, as our role as teachers for them, but what we see from them, how they come at us with their energy, and what the things they say, the things they do, that can give us a lot of information, not just about them, but also about how we may be being with them.

(20:22)

So it's a very rich environment, and yes, is complex and can be exasperating, and all that stuff. So, yeah. Okay. Now moving on to other questions. "Hello. Now that I'm able to manage the usual fight energy, I'm reaching a layer of panic and an impulse to beg. 'Please don't leave me. I'm too little. I won't make it,' while feeling cold. Soma says this is a fawn as part of a freeze response. Is there always an underlying layer of fight, flight under the fawn? I have EDT and had to toughen up early due to betrayal and violence. Thank you so much." So of course, you shouldn't, probably all of you are familiar, that Soma is our new little digital assistant that is on the site that you can ask questions of. In this case, actually, I think it may have gotten this wrong, because what this sounds more to me, I mean, this can express as fawning, like, so this charge that you're talking about, "Please don't leave me.

(21:26)

"I'm too little. I won't make it." Yes, when that's unresolved, that can express as fawning behavior later in life, for sure. But the primal charge that you're feeling here, the way you describe it, isn't fawning. It sounds to me like a very early state of really genuinely needing

connection, and just being like, "I need you." And that is the case for a little one, is, they really do need connection, and they won't make it without it. So the fact that you also notice that you're feeling cold while this is happening tells me that this is likely some freeze lifting from your system, allowing this expression that was never able to really be heard, which is not fawning. That is actually an authentic expression, which is the opposite. When that authentic expression gets repressed early on, because it's not safe to say those words or to have that energy, then that leads or can lead to fawning behavior later in life.

(22:33)

So I just want to make that clarification first. I think this is actually a really good sign of progress. You're able to be with your fight energy. Great. So your capacity has grown, and now these deeper early developmental kinds of layers are un-thawing, and this very powerful expression of need, it sounds very genuine to me. So in terms of fawning though, is there always an underlying layer of fight, flight under the fawn? So first thing to understand is that fawn, yes, freeze response is involved in fawning behavior, but it's more complex than that. So when we're fawning, what that means is we are doing or saying what we feel the other person needs to hear, so that they'll feel okay, so that we'll be okay. So it is a self-protective action like fight, flight, or freeze, but it's more complex because it's intertwined with behavior. So in order to do that, the freeze is going to be in the picture, because it's very painful to suppress our authenticity.

(23:41)

And so the only way to do that, to fawn and appease and people please, is if we're disconnected from our authenticity. And the only way to stand that is to kind of be numb to it, because it's really painful. And again, that can be the very roots of this behavior, is that freeze to our authenticity coming on very early on in life where we learn, oh, my authentic expression is too much for my parents. They get angry and stressed. "My natural life energy is too vibrant. It's too boisterous. I better make myself small. I better make myself quieter so that I'm accepted." It happens in all sorts of ways and freeze is part of that repression for sure. But when we are actually in the act of fawning, we're also in our social engagement system. We're

speaking and relating with other people. So there's a ventral vagal component to it and there's a repressive aspect to it at the same time.

(24:38)

So yes, there will likely be a sympathetic charge in there, because it just doesn't feel right to have our authenticity repressed. We need our authenticity to be honored. And when it's not, yeah, that's going to piss us off, but it's not safe enough probably to feel that anger fully or express it as a young one. So yes, that's likely that there may be some kind of sympathetic charge in there. It's important to note that there may also be a lot of tenderness, there may be a lot of grief, there may be not just anger, and these things can come in layers. So don't necessarily go looking like, "Oh, I should be feeling angry now." It's like just - hold the openness for what wants to come through. And it may be interesting to explore this somatically with something really safe. So I mean, just a tree comes to mind, like what would it be like to be out in the forest and really feel that urge like, "Please don't leave me."

(25:43)

"I'm too little." And just grab that big old tree trunk and just hold it and press it to your chest, and feel the solidity of it going down into the earth, and the roots, and just really connecting to this very safe thing that is going to be there, at least for the moment it is there, and has stood for a while. So that is one option. You could explore that with people as well if you have very safe people that can do those types of explorations with you, but sometimes it's safer to start with something more neutral, like a tree or something. But just to, I mean, somatically feel the quality of reaching out with the arms, and then being met of having something that you can grab and feel tangibly, that could be potentially powerful as a way to work with this as well. And then I'll go ahead and answer this next one.

(26:40)

"I've spent my life between functional freeze, perfectionism or anxiety and shutdown. I don't recall a traumatic childhood. Aside from my father's fits of rage and my mother's stressful pregnancy. Oh, and medical trauma, surgeries without anesthesia or under false pretenses also occurred. I've had LPR reflux for three years, which is now affecting my ears and nose. Can these physical symptoms relate to EDT, early developmental trauma? Besides SBSM, how can I

treat them?" Okie dokie. So first thing, whoa, whoa, whoa, this is big, big trauma, big, big trauma in childhood. So you certainly want to recognize that. Father's fits of rage, that's plenty right there. Mother's stressful pregnancy, that's plenty right there. Early surgeries, some without anesthesia or under false pretense, that is incredibly traumatic. That's called in our field, inescapable attack, essentially. Even a surgery with anesthesia is considered in the realm of inescapable attack, because the body is literally being often cut open, and we can't move.

(27:55)

So even though it may save our life, the body perceives it as an inescapable attack. That's a lot of trauma you're describing. So yes, that's a traumatic childhood. Now, LPR reflex, how is that related to early developmental trauma? Well, because those sphincters ... So what you're describing is when there's a kind of a form of acid reflex, it doesn't cause heartburn so much, but it comes up into the mouth, the sinuses burning some, but it's caused by dysfunction in the sphincters. So we have two in the esophagus. There's one down at the entrance to the stomach and one up further. And those sphincters, the way that they open and close to support our eating and digestion, those are autonomically regulated. They're part of the autonomic nervous system. The ventral vagal nerve and the sympathetic innervates the top one, and the dorsal vagal nerve innervates the one by the stomach.

(28:58)

So it's an autonomic thing that's tied to both your vagus nerve and your sympathetic nervous system. When we go through early developmental trauma and we learn to default to one or another survival strategy, for you, it sounds like there's both freeze and sympathetic charge held in the system, which of course is very normal. Those are acting at cross purposes a lot of the time to what our physiology wants to do, how it wants to operate naturally, because these signals of threat are the same highway as those signals of open, close, open, close. And the sympathetic response can tend, when it's held in the system, can tend to constrict and hold things closed when they're not supposed to be. The freeze response, when it's stuck in the system, can tend to dilate valves and have them open when they should be closed. So you've got these fight, flight, freeze responses happening that are probably sending mixed signals to those valves, such that they're not able to open and close as they should.

(30:12)

Again, this is quite normal. There's all sorts of digestion problems, autoimmune problems. It's the result of the autonomic nervous system spending a lot of its time with the survival energy. It's like the bandwidth is being taken up by the survival charges. So the autonomic processes that are on that same highway can't work the way that they're supposed to. So yes, directly related to early developmental trauma and dysregulation. This is not unusual. Besides SBSM, how can I treat them? Unfortunately, I can't really speak to that, because I'm not an expert in those areas. I'm an expert in this work. So there are, I know, dietary choices that may be more supportive than others. There may be times of day that have an influence, but I really don't know a lot about that. You would have to probably consult a gastroenterologist. That would be my suggestion. But in terms of the SBSM work, just keep doing it.

(31:24)

Again, it's about doing the work overall to let eventually those survival charges start to leave the building. And then your system can actually come back into proper regulation with how those valves and sphincters and everything are supposed to open and close. So that's it for that one. And I will hand it off to you, Mara.

Mara (31:48):

Okay. Here's the next one. It's also early developmental. "I have a combination of early developmental trauma, shock trauma, and chronic stress. I'm doing the exercises and enjoying them, but I still keep wondering, how can I ever catch up," and that's in quotes, "on deactivating 42 years of various trauma?" So the good news is it does not take the same amount of time to recover as to accumulate all that stress and trauma. And it can feel a lot like peeling an onion. Each layer that we work makes it easier to peel the next layer. And sometimes it feels like we're making progress for a while, and then we may get worse again, and then better again. I know Seth talks about seven years in his journey, and I'll let him speak to that in a bit, but big wins can come quite early in the journey.

(32:56)

And I think there's a huge power in feeling hope when there hasn't been hope, when there've

been symptoms that have not been explained, and all of a sudden you start to feel better and you feel like you're doing something that is helping you feel better. Just that positive feedback cycle of knowing that you are in control of behaviors, choices, learning new things at any age to help yourself is super powerful to encourage you to keep going. For myself, I've done various kinds of somatic work for many years, and I continue to learn and grow at my own pace. I also find that sometimes we slow down because it seems like things are going pretty well, and then life keeps happening. So you might get an unexpected challenge that comes either to your own health, to a relationship, or to someone that is in your near circle.

(34:11)

And then you have to figure out, okay, how does this help me now approach that and cope with it? And that often helps you see that, oh, this is similar to this thing I dealt with a decade ago, and I'm dealing way better because I have more capacity now. So that also is an indication that maybe I'm not all the way healed. Maybe I'm going to still carry these imprints from this early history, but I'm much more grounded. I'm much more able to weather and navigate this current storm, this new adversity that's come my way. So I wanted to offer you a chance to chime in on this one, Seth, as well.

Seth (35:03):

Sure thing. Yeah. Yeah. For me, it was about seven years of consistent work to get to a place where I could truly say, "Yeah, I'm basically regulated now." And even within that, I could get some big stress come in, and I could feel my old default survival-based patterns kind of rearing their head, and yet I would have the agency to say, "Actually, no, I don't need to do that. I can do something else." So to me, that tends to speak to regulation. When you have peak stress come in and you're able to make different choices and stay grounded and aware, that's a big indicator. And for me, I took about seven years to get to the place where that was happening pretty much all the time. Now, absolutely, there can be all sorts of wins and changes and shifts along the way. What we want to look for is kind of like what Mara said, you want to notice what's a little different.

(36:04)

So that can be little things like, "Oh, I had a different ... This person said this thing that used to always annoy me and I actually didn't really notice this time." Or, "Gosh, I used to not be able to stand that. Now I kind of like that. Interesting." Looking out for little changes in our behavior and how we respond to things and our preferences, looking at changes in our sensations and our symptoms.

(36:28)

For me, I had many patterns that shifted. My hypervigilance mostly was gone. And then I just uncovered a tiny little piece of it in a training two weeks ago. There was still this little piece, this little nugget hanging out - that it was able to leave. So I don't know if we ever get to a point when we're done, but Mara is absolutely right that the change towards healing can happen a lot faster than the time it took for us to accumulate and hold this stuff. And I think that's just because it's how our system wants to be. Our system wants to be in homeostasis. It wants to be in flow. It wants to be in regulation. So as we support that, it's like, yeah, let's move towards that. That sounds good. It's a lot of effort to stay in survival mode. It's really hard on the system.

(37:20)

So yeah, it happens. It absolutely can happen even after 42 years. I started my trauma work when I was, I guess I must have been about 37 or so, so not too much younger than 42. So yeah, just keep going, look for those small little shifts, small changes, things that are a little bit different in how you feel or how you respond or what you notice, that kind of thing.

(37:52)

Okay. The next question is interesting. "Can SBSM help accept the passage of time and death? I think all my symptoms stem from death, anxiety. How do you work on and accept that?" So that's an interesting one because of course all living beings have a natural fear of death, and we'll try to avoid it down to lizards and spiders. I mean, all creatures want to have a drive to stay alive. So there's a degree that to fear death is natural and normal. Now, us humans have a little bit tougher time a lot of the time because we can contemplate our mortality, which is not something that other animals can do as far as we know. We can sit there and ruminate and

have fear and anxiety about our death. And because death is inevitable, that can make it a tricky one, because there's all sorts of things that anxiety can attach to.

(38:55)

There's all sorts of ways that we can worry about the future or that we can be in activation and stress about the past. But the crux of this work is that we learn how to become more present. That's really, I mean, what it's about is you're not being projecting into the future, and you're not being pulled on by the past, or ruminating about the past. You're just in the moment with what's happening now and how you feel about it. That's, in a nutshell, kind of what this work is about. "What's going on now in my body? How can I work with that?" So yeah, I think that the more we do that and the more that we become skilled at being in the present moment, and the more we release the old survival energies that are at the root of the anxiety, the more we have the ability to not worry about things that haven't happened yet.

(39:57)

So the fundamental charge underneath anxiety is essentially a sympathetic fight, flight charge. It's this signal that's saying, "Danger, danger, there's something wrong in your body." And when there is nothing wrong in our environment objectively, but that's in our body, the mind will try to find a reason that's really, really creative. I must be anxious about this bill or I must be anxious about the school play. I must be anxious about death. It can apply, it can glom onto anything and worry about it, but it's that strong sympathetic charge that's driving it. So as we do this work and we release that charge and we do all the other forms of this work to just be more in connection to ourselves in the moment, we just tend to have less worry energy to go places. So that I think is probably the main way. Now, your question did make me think of there are practices in the world where, in the Buddhist tradition, there are many places where they will go to meditate on death.

(41:18)

Like in Tibet, there's valleys where they just leave the dead in the valley to be consumed by nature, and the monks will go among the corpses of their brothers and just meditate on the corpses. And it's a way of just accepting like, this is what is, this is part of life. I'm not suggesting anyone do that, but it is something to know that it is a specific thing, probably not

the best to do with trauma and dysregulation in the picture, but maybe there's a way that's a little bit lighter to meditate on impermanence, meditate on just water flowing by. Like that is like me. I am moving through this stream of life from moment to moment. And yeah, the river is going to empty into the sea eventually, but what a wonderful journey along the way that it takes. So there's different ways that you may reframe it or meditate on, feel into impermanence, change as just a natural part of life.

(42:17)

But really, I think that big picture wise, it's about doing that overall work to get those sympathetic charges out of the system, so that there isn't so much fuel driving the mind to worry.

(42:34)

I will, I think, yeah, hand it over to you, Mara.

Mara (42:37):

Okay. "Sixth time," I think that means sixth time through SBSM. "EDT, start in round one, initial gagging and nausea with brushing teeth. Now, toes curl, lower pelvis pressure moving up to compress mid-bicep and mid-ribcage, then continues up to a gagging, dry heaving or vomiting as I'm pulled forward, bending at the waist. It is a quick, strong, upward wave. After I feel nausea and the impulse to curl up, moan, and then feel emotions, et cetera, until it settles. Not every time I brush, but no other trigger. Worked with Imagination, SIBAM, private SE sessions, osteopath. I focus on nervous system basics, adrenals, containment, and now, diaphragms."

(43:31)

So first of all, it sounds really difficult, and I just want to express empathy, because brushing our teeth is something we're expected to do twice a day, and you can't do it without this big reaction coming at least some of the time. So I just want to honor that it's really difficult. It sounds like you've sought a lot of support, and so I also want to acknowledge that. And the one thing I didn't hear, which I thought I could offer in my response, is to me, what jumped out is

that it sounds like there might be an overcoupling between brushing your teeth and gagging or nausea. And that could happen for a number of different reasons, and you may not know the reason. You may just know that those two things seem to happen together often.

(44:38)

So one way you could work with this is to work with the prodromal, which is what comes before, and almost what comes before what comes before. So the ideas I had for your specific situation are what happens before the earliest sign of gagging? Does it happen when you pick up the toothbrush or only when you put the toothbrush in your mouth? Is it something about whether there's toothpaste or not? Is it a particular flavor of toothpaste? So if you can ask these kinds of questions and get as specific and finely grained as possible in terms of the details that make a difference, because you said it doesn't happen every single time you brush your teeth, but nothing else is triggering this kind of full body reaction.

(45:34)

I think of it like a big knot of rope or yarn, and you're just trying to pull one thread that can come loose. So any little bit of space. So say that the toothbrush, I mean, toothpaste makes all the difference. So maybe you can brush without toothpaste for a period of time and see if then your system could accept a tiny bit of toothpaste and titrate on to make it more tolerable, but it's really going to be a detective project, which it sounds like you've already been on for quite a while. It's possible that you may never know why these things got tied together, but it's also possible that you might all of a sudden have an image or story emerge about, oh, when I was such and such an age, I was, I don't know, forced to brush my teeth and I felt like I was going to throw up.

(46:42)

And there may be something very specific and concrete that you remember, but there can still be overcoupling even if you don't know what the cause was. All right. Off to you, Seth. Something else, oral.

Seth (47:03):

Yeah, I know. I just had one thought about that too, that as you explore, if you're going in to explore the prodromal or the pre-pedromal, what happens before the big stuff, like Mara was saying, one way to do that might be by titrating the experience of brushing teeth itself. You just think about going to brush your teeth. Is anything already happening? As you pick up your toothbrush, is anything happening? As you reach for the toothpaste, is anything happening? As you put the toothpaste on, breaking down each step along the way and noticing, is there something already occurring in my body that might be leading to this big response?

(47:43)

Okay. "Can you speak to disordered eating or negative body image and early trauma, more specifically when you're constantly restricting food and worrying about gaining weight? Is that putting the body into the high dorsal tone of parasympathetic constantly? I've recently made the connection that it must be survival stress that's running the behavior. So healing must be slow and not just enforcing behavioral change." That's true. "Would it be like coming out of freeze? Would love to hear your thoughts." Okay. So a couple clarifications first. So high tone dorsal of the PNS, that's the freeze response. You ask, is that putting the body into the high dorsal tone of the parasympathetics? Is this by me controlling my food and obsessing about my body image, am I putting myself into freeze? Well, first it sounds more sympathetically driven to me, which I'll explain, but it may be reinforcing a survival pattern, but the survival pattern is already there, and it's actually what's driving the behavior in the first place.

(48:59)

So that's the thing to be clear on. It's not that the behavior is creating the survival charge, it's that you have unresolved survival energy that is driving the behavior, and then the behavior may in turn reinforce that. But just to be clear that what's the chicken and the egg story - it's like, well, in this case, the survival energy comes first in terms of what is underneath the surface and driving the behavior. So disordered eating in general, it's often about control. It's about having a way to have control over our experience. I'm not going to let myself have these things, or bulimia and anorexia are kind of extreme examples of this, of a way of having control over our body. Worrying and anxiety about gaining weight, about our body image. Again, these

are more sympathetic-y kind of things, more anxiety kind of things. That doesn't mean that there isn't freeze in the picture.

(50:02)

There may well be, but the need to control, the need to restrict, to really have a tight grip, the worrying, "I'm worried about gaining weight. I'm worried about my body image." That all sounds more in the realm of anxiety and trying to control that anxiety through how we behave. So coming out of freeze is certainly possible as part of this, because you ask, would it be like coming out of freeze? That's certainly possibly part of it, but it's also about working with those more sympathetic-y charges.

(50:43)

So in terms of negative body image, that is usually due to information we receive from our environment. Normally it doesn't come from within. It usually starts with messages from our parents or siblings. It could be from our schoolmates. It could be from advertising, social media. There's all sorts of things out there that may be telling us, "You should look this way if you are such and such." That has changed a bit since when I was a kid, but it's still out there for sure. So it can be easy to get messages that I need to be some way other than I am. And again, that disordered eating, like having some kind of real control over, I'm going to restrict this, I'm not going to allow this, I will allow this, et cetera. That can be a way to try to manage the upset, the pain, the grief, the activation that comes from those types of experiences as well.

(51:55)

If I just do this, then I'll be okay. So I hope that all makes sense.

(52:09)

One way to work with these things, when we're talking about behaviors, there's a couple approaches. There's the purely somatic approach of just not really focusing on the behavior so much, but just doing this work in general, learning the language of the nervous system, learning the ABCs of how you work with your body and feel yourself and sense yourself, allowing energies to express, tracking sensation, all that stuff, finding connection to things, disconnecting things that don't belong together. There's all sorts of ways we work in general

that again, helps those big survival charges come out of the system that are at the root of the behaviors. We can also work with the Soma through addressing the behaviors. So for example, what happens if you allow yourself to have something that you had restricted? Is there some big glee? Is there a feeling like I'm being bad? Is there an excitement?

(53:11)

We can investigate what we may be holding in our system by changing the behavior a little bit. That is another way in, sometimes, into finding and working with the emotions that may be there. If you don't allow yourself to have this thing that you really want, do you get angry? Is there anger there? Or if you allow yourself to have a thing that you had said, "No, I can't have that." What happens? But playing with your experience in that way through modifying or playing with a behavior is another way. So I will pass that off to you, Mara, on the next one.

Mara (53:50):

Thanks. "I'm doing the exercises from lab two, lesson four on posture, and I have several sensations, left leg, foot, more stable, right almost stuck, tingling behind the knee, calf and soles of the feet, breathing slightly blocked in chest and throat. Quadriceps remain steady. My question is, is it safe to continue and tolerate this discomfort? Can I improve by doing the exercise daily?" It is safe to continue and tolerate the discomfort, if it's tolerable to you. So what's tolerable is really up to each of us at any one moment. And I would say what's tolerable to you both during and after. So sometimes we might feel that something's tolerable to us while we're doing it, and then we end up in a lot of pain or discomfort. And then that would be a clue that you either didn't get signals while you were doing it, or you didn't know how to hear the signals, the early warning signs that might've been present, and so you overdid it.

(55:08)

So I would listen while you're doing it, but also after. And daily could be fine. I mean, ultimately we can be aware of how we stand every time we're standing, and it can become kind of subconscious, but we can tap into that and say, "Oh, there I go again, leaning on my left leg, holding my breath." And we can, if we're skilled in this, dip into it for seconds at a time and make these micro adjustments. And maybe that's what we're aiming for, if you really want to

be attuned to how you're standing, and there are opportunities to practice in daily life for very short periods of time, when you're waiting in line, or on the phone, anytime you're finding yourself standing somewhere, not the whole time that you're standing, but you could challenge yourself at, "Can I do 10 seconds of that now and learn something?" Pick out one sensation that's new or, "Oh, that's my pattern." So that's the thing I think to tease apart is if you do it repeatedly, there's not necessarily an ideal where you would get to where there would be no sensations.

(56:39)

It's more like you're building up this map of what are my usual patterns? Am I standing in a way that is contributing to some pain, some discomfort, or even just a bias that, "That's why I wear down that side of my shoe more than the other one." Something that you may not have ever understood, and then you realize, "Oh, that's because that's how I'm using myself." And I think that you may not ... This idea of bringing it into daily life and dipping into it may not come naturally until you've done it with the recording several times. So I would pace yourself with that. I would also advise that it can be useful to not do it every day. So variety is really key to the nervous system, variety and novelty. So now that you've had this experience, if you go off and do some of the other Feldenkraisian lessons and the other neurosensory lessons, and then you were to wait a week or two weeks and come back to this lesson, do you feel different?

(58:04)

Did some of those other lessons change your state so that when you're paying attention to yourself in standing or in sitting, you're somehow more alert, or have an easier time balancing your weight on the two feet, or some other aspect. And then the details that you're noticing, or at least the ones you listed off, are mixed. So I would encourage you to continue to look for the mix, like where are you finding stability? Where are you finding stuckness? Where are you finding something that's neutral or slightly blocked or resistant? So both things that we might attribute to being positive, and things that we might say are somewhat negative or stressful. So those are my thoughts about posture, potent posture. Back to you, Seth.

Seth (59:09):

Thanks very much, Mara. I had one thought while you were talking about this, and that they could also explore it in sitting. If it's like, "Oh, wow, this is really intense. What would it be like to make your sit bones your feet, and just do that with the upper body? Is it different?" That is another way to explore it. Okay. "I've always lived in hypervigilance. Notice everything and everyone. The other day, I noticed people walking towards me, and they passed and said hello, and I carried on. After passing me, they called me by name. It was family, and I didn't even notice the family and the dog walked right by me. I've gone from one extreme to the other. What's going on? Did my nervous system recognize it wasn't a threat, so I didn't even pay attention?" Yep, that is almost certainly what's going on.

(01:00:05)

This is called reorganization. So this is so funny that you write this in, because I had basically the exact same experience. So I mentioned a couple of weeks ago I was in a training, and there was a little piece of hypervigilance that I found to work with, and it was around the dinner table. I had this pattern, Irene and I often sit side by side at the table when we're eating dinner, and we were watching a show or something, and I would have this pattern where I would do these little micro glances over at her. And I had gotten to the point where I could notice that I was doing it, and it was a little less, but it was still happening. And that was what I got to work with in the training. It was a beautiful piece of work and great. That night at dinner, we were watching our show side by side, and she's like, "Seth, Seth, Seth?" She had to say my name three times before I even heard her.

(01:01:07)

So it was absolutely that. It was a flip from hypervigilance into ... I was so not hypervigilant and just enjoying the show that I didn't even hear her saying my name three times in a row. So yeah, that's the thing. And that I would just view it as your system is reorganizing. It's like, okay, it's starting to find a new way of being, and it may flip into another extreme for a bit. Nothing to really worry about. It could be interesting to, through exploratory orienting purposefully, and as just a way to reinforce what's happening, which is of course just being someplace that you like, let your eyes lead the way, let them wander, notice what you notice, and sort of bring

that into the world deliberately a little bit. But yeah, it doesn't sound like a problem. It just sounds like something that happens as the system comes out of an old, old way of being.

(01:02:07)

Alrighty.

Mara (01:02:10):

Okay. "As an alum, I still struggle with daily freeze states. When trying to create content or grow my business, my head feels buzzy, making creativity impossible, orienting fails, 'voo' and containment are inconsistent. Even when they work, I can only manage a single sentence before stalling. I often spend an entire day attempting one piece of content without finishing it. This persistent overwhelm turns workdays into cycles of frustration without output." Sorry, this sounds incredibly frustrating. So again, I just want to lead with empathy and validation for how challenging this is. And it really sounds like you're working to use all the skills that you've learned in SBSM in the moment, almost like first aid to cope with what is coming up while attempting to do this work in your business. And what I'm wondering is if that's its own stress. If you try something and it doesn't work, then you might be adding to the frustration of like, "But I thought this was supposed to help and it's not helping, so now what?"

(01:03:41)

And then there's a loop of potentially despair, more frustration, especially even though you're an alum, some of these skills may still be emerging skills for you, depending on where you are in the arc of your nervous system journey.

(01:04:07)

So that's one thought. So the other is that sometimes when we ... Well, staying with that first thought, I wonder how it is to use the SBSM tools in a different context. So when you're not trying to work, is your nervous system more receptive to those tools and approaches? So that would be useful to explore, when there's not such a high expectation. In terms of daily life, is anything in your daily life getting easier outside of work? The other direction that I wanted to go in is sometimes we get these strong signals from our body that are expressing a form of

resistance or freeze, and maybe it's a sign that we're not in full alignment. So this could be hard to hear, but maybe the kind of work that you're trying to do, your body is saying, "Hey, this doesn't feel good anymore. I'm here hitting my head against the wall trying to do this work that I used to believe in, and it's just not working now." So I just offer that as an invitation to consider that there might be some misalignment between the nature of the work that you're doing and your current self.

(01:05:44)

And one way to explore that is, can you find ease or flow in any activities? It could be reading something, listening to something, watching something, making a craft, doing something creative. Do you have that creative spark or that life force in other domains? And if you do, that's really strong and affirming to your overall life force. And then it might invite more exploration about how you're choosing to invest your time. And then similarly, if there is ease in some other domain or domains of life, can you continue to do the SBSM practices in the area where it's easier? So then you'll start to build success upon success, which is the positive side of what is opposite to what you've been experiencing in work. So those are my thoughts about some ways to help yourself. Back to you, Seth.

Seth (01:07:03):

Alrighty. So this is the last question for today. "As an alumna, as alumni, I've been working with SBSM for a while now, and I'm already noticing a lot, but I'm still dealing with a few dilemmas. I have EDS and I'm hypermobile, which means I also struggle more with dysautonomia. I keep being referred from one therapist to another, but nothing really seems to help. I'm wondering if perhaps a different approach is needed to do the sessions in a way that doesn't trigger a flare. Thank you." So I'm not clear what kind of sessions you're doing, but yes, there is a general kind of approach you could take with sessions or with SBSM material that could be useful. But first, I want to talk a little bit about hypermobility and dysautonomia. So from the perspective of nervous system work, trauma healing, when someone is hypermobile or EDS, which is Ehlers Danlos Syndrome, generally what that is telling us as somatic practitioners is that the system is highly undercoupled.

(01:08:22)

So it's being expressed in the physiology. This is like shutdown essentially being expressed in the physiology where there isn't enough tension, which is called tensegrity in the body, which is appropriate tension, like the kind of tension we need for there to be efficient movement. So we tend to see that actually as having its root in unresolved trauma. And when you say dysautonomia, that's essentially, almost all the symptoms of what is called dysautonomia are just normal symptoms of unresolved trauma. So things like lightheadedness, fainting, severe fatigue, shutdown, difficulty concentrating, gastrointestinal issues, extra slow heartbeat, these are all things that are often listed under dysautonomia. That's all freeze. That's all the freeze response in the system, the shutdown response being prevalent in the system. And that also is at the root of hypermobility. So essentially what it sounds like you're dealing with is a lot of shutdown in the system.

(01:09:36)

And what likely will help is finding a way to cultivate more sympathetic energy as is appropriate to your capacity.

(01:09:50)

There are some symptoms under dysautonomia that are more sympathetic like a rapid heartbeat, but most of what falls into that description is more of, like, a symptom of a shutdown response. Just check my notes about this. Yeah. So in terms of how to work with this to not trigger a flare, it's like Mara was talking about with the prodromal or the pre-prodromal. We want to start to notice what happens before the thing. So what are your indications that a flare is going to happen? Are there signals? There's probably something that happens in the body, or happens in your thoughts, or in your emotions. There's probably some kind of something that might tell you, "Oh, we're starting to go past what we can really do." And that's what you're really going to want to find. When you say sessions, I'm not sure if you're talking about the SBSM lessons, or if you're talking about sessions with your various practitioners, but this approach could apply to either of just like ... And hopefully if your practitioners can support you in this, of like, "I need to really be mindful of myself and tuned into when I'm starting to feel that it's starting to be too much." Because it sounds like that's going to be the

best approach for now is learning how to get up to that edge of like, "Okay, that's enough stimulation and I need to leave it."

(01:11:25)

Sometimes there could be modalities that are really useful potentially, but then they're not because we do too much.

(01:11:35)

And this especially can be true in the case of trauma. I mean, maybe we could really benefit from some body work, but we only have the capacity for 10 minutes, but we paid for an hour. So this can be one of the problems that we get into sometimes when we're still living with trauma and exploring different modalities. We need to learn to recognize our sensitivities and our capacity. And it's possible, sometimes you can say, "Hey, I only need a half hour session. Can you offer that?" And it's like, "Okay, I know I paid for a half an hour, but I'm feeling like this is enough. Let's stop here." That is totally okay to do, and can help build your safety and sense of your capacity over time. Now, I just do want to acknowledge people view Ehlers-Danlos Syndrome and hypermobility as something that's just the way it is.

(01:12:30)

And that could be a valid viewpoint. It's just not what we see in our field. I'm going to share this video that Irene did, an interview with one of our students who actually fully changed that. She had EDS and no longer does because of this work. And there are quite a few stories of that that we have heard. So I'm just going to put that in the chat here, and go check out that interview if you like, because we do view this all as changeable. It is a pretty extreme somatic representation, but it is possible to change it. At least we've seen that and other people have experienced that. Alrighty. Mara, do you have any further thoughts about that?

Mara (01:13:19):

No, just thanks to everybody for coming tonight, and really appreciate the questions.

Seth (01:13:27):

Thank you for being here, Mara. And as always, thank you to my lovely team. Thank you, Jen. Thank you, Susan. And thank you all so much for being here and continuing to show up for yourselves and for this work. And yep, keep doing it. We will see ... Actually, next week is a break week. So yeah, I'll leave you with the advice that my old trainer used to say, Burns, when we were going into a break in between training rounds for SE, say, "Go orient towards pleasure. Go orient towards ease. Go just find out how you can make yourself a nice day and support those things." Trauma work is intense, so we need to give ourselves breaks to just enjoy ourselves in whatever way that we can. So go do some of that, and we will see you in a couple weeks. Okay. Bye for now.