
Curated Q&A Call #6 with Seth

Seth (00:02):

All right. Hi, happy spring, everybody. Or Autumn, if you happen to be in the Southern Hemisphere. Transitional seasons can always be interesting times. Yeah, I noticed for myself in the spring, the liveness of the things appearing, the pollen, the sprouts coming out of the ground, and the flowers. And yeah, it's a very, very alive, feeling time coming out of the winter. So I've just been enjoying that, and I hope you are able to enjoy whatever's happening in the natural world around you, wherever you are. This is the sixth Q&A call for SBSM 19.0. And thank you for being here. Thanks for continuing to show up for yourselves, for each other, and for the world, because that really is what we're doing here. One small drop at a time, helping make the world a better place, starting with ourselves, and then how we rippled out to others.

(01:01)

So I really appreciate you all making that effort, because it's work. As we will see in today's questions and answers, it involves work, involves effort. And yeah, not everybody is willing to do that. So thank you. Just individual questions today. I didn't really get a bunch of common themes. There are a few things that link some of the questions, but we'll start with this first one.

(01:30)

“Hello, I'm an alumni. Third round, I do have early developmental trauma. During this work, I keep experiencing layers of intense sympathetic charge in my system. Can you give some advice on when to try to release it, and when only to be with it and connect with the environment? And practical examples of titration. I'm wondering if I can retraumatize myself by its overwhelm.” So yes, this is a very important thing to know. When we are doing this work and we start getting layers of sympathetic activations, what does that mean? That means we feel maybe jittery, or like we want to run, or like we want to fight, like we want to yell or snarl or hit something. Or maybe we feel really scared, like a sense of fear. These are the fight, flight

responses, sympathetic activations. And when we have experienced early developmental trauma, sometimes we may need to actually grow our capacity to allow that stuff to process through.

(02:35)

We can't always necessarily dive right in, and start running on the spot, and pumping our fists, and pushing things, and growling, and all that kind of good stuff, that mobilization stuff. Essentially that's what that is, mobilizing the energy. It sometimes takes some experience and practice to build that up. So if we try to go too much into expression, or really leaning into the sympathetic energy before our system's ready, it's possible we can get overwhelmed. And that can sometimes lead to re-traumatization, meaning like, okay, all this stuff I'm trying to let go of, it was overwhelming in the first place. And now I'm trying to release it and I'm getting overwhelmed again. So wow, this really must not be safe. Now, the thing is repressing it and trying to keep it down also can be re-traumatizing, because again, that's what happened in the first place. This stuff was coming up.

(03:35)

It was too big. It really needed to come out, but for whatever reason, it wasn't safe. We were too young. There just wasn't safety in the environment. We didn't have the right support. We didn't have access to the tools. And so our system contained it, pressed it down, and it stayed in our system, which was the trauma ultimately. So it's finding that middle point between discovering our capacity, and how much room we have to be with this. And if we do need to in fact move into mobilization in order to allow it to process and move through, how much we can do that. So the ultimate answer to this question is - it depends on each person. And the answer for you is to discover what is your capacity. And the way that we do that sometimes is by going past it. This is just the way it goes sometimes.

(04:28)

When we're discovering how much can I do? How much can I work with this survival energy? Sometimes we may do a little too much. And how would we know that? We would know that because we feel exhausted, or we feel kind of checked out, or a little lightheaded maybe, or maybe we just feel completely zonked, or we feel really upset, irritated. Maybe we get a

headache, maybe our stomach or our digestion is really thrown off. So we need to learn to recognize for ourselves what are the signs that I'm going past capacity. And what we can do is sometimes we have to reverse engineer it like, "Oops, I did too much. Okay, now I know that was too much. Now I can do less." But eventually what happens is we start to learn our system, and we learn these are the indications that I'm starting to go to the edge of what I can do.

(05:25)

And those will be unique to each person. Maybe it's like, "Oh, I find I'm no longer able to really be with my body. I'm really in my thoughts. I'm thinking a lot." That could be one. Or I'm just starting to feel really tight, or I'm starting to feel irritable, or yeah, checked out. It can be different for each person, but learn those signals for yourself. What are my signals that I'm starting to be a little bit at my edge here? And that's when you stop. And that's what titration is. Titration means I'm going to do this work, I'm going to lean into it. And then as soon as I start to feel like, oh, there's a change, there's something happening, then I stop and I see what happens next. This principle of titration, it really is apt, as it comes from chemistry. It means you have your little solution, and you have your other thing in the dropper, and your one drop, two drops, and you just, okay, third drop, and then change happens.

(06:21)

Okay, a change just happened. Now it's time to pause. So if anything, I would say learning to err on the side of doing a little less. Now that also can feel frustrating, because we want to get this stuff out. We want to process this stuff. So patience and learning that actually when we do a little less than maybe we could, that can actually sometimes be more powerful. It's just, it's subtler. It happens in the integration. So there is often a model in this work of big expression or big catharsis is really necessary. It's really not the case. We want to welcome this energy. So like, for example, a practical example of titration for sympathetic energy. So maybe I feel this charge coming up into my core, like this heat, and I feel my arms sort of wanting to do something. Okay, great. That's the first noticing.

(07:19)

I'm just going to welcome that. I'm going to stay connected to my environment. I'm going to see, okay, I'm still where I am. I'm going to see, can I still feel my feet on the floor? Yep, that's

all good. If any of those things aren't true, if it's like, oh gosh, I sort of disconnected from where I am, or I'm not really feeling my body anymore, then we would know, oh, I'm already kind of at my limit. I'm going to now just go to my resources. I'm going to go get my blankie, I'm going to get my cup of tea, whatever it is. So that's another indication. Can I stay in connection to the environment? Can I stay in connection to the surfaces that I'm sitting on? But say you can. So maybe, okay, now I'm really feeling this heat. I feel it. I want to squeeze.

(08:03)

I want to twist something. I want to get my towel or get my TheraBand, which are those flex bars we've shown before. And okay, let's do that. And we do a twist, and then we stop, and we don't go into full Hulk mode, right? It's just like, and then stop, and just that's probably enough. Just rest. Notice like, oh, my temperature is now shifting. I feel a little less hot. Great. Okay. That's one kind of practical example of what titration might look like. Or maybe it's like I just make a little sound like, okay, that felt good. Okay. That felt good to have a little growl, a little vibration. Okay, I'm still present. What now? So I hope this is all making sense. Again, it's not cookie cutter. It's about learning yourself and learning what are my signals for - I'm at my capacity. What is my capacity?

(08:58)

Learning all that. It's the process.

(09:04)

And in terms of when to try to lean into it and when to just contain, connect to the environment, again, dependent on your capacity. It's like usually you'll know I'm feeling like I want to go with this, and I'm going to go with it, or you'll feel like, oh, this feels a little scary maybe. And that may be an indication. Oh, I'm just going to kind of observe that, and be resourced, and feel my feet, and look at the environment, and notice this, et cetera. All right, next one. "I went through a medical trauma in 2015, which was the birth of my twins. It was an emergency C-section with general anesthesia, and for many years I had no capacity to process it. In 2020, I started to process the trauma. I'm still angry because I feel the emergency was actually created from unnecessary interventions. From the nervous system perspective, what happened to me?"

(10:01)

"I'm doing my best to heal, but I still feel immense collapse and shut down energy some days. It's been 10 years. How can I support my healing?" Okay. So in terms of - from a nervous system perspective, what happened to me? First thing to understand, the nervous system isn't logical. The nervous system doesn't have the ability to sort of be like, "Oh, okay, I need a lifesaving surgery, and therefore it's all going to be okay, and this is a good thing." So even in the case of a lifesaving procedure, a life saving surgery, all surgeries, especially if we are anesthetized, fall into the camp of what we call inescapable attack, because that's essentially what it is from the body's perspective. You can't run away, you can't move, you can't fight back. And from the perspective of the body, it is being attacked. It's being cut into, things are happening.

(11:02)

So that was what we call it. And again, it's not logical. It's like, "Yeah, this saved my life, and also it was an inescapable attack." That sets up kind of a conundrum sometimes in the system, because it may not make sense to us that that's how our body experienced it if our mind understands that it saved our life. But it sounds like you are in touch with the trauma of the experience, and I just want to name that that is what it essentially is. That is how anyone who's trained with Peter or anything would frame this. Now, it makes sense that you are noticing these periods sometimes of collapse and shut down. That is just part of what happens with such an overwhelming experience. It also sounds like you're also starting to process some of the anger in terms of recognizing that it wasn't maybe actually an emergency, but you received these interventions that were actually not necessary, which kind of led to the emergency.

(12:05)

That is sadly kind of a common experience with medicalized birth. So yeah, that can be quite a bit of rage and incomplete self-protection that wants to happen there. So that is some of the stuff you might want to start feeling into, is you can use memory for this. At some point during the experience, was there a way that you wanted to say, "No, stop, give me some time, give me some space, don't do that." And feeling maybe as you connect to those moments, what the body might want to do. Are there any impulses to move in any sort of way that would be about

protecting yourself, or getting more space, or pushing people away, or having something stop? So exploring an incomplete self-protective response is essentially what that is.

(13:06)

And anger essentially is the body's desire to protect itself. At the end of the day, anger is meant to fuel action. So if you can start to connect to the anger and the desire to protect yourself, then you sort of start to explore, well, how might that want to mobilize? What might want to move? And titrate that experience. There's still this tendency to collapse and shut down, so you don't probably want to do too much at once, but you can definitely sound - like start to explore that aspect of it. It sounds like, and eventually this may lead into some form of healthy aggression work or even annihilation work, where you're allowing yourselves to essentially destroy the doctors or the nurses that were giving you these unnecessary interventions. It may or may not go there. If it does, then know that that's normal. If you start feeling this desire to cut off their heads, okay, that's part of that self-protective response coming through, or maybe it'll be enough to growl and snarl and say no and push away, and that'll be fine.

(14:15)

We don't know. But I think that that's the stuff that you may want to start to lean into discovering is, how did your body want to mobilize to protect?

(14:28)

Okay. And just if you don't know already, the annihilation work is an extra article that's linked on the Healthy Aggression page, I believe, or as an additional resource perhaps in that lab. I just saw a question, how can we do annihilation work in a titrated way when we have less capacity? Imagination is usually how you would start that. You don't need to necessarily fully like ... A full annihilation work is usually involving imagination with mobilization. So for my example, I had this one experience during Christmas one year where I just was feeling awful, and it was because of all the Christmases where like, let's pretend that we're a happy family now, even though we're full of dysfunction. And so all the times I experienced that, I was feeling sick to my stomach. I went and had a bath. I started to touch into what was happening.

(15:27)

And I just started getting these visions of just like - rampaging through the family home, just the scythe essentially, and just loping off heads and strewing entrails across the ... That's the tinsel now. It was just this horrific kind of bloody affair that felt fantastic. And so that is kind of the permission we sometimes need to give ourselves. Again, the nervous system isn't logical. It's not compassionate, right? It's like, I needed to fricking get out of this situation and destroy these people. So yeah, we don't necessarily always go into the full mobilization with the imagination, feeling it all. Maybe start with just imagination. I'm just going to imagine like, oh, I suddenly have these laser beams for eyes, and I'm going to start burning things, or even like imagining that in your environment, like, oh, I'm just going to pick something, and I'm just going to really focus on it, and I'm going to think about that thing going away, and okay, and I'm going to let that go.

(16:27)

What did that do? Just that kind of intention of destruction, holding that for a moment in the imagination, how do I feel? So that'd be the way, some ways you could titrate into that kind of experience.

(16:39)

Okay. "Hi, Seth. A week ago in a one-on-one session, I observed that from a core of the kidneys, something began to move to the outside, to the skin of the organs." So it sounds like you felt like this thing on the inside of the kidneys, and it sort of moved out to the outside of the kidneys. "And for some time I felt watery, and dark surroundings. How can I support my system further on? In certain situations, I sense relational issues popping up here, maybe needs. A lot of pressure starts working in the internal waterways towards the bladder, which feels very lively. Please, could you give some directions? Thanks so much." So it sounds like you're already able to really richly sort of feel and visualize your internal experience, which is really great. And this makes a lot of sense, feeling watery and dark surroundings. Yes, sounds like you're sort of sensing how the organ is hanging out there in the abdomen.

(17:36)

So in terms of how can I support my system further on? Well, really just what wants to

happen? What happens as you continue to imagine? With the kidneys themselves, what might it be like to imagine them being really gently warm and soft? We really want to, with the kidney adrenal lessons, that's what we're focusing on, right? Is thinking about these kidneys, just, whoa, sort of being plump and warm and soft and heavy. So that is one way you could potentially explore that, is really holding that intention, visualizing that with that powerful imagination of yours, and seeing how that goes, seeing how that feels. When you say here, in certain situations, I sense relational issues popping up, or maybe needs, a lot of pressure starts working on the internal waterways. It feels very lively. So I would encourage you to notice the aliveness of that. And anytime there's something happening in our system that feels alive, we want to notice that, and just connect to the fact that, oh, something is happening.

(18:44)

Wow. Now it also sounds like - maybe, uncomfortable. So perhaps that focusing with sort of kindness, and awareness of the aliveness could come along with a little bit of diaphragm work, just sort of thinking about making more space in the pelvic diaphragm or in the lower abdomen. Again, you can revisit those lessons if you want to just remember those principles, but it's essentially using the breath and awareness to think about just more space, more flow, the container, sort of being able to breathe. That could potentially be useful. And you also could work with pendulation. So just when you say I sense this happens, it sounds like this pressure as a relational thing is coming up, or you're feeling a need. So what would I be like to sense this happening in the abdomen, feel the pressure, think about bringing in some space and then connect to the heart.

(19:42)

What's the heart feeling?

(19:46)

Is there some kind of grief there? Is there some emotion about needing to connect or wanting to connect? And then go back to the abdomen. This idea of pendulation as is taught in the tense and relaxed lesson, finding the painful and the pleasant lesson, it's really a hallmark of this work. We want to not always fixate on where stuff is happening. We want to notice that for a while, but then maybe we want to go notice something else entirely that's totally

different, because it can be easy, especially with the signals of trauma that they can be very loud, and we can tend to sort of be obsessed on just that area, and it can turn into sort of like chasing a problem in the way that we're looking at it. So how are we relating to these sensations? Is it with curiosity and sort of like a looseness, or are we zooming in with a hawk's eye, like, "Oh my God, what's happening?"

(20:45)

"What's going on?" That is another way to really notice, how am I relating? How am I relating to my experience? That can make a big difference, and sort of holding it with a looseness rather than kind of zooming in and remembering I can pendulate. I can go back and forth. I don't have to just stay paying attention to one spot only.

(21:09)

Okay. "I am grieving the death of my mom eight weeks ago. What practices should I do? I'm just going with feelings, letting them happen, also some containment. I'm getting stuck in thoughts of what if I should have done more, feeling regret I kept away for days or weeks. She needed help the last few months of her life, just to keep within my capacity and not get too triggered, which I was anyway. I needed more space. She didn't say this. Instead, she said that I did enough. I'm feeling so much guilt and it comes in waves. No motivation to do SBSM." Okay, well address that last piece first. That's totally normal. Please don't feel any pressure to do any kind of work right now. Your system is processing a lot already. When we are going through intense grief, it kind of takes over the show, and we don't really want to try to do anything else.

(22:09)

All we do is make space for that grief as we can, and take care of ourselves and others if we need to, as much as we can, that's plenty. I mean, just getting through day-to-day responsibilities when we're in a grieving process is a lot. So yeah, don't worry about it. SBSM and all the material will be there. I really want to encourage you to do what you're doing, which is allowing the feelings to happen. With grief, it's very helpful to stay somatically oriented, because otherwise, yeah, those thoughts can come in and take over. In a way, it's almost like problem solving, like retroactively. It's like this grief is so intense. How can I solve it?

Well, I could have solved it if only I had done this and this and this. I think that's part of what's going on when the mind does that in the context of grief.

(23:07)

It's trying to sort of discover, is there a way I could have avoided feeling this really intense, awful feeling? So really staying connected to the soma, to the body, to the chambers of the body is going to be usually the best approach. And when that starts feeling like too much, go to your resources, check into the environment, come out of the inside a little bit, and come back into the outside and where you are. Use your resources. It's totally fine. Whatever they are, if you just need to veg out, check out, watch a show for a while, like whatever, totally fine. You do what you need to do to soothe and settle in between allowing the waves of grief. And that is the thing with grief. It is like waves, almost literally, and how it wants to move through the physiology. It often starts in the pit of the stomach, and it's like this expansion that moves up through the torso, through the throat, into the face, into the eyes as tears, and ultimately out.

(24:17)

And what can happen is a lot of times people will say with grief, "Oh, I feel this tightness in my throat with the grief." That's actually the body trying to contain it. That's not the grief itself. That's the body trying to limit it or hold it. So we want to think about opening, opening. Ah. So maybe, if you do any somatic work at all, it's just, can the jaw be loose? Is your mouth able to be soft? Is the throat open? Is the chest open? Just supporting your body and having space and welcoming these charges as they move through. I've noticed for myself with grief when I can be a hundred percent somatically oriented towards it, it's actually not unpleasant. It's kind of a powerful, expansive experience that's incredibly intense, but it's powerful, and it is actually ultimately expansive if we can allow it to move through.

(25:18)

And when we allow grief to move through, we actually make room in ourself for a lot of other good things. There can be more capacity to feel joy. There can be more capacity to feel connection, poignancy. Allowing the space for that big grief to come through really can open the doorway for a lot of rich feeling in general.

(25:51)

Okay. “Hello, third round participant here, with early developmental trauma and shock trauma. I've worked for a decade with my very absorbing boundaries. I used to energetically merge. My mom was very mergy, and I used to think that that was love. Now I find, with increased contact with my body, boundaries are becoming super clear to me, and I absorb so much less from others. Why is this, I wonder?” Well, I mean, congratulations, because that's excellent. That is really, really a good achievement to just to, one, notice just in the first place that, yeah, merging is not love. So if you were taught that, that's just a huge paradigm shift right away to realize that. And now it sounds like you're actually not doing it more. You're actually aware of your boundaries, and you're able to hold your space, and that is much more loving ultimately towards yourself and towards others.

(26:53)

There can be this idea that, yeah, love is like this enmeshment where we just are like all gooey with each other, and it's like, yeah, we certainly want to be empathic and connected, but we ultimately, it's kind of like, the way I think about it is it's like we are each in a bubble of ourself, and we kind of want to keep that. And then if we choose, we become close, we join for a while, that would be intimacy, right? Sex, that kind of stuff. In those cases, there is emerging and adjoining, which we will want because that's part of it. But otherwise, we kind of want to maintain our separateness, have our own emotional experiences, our own thought processes, our own beliefs, our own desires. And that ultimately is much healthier and much more loving towards ourselves and others ultimately, because it gives them permission to be themselves when we give ourselves permission to be ourselves.

(27:51)

And it's ultimately just a more empowered and more sustainable form of relationship. So why is this happening? It sounds like it's happening simply because you're more in touch with your body. The body doesn't want to merge all the time with other people. The body wants to have boundaries and have its own experience. So it just sounds like you're hearing the natural signals of your physiology and what it needs, and that's fantastic. So just keep it up, keep doing that.

(28:22)

One of the things that happens as we do this work is all of the signals of the body just become clearer. It just becomes more obvious like, "Oh, I don't want that, " or, "I want that. " Yeah, that's how it happens. That's those impulses coming through. So that's really great.

"You said in a Q&A to stay present with the body when feelings of terror come up. I tried it, and when I felt the terror, instead my emotions took over my thoughts, and I felt hopeless, and I had this intense hatred and envy come up for everyone who wasn't stuck in misery like me. It felt impossible to consciously know that this was something that's just passing through. Instead, it felt like it would be this way forever. Any suggestions for when I'm in a state like this again." So first, when an intense state like terror or other survival state comes up, and you're really allowing yourself to be with it, that is really normal to feel like, "Oh my gosh, this is now life," because that's just the strength of the survival energy.

(29:27)

It's with practice that we learn to recognize more objectively that this is something I'm moving through. And it can be both at the same time. It can be like, "Oh my gosh, this is the way things are." And at the same time, you can have your little witness that's saying, "Oh yeah, no, it's okay. This is survival energy. We're moving through it." That tends to be how I've experienced it. It's not like I become all - super wise witness. I still have the terrified little boy part that's happening. It's just like that's not the only thing that's happening. I'm holding space for that to happen. I have this inner witness that's able to watch it and reassure. And that's something that we grow. It grows over time as we practice and do the work. So one thing that I hope I said when you're referencing what I said about terror, I hope I also said that you can connect to the environment.

(30:24)

If I didn't, I apologize. Yes, ultimately we want to stay present to the physical sensations to the body rather than the thoughts. But if that's too much, we want to stay present to the environment. It can be - staying present to the sensations of terror is one of the more difficult things to do in this work. So if it feels like too much and you notice this is what happens, you go into your thoughts, and those thoughts become really angry essentially, then staying with it in

the body is probably too much right now. So in that case, connect to the environment, connect to the external, connect to the seat. If I'm really feeling overwhelmed, you can literally say to yourself things like, "I am Seth. I am in my studio right now. I am at my address. My address is such and such. I am in Canada." You can literally just name your environment, name where you are.

(31:22)

We want to maybe bring in containment again, feeling your edges, just feeling maybe a blanket or a weighted blanket even, if you have one. Use your resources, use your connection to the environment. You don't have to just try to be with it in your body. Now, ultimately for this stuff to move through, yeah, we need to stay present to the sensations and to the environment. It's never just an internal experience. For stuff to really process through, it's all happening at once in connection to the environment. I know where I am. I feel my seat on the seat. I feel my sensations happening inside, and all that's happening all at the same time. And I'm present. And I'm able to have access to that witness that can say, like, "It's all right. It's all right. Yep, we know this." So that's one other idea. Instead of just trying to stay present to the sensations, remember you can stay present to the external as well.

(32:23)

You can use your resources, et cetera. Another thing though is, like I mentioned earlier, mobilization is pretty important a lot of the time when processing terror, because what's really terrifying is being frozen in that state. Being frozen in fear is the most scary. If we're actually mobilizing, like running, that actually is a lot less scary a lot of the time. And actually fear, just like I said, anger is meant to mobilize. It's meant to power self-protection. Fear is like the fuel that's meant to power fleeing, running. It's still meant to power self-protection. It's just in a different way. Instead of engaging with the threat, I'm running away from the threat. But it's meant to mobilize. It's meant to move us. So that sometimes can bring in some relief and some ability for it to process through. If you just like, yeah, let the right legs start to go.

(33:30)

Let the legs start to go. Let them start to run. You probably have all seen Irene's video of her legs doing that deactivation thing. That's kind of what it's like. It's just like, let them go, let

them go, let them shake, let them run. Or actually run, run, run, run with your feet, fully going and like, yeah, see yourself fleeing, see yourself getting away from the threat, whatever it is. Mobilization is your friend a lot of the time when we're dealing with terror.

(34:02)

Alternately, and again, I don't want to say like that's the only option, because ultimately, again, remember, what is my impulse? If your impulse is to - maybe your impulse is to crawl, and get real small, and crawl into a corner, and hide, and not be seen. That's okay too. It's just the reason I tend to go to running is because it's more active. It's more proactive. But if you need to hide under the table, go for it. We need to allow ourselves to explore these things. So yeah, see what happens. Oh, thank you so much, Susan. Yeah. So, Susan, if you haven't watched that video, Susan just posted it in the chat.

(34:56)

Ah, I just saw this great comment. Even saying my name is triggering. It's like anything that reminds me that I'm alive and exists actually makes the tear come on more fully. Completely makes sense. Yeah, absolutely. I get it. So in those cases, it could be ... If naming things doesn't work, then it could just be seeing the environment, but you could name the environment. I spy a tree. Remember that game, right? I spy a bus. So maybe you just like, "Oh, there's my cup." Naming inanimate things that are not alive, that aren't you. That could be maybe useful. There's the grass. That's a tree. Okay. Right. Am I breathing? Another basic thing to ask ourselves.

(35:49)

Okay. "Hi, Seth, alumni here. Currently on lab six for the first time." All right. "I've been getting more painful and disruptive sensations while trying to sleep than ever before. Skin sensitivity has heightened. Shoulders are painful to lie on. Soma said, stop actively processing so much stuff, and switch to capacity building. I felt deflated. Capacity building is a daily activity, but I'm still doing too much processing. I asked Soma for neurosensory exercises and one was containment. And I have been doing that this week, and it's helping, but am I missing anything?" It doesn't sound like you're missing anything. So I would say that 95% of this work is capacity building, and then maybe 5% is actively processing stuff.

(36:49)

It really is a lot about increasing our ability to just be with the stuff, and to be present, and to make more space in our system. It's not going backwards. It really is a lot of the work. So I think that this sounds actually, to me, like you're kind of right on track. If you just got into lab six, that means you're just getting into the healthy aggression work, the ideas of mobilizing aggression in those ways can bring on quite a bit of sympathetic-y kind of experiences, which I'm hearing here. Disruptive, painful sensations, skin sensitivity is heightened, shoulders are painful to lie on. Since you're an alumni, you do have access right now to the watering the brainstem lesson. So I'm going to encourage you to go to that one and give it a try, see how that feels. At night, maybe when you're feeling this, thinking about things softening in general, et cetera.

(38:02)

Building capacity, it is the foundation of processing stuff. It's not like, "Oh, I'm not doing enough work right now." And what we really want is for stuff to just process organically, naturally, as the system is ready for it. And that's why we do focus so much on capacity building and simply learning to be present, which is building capacity. So lots of times stuff does kind of process more subtly, even when we don't realize it, as we're focusing on increasing our capacity and staying present. It doesn't have to be big, flashy stuff. Just checking my notes here. I think that's mostly it. Yeah. So if containment is helping for you, great. Yep. Keep doing that. Again, watering the brainstem, kidney adrenal lessons can be very helpful at this time. And when you start feeling like, okay, enough of that, something just really has to move, it does sound like you're in sympathetic territory.

(39:18)

So allow yourself to explore what kind of mobilization might want to happen when it feels right for you to do so.

(39:31)

Okay. "After the dentist with anesthesia, I noticed that my whole chest area felt just like that, like it was under anesthesia, no feelings. I understand this is freeze, and I have to improve my capacity, but what else can be recommended? What does it mean when I yawn doing Elia's

movement lessons? Is it my nervous system releasing some of the energy of the high tone dorsal?" Okay, let me get that last part first. So, yawning can mean a couple different things. It can mean that we are going into a natural state of gentle parasympathetic where our system is letting down, and we're just kind of, "Oh, yeah, gentle, moving into rest." And that's great.

(40:26)

And if that happens, if that's what's happening during Elia's movement lessons, it doesn't necessarily mean so much that freeze is lifting, that it could be a little bit. It sounds more though like you are just moving into a more parasympathetic state, more softness, more relaxation. That's great. Now, if the yawns are uncontrollable, and you feel like, just like it could barely keep your eyes open, and you're like, "Oh my gosh, I just got hit by a truck. What's going on here?" That's more freezy stuff. That's more like freeze is happening right now. So that's the first thing to assess. Is it like a gentle, relaxed, soft, occasional yawn, and feeling kind of relaxed and groovy, or is it like, "Oh my God, uncontrollable yawns and I'm about to pass out." That's the sort of indicator as to what's going on there. If it is the more chill kind of experience, then great.

(41:26)

Those movement lessons sound like a good fit. If it's more like the ladder camp, like, "Oh my gosh, I can't stop yawning. What's going on?" It may be that it's a little too much for you right now.

(41:37)

So working directly with the diaphragms and self-touch, I think is going to be helpful for the area of the chest. Just connecting gently with just awareness, intention of softness, connection, and then maybe meeting that touch from the inside with your breath, and just feeling the expansion, maybe move to a different spot, maybe you feel your ribs, feel the ability to breathe in different directions. A lot of us may not realize that our breathing can be three-dimensional. It can be what we call global. A lot of us just breathe, "Oh, this is just how we breathe." The chest goes out or the belly goes out. Well, you can breathe such that your ribs expand out to the side. You can breathe such that your back expands into the chair. We can

breathe in many different orientations and directions, and that is something that can be really interesting to explore.

(42:46)

And it is really sort of about intention, and where are you directing the breath with your intention? Are you directing it just here, or can you feel your ribs? Can you feel the sides, and the ability for these things to come out this way laterally? So exploring, it's called global breathing.

(43:12)

It's really a way of sometimes getting deeper into the physiology. If we only are chest breathing shallowly, that is often a way of staying out of connection with deeper stuff. And it sounds like there's probably some stuff deeper in there that is related to this dental experience. Now, again, dental experience with anesthesia is, again, a form of inescapable attack, even though it's really necessary, you're numbed, and there's a fricking drill going into your mouth. Remove the dentist scenario and that's torture. So it's like, yeah, it sometimes can be weird to think about things in this way, and the body is literally chemically frozen. We can't feel it. So again, there may be impulses to protect, to move, to jump out of the chair, to run away, to hit the dentist. Who knows? I don't know what's in there, but it may be in the chest.

(44:12)

There may be grief, there may be fear. So exploring self-touch and breath in different directions I think will be useful. Also, sound, using your sound, bringing breath into different areas of the lungs, and then just sort of letting a sound happen. There's lots of sounds that can feel really helpful just to get the sense of vibration internally. It's not about sounding a certain way. It's about what wants to happen if I ... Okay, I didn't plan that. That's just, what was there? Allowing the body to be spontaneous.

(45:03)

I'm sorry. I just wanted to check something, because I saw something in the chat that I think was relevant to this. Okay. No, that was a follow-up about yawning. Oh yeah. Yeah. What about your yawn? And every time someone says the word yawn, or you think about yawning ... Yeah,

there's a weird thing with yawns that I think goes back to sitting around the campfire tribal days, where it's like ... Yeah, because yawns are contagious, right? And I think it's like someone does that, and it says, "Oh, I'm feeling safe enough to just sit here and digest my food and express that I'm a little sleepy." And the other person, "Oh, that helps me feel a little safer to do the same thing. Oh, I feel that way too." I think it maybe goes back to that type of experience, of a social signaling.

(46:01)

Great. All right. Anything else there? Okay. "Seth mentioned fascia a few times. How is it related to the nervous system, and what exercises are more related to it?" Oh boy. Fascia is one of my favorite things. So it is a miraculous, mysterious thing that we're only starting to understand, I think, more deeply. It's a continuous network. All fascia is connected to all other fascia. It is one continuous sheath that moves throughout the entire body. It wraps all the organs. It is in between your muscles and your skin. It is just this incredibly beautiful global interconnected system. It has over 250 million nerve endings within it, and of those three times more are sensory neurons than motor neurons. So that means the majority of the neurons in the fascia are dedicated to sensing things. And that means sensing our interoception, our internal environment, sensing proprioception, how we move through space, how we're oriented in the environment, and also external perception.

(47:34)

The fascia feels the environment, and it also sometimes feels what other people's fascia are doing, I'm pretty sure. It's a really profound system, and we're starting to think of it as its own nervous system. There's the autonomic nervous system, there's the central nervous system, and there's the fascial nervous system, essentially. And I think that's accurate. It is such a powerful communication network. Now, that's how it's related to the nervous system. And it is a nervous system, and it connects to all the other nervous systems in terms of perceiving. Now, what tends to happen with trauma and different forms of trauma, even literal impact trauma, but also just emotional trauma, abuse, being in the presence of violence, overwhelm, is the fascia constricts. It is meant to be a slippery, slightly smooth, silky, flexible, breathable kind of stuff, and it's miraculous in that it can turn to steel.

(48:41)

It can get really, really hard, and that is it going into protection. So classic example I always give - you walk into a room, and in this room is a family that really don't like each other, and they're like, "My family on Christmas, they're all pretending to be jolly, and isn't this great?" And underneath the surface, there's all this unspoken tension, and hatred, and contempt, and all sorts of stuff. What happens when we walk into that room? The belly usually will just go, "Oh, it doesn't feel good." Especially as kids, this is one way that kids like, "Oh, I have a tummy ache." Lots of kids with tummy aches. It's because - not something they ate. It's the environment they're feeling. That's the fascia. That's the fascia going, "Protect the organs. This is not safe." So when that happens, when the fascia constricts and becomes tense, well, if we then move into safety, and our majority of our experience is safety, it'll probably become loose again.

(49:44)

When the majority of our experience growing up is chronic tension and threat and fear, that fascia stays constricted. When that happens, that constricted fascia is sending a signal of danger to our autonomic nervous system. The fascia itself, the constriction, is saying the environment is not safe, the environment is not safe, which fuels the fight-flight response, which tells us the environment's not safe. The environment's not safe. So it becomes this positive feedback loop with the negative repercussions, where it's just feeding on itself and everything is saying, "Ah, we're not safe." So what are we doing in the kidney adrenal lessons? We're ultimately working with the fascia. We're talking about the kidneys and thinking about them being soft, et cetera, but it's the fascia that has to soften. When the fascia around the kidneys soften and drop, that sends a global message that, like, "Oh, things are a little more safe." So rather than trying to talk ourselves out of 'the world feels scary,' we directly intervene at the level of the physiology, which tells our body the world's not so scary.

(50:55)

So that's why we want to work with the kidneys like that. That's why we want to work with the brainstem like that, why we want to work with the gut like that. These are the three primary areas associated with threat physiology. And when the fascia in those areas is tight and

clenched, that signal is always being reinforced on the inside. So thinking about bringing flow, softness, flexibility, that's the purpose of the layers lesson, right? When we're talking about working with the layers of the body, the fascia is in there is a really important one. Feeling the slipperiness, the slightness of it, how it allows things to move, right? If you've never connected to it, just grab your arm and notice that you can lock your hand in one place, and twist your arm, and the skin slides over the muscle as I do this. That's the fascia.

(51:49)

The fascia is what lets skin slide over muscle, a slippery, slidy kind of layer, or maybe you don't feel that so much, and that could be because the fascia is constricted there. But usually on the forearm, most people can feel a bit of a slippy, slippy, slidy kind of thing happening. All right. So what exercises are most related to the fascia? Well, all of them, because any lesson that helps us get inside and find a little bit more safety, or discover what's happening, become more self-aware, is going to contribute in the long run towards more internal safety, which helps the fascia soften. But specifically, it's the ones that I named, kidney adrenal lessons, the watering the brainstem lesson, which incidentally, if you're new this round, the watering the brainstem lesson comes out May 1st. So that'll be quite soon, about one week from now, and it'll be in the additional resources section.

(52:47)

The reason we wait is because the brainstem is really, really powerful. And if it shifts and softens, that can be a big deal. So we want to make sure that you're pretty practiced with this work before you start exploring the brainstem.

(53:06)

The gut, brain awareness, and intention lesson also is directly related to the fascia. So the layers lesson, like I mentioned. Yeah. Okay, let's take a little pause. Take a little pause for a few minutes, let yourself take a stretch, go get some water, go away from the screen for a bit, and we will meet back in a few minutes. All righty. Welcome back. So I just want to acknowledge that I saw some questions in the chat. I will get to those at the end if I can, because there were some more longer, complex questions. So I've still got five left that were submitted, so if there's time, I will get to those. All right. "Hi, Seth. I'm an SBSM regular with early

developmental trauma and fibromyalgia, and progressing well, and defrosting the entire left side of my body. I have more movement and flexibility than I've ever had in my life.”

(59:10)

“Could you please explain the difference between leaning into the body sensation for release, like Irene's leg example, versus chasing the pain? I think I'm doing the latter, constantly looking for new areas with pain, which brings ongoing pain, interrupted sleep and ongoing nervous system activation. Thanks.” Yeah, so I actually talked about this earlier, chasing the pain. The difference between leaning into the sensations versus chasing it is if we're just leaning into it, that tends to say that we are not concerned. We're being with it proactively because we want to. And even though there may be an intensity in the experience itself, as a whole, we are pretty chill. Like in that video that you referenced with Irene's leg shaking, which we linked earlier, she was not at any point worried or concerned or activated as her body was releasing this survival stress. And that's what we mean by sort of leaning into it and allowing it.

(01:00:16)

It's like a welcoming. Chasing the pain, when you say that, what I think of is, like I said before, sort of like a hawk zooming in on its prey. It's like there is a concern. There is a worry. At least an internal furrowed brow. There is this, what's the problem? There's a problem here. Find the problem. Identify the problem. So it comes along with a sense of threat, a sense of urgency, of concern. That's the difference. So if you want, again, you want to try to hold the sensations with the kind of looseness, and you want to be able to go away from them. So if you find yourself chasing the pain in that way, learn to pendulate. Learn to pendulate. Learn to be with an area of your body where nothing is going on at all. It's like if you find yourself chasing the pain, oh, I'm doing that thing.

(01:01:13)

What's happening in my toes? Or what's happening in the tips of my fingers? Sometimes we want to focus on distal areas, areas far away from the core. Oftentimes there's less happening there. What's happening in the palm of my hands?

(01:01:31)

Really learning to zone into neutral areas, because we want to learn to be with intense sensation just like we are with very neutral or pleasant sensations. Just welcome sort of a loose awareness, not zoned in tightly with our perception. So that is really a matter of practice. I mean, to be fair, I mean, it's kind of modeled for us in our society. If you're feeling anything other than just pleasant, or if there's any kind of pain at all, you better get that checked out. That's probably a problem. If I went and saw the doctor for every intense sensation I had or saw, I'd still be there now.

(01:02:18)

There's so much that is mysterious - painful, weird, crazy sensations, that's just part of this work, that's totally normal. So it can be a bit of a deprogramming of ourselves, and recognize that that didn't come from you. That was messages from society, from doctors, from parents, from teachers. There's very little that is actually harmful to feel. Now, we always have to have the disclaimer. If you feel like you're having a heart attack, maybe make a phone call. Don't just sit there and observe your sensations. There is a line. But if you're feeling buzzing, trembling, vibration, constriction, heat, cold, electricity, shaking, whatever, those are all normal, all normal experiences, aching, tightness, et cetera. So chasing the pain means you're going to be hypervigilant about it in some way. So learning to pendulate, learn to find neutrality, learn to focus on stuff where nothing's happening.

(01:03:27)

“Hello, second round of SBSM, with early developmental trauma. I get stiff in my neck, shoulders, and back, resulting in headaches and sometimes nausea. My face also gets stiff, looking very sad. It seems to originate from a knot just beneath my shoulders. I go into the shame posture to stretch it, which helps short term. Any ideas on how to work with this?”
Okay. One of the things that ... This isn't written in here, but I just feel this from the question, is that, is there a way ... It feels like your system needs to sort of discover playfulness a little bit, softness a little bit. And one way that you might start to explore that is by doing what you're already doing, but then discovering the opposite. And this could help somatically as well. So for example, you say you go into the shame posture in order to help this tightness, which so I

assume you mean you're dropping your head, and you're letting everything come forward, and maybe you're tucking the tail.

(01:04:37)

And yeah, that could stretch this area back here a little bit. Fine. So do that, but then also do this.

(01:04:50)

Come up. Find the opposite. Let the arms come out. Let the head come up. Let the jaw open. Let the tail lift. Find all the somatic opposites of that posture. Move in and out between the two. Make it a little dance. Do it in sitting, do it in standing. Start to discover flow between these things. It sounds like there's a lot of stuckness and rigidity in the system here. Totally normal. That's part of the deal. That is normal. So how can you support playfulness, flow, finding the opposites? Same with your face. So if your face feels very stiff and like a sad face, okay, when you notice yourself doing that, maybe even do it a little bit more, exaggerate it, then find the opposite.

(01:05:43)

Allowing the face to do different things. What's in between? What's in the in between territory? So yeah, it's kind of like, can you bring in a little bit of playfulness into this? I understand it's serious stuff, but that's why playfulness is so important. If we can't be playful in this work, we just take it so seriously, that's kind of part of the problem. So it's like there's this great quote, I can't remember it exactly, but it's something like, "Trauma and survival physiology cannot coexist with playful curiosity, because neurologically they contradict each other." That's one of Peter Levine's quotes, something like that.

(01:06:30)

"Hi, Seth. What is the difference between trauma and the shadow?" Okay. So the shadow is a term developed by Carl Jung, and it's something to do with the psyche, with the consciousness. Technically it is, according to Jung when he developed it, it's the repressed or unacceptable parts of ourselves. So anything that society would deem unacceptable, or which our parents deemed unacceptable, that we had to repress in order to maintain the attachment becomes

the shadow self. Now, back in the day with Freud and Jung, there was this thought that, and this is especially Freud, that humans are actually innately just essentially savage beasts with uncontrollable urges, that just we had our way, would just go rampaging through the town, and that's how we are by nature. And so we have to repress our animal instincts, and that's where he developed the whole ego, and id, and super ego, and that kind of stuff.

(01:07:39)

I actually think that's wrong. I think humans are innately cooperative and empathic. That's actually our nature. So I think that the shadow is not something that happens outside of the context of trauma. I think that if a person, a young person growing up has their authenticity validated and accepted, and all of themselves is honored, there will be no shadow. The shadow comes when, don't cry, you're a big boy. Girls aren't allowed to be angry. You better be polite. And whatever it is, whatever the bullshit programming we got handed down that said, "Don't be that way that you're naturally being," that's what creates the shadow in our psyche. And so for every shadow self, there is corresponding survival physiology in the body that usually wants to act, and those are repressed. So then of course, what does that turn into? That turns into explosive rage, or it turns into addiction, or whatever it may be.

(01:08:43)

If it's repressed, then it's not allowed to have its thing, and then it becomes a problem. It becomes something that we don't accept about ourselves, and then it becomes part of that shadow self. So integrating the shadow is something that's incredibly important. And that's again, where we get into stuff like healthy aggression, annihilation work, that's shadow work, right? That is allowing that vicious part of us that wanted to destroy our family because what they were doing was so awful, allowing it to come out and be safely expressed. When it's not safely expressed, it turns into serial killers. It turns into school shootings, right? That's the shadow. So shadow self and trauma are like that. They are one and the same. The shadow is in the psyche.

(01:09:37)

“Hi, Seth. Irene said, feel survival energy to grow capacity. I'm just aware of the sympathetic surge. And if I allow it to reach the peak, then the parasympathetic kicks in, right? But how to

not go into an overwhelming freeze? Sometimes we need to follow the impulses to process sympathetic. Should we process the old trauma when it surges up? I was just annoyed by a family member who pushed boundaries, and then later I felt free sensations, and like a runny nose. Oh, I have to process. And then I was yelling back. I had these vomit impulses, orienting, self-hold, and then I slept okay. How to build relationship capacity.” Okay. So yes, as we allow ourselves to feel the survival energy, our capacity grows, and as we allow ourselves to grow our capacity, we can feel more survival energy, right? So it can go the other way.

(01:10:36)

We want to remember we can work proactively when there's not survival energy in the picture. So that would be, for example, when you're feeling just fine, you do some diaphragm work. You think about making your chambers of your body a little bit bigger. You explore a range of movement, baby. You explore bodily movement, flexibility. Maybe it's exercise, getting to exercise more intensely so your heart rate can be faster, and you have the capacity, for that can help you process more sympathetic activation. So yes, you're absolutely right that learning to be present with sympathetic activation can help you build your capacity, but there's also many other ways to do it that are not about having sympathetic activation. So both are really important. They can go hand in hand really well. So how to not go into an overwhelming freeze. So if we are processing a big survival charge and we allow it, like you say, to reach its peak, and then if it reaches its peak, yes, the parasympathetic flips on.

(01:11:48)

And that is like, again, that's like one and a half percent of this work is those types of experiences, where you have the full charge, and reaches its peak, and then it switches off, deactivation, that charge is gone. That happens pretty rarely. And those are the big moments where, yeah, that charge is gone. Most of the other 98.5% is building the capacity for that to happen.

(01:12:16)

And it doesn't have to happen a lot. I'm sure many of you have heard, yeah, it took me about seven years of work to get from complex PTSD to being basically regulated. In that experience, I probably had three or four of those peak charges. That's about it. Even though it's not

mathematically equivalent. I had so many traumatic experiences, so much chronic stress, but that doesn't mean you have to have that many deactivations. Traumas coupled together. So processing one of those big reaches peak deactivated was in the context of annihilation work and just completely destroying my dad. And that was enough for all the times, the hundreds and thousands of times that I felt terrified. So just know that those peak experiences of sympathetic deactivation where it reaches its peak and then switches it off are relatively rare. And so when that happens, we're not going to go into freeze.

(01:13:26)

When it really reaches its peak and switches off and we've stayed present for the whole thing, we just go into relaxation. And we may be very tired, but it's just like, oh God. Yeah. It's not like we go, checked out. If we go to a place of overwhelming freeze, that probably means we're beyond our capacity. And so the system had to go to a different form of survival in order to protect. So again, that's just part of recognizing, it's part of the process. It's part of the deal. So when should we process it when it surges up? Should we process it right away? Do we need to wait till later? It all depends on your circumstance. If it's safe to do it in the moment when it surges up, yes, do it. We want to process the stuff organically as it surfaces, granted it's safe to do so.

(01:14:14)

It sounds like this happened when you're triggered by a family member maybe. And so it may not be the wisest idea to do it right then. And because of course it depends on the family member, but that could be really scary for a family member, if then we go into, like, self-healthy aggression, self-protection, emotions, yelling, et cetera. And that might not be safe for them. So in some cases, we may want to save it for later. And then it sounds like you did. It sounds like that's what happened. It sounds like a family member pushed on your boundaries, you maybe weren't able to process it fully at the time. That's fine. And then later you felt these freezy things happening, and you felt like, oh, are you good, paying attention? Okay, I've got a runny nose. I'm feeling this need to process. And then you let it happen.

(01:15:01)

Great. And then you slept okay. That's fantastic. So how to build relationship capacity, it's the

same thing. It's all the same thing. Capacity for a relationship means capacity to feel the sensations that happen in a relationship.

(01:15:19)

It's not about having capacity for the person, it's having capacity for what happens in me with the person, and that is sensations. That's energy. So, relationship capacity, having capacity to be in a genuine relationship means having capacity for our internal experience. All right. "Hi, Seth. You mentioned sexual energy at one point, and referenced a book on Chinese Qigong tradition." Yeah. So this is referring to Mantak Chia's work, who's a very well-known teacher of the Tao, and teaches Qigong and internal chi practices that are from the Chinese tradition, which I've found really helpful for myself. And so I do reference that sometimes, if it's something people are interested in working with. "Why let sexual energy circulate in our system? And what's the difference between sexual energy and life force energy? Life force energy includes sex energy?" Let me get that part first. There's a second part. It's all the same stuff.

(01:16:29)

It's all life energy. Now, there is a specific energy called Kundalini energy in the Indian traditions that is kind of its own thing, and we don't mess around with that at all. That's its own stuff, and that's a highly, highly advanced work. You don't want to do Kundalini, go anywhere near Kundalini work, if you have any trauma at all. That's like for a very regulated person from the Vedic traditions. So Qigong work, internal chi work, working with the microcosmic orbit, as the Taoist work, is quite different. And in that case, it's just working with life energy. Now, life energy, sex energy, creative energy, these are essentially the same things.

(01:17:18)

So for a lot of us, our sexual energy gets really imprinted, essentially, as a way of saying it. I know for me as a guy, I got all sorts of harmful information about how to relate to women, how to allow my sexual energy to move, just really not useful at all, which tended to keep that sexual energy down in the sexual organs, down in the second chakra and the first chakra. So when we start to learn to circulate that energy, it can be very liberating, because you're discovering something else to do with it. It's not just about this, whatever the harmful

instructions you were given were. It's about learning to be creative with that energy. How can we invite it to move through our body in different ways? And it has the added benefit of being incredibly healing. There are specific channels you can learn to use, which bring, turn that sexual energy, life energy into a very healing life force.

(01:18:24)

And that's what the Qigong, the internal chi work that he teaches is about. So that's why. It's a form of liberating a life energy that may be hyper associated, hyper imprinted about sex and sexuality, when it can be so much more. It can be a lot more than that. "So then also, if we're healing early developmental trauma, should we not consider sex energy like a baby? Like if I was abused or touched by another on the breast, the chest tightening can make my neck stiff. Does this impact other reproductive organs?" So I'm a little bit confused by that question, but I think what you're saying here, like if we're in early developmental layers and we're moving through, yeah, we probably don't want to be working with sexual energy because it's not relevant, right? A baby doesn't have that online yet, really. They have tons of life energy, but sex and sexuality is not on the table.

(01:19:25)

Now that's for, like, adults when you mature, and get to that stage of your life. So yes, if we are moving through more of an early developmental layer, we're not really going to be concerned with doing this kind of work. It's probably much more about finding safety, finding safe connection, finding safety in the environment and within ourselves, that kind of stuff.

(01:19:48)

And does it impact other reproductive organs? Well, what it tends to do is just be healthy for all the organs, actually. That's part of the internal chi practices, is like distributing that energy to the organs that need it. So it can be really helpful for all of those internal systems. All right. I think I do have time. I can get to this question that was posted. So yeah, essentially you're asking this, the question I saw was asking about, is it safe to do this healing work if I'm in a chronically stressful relationship or environment? Should I work on softening my fascia if it's just going to get rigid again? Let's see if I can actually find it.

(01:20:50)

“If we're actively living in some amount of threat, we actually can't soften the fascia at all, or maybe do it a little bit, or is it unsafe to do that knowing we are in an environment that is abusive, because it would be like we're gaslighting our body about us being safe when we know we're not.” Ding, ding, ding, exactly. You got it. That's it. Yeah. We really can't progress in this work if we are in an abusive environment, or in an abusive relationship that's really important to us. It is like a form of gaslighting. It would be like, “Oh, soften, you're safe.” You're not, you're in an abusive environment. So yeah, don't do that. What we need to do if you're in that situation, if you're in an environment that you know is abusive or dysfunctional, not safe for you, you've got to get out of that first.

(01:21:38)

There's really no point doing this work until you're out of that relationship, because the foundation of this work is our home environment being at least objectively safe. That's how we can give ourselves permission to find safety and softness inside and outside, and not be gaslighting ourselves. So I think that that is probably the most important first step.

(01:22:06)

Okay. “What if I can't leave because of religious reasons? What do I do when I cannot leave?” That's a really tough one. I'm not sure how to answer that. I mean, I'm not religious, but in my opinion, if you're in a religion that is saying you must stay in an abusive relationship, it's time to ditch that religion. Sorry, that's not helpful. And I don't mean that to be insulting of any belief system, but that's abuse. So I think it's time to look at your belief systems and what you're placing is valuable. So I'm sorry if that's harsh, but that's just from our perspective as trauma healers and therapists and nervous system folks. We don't want to see anybody in a situation where they're feeling like they can't leave an abusive situation, like you always can.

(01:22:59)

There's support systems, there's situations that can be really complex because of financial dependency, and that may take more time, and require more outside support, and maybe there's social services that can help, et cetera. But yeah. Okay. Sure. Yep. I can do this one. “A lot of early developmental trauma with a deeply entrenched belief that the entire universe is

against me, and I cannot bear to see me happy or successful. I'm sure this has caused my childhood trauma. How can I work with this at a nervous system level? I have a psychotherapist who's trying to help. I find it very hard, and my whole body is often taken over with a feeling of terror, like being in a chest match with a frightenedly scary universe that's toying with me." Got it. "SBSM has helped since I started a year ago, but I still need to adjust this feeling of the entire universe being against me."

(01:23:53)

Well, so I mean, you named it. It is caused by childhood trauma. I would encourage you to, rather than moving towards something like, the universe has got my back. The universe doesn't give a shit about me. How about that? The universe couldn't care one way or another if I'm around. See if you can make a little shift towards that direction, because that's probably closer to the truth. I mean, the universe is, just think a moment about how big it is, and this planet is an infinitesimal speck, and we are an infinitesimal speck on an infinitesimal speck. So see what that's like. We don't work really with belief systems, right? We work somatically, and as we work somatically, we change the belief systems, and your lived experience as a young person was that your universe was not safe and was out to get you, because as a young person, your universe is your family, is your home.

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So name that. This is what I experienced growing up. The universe is not against me. The universe couldn't care less one way or the other. See how that goes. Okay.

(01:25:06)

All right. I think that's all I have time for. So thank you so much for being here, as always. And love to see you all on the call hanging out. And thank you to my assistants, Carie and Susan. I really appreciate you being here as well. And we'll see you all next time. I think I'm doing all the rest of the calls from here on out. So I will see you on the next one. I believe next week actually might be a break. Is next week a break week? I think so. Anyways, I'll see you on the next call, if it's next week, or the week after. Be well till then. Okay. Bye.