
Curated Q&A Call #10 with Seth

Seth (00:02):

Okay, so this is Q&A call 10 for SBSM 19.0. I did respond to a couple people via email, just because I got quite a lot of questions. So I will be answering all the rest today and we will get going. All right. "Hello, Seth. Thanks to SBSM, I've been feeling real and deep level healing in my nervous system." Yay. "Recently, I've experienced so many good things in my life, that I'm noticing there's a part of me that's waiting for the other shoe to drop, or bracing against bad things. I'm wondering if this is a capacity issue where I'm not comfortable holding more good things, but deep down I do want more good things. I'm ready for more flow and authenticity. How can I support myself to keep this up?" Okay. So this isn't so much of a capacity thing, usually more, as it's more of like a very well wired self-protective pattern, where it's like when we've been through so many difficult, hard things in our life, it actually is a form of self-protection to be ready for the next disaster.

(01:25)

It doesn't work out too well a lot of the time, because we end up kind of being embraced, and we may miss opportunities, or we may, because we're so worried about the next terrible thing, actually experience a terrible thing, because we're not actually present. So it is a normal pattern, but yeah, it's not helpful. And I guess you could say it has a little bit of connection to capacity, in that as we move more and more into regulation, we do have more capacity to be present. And that's where the answer is, to this conundrum, is coming back to the present moment, because there's a few things going on here. It's fundamentally a bodily thing, but there are a few things you can do in the moment. So one, when you notice this happening, when you notice like, oh, here I am, I can tell I'm worried.

(02:20)

I'm like waiting for the other shoe to drop. I'm waiting for the next bad thing to happen. First, you can kind of kindly talk to that part of yourself. So instead of getting frustrated or mad or trying to convince yourself it's not true, you just sort of say, "Oh, I hear you. Yeah, you're

worried something bad's going to happen." That makes a lot of sense, because we're not used to all these good things happening. We're used to bad things happening. So of course you are. Yes, I hear you. And let's see what's happening right now. What is actually happening right now? And that's where you bring in orientation, that's where you bring in the somatics, the basics of somatic presence, right? Just it's like, here I am on my chair. I feel my butt. I see the things. Okay. Then what you want to try to do is identify where in your body is that coming from, because there will be a place in your body that is holding and tense, almost certainly.

(03:28)

It's often going to be in the area of the pelvic floor or the lower abdomen. It could also potentially be in the chest or the back, but very often it's the foundation, the pelvic floor that is going to be kind of tight, and often drawn up a bit. Wherever it is that you identify it, that's what you want to do. It's like you talk to your mind and then you turn your attention to the present moment, the external environment, this is what's really happening, and then you turn your attention to the inner environment, and where am I holding? Where am I bracing? What part of my body is clenched or waiting for disaster? And then you can work with that. You can invite it to soften, you can visualize that space, you can actually tighten it more on purpose and then let it go, the principles of tense and relax.

(04:27)

You could sort of make room for it and hold it in a container of your mind. Sort of ask it like, "What do you need? Is there something, some form of expression that would be useful?" Oftentimes just sitting and feeling it isn't enough. And this is generally, and what we're talking about here is a form of anxiety essentially. Actually, I had an experience of this just a few nights ago. Believe it or not, I still have moments where I will feel worry, anxiety, tension, still happens. And right now, as you all know, we're going through tremendous change and uncertainty in our business. We're going through quite a bit of change. In other areas of our life, everything is good. It's just a lot of change is happening, and anyone, anyone who has been through trauma, change is inherently scary. Even if you know mentally that it's good or it has to happen, change is scary, and extra scary when we've been through trauma.

(05:35)

So I was, the other night, I was just chilling out in my La-Z-Boy chair, end of the day, my man cave time, hanging out, and I could feel this kind of familiar feeling of like, "Oh, something's bad. Something's bad." And I'm sure I see nods. You could all relate to this feeling. Yep, yeah.

(06:02)

So what I did first is, I was just laying there, and okay. And I did all the things that I just talked about. These are the things that I practice. Look around. Okay. Yep. Okay. Yeah. Talk to myself. Yep. There's a lot happening right now. It's okay. What's happening in my body? Where is this? And I identified that it was sort of in my chest, and also a bit in my pelvis. And so when I discovered that, what did I do? I realized, oh, well, it's not enough to just sort of lay here reclined, and feel that I have to change my position, and actually engage with this a little bit. So that means sit up, fill my feet and then just maybe like, oh yeah, give a little squeeze, like all the stuff I just talked about. Bring in space, tense it a little bit more, make a little sound, breathe, bring in some air, look around some more.

(07:05)

Okay. Work with it somatically, and then I was fine. And granted, I've had lots of practice of course, but it's the same steps for me as it is for you. That's how you work with this stuff. Okay. I just checked my notes. Yep, yep. Orienting and reorienting to the present external environment and what is happening in the body, and work with it. Yeah. Okay. Second question. "I'm a second round alumni. When I do the exercises, my jaw and my face gets stiff. I've done pendulation, however, that also is sometimes too much. The exercise on healthy aggression playing with the face helps a lot, but it still feels like something is missing. Can you share some guidance?" So yeah, I think you're onto something, with that healthy ... That's the first thing I thought of when I was reading the first part of your question, face and jaw get stiff.

(08:12)

Oh, okay. There needs to be some mobilization. There's probably, maybe a history of needing to repress your authentic expressions, of allowing them to come through on your face to make sounds. So that's the first thing I'm wondering. Are you allowing sounds to come along with the face? Those things work very well together, right?

(08:39)

Letting the sounds, letting the faces, letting the things move. Don't forget the power of the eyes. Let your eyes sort of squint, or let them bug out real big. Oh, these are all muscles that like, yeah, they end up making weird faces, but we need to mobilize these things when there's been a repression in the system, so we can end up looking real weird and freaky. It's like, all right, that's what we're after. So along with the healthy aggression stuff, explore goofiness, like goofy faces, weird faces. Think about it as just like, how can I mobilize all this stuff in different ways, and how can sound come through as part of that? And on top of that, the piece that may be missing, if it's not sound, it may be that these faces that we make also ping into the rest of our physiology, or they can.

(09:37)

So it may be that like when I do ahh, I also feel something change in my lower abdomen and my hips and the back of my shoulders and my neck. There's more than just what happens here. So how might it be to like really tune into the rest of your body while you're letting these faces and sounds happen, and notice what else is moving, what else might want to get involved, because that's possibly another piece that is missing is there may be an overall mobilization that wants to be the full body, and then you get that going with the sound, with the face, with the movement all working together, and let it kind of go, let it rip. The other thing you could explore is also just touch, like literally getting in there, rubbing, holding.

(10:40)

You can bring in pressure to the jaw, hold the jaw and the masseter muscles, and like gently open and close, like really bringing direct attention and contact to the face, the neck, the head. You can do that with your fingers. You can do that with, like, fascial tools, these little scrapers and little pokers that help to get in there. I'll link again our friend and colleague, her playlist, which I have stored right here. She's got a whole course on YouTube, like little mini classes for working with the face and the fascia there. So you put that.

(11:34)

So yeah, explore those things too. Explore that stuff, and don't underestimate how powerful that can be, and how long it can take. A little story to illustrate this, Irene, she's been working

with these little fascial tools for over a year, I think almost a couple years now. That's one of the things she'll do, like chilling out at night, and just, like, sit there and drag the stuff around, and work with the fascia, because she had history of lots of concussions and stuff. And she found, even after doing this for a year and a half, "Oh wow, this spot here is totally numb. I have no feeling there." And so she worked patiently with that, scraping the fascia, scraping, moving, and then okay, slowly it started to come alive and then that led to other stuff unlocking. So yeah, you can do a lot with directly manipulating and playing exploring with the fascia, and you can mix up your touch too.

(12:33)

You can be very pokey and direct with a lot of pressure, and really feel that. And you could also be very soft and like holding with caring and attention, just presence all of that as well. Oh, Irene mentioned that in the last training call, right on. That's great. Okay. Next one. "I'm a six-time alumni with symptoms of a degenerative neuromuscular disorder. I don't know that my nervous system can truly feel safe when it's faced with constant limitations. Daily exercise is necessary to maintain strength. I've had to stop many activities that I loved, piano and a career as a music teacher. Now I focus my attention on health. I don't feel I'm making nervous system progress anymore though. I integrate practices into my daily life, but I know I need to shake things up to get to a deeper level, just uncertain of how." Okay.

(13:30)

So this is a complex question, because I don't know exactly what the situation is. I'm going to give a couple different options. A degenerative neuromuscular disorder, that can sometimes be something that can actually be reversed in certain cases, or fixed depending on what it is and how far down the road we are. And it can be something that you can't, and that you just have to accept and live with. And I'm not sure what camp we're in here. So I'm going to kind of talk about both possibilities. To be fair, even stuff that we think can't be reversed or healed personally, I have the opinion that there's actually quite a bit we can do that may not be widely recognized, but you have to do a lot. So I'm going to address that first. It may be that the deeper stuff, I need to shake things up, get to a deeper level.

(14:35)

It may be that the nervous system work isn't the only thing that you need right now. Of course, it provides a very helpful foundation, but things like deep cellular detoxing, supporting mitochondrial health, supporting circadian rhythms, addressing your diet, really getting a read of what foods are most supportive for you, homeopathic support. There's all of these things, and these are all the things that Irene does as well. She does all of these things because she would have, if she didn't, pretty complex autoimmune stuff going on. But because she's been doing this work for so long and supporting herself for so long, she's healthy. So it takes a lot to work with these types of deep illnesses. So that might be something to consider is those other avenues. I don't know if you're exploring those or not. It sounds like you're very focused on health, so you may be, but check out the quantum healing playlist, it's something like that.

(15:42)

It's called Circadian Rhythm and Quantum Healing Practices. It's one of her playlists on YouTube. Maybe Susan, can you find that? That's awesome.

(15:53)

Check out all of those videos if you haven't watched them. All sorts of ideas for health, ways to support health, because that is possibly some of the missing pieces. Also, I get that you've had to change a lot, and so there's a lot of grief there perhaps that may need to be felt. This is touching into the other possibility, like Kathy Kain talks about this. She's worked quite a bit with people who lose a limb, for example, who experience some kind of catastrophic injury and their life is forever changed. So when that's the case, and if this is in that camp of this is just something that is that there's nothing I can do to reverse, if that were the case, like a missing limb, what we have to do is grieve the old life and not try to get back to it. We have to accept that life is different now.

(16:56)

These are my limitations. I have to grieve that and I have to accept it in order to move on and have a different kind of experience. So I don't know where you are in the process of that, but that will be an important part in any case, because your life has changed so much. Now the piece about, I just accept that this is how it is, or I do all these things because I might be able to

change it, that's the area where I'm not 100% certain like where you fall in your unique situation.

(17:28)

One other idea is you say you're doing daily exercises to maintain strength. Okay, be sure to bring those somatic practices into your daily exercises. So exercises can be nervous system work at the same time. What is my posture? Am I breathing? Am I bracing? How slow can I go? How fast can I go? Like exploring with sort of a Feldenkraisian lens, can I explore a different vector of movement? As I do this movement, is there a sound that wants to happen? Is there an emotion present that I need to feel or express? So just remembering you can bring this lens of somatic healing work into all that you do, and it sounds like you - say you are integrating the practices into your daily life, and just that can be part of your exercise as well.

(18:22)

And in terms of other things, I don't know if this is a possibility. I hear you say I've had to stop many activities. I loved piano and a career as a music teacher. Is there a way to change your relationship with the piano? Rather than just not doing it, can you just still just tinkle a little bit? Maybe you just play with one hand, or you just play very simple, or maybe you improvise. Instead of trying to play Chopin, you just do a little improvisation. Is there a way to change your relationship with the piano that might be supportive?

(19:04)

Okay. I hope that's helpful. "I'm 55. I spent my life in functional freeze, with EDT and several shock traumas. In my sixth round of SBSM. Interoception and capacity have been born and become better ever since, but I gained 20 pounds, got incontinent, suffered pain in the neck and shoulders, developed bronchitis, since the freeze lifted. I've felt rage, sadness, anger. Now I feel anxious, tired, lack of strength, and I feel stuck in an intermediate world, not in freeze anymore, not regulated yet. Any advice on how to continue?" Well, yes, continue. That's the most important thing. Continue. Just keep going because where you're at is really difficult, and it's a place that almost all of us will get to at some point along this path, where yeah, the freeze has lifted and then all that sympathetic energy that's been boxed up is a muck in the system, and everything you describe is a direct result of that.

(20:25)

Incontinence, the rage, the sadness, the anger, the anxious, the pain in the neck and shoulders, even bronchitis, which is like inflammatory. Incontinence, yes. Gaining fluctuations in weight, that is not unusual at all when our metabolism shifts and we're going through a change in what's happening in our nervous system. So everything makes sense here. It's all the result of that sympathetic energy getting unpacked. And so keep going. It's difficult and it's normal. This is part of what happens. I think self-expression and authenticity are going to be really important going forward. Support the sympathetic energy. It needs mobilization. It needs expression. It needs outlet. So there's also tiredness, length of strength. Okay. So you're going to have to be mindful on staying within your real capacity, but within that, how can you let this sympathetic energy move? So that might just be with your sounds, your faces, your emotions, aggression, the principles of healthy aggression.

(21:42)

What else do I have? Oh yes. And all of that you're going to want to pendulate with resourcing, self-care, holding. It's kind of like this little ... What if this little wild animal was trapped in a block of ice for a hundred years, and it was just running through the forest doing its thing, and then bam, it's like instant freeze. Oh my gosh. Now all of a sudden it's free. Oh my gosh, all this energy, but where am I? What happened? A hundred years have passed. The world's totally different. It's like there can be this disorganization, this sense of like things are kind of chaotic. There's all this stuff happening. So thinking about ideas of containment and coherence.

(22:39)

We've talked before about the practice of working with fluid trauma, that idea of being in the water, and that coherent rhythm of the tide moving through the system, head to the feet, feet to the head, et cetera, like this rhythm That might be useful to think about, like coherency, organization, containment. And within that expression, authenticity, and be mindful of your limits. It's a lot to do, but what's important is that you keep going, because this is the point at which people can get scared, and then try to pack everything up again. Some people may turn to medication, some people may turn to addictions that they've had in the past to try to pack it

all up again, because that's so damn uncomfortable, but it's actually, it's really important to keep on going, keep on going.

(23:46)

How long does this continue? It's different for everybody. Generally, I wouldn't expect this kind of phase to last for more than a year, probably more in the territory of months. It wouldn't be unusual for it to be like three or four months. It could be as long as a year. It depends, but just really having patience with yourself, and remembering that sympathetic energy, it needs a place to go. Sympathetic energy wants to act. It wants to do, and that's why it's so frustrating, or can be because like, but I'm limited in what I can do. So that's where it's like, okay, I'm going to use this when I feel it, and then I'm going to resource and take care of myself, and do all those other types of yummy things. So yeah, it's frustrating, but yeah, you can do it. You can do it. It won't last forever.

(24:45)

Okay.

(24:53)

“Hi, alumni here. I have issues with my scattered monkey mind. It's noisy and anxious and gets in the way. I'm often late for appointments, disorganized, and following the SBSM curriculum is hard. Every lesson or lab has the same importance, therefore overwhelming. “There's so much to do” thoughts pop up. It's hard to follow structure, lab one, lab two, et cetera. I'm worried that I'm not integrating any ideas.” Oh, you betcha. So I think that, yes, it's true. All the SBSM somatic practices have the potential to be equally important in terms of the kinds of tools we have access to. But for you, I think it's going to be more helpful to do step by step, step by step.

(25:50)

Whenever we're feeling overwhelmed and like, "Oh my God, I can't figure it all out." Okay, one step. So I am going to practice guided orienting with the head and neck until I have that practice completely internalized. Then I'm going to take that practice out to the park, and I'm going to practice it out there, and then I'm going to see how well I can do staying oriented as I walk through the street. Then I'm going to bring orienting, and do that while I'm shopping, and

I'm going to see how that goes with other people around me. One thing, pick one thing as your focus, and make that your meditation for weeks, and that's it. Just then the other thing. Then, okay, I'm doing that now. I can realize, yes, I'm walking through the store, and I'm seeing the things around me, and I'm seeing the people, and that feels okay.

(26:48)

All right, what's next? Now maybe I'll see if I can do that while noticing my breath. Can I be oriented and aware of my breathing at the same time? That is now my project and that is it. So simplify, simplify, simplify. Just focus on very few things.

(27:08)

And what is the monkey mind? What is the scattered, anxious thing? It's what we've just been talking about. It's sympathetic energy playing out in the mind. So how can you use that energy in a healthy way? Exercise may be very important here. We may need to just, "All right, I'm going to go to the gym. I'm going to do my orienting. I'm going to do it on a mile long walk." You don't talk about your capacity for activity, so I'm not sure, but you're going to want to use your sympathetic energy in a way that is healthy for you. So activity then, it doesn't have to be about the nervous system work. It can just be playing soccer or going for a jog or whatever, going to the gym, lifting weights, doing some squats, jumping jacks. Use the sympathetic energy the best that you can and help it move, because it can be pretty interesting the change in our mind when we actually mobilize our body.

(28:19)

But what tends to happen is we can get paralyzed, and that's where we get into real anxiety, when you have tons of sympathetic activation along with immobilization. That's what's so terrifying. So we need to break the paralysis by, yep, make it real simple, just one thing, do it until it's integrated, then move on. Okay. Just checking something. I'm just seeing this question about bracing. I'm going to be talking about that also, in a little bit, later on, in a question too. Yeah. When we don't have the capacity to use all of the sympathetic energy that we feel, that's frustrating, but we got to just do what we can. And you can do a lot with relatively little.

(29:25)

You don't have to go for a huge jog, five squats. Boom, boom, boom, boom, boom. Okay, that's going to do quite a bit if you have limited capacity. Squeezing, twisting, using the arms, pushing against things. You don't have to do pushups, but there's like pushing, pushing on the wall. Mobilizing, yes. And yeah, you may not be able to use it all. So remember your sounds, right? That felt good. That mobilized some stuff. Yeah. “Hi, Seth. Thanks for addressing parenting. I'm trying to minimize early developmental trauma in my newborn as I had some emotional neglect, lack of connection, and early developmental trauma myself. I worry about long-term impacts of hyper arousal when I'm unable to console him, and about how much physical contact he gets, since I don't have a baseline. Can you share thoughts on supporting bodily safety so that it is anchored in the nervous system, and/or recommend a resource on healthy body nervous system development in babies?”

(30:55)

Okay. So first, I just want to address this sentence here. Share your thoughts on supporting bodily safety, so that it's anchored in the nervous system. Bodily safety is anchored in the nervous system. Our nervous system is what tells us safe or not safe. So the body is a reflection of the information coming from the nervous system originally, that's neuroception. It's the ability to address and feel safe or not safe. Then what can happen over time, over a long period of time, if the nervous system is unsafe and unable to reconcile that or act, then that can lead to bracing patterns and constrictions in the body that reinforce that message. So then you have a situation where the constriction in the body is telling your nervous system it's not safe, and your nervous system is also already saying the same thing. And so it's just looping around with that information that it's not safe, but it starts with the nervous system.

(32:01)

And you can work with it via either doorway. You can work with bracing patterns and you can work with incomplete self-protective responses, things that want to happen, that kind of stuff. And that can speak to the nervous system. And you can also do just direct nervous system work, orienting, et cetera, working with chambers of the body, breath, following your impulses,

all of that good stuff. So you can work from different ways in, but it starts with a nervous system. The nervous system is what fundamentally says safe or not safe.

(32:38)

Okay. So this is a tough one. Of course, yeah. When we have early developmental trauma and stuff that's unresolved in us, that makes it difficult to show up for our kids in a way that is really supportive and well attuned. And there's no real way around that other than you have to just keep on working on your own regulation. That's the only way ultimately that you can provide that safe connection for your baby and your partner, I don't know if there's another caretaker in the picture. If you have people who are available to be with little one who are maybe a bit more regulated, then maybe you can also have them in your life as an influence.

(33:35)

Getting support as you can is really important as a parent, especially if you still have unresolved trauma. There's a degree to which you have to, I think, accept that, yeah, they're going to be affected, because you're not able to be fully attuned. If you're not able to console your child, that means you're not hearing them. You're not hearing what they need, which remember, babies cry because they need something. It's not emotion. It's, "I'm too hot. I'm too cold. I'm feeling your stress. I need food. I need my diaper changed. I need to get out of this stupid jolly jumper." Whatever it may be, it's a need. It's a biological need. But yes, which can include, I'm feeling you, I'm feeling all that stuff in you. And then you can't console them because you're upsetting them. So that's why your regulation and health is the most powerful thing.

(34:37)

So keep doing that work, and get support from other people if it's available so that there can be other healthy influences in baby's life. And also please know even if you can't console them, if you're just there, that is better than nothing, that you just being there with them is still better than not. So that is also really important.

(35:06)

So in terms of resources on healthy body nervous system development in babies, there's two

books. I want to make sure you check out the Continuum Concept, that's one. And also there's a video on the Continuum Concept in our additional resources in SBSM. So watch that and get the book. Also Trauma Proofing Your Kids by Maggie Klein and Peter Levine. Both of those are recommended resources. Also, there's things from my lens as a nervous system practitioner, no stupid device, like no jolly jumpers, nothing like that. No stupid things that get in the way of their development. Babies need to be on the ground. They need to be on a solid surface. So plenty of time on the floor. If you have a hardwood floor that's clean, that's great. Or you can put, if you have a carpet that's relatively firm, that's fine. You can put a towel down if you want, but go and watch those baby live videos.

(36:17)

She's just on the floor. It's not hard for babies. They're incredibly soft. People see that video sometimes like, "Oh my God, poor baby. She's on the hard floor or something." It's like, "No, dude." That is what we need as little ones. We need that very firm contact so we can learn how to find support from the environment and all that stuff. No tummy time, no, no, no tummy time. Very bad. Baby needs to learn on their own how to roll from their back to their front, from their front to their knees, from their knees to sitting, from sitting to crawling, from crawling to standing. Every single one of those stages has a correlation with brain development that's incredibly important. When you put them in devices, when you do tummy time prematurely where it's like, now we're going to force them to learn this, that messes with their nervous system development and their brain development.

(37:13)

So very simple. What does a caveman baby have access to? That's all they need. Connection, food, firm surfaces to explore in safety. Minimize stress in your environment. If there's people you're in relationship with or people who come into your home who are dysregulated and sources of conflict, heck, get them out of there. I think that is about it.

(37:44)

And by the way, many doctors will still tell you to do tummy time. They don't know. Okay. Don't do it. "Following some recent panic episodes that raised my heart rate and activated my leg's joints, my nervous system has associated these sensations with danger. As a result, exercise

makes my body enter survival mode because it triggers the same sensations. After exercising, I crash. How can I uncouple exercise with danger? I have CFS and a history of ED and overexertion. I also feel that the energy from the episodes didn't quite move and has remained stuck in my joints, which I'm now hyper aware of and afraid of.”

(38:35)

Okay. So it sounds like in terms of uncoupling, you're going to want to explore titration here. So when you go to exercise, do less. So start to elevate your heart rate, and then stop and do all the things. Can I feel my feet? Can I orient? What's my breath doing? Is there emotion? There is something packed up in that combo of sensations that needs to move through. Like you say in the end here, something didn't quite remove, and remains stuck. You can probably get at that through a titrated approach of allowing the heart rate to raise a little bit, a tiny bit, then stop. Let it come down. Make room for your feelings. Orient, be present, breathe. Then do that a little more, and then it very gradually. So making exercise itself a neurosensory practice and in service of noticing your whole system.

(39:45)

It sounds like it's possible those legs may want to run. I'm not sure, but from what you describe, it's possible that there's a need to flee or run through the legs. So that is something you could also explore in sitting. And again, we have talked about this before, but I can start very simply with just the heels raising and lowering. And when you do this, generally speaking, you want to sit on the edge of your chair. So you're upright, you're supported, the heels are, the knees are over the legs or the feet, and then you just let that start to happen, and stop, literally just that much, that lets my heart raise a tiny bit. Now I'm going to pause. I'm going to orient. I'm going to maybe feel. Okay, here I am. Okay. Make room for any feelings, little bits. And you can progress all the way to ... If that needs to happen, but you really want to take your time getting there.

(40:58)

Just start small so that you can start to uncouple and discover whatever emotion is hanging out in there that needs to move. There sounds like there's some fear essentially, and probably some terror, something that needs to come through the system. Okay. Just checking the chat a

bit. Thanks for linking those books, Susan. Okay. "Hi, Seth. My question is about a drowning or a near drowning incident. When swimming with my sister in the river, we almost drowned. I was 11 to 12 years old. I don't remember much. Someone helped and saved us, but I remember that my parents were so shocked they froze. They were just watching. Any advice on how to start working with this incident? I remember it often as I'm doing this work. Third round. Thank you very much." Okay. So I actually changed the question a little bit there as I was reading it, because to make a point, what you actually said is, "My question is about the drowning incident." And I said, "My question is about a near drowning incident," because then you said, "we both survived."

(42:41)

"We almost drowned." So there's a way in which, yes, maybe it's just a typo, but it sounds like in your mind, we drowned, this was a drowning incident. Actually, this was a survival incident. So that's my first point is how can you start focusing on I'm alive and I survived and I'm here. And just when you think about the incident and it's in your mind, this may be helpful to come along with some containment or self-touch, you feel your body, I'm alive, I survived and I'm here. Literally say that while feeling your body and notice what happens with that. That's just step one, starting to highlight that, yes, you actually survived. You are here. Somebody saved you. Now in terms of working, it probably will be important to work with the event itself. You may be well supported to do this with a practitioner, but if you decide to do it yourself, or if it's with a practitioner, we always work with events using the T model approach.

(43:59)

I've talked about this quite a few times on calls, but briefly again, the T model is this - is the time of peak intensity. We don't always know exactly what that is. It could in this case have been the moment of going under the water. It could have been the moment of seeing your parents frozen on the shore. There could be, we don't always know exactly what the peak sort of activation moment is, but that's not where you start. So if you work with a practitioner, tell them you want to do some T model work to work on a specific event. And if they don't know what that is, don't work with them. So any somatic experiencing practitioner would know what

this is. And there are, again, members on our team who are available for sessions and consultations. But yeah, there's T, and you start way at each other end.

(44:50)

So what was happening at that time of your life in general? How old were you? What school were you going to? Who were your friends? That kind of stuff. You just sort of start thinking about that and feeling that. And then what was the weather like on that day? Was it raining? Was it sunny? Was it cloudy? Who was with you? What did you see long before you got in the river? What was going on? You just gradually work your way, and at each place you sort of think about it, and then you feel. You notice what is happening in the body. Okay. Nothing. Great. Okay. Still pause, still wait, connect to the present moment. We want to gradually approach that intensity. Then you go way after the T.

(45:45)

At what point were you safely home again with everybody, and it felt like things were relatively okay? This could be maybe a week later or something, or maybe it was the next day. Who knows? And then back from there, when's the first moment you knew, "Oh, I actually am. I made it. I'm alive. We're together. I'm safe. I did that." That's another station. So that's how the T model works. You way out in the past, way forward in the future, and kind of work your way towards it. "Can you suggest practices to help with an extreme nervous system response from performing? I'm a classical pianist performing solo repertoire. I have performed since I was young, and I have early developmental trauma. My dad was very critical of my playing. I've processed through this, but the physical response remains strong. My hands shake a lot so it's hard to play, and I feel disembodied."

(46:56)

"I've tried so many things from this work orienting, sensing my body before or during a performance, and I have somewhat lost hope." Okay. So I've got to challenge something here, where you say I've processed through this. No, I don't think you have. That if you had, your hands would not be shaking, and you would not be being disembodied as you're playing. It sounds like you've maybe processed some emotion around it, which is great, but the nervous system state is stuck. The survival state is still stuck. This intense activation that is making your

hands shake and dissociate is still in there clearly. So you have not processed this experience with your dad. And what probably needs to happen is you need to destroy him, most likely. Not literally, please, but with the annihilation work, the healthy aggression work with the imagination, you probably also need to bang the shit out of your piano and smash it into a million pieces.

(48:01)

Probably not literally, although who knows? But no, I don't recommend destroying your piano. However, what would it be like to sit at your piano and just bang on it like a gorilla, make sounds like, yes, this is ugly.

(48:20)

There is some stuff in that body that is like, oh, there's a lot of rage in there. So that is what I am thinking is going to be the direction you want to explore, and the annihilation work with your dad as well. Play ugly on purpose, improvise, mess up, see what that feels like. Let the performance be a doorway into the things that wanted to happen that couldn't happen. It sounds like there's quite a bit of sympathetic energy in there. So let it out, and yeah, let the piano be part of it. They can take a fair amount of beating.

(49:11)

Okay. "Can feelings of disgust mean that I'm becoming aware of the constriction of my system? I realize that I feel it as constriction of my upper gastrointestinal tract. It helps me to set boundaries towards connection with merging due to my early developmental trauma. I experienced this as pleasant due to the excitement I felt. How to connect to my real self and build different ways of relationships. I suppose that when disgust turns towards healthy aggression, there is a release of the constriction and the system expands?" Yes. Yeah, you got it. This is great. Yeah. So yes, feelings of disgust. Yes, they are part of that constriction a lot of the time, and often there's some kind of toxic shame in there as well. So yeah, it sounds like you're becoming more aware of what your system is holding, and as you're doing that, let that awareness start to move up.

(50:20)

So we've talked about disgust. It's like...

(50:24)

It needs that kind of connection to the stomach, the kind of retching, the tongue coming out. Let the disgust move. What you say here, "It helps me set boundaries towards connection with merging." That's great. So it sounds like when you feel the disgust, that is a signal to you that, like, "Oh, that's not something I want to go towards. I better have a boundary." Great. That's awesome, because that sounds like real-time information with your body. Yeah, that's a helpful signal. It's indicating what's good for you and not. So that's great. Follow your impulses and how to connect to my real self and build different ways of relationship. The more you connect to your real self, the more the different ways of relationship just happen.

(51:22)

It's a natural evolution because as you're noticing already, your body is giving you signals that say, "No, don't go towards that. That's not good." So the more you listen to that, the more you honor that, the more you follow through on that, the deeper that connection to self gets, the deeper your authenticity gets, and the more you are aware of what you need and what you want. And that's how new connections and new relationships show up in your life. And when disgust turns towards healthy aggression, it's a release of the constriction and the system expands. That's exactly it. Yep. It's like, everything is here, not, and then it's out. The system expands.

(52:20)

Okay. Let's take a little pause, and go have a little bit of tea or a drink of water. Bathroom, if you need to stretch, move around, come back in about five minutes. All right. So this is weird. I mentioned earlier in the call I was going to talk more about bracing, because I could have sworn I had a question on it. I just looked through all of them. I don't see it. So I don't know if I hallucinated that or if I dreamed about it. That's really strange, but let's talk about it anyway, because I said I would. So bracing is interesting, because there can be a couple different ways that it expresses, and a couple different causes. When we say bracing, we're talking about an

area of the body that's rigid, essentially. That's what it is. Now it could be the musculature that's rigid, or it could be the fascia that's rigid, or it could be both.

(57:59)

When we are in a chronically stressful environment, especially early on, and our little system needs to stop feeling so much, we will, of course, tend to get shut down a bit and be more frozen. And that can be, of course, a nervous system state that kind of numbs us out, and we may be dissociated quite a bit, kind of checked out, but that can also express in the body in fascial bracing normally. And this is where the fascia becomes very tight, and it grips, and that kind of immobilizes the organs a bit. The organs are how we feel stuff. All of our emotions are expressions of the organs. That's where feelings come from.

(58:51)

In the breath, in the heart rate, in the ache in the stomach, maybe a ping through the spleen, the emotions speak to us from the organs. So when the fascia braces around all the organs, that is a way of supporting that numbing out. Fascia also wraps all the musculature. And so particularly in the abdomen, there may be bracing all through here along the abdominal muscles as a way to keep this soft belly that's so sensitive, very protected. So that's one kind of bracing. It's not something that's trying to accomplish anything per se. It's not a stuck sympathetic charge in that sense. It's more this rigidity and self-protection. When it's that kind of bracing, that's where the self-touch comes into play, where we just make contact with our tissues, and we breathe maybe also, and we meet the touch from the inside with our breath. And we listen.

(01:00:09)

No agenda. It's very important to have no agenda. You're not trying to get anything to happen. You're just with yourself. So that's one approach. We talk about that in the layers lesson, if you want to go have a review, the layers lesson, particularly the one, the layer of fascia is all about that. The kidney adrenal work, the brainstem work, gut-brain connection. These are all also helpful, and can be helpful ways into sending signals of safety into the fascial system. The other kind of bracing is muscular, muscular bracing. This is where there's a great deal of tension frozen in the muscle, and that is generally different. That is generally an incomplete

self-protective response. Something that wants to happen that couldn't happen. So it could be like, I really wanted to hit that guy, but oh, I didn't let myself. And so that impulse to do this or to protect like this or whatever, it got stuck.

(01:01:20)

And so the arms still want to do that, but they're not. And so those signals are firing. They're saying, move, move, move, move. And yet it's immobile. That makes a lot of tension and frozenness in the musculature. So when it's that kind of stuff, that's when we want to explore movement, explore emotions, explore expression, healthy aggression, annihilation, all of that stuff. Wanting to discover what didn't get to happen. It could be more on the side of fleeing, like maybe wanting to run away. That's what restless legs oftentimes are, is that tension of wanting to run is stuck in the legs. And then as we fall asleep, the system starts to let down, and the underlying tension that wants to run surfaces.

(01:02:15)

There may be an impulse to hide, to cover up, to get really small. So you want to be open and listening, and open to exploring what does the body need to do now that it couldn't do then? What wants to happen? And when those movements happen, we generally want them not to be explosive. We generally want them to be kind of slow, and a lot of awareness in all the stages of the movement. That's why the Feldenkrais lessons can unpack a lot sometimes, and why they're last at the end of the program. Because we start engaging in that very slow, attentive, mindful movement, and we come across there's something in the system that wants to punch the hell out of somebody, that can unpack quite a bit of emotion unexpectedly, as we're slowing down those ranges of motion.

(01:03:15)

Okay. "Hello. I'm an alumni. I have chronic fatigue syndrome, and I live in collapse. I understand that I need to take it slow. I have progressed to lab 10 over several rounds. I do my favorite exercises about four times a week. However, I feel like nothing has changed in me. I feel numb and as tired as when I started. Do you have any suggestions on how I should proceed?" So I think of a fundamental misunderstanding about what this work is about, and how to do it. And this is, again, it can be very, very hard to understand, because it's different. Normally, yes, with

what we're taught with education, and with our medical system, and with all sorts of things, there's do this to get this result. So take this pill and in four weeks you'll be all better. Do this practice, memorize this so you can prepare for the test.

(01:04:28)

So when you say here, I do my favorite exercises about four times a week. That's not doing the work. That's not what it is. That's cool if it's helpful for you. That would be using the exercises as a resource, essentially. And that's fine, but that is not the work. Again, it's about integration. And the fact that you're only doing your favorites, well, what's there for you, and all the ones that you're avoiding. So it's not about completing to Lab 10. It's not about getting through the program. It's about integrating it into your life. So same as I answered earlier, like way back, pick one and do it until you're doing it all the time. That's how you do the work. I've now discovered I can stay oriented all the time to the external world as I'm moving through my day while I'm shopping, while I'm walking.

(01:05:29)

I can consistently notice the real world around me. Okay, now you're ready to move on.

(01:05:40)

Oh, I'm going to only focus on following my impulse. If you can just do that and integrate that into your life, that is tremendously impactful. I am drinking water when I'm thirsty. I am eating when I'm hungry. I've learned to notice that I'm getting full now, and I stop. I'm going to pee when I notice I have to pee. I'm not sitting there and holding it. I'm starting to allow myself to speak a little bit more freely. I'm starting to express myself a little bit more authentically. That could take six months. That could take a year. Just focusing on following your impulse. That's doing the work. It's not doing your favorite exercises four times a week.

(01:06:28)

It's really hard to communicate this, because again, it's contrary to how we've learned as a society. Please know I'm not trying to make you feel bad. I want you to understand how to do the work. I want you to get better. I want you to be helped. And that is what it's about. Just pick something, do it until it's integrated into your life. Then pick something else. Once you

start to get more capacity, you can do more stuff. You can be walking down the street feeling your posture, feeling the ground under your feet, noticing your breath, seeing everything around you, and feeling your interoception all at the same time. That's what actually all the other animals on earth do.

(01:07:27)

That's how we're supposed to be alive. I'm feeling my inside. I'm seeing the outside. I'm feeling my posture. I'm feeling the ground under me. It's all happening at the same time, as part of a seamless whole. That's how mammals and all other living creatures live. So that's the basics. You want to get fancy later on with bringing space into your diaphragms, and feeling the joints, and doing healthy aggression, and all that stuff. Great. But basics, basics, basics. Integrate them. Okay. “How to work with a dark time two years ago. I was in a relationship, didn't feel I was enough, and felt totally alone. No friends, totally dependent on him. Felt so anxious and helpless. I broke up without support to process it. He was the first person I felt emotionally connected to. I've been very tired since. My nervous system is very sensitized to elements, any wind, even warm wind and temperature changes.”

(01:08:26)

“When I go back in, I feel exhausted from it. What to do? I can't avoid the outdoors. I'm living in a van for the summer.” Ooh, I'm sorry to hear that, because what it sounds like here is that you have never had a stable, safe home, essentially. If your boyfriend that you were with as an adult was the first person you felt emotionally connected to, that tells me your home environment was really, really unsafe. So I'm really sorry to hear that. That's a tough situation.

(01:09:05)

It sounds to me like you ask how to work with a dark time two years ago. It sounds like it'd be more helpful to focus on what's happening now, rather than thinking you have to go back and process all of that. And through addressing what's happening now, you may then be able to access more of that that needs to be processed, because it's very hard to process stuck emotion and survival energy when we feel fundamentally unsafe in our environment. It's kind of impossible. And we can do some. We can do some, but we need to have enough safety. So if your van is safe, okay, good, good. You've got that, and that is going to be really important to

orient the safety of that van. Is it possible to find a good spot for you to be in that van geographically? So because you're in a van, you're mobile, what environment is the most supportive for your system?

(01:10:14)

I hear you, that all the elements feel challenging. I get it. But of that range, what's the easiest? The forest, the desert, the shore. What environment is going to suit your body the best? And can you just park somewhere like that for a while for the summer? Is there a way that you can just be stable in an environment that is as supportive as possible? That's what I'd recommend first. It's like we've got to look at the foundational needs here. It sounds like your system got blown out of the water by this experience, which makes complete sense. If he's the first person that you ever felt emotionally connected to, well, one, there's no way that's going to be a successful relationship. So please let yourself off the hook if you're feeling you failed in some way, because there's obviously a lot of deep attachment wounds here, and some early developmental trauma.

(01:11:12)

So that was inevitable, and of course it makes sense that it blew you out and blew the system out. So what we want to focus on is stabilization. How can you find some degree of stability for yourself? And once you do that, then really focusing on nurturing resources, like whatever they are, external, internal doesn't matter, self-care, titration to exposure of nature. So if you can find an area that is as good as possible for you, then start, because you need to be outside. I hear you, that you're hypersensitive. So start to do little forays, make sure your clothing is very supportive, whatever you need to wear to feel a little more protected, or whatever the situation is, and just go outside for a little bit. Maybe you just stay within a foot radius of your van, and you just kind of sit a bit, or maybe you just sit in the door of your van while looking outside, and have a bit of air coming in, and then you come back.

(01:12:25)

But titrated adventures out into the world, once you could find that place that's as good as possible. I think that that's about it for now. Stabilization is key, and baseline safety is key. So whatever you need to do to get as close to that as you can. And it is a blessing that you are

mobile, so you have options in terms of finding that. That can be harder in terms of sustainability long-term, like being in a spot for a long time, but it is possible in certain places just to park, and be there for quite a while.

(01:13:09)

Okay. Okay. “Round three SBSM, lifetime of early developmental trauma, multiple shocks, medical traumas, lifelong abuse and neglect. SBSM has helped me sense my nervous system and body. Still on lab three. I think SBSM opened up a lot of old trapped survival stress. I have crippling anxiety, genuinely worried for my body when I'm gripped with intense fight, flight, and body tension several times per week. My therapist advised me to go on an SSRI to ease the anxiety and stabilize, and it felt great during the day, about 60% less anxiety and more appetite. However, I then got horrific insomnia, and have not been able to sleep more than two hours. I stopped the SSRI, and I'm hoping to flush it out of my system with water. I've used homeopathy and supplements for years, but now my anxiety is beyond their scope. I've done my best with SBSM, but I don't know how to navigate this horrendous choice right now, to be on the meds or not.”

(01:14:16)

“Please help with any advice you can give. I no longer trust that a psychiatrist can help someone already caring or living in survival stress, plus is a highly sensitive person.” Okay. So when it comes to being on SSRIs or not, of course, since we're not psychiatrists, we have no ability to say yes or no, you should do this. I think what I can say is you're right on with this last sentence, in that you don't trust psychiatrists with their ability to help because, yeah, they do not understand trauma, usually. They don't understand especially highly sensitized systems, and they don't understand that it's completely normal to have a paradoxical response to medication. In your case, it's like that, it's not uncommon at all. The fact that you felt any benefit is something, but yeah, then nighttime comes, and boom. So yeah, what I can say is it doesn't sound like that's helpful to you, from what you say.

(01:15:21)

And I've had other clients who have been very similar, and who are not able to get help with SSRIs, not in a big picture sense. So it's absolutely up to you, but yeah, you have to evaluate, is

the relief during the day worth what happens at night? And if it's not, then flushing it out and not doing it sounds like maybe a better approach. Now then the question is what to do with the anxiety when it comes. Now it sounds like you say this is happening a few times a week, where you just get this gripping, and this tremendous anxiety.

(01:16:07)

And I also saw in another comment that you don't have a lot of energy to mobilize the energy, so you can't do the big stuff. And what I'm feeling is the ground is going to be your friend. When this happens, have a station set up for yourself on the ground. So a moving mat can work really well, like those big blue blankets that you use to move furniture, or just any kind of blanket. You want the surface to be firm, but soft enough that you can lay on it. And rather than thinking about big movement, big exercise, be on the ground and see what you can mobilize from there. Maybe it's just you feel what it's like to be on your back, and then roll onto your stomach, and sort of push yourself up into sitting, like simple movements that are kind of developmental in nature a little bit, and supported by the ground.

(01:17:28)

I'm feeling like your body wants this big support, so you're not trying to navigate it, and sitting on a chair or on your feet, that you have a big surface to be on, and to sort of explore rather than real intense movement, kind of primal movement.

(01:17:48)

Maybe you push into the ground a little bit, and then you give a break, and you lay there, and then you roll over, and then you, like, feeling that big wide expansive support of the ground. So that's one suggestion, and have your station. So it's like when this comes, you go there, and you want it to be big enough that you can roll around. So maybe like six feet by six feet would be great, if you can do that. Now the other thing to try is something that doesn't require a lot of strength or energy, but can be quite helpful. And let's do this now, and just notice how it feels. Wait until you have a nice breath, and then sort of sit a little bit, more upright, and get your hands in loose fists, and your feet on the ground. And when you feel like you can get a nice breath, we'll do this together, maybe wait a little bit.

(01:18:53)

I'm just going to explain it first. You're going to take a breath in through the nose, a big breath, but then your focus is going to be on the exhale, and you're going to imagine that there's like the hole of like the size of a needle hole in front of your mouth, like a tiny, tiny aperture that you're blowing your exhale through. As you're doing that, squeeze your fists and push with your feet. So let's take a moment just to pause, and now when you feel like you can get a nice breath, let's try that.

(01:19:43)

Let everything go, and then wait for the breath to return, and just notice how you feel. Does your system feel a little bit calmer? Okay, there you go. There's a good tool for you. Awesome. So that exhale, that long exhale through the narrow lip, that lowers your heart rate. At the same time, the squeezing engages the sympathetic system. So you're kind of at the same time mobilizing gently while calming the system. Okie dokie. Well, that is that. So I'm going to finish this call like I usually do, on the last call, with a little group exercise. So if you want to stick around for that, feel free. Many of you may have done it before, and also just want to acknowledge that this is the last call of this form of SBSM, and we are absolutely going to be offering a way to keep on doing live calls and training calls.

(01:21:04)

We won't be able to do it for free, but we're going to do our darnedest to make it affordable. You will be getting a message about that relatively soon. So keep an eye on your inbox, as we will share the details of that as we have them completely ironed out. And so hopefully I'll see you all again at some point. All right, let's do a little practice here as a way to close this particular circle. So get comfy, however you want, to sit or lay down, whatever's most comfortable for you. And you can do this practice with your eyes open or closed, but it does involve visualization. So if it's easier for you to visualize with your eyes closed, feel free, and start by just the basics. Feel your seat.

(01:22:05)

Feel your seat, and see if you can just become aware of the territory of your heart space, and visualize that there is a light right inside that heart space, whatever color you desire, whatever

color you like, there's just a gentle light in there. And as you breathe on the inhale, that light gets a little brighter, and on the exhale it stabilizes. Just do that a few times. Breathing light gets a little brighter, exhaling, stabilizes. Now start to think about all the helpful, friendly people, anyone in your life who has been helpful for you, who's provided you with some solace, some wisdom, some education, some relief, some connection, friendship, inspiration, and anybody who you've never met who's done that, favorite writers, poets, teachers from the ages, spiritual leaders, spiritual figures, any sort of connection to some relationship you have with source energy, the earth herself. And these are little lights now that are popping up all around you.

(01:24:26)

Bing, bing, bing, bing, little lights all around you.

(01:24:38)

And as they appear, a line connects to your heart. From each light, each helpful person that's ever been around you, that's ever inspired you, a little line connects to your heart. So you are held in this net. You're held in this net of light, of kindness, support, love, compassion, and really know that this is here for you. This is real. Energy is real. Those who have touched us are real. Now you're going to do a little zoom, zoomy, zoom up, up into the sky, and that cluster of light, that's going to turn into one big light. So you sort of see it from above. There's your light, and all the lights around you, and you get a little higher up, and it becomes one light.

(01:25:57)

And as that's happening, as you're getting higher up, you see all around the earth, bing, bing, bing, bing. Here's all these other people, and their helpful, friendly people, nets, all these nodes of light all around the earth. And we are, we are all around the earth, this community of people doing this work, and see that all those lights are connected. This is the helping friendly people matrix, grid of light and support and kindness, all around the world, and we're all connected to each other, and all of that is connected to us, and it's there for us.

(01:27:01)

And are you still feeling your seat? So bring your awareness into your seat again, your feet, and

hold this awareness, if you can, at the same time, of this global network. Everyone who's on this path, everyone who's doing this work and everyone who's ever inspired them and touched them and loved them are all connected to you, and you're connected to them, and that's real. So thanking that with a little bow, a little nod, and coming back to the here and now of your space, and please know that that is there, that is there for you. You can drop into that at any time. And of course, if you want to be guided through it, you can revisit this recording, which will of course be on the site.

(01:28:12)

And it really is real. All of you, everyone who's here, and everyone who's doing this work all across the world, we're holding a frequency. That's a reason why a lot of us feel kind of alone, because we can't all be together. If we were all together, the rest of the world would go to shit. So we are holding this frequency of self-awareness, of introspection, of trauma healing, of regulation, compassion, empathy, and we form a literal grid of consciousness. It's real. So believe in that, and keep doing the work, keep showing up for yourselves, because every time you do that, you show up for all those people you're connected to. All right, much love to y'all, and really take care of yourselves, and we'll be with you again. Okay. Bye for now.