
Curated Q&A Call #8 with Seth & Jen. Special Topic:
Early/Developmental Trauma

Seth (00:02):

Today's call is a focus on early developmental trauma. It's our special focus, second call on this topic, and that's because it is quite relevant to us these days living in the world we do. So we will get started with your questions. We have quite a lot today, so it's possible this will be more of a 90-minute, or maybe a bit longer call. And of course, if you can't stay the whole time, no worries. You can always watch the recording later. So we will get going. I believe the first one was for you. Is that right, Jen?

Jen (00:38):

I believe so, Seth.

Seth (00:39):

Alrighty.

Jen (00:40):

So let me just get my set up here, so I can see many of you and my notes. So first, a very quick reminder, because I know some of you have been around for quite a while, and could probably help us to give these calls, and then some of you are much newer to SBSM and the topic. So the only thing I want to say about early developmental trauma before we start, because there are often some misunderstandings and some confusion on the topic, is that when we're talking about early developmental trauma, or what you might hear us refer to as EDT, we're referring to anything that happens that interrupts the course of development. So it doesn't mean - often people think that they have to know something really, really horrific happened to them when they were young. It doesn't mean that at all. Could have had a severe illness, could have had a

difficult birth, could have had parents who just couldn't attune very well, had issues of their own.

(01:47)

And it could have meant that we went through much rougher things than that, but just want to clarify that it's really about something that interrupts a course of development, which then impacts how our nervous system develops. So that's sort of the sphere or the field that we're in today. And with that, I will go to the first question. The first question is, "I'm an alumni and have EDT. I've had a couple situations where people were very direct..." Oh, wait, hang on. Sorry. I was down. I was just reviewing that one. So going back up to the very first one, that one will be later. So that was a little preview. The very first question is, "Can birth trauma leave an imprint of a shock trauma in the system? My mom nearly died during birth because of breach position, and imprinted this trauma as EDT on my system."

(02:42)

"I've gained much progress with SBSM, but recently I've realized that my system responds with shock to unexpected events in a very overreactive way. Can this be caused by a memory of my mom's body, which was shocked when trying to go out of the birth canal? And if so, how to uncouple this reactivity?" So I wasn't totally clear, so I'm going to let you know how I heard this question, and you can always ask follow-ups in our call thread, if I didn't completely understand. What I think you're saying here is that when your mother was born during her birth, she nearly died. So not when she was giving birth to you, but during her own birth, she nearly died. And so she had this shock, and you're wondering if she could have passed this shock onto you, because you feel shock when there's unexpected things, and you feel like there's an overreaction.

(03:42)

So that's how I'm going to answer it. And so first I want to acknowledge your progress, because you said you've gained a lot of progress with SBSM. So that's great. I will share with you guys that I've been doing well, but I came back from overseas this week, and so my jet lag's been okay, but if I'm a little slow or I miss my words, it might be just a little tiny bit of jet lag sneaking in. So I just want to name that to just help me with acceptance as I move forward here. So the

short answer to your question is yes, it is possible. There's something called epigenetic trauma, and you can read about that if you want. I'm not an expert there and I won't go much into that, but the bottom line is that they're finding that how our genes express can be impacted by what our parents and our grandparents and our ancestors go through.

(04:40)

So it is possible that what your mom went through is impacting your experience. And actually you're being very specific here, but in general, I think it's fair to say what our parents and our caregivers go through always kind of gets passed down to us in some way, in different degrees and ways.

(05:00)

And yes, it is possible that this specific thing could have been passed down. It's also possible though that having a shock in response to unexpected events and overreacting could be related to many other things too. And one of the very cool things about this work is that you don't need to know. You don't need to know if specifically if it was your mom's birth that caused this or if it was something else that has led to this response. Sometimes as we work, we'll get an insight or an image or something and that's great, but we don't need it. So just looking at my notes here. So other examples of things that could cause shock or reactivity to the unexpected could be accidents and that could even include, this happened to me, it's not that uncommon that someone drops us when we're really little, unfortunately. Could be an early medical experience, could be your own birth.

(05:56)

I'll talk just a little bit about reflexes, since people have expressed curiosity about that lately, witnessing a shocking event and other things, all of that could also contribute to the type of response that you're naming here. Sensitivity to change is also very common with trauma. So just know that that too is very, very common, that because change is often associated with the unfamiliar, or the unknown, or the unexpected. And a lot of times with trauma, we have an association that something bad might happen, something bad might be around the corner. And so it's very common that change can be tough for those of us who have trauma. So all of that goes to say that your response is understandable regardless of whether it is linked to your

mom's birth or not. So you ask how to uncouple this, and you'll hear me say this, and probably Seth too, over and over throughout the call, and where EDT is involved, always start with a foundation.

(07:02)

A lot of times people really want to work with these responses, and maybe the capacity is already on board to do that, which is great, and I'll speak to that too. But a lot of times we just even first need to grow a little bit of capacity, need to grow a little regulation that will enable us to then work with those responses in more specific ways, and in ways where what we do is more sustainable. So the basics are really what build capacity and regulation. And so just to give a few examples, you can go right to lab one and lab two, and pretty much everything in there is foundational, but to give a few examples, really knowing your resources, orienting in particular to safety and okayness as you'll hear us mention, potent posture, really just sensing in oneself that potency.

(08:03)

The following impulse is really foundational to working with events like you're naming here, the shock and reactivity. Containment I think can be really helpful too. That'll come up a lot today, because containment can really both help us to be with what's happening, and can also help to grow our awareness of our physical container, our body. And so with shock, we don't usually have the chance to see what's coming. That's the shock piece. It catches us by surprise. And with shock specifically and with trauma more generally, things tend to come, there tends to be too much, too fast, and without enough support. And so thinking about shock and thinking about working with events more generally, we want to think about the opposite of that. So as you feel ready to work with this specifically outside of the moment, so that you can really slow down and give yourself space, you might just start to think about a recent event where this happened, where something unexpected happened, you felt a little shock, and then just see if you really just start to think about that, and give yourself time, can you feel what happens?

(09:23)

Maybe it can be quite common that the breath stops. You might sort of do a bit of this. And so

if you can, can you do a bit of that, and then bring in some support instinctively, hands. If you're sitting against something like I am, you might lean back, you might just move a little bit, because you're bringing in these cues of safety while you're renegotiating something that is associated with unsafety or threat. So to summarize that, you really want to slow down, take it a little piece at a time, and then just see what happens, and work with that, and then do that. Think of it in terms of a little piece by little piece by little piece. If you have a pie, you're going to eat it a bite at a time. You're not going to take the whole pie and try, and at least hopefully not.

(10:20)

Usually that doesn't feel too good for most of us.

(10:26)

And then that likely rings. I wasn't clear when you said the overreactivity, if you're just seeing the big response that you have, if that in itself is the overact reactivity, or if that then leads to a different type of reaction. In either case, as you are able to really metabolize the shock, you'll likely find things under the shock, and you might find emotions, you might find sensations, and you will likely find a protective response, a movement or a sound or a gesture, or all of the above. And so just planting little seeds for what you might find and make space for as you explore this. In the moment, in the very moment when it's happening, since you have this awareness, if you can just gently grow awareness, so that maybe if you sort of feel it happening, if you can take a moment, maybe bring in some self-touch, maybe to just notice your breath, excuse me, feel your feet on the ground if you're standing, or your bum in the chair if you're sitting, and just bring in those basics real time, which at first is hard to do, because we're just sort of caught up, and often overwhelmed.

(11:43)

But as awareness grows, as your capacity and regulation go, as you work with this, you'll likely have more capacity to work with this real time, too. And as you do this, one thing that I'll offer, last thing I'll offer, two things. One, look for subtle changes. So you want to just look for any little difference. For example, the next time something unexpected happens, do you have a little more awareness? Do you have in time a little more ability to take a step back or to bring

in some support? So looking for those subtle changes. And the last thing I'll say, and I'll talk a little bit more about this later, is that since people have been asking about reflexes, more reflexes are often, it's one of the very early reflexes where the baby goes like, "Ah." So that is often associated with startle. And so if you were curious, you could learn a little bit about that too.

(12:39)

And with that, Seth, I will turn it over to you.

Seth (12:43):

Alrighty then. Thanks, Jen. So this next, there's two questions that I'm going to answer here, that were both sent by the same person. So it's sort of like - a part one, part two. First one, "During my mother's pregnancy, she developed a trichomonas infection. I was born full term, covered in green fluid, and weighing 2.3 kilograms. The doctors placed me in the premature baby unit for a week without my mother. I struggled to gain weight and cried constantly during my first year, even when held I could not be comforted. What long-term effects could this early experience have in adulthood and how can such trauma be healed? I am 34 years old." So in terms of what kind of long-term effects could this early experience have in adulthood? Well, it would have effects in childhood too. It's possible you didn't feel it as much till later, but essentially, in a nutshell, the long-term effect is the world is unsafe, and in sort of a global sense when we have early stress and disconnection from our caregivers, and we're isolated and in survival terror, essentially, that can make a very strong imprint in our system that the world is simply not a safe place, and that people aren't safe, as an extension of that.

(14:05)

So lots of anxiety, fear, sometimes OCD or trouble leaving the house. Sometimes those types of things can be a more extreme expression of that, but generally, or it could just be a general sense of unease or dread, that is kind of there a lot of the time. That's another way that could express, in maybe a less extreme way, but it's going to be something along that flavor of everything is unsafe. Now, how can such trauma be healed? We want to look at, well, what was missing? So what you didn't get was consistent, safe, well-atuned attention. It sounds like even

after you were reconnected with your mom, it's likely that your caregivers didn't have the ability to attune to you accurately. I say that because of what you say in the second question, but also because you say, even when held, I could not be comforted.

(15:08)

Well, you can hold a baby like a piece of wood and it's not going to be very comforted. In order to get comfort from being held, there has to be this attunement that knows like, "Oh, my baby wants to be held this way and now I'm going to switch to this way." And there needs to be that connection. And if there's no connection, physical contact really doesn't mean much. It's about the knowing and the felt sense of being responded to appropriately. It sounds like that was probably missing. So all of this is absolutely in the realm of early developmental trauma, chronic stress. So the things that we're missing are the things that need to be built now, that safe, consistent, well-attuned attention. And of course our model is that you can learn to do that for yourself. You can learn to be that safe, well-attuned, consistent presence for yourself through doing all the things that we're talking about.

(16:14)

Specifically, if we're talking about specific SBSM practices, this is a general good reference for this entire call. Susan, you could add this to our replay page, in the FAQs, or this is on the most frequently asked questions page, there is one entry that says, "I have EDT, what are the best neurosensory exercises for building capacity and internal safety, et cetera?" That has a list of neurosensory practices that generally speaking are the best for building that kind of capacity, those baseline practices, the baseline presence of just being there for yourself in these gentle ways. And of course, when you read that list, know that of course we all respond differently to different lessons. So doesn't mean that every single one of those will do it for you. Just explore those and see which ones you respond well to. And what you're looking for is these are practices that are not about necessarily bringing up stuff.

(17:22)

It's actually - these are practices that are about feeling a little better. Maybe I feel a little bit safer. Maybe I feel a little bit more connected to my environment or to myself or a little calmer, so that's what you want to look for. Even more though, outside of the context of the specific

neurosensory lessons, and that big picture, you want to pay attention to - how are you responding to yourself and your experience. So in general, as you move through your day, as you move through life, if you feel something that's painful or if something doesn't go really well, or if you say something that's maybe a little bit off, or someone says something that's off to you, how much time are you spending in your head berating yourself, or yelling at the other person, or whatever it may be? Those are the moments when you want to try to bring in some of the somatic basics as you move through life in general, how can you bring in a kind, consistent, well-attuned attention that you can kind of say to yourself, and this is the purpose of the education, even if you can't feel it, you can know it.

(18:37)

You can say, "Oh, I noticed that I'm fantasizing in my head about that thing that just happened, and all the other ways that it could have gone, and what I should have said. I don't really need to do that. At least I can name that I'm doing that, and maybe I can just pause and feel my butt, and notice if I'm breathing or not, and what is around me, dropping into the basics. Oh, maybe it would be nice to use one of my resources so I can calm down a little bit." Those kinds of simple approaches are really what you want to be focusing on for building that relationship with yourself. Now, it doesn't have to be all on you to do this. Of course, having a good therapeutic relationship with a good practitioner can also be part of that. They can be that safe, well attuned, consistent presence for you as well.

(19:29)

So that is something else that you could explore, if it felt useful to you. So many options, but in general, when we're talking about early developmental trauma like this, it's not so much about digging into the system and finding specific things and working on memories and events. It's like, how can I show up for myself in a kind, well-attuned way such that I notice what's happening for me, and I respond appropriately? That's sort of the baseline. Now your second question, "When I was two, I was left unsupervised for a few minutes, and I drank alcohol until I became intoxicated. After they realized what happened, I was taken to a doctor who advised giving me coffee and keeping me awake to prevent an alcohol induced coma. I stayed awake,

but I wonder how this incident may have affected me then, and whether it could have had any impact on my adult life.”

(20:23)

So generally speaking, big picture wise, I would say there are some effects that could have had, which I'll name, but it's really kind of a drop in the bucket compared to the overall context, which is that you were left alone with access to alcohol at two years old, and managed to drink enough to get drunk while no one was paying attention. I mean, that kind of speaks to maybe the environment. Now, maybe your parents were generally kind of there and this was just a fluke, but again, just putting all these pieces together, it sounds like even if they were there, they maybe weren't the best attuned to you. Now in terms of what kind of effect this specific incident could have, it could be that you have an extreme aversion to alcohol, that is one possible effect. It could be that you have an addiction to alcohol.

(21:20)

That could be another possible effect. It could go kind of either way, but if neither of those things are the case, then I wouldn't worry about it too much. I think that working overall on the big picture, like I was saying in your first part, is probably going to be the best approach. But if you find that you're thinking about it a lot, or it's coming up a lot, maybe there's some kind of element of disgust that might need to be worked with. Maybe the body had an impulse to purge that it didn't get to do. Those are possibilities, I suppose, but I'm still going to encourage you to focus more on the sort of big picture approach of just showing up for yourself consistently, as well attuned as you can to yourself and your experience, and using the basics. So that's all I have for that one, and I will turn it back to you, Jen.

Jen (22:15):

Okay. Thanks, Seth. So this next question is, the person says, "I have early developmental trauma, and I've realized that a part of me feels unsure if I really exist. It sounds crazy, and of course other parts of me know I exist, but there is sometimes a fear about annihilation, and a confusion about why don't you see me that comes from neglect, I think. How can I reinforce the sense of being a real person?" So first I want to say, well, I remember that everything Seth

just said, especially in response to the first question, really applies here. So you might go back and listen to that. And then I also want to offer that you don't sound crazy at all, because it does take some of this, I just want to acknowledge that we will repeat each other as we go through this call, but it does take someone to see us and someone to reflect back to us our experience, so that we learn to sense ourselves and to see ourselves.

(23:24)

And with neglect often there isn't someone there doing that. And even more severely, sometimes there isn't even someone there to meet our basic needs, let alone attune and really be listening to us in these deeply present ways. So you don't sound crazy at all, it sounds completely understandable. There's actually something called depersonalization and derealization. And from a nervous system perspective, really, one of the things that I value most about this work is normalizing our experience, and just pretty much everything I hear through this lens is understandable. And so from a nervous system perspective, we see depersonalization and derealization - there are forms of dissociation, and we see them as freeze, like conservation physiology. It's a way that we disconnect when things are too overwhelming or too painful. And so in real shorthand, you might think of that as depersonalization, I'm not real, and derealization - the world isn't real, and you might have one or the other or both.

(24:41)

And Irene actually has a vlog. Susan, if you don't mind linking, it's what caused this dissociation, and what it takes to heal. So you might check that out.

(24:52)

So in addition to everything Seth said, I want to offer that we can develop our sense of self later in life. And I've found that this work is one of the most powerful ways to do that, to come into touch. Our authenticity is always in there. It's - do we have the ability to turn towards it and to allow it to express? And so all the things that you're learning at SBSM really can allow you to have more access to your authenticity and allow it to express. I also want to offer that this can show up for different people in different ways. I relate to some extent to your question, and I had the memory that - this may sound simple, but I remember going into

clothes stores, and I would just have no idea what I liked. And so I can feel completely overwhelmed and lost, because there's hundreds of things, and how do I know what to choose, because I don't know what I like.

(25:55)

And so one of the things that you can start to do, and I want to acknowledge that if some of these things feel challenging or unfamiliar, that's completely to be expected. So don't let that turn you off. No, it's okay if it's hard, and it does get easier with practice. But I like to think in terms of the game, hot potato, cold potato. And so some of you may know it, but I've talked to different people around the world, and not everyone has played this game when they were a kid, but the idea is you hide something and as you're getting closer to it, you say, and ideally, I guess you'd hide a potato, but it could be anything. But as you're getting closer, you say warmer, warmer, warmer. And then if you're almost there, you say, hot, hot, hot, you're hot. And if you're moving away from wherever the thing is hidden, you're like colder, you're getting colder, you're getting colder.

(26:46)

And I think this can be a helpful metaphor or practice when we're wanting to learn about ourselves. We might be like, I don't know if I like that, but then you could be like, well, does it feel a little warmer? Does it feel a little colder? And sometimes it's actually easier to start by noticing what we don't like than what we do like, because things that don't work are often more familiar to us, and things that do, but even knowing what we don't like gives us information. So starting with all the basics that we've talked about along with, as I'm speaking to, noticing what you're drawn to can be helpful to get to know yourself. Also, following your impulse can be really, really, really helpful and foundational. And again, I often talk to people and it's like, well, I don't know if I'm thirsty, I'm disconnected from my, I don't know if I'm hungry.

(27:42)

And so just starting with any little thing you do notice, and sometimes it's even after the fact. So just working with wherever you are, and know that it will change in time.

(27:54)

The other thing is that that attunement, reflecting back - it can often help to name things, to name what we notice. So to name, oh, as I put my hand to my chest, I notice I feel cold right now, or as I touch my sweater, I feel some softness. And it's like we're mirroring ourself in a way, we're hearing ourself, and mirroring ourself, so that naming aloud can often be a really helpful habit to cultivate. Peter Levine, it's sort of a little bit of building onto the containment practices that you can find in Lab Six, but he has practices where as you kind of squeeze an arm, you say, "This is my arm, this is my arm, this is my arm, this is my arm." And it can sound quite simple, but it can actually be really ... I've been deeply moved to tears by that practice many times, and you can do it anytime, you can do it in the shower, if you want to make a habit of it.

(29:00)

So that can be a really lovely practice that both helps with sensing ourselves and getting to know ourselves, and also it supports growing a sense of our physical container, which can help to hold our experience and grow interoception.

(29:18)

Another thing can be four steps to spark up social engagement as a resource that Irene has on our YouTube channel, because often exposing yourselves to other people, and how they relate, and how they relate to themselves can be helpful to do from a distance, and music, and shows, and podcasts, and YouTube can be ways to do that. That can be a little less intimidating or overwhelming or terrifying than doing it in person, at least for some of us, as you're ready, you might find ways to interact with people in person, and there are some actually lovely groups. So this may or may not, I don't know, but maybe a little down the road. And if you post in the alumni area or the peer-to-peer, I've heard a number of alumni talk about different organizations they've found that offer co-listening, where there's a set structure where people just get together, and they listen to each other.

(30:19)

And it's not about giving advice, it's not about giving feedback, it's just really about having someone there who can hear you. And so as Seth said, if you can get a practitioner, that's

great. But either in case that's not an option or alongside that, finding ways to be reflected. You can also talk to a mirror. Sometimes that, though, can be surprisingly challenging, but I'll just throw that out there in case you want to explore that. I find plants can be really - they're living organisms. And so talking to a plant or even just feeling the presence of a plant, whether it's a tree, or as you can see, I have lots of plants in my house. So just finding, of course you don't have to do all these things. I'm offering a menu, but so that you can find places where you feel like you can get a toehold, or you can make a start for yourself.

(31:15)

And then the last thing I'll say is I want to speak to the annihilation and the confusion, because as you explore, as you grow capacity and regulation, and really start to listen to yourself, you'll likely discover that there's other things in there too. There might be tremendous grief. There often is. There's often rage. So you'll probably start to feel a lot. And with the annihilation, like the fear of annihilation, you can work with the fear. So I'll talk about that a little later in response to another question. But what I want to name that's important is that with early trauma, what often happens is that we have these healthy responses like rage. When we don't get our needs met, a healthy developmental response is rage. And if we're not supported, if it's not safe to express that rage, what most of us do is we direct it towards ourselves.

(32:04)

So that annihilation energy actually may belong towards people who weren't there for you, who neglected you, or who hurt you in some way. But what we often love to do is direct it towards ourselves. And so you might just plant the seed that over time some of these responses, it can show up as self-judgment, it can show up in all kinds of ways, but that some of them might be protective responses that will be helpful to direct outward externally as you're ready. So I think that's all I had for this one. Oh, I think the only other thing I wanted to mention as a resource is the Q&A that you and Irene and Janice did, Seth. On Irene's YouTube channel, there's a special early developmental Q&A that would be helpful, potentially. So with that, I will turn it back to you, Seth.

Seth (32:57):

All righty. Sounds good. Thanks, Jen. This one is, "Hello. First time doing SBSM, but I've done some somatic experiencing with a practitioner prior. I am feeling better and better. Now I'm planning on having a baby. Would you recommend doing this work while being pregnant or is it better to take a break? Are there special somatic or neurosensory exercises to prepare for birth? Thank you." All right. So in terms of is it okay to do this work while pregnant? Sure. You might as well, because the thing is with survival physiology, baby's going to feel it either way. So whether you're proactively working on it or not, it's present in your physiology. Granted, you still have survival stress to work with. I might suggest possibly leaning away from huge, any kind of big overly cathartic thing, but we don't really encourage that anyway. In terms of general just somatic work and the range of what might come up, yeah, you might as well, because it's better to work with it than to have it suppressed in the system.

(34:12)

So it's kind of like if it's there, it's there. Might as well address it. And I don't see, really, how that could be harmful unless, like I said, you go into some really big overblown super cathartic practice, which we don't recommend anyway. So avoid smashing stuff with baseball bats and that kind of thing. In terms of specific practices for preparing for birth, anything that helps create space in the body. So the diaphragm lessons could be very good, the joints lessons. When you go into birth, you want your body to be able to expand, obviously. Working with the jaw, working, getting familiar with healthy aggression, that would likely be very useful. During the birth process, you're most likely going to want to give her, let out some sounds, let out some growls, some grunts, some moans, whatever it may be. So following your impulse, making sure you are connected to yourself, and to allowing what wants to emerge from you organically, that's going to be really important as well.

(35:18)

Now, a special note for the birth itself, when you're in labor, I really want to encourage you to avoid the traditional medicalized birth posture. So that is on your back in the straddle. It's kind of the worst possible way to give birth imaginable.

(35:42)

Any tribal person will birth in the squatting position usually, which facilitates that process a lot better in terms of allowing everything to open up, and be able to push through the pelvic floor. So you'll want to ideally find if you want to do a hospital birth, you'll want to find one that is flexible enough, that will allow you your freedom to be in the position you want, and that is more and more available these days. Certainly something you should be able to find, or if you're doing a home birth, that's even easier. And just really giving yourself permission to listen and follow your biological impulses. Birth is a natural thing that we've been doing for a really long time, and your body knows how to do it. The things that get in the way are if we're clamped down, if we're repressed, if we don't have the ability to emote or speak our needs, if we're in one of those stupid beds, these are the things that can get in the way.

(36:48)

So when it comes to birthing, that's what I'm suggesting. Anything else here?

(37:02)

Yeah, I think that's it. So yeah, relatively simple, and congratulations. Having just, on the note of EDT, essentially what you're talking about here is avoiding EDT for your baby, because you're going to be so educated and aware about what the nervous system needs are, that consistent, well-attuned presence. Oh, also, that's the last piece. During the birth, again, if you can advocate for yourself, you don't want them to cut the umbilical cord right away. You want to wait a while until it stops pulsing. That's pretty darn critical for completing the whole birth process, and all the neurochemistry stuff that wants to happen, and hormonal stuff that wants to happen. So you don't want to cut the birth cord right away. Give it time to stop pulsing. You want baby to get on you as soon as possible, skin-on-skin contact. Again, you may need to advocate for this.

(38:08)

I don't want you taking him away and weighing him right away or her, whatever the baby is. Nope. First thing, baby comes to me on my skin. Now, of course, there's some things that may happen that make that impossible, but you may, again, if possible, that's what you want. And all of these things, if you're in a hospital, are going to be challenging the power structure in

some places. So you need to know that. It can be good to have a doula or a birth advocate or someone like that with you who can help you get what you need. Because if you just go with the standards of medicalized birth, you're kind of guaranteed birth trauma for you and the baby. I mean, it's a pretty darn good bet. So I think that's everything now. Okay. Turn it back over to you, Jen.

Jen (38:51):

Okay. Thanks, Seth. And the sun's going down, but the light will change in a moment. Yeah.

Seth (38:57):

You're very dappled. It's quite nice.

Jen (38:58):

Yeah. It's just going to drop down below the trees in just a few minutes. So the next question, "Hi, I'm an alumni with EDT. I struggle with IBS, irritable bowel syndrome, and a flare could look like acute diarrhea with not much notice. I feel intense fear of getting a flare when not at home. I feel fear of leaving my home or being social since childhood. The IBS and fear, getting a flare outside the home, just add to the difficulty. Can you give some nuance to the situation and how to work with it?" So first of all, for whatever reason, I had the impulse to say that fear is completely understandable, and I encourage you to be kind to yourself. And also to say that often digestive issues improve as people do this work over time, and the digestive system can take time to heal.

(39:55)

So it can require patience as you're healing the digestive system. And so for now, I wonder if it might be helpful to think about working with this in two ways, and the two ways go hand in hand, and they are on working with the fear specifically, and I'll talk to that. And then the other is really doing some planning, because sometimes some planning and thinking about practical steps can really support a sense of agency, and can go hand in hand with doing the more internal work. And so I'll speak to both. So of course, I will say that the foundation is growing

capacity and regulation, both because that helps as we grow access to the low-tone dorsal vagal and ventral vagal physiologies, it helps with rejuvenation, and reparation, and regeneration. Kathy Kain, one of our teachers, often quotes a study where they found that the gut barrier lining repairs in a low tone dorsal vagal.

(41:01)

So just being able to get sound sleep and sound rest. So the foundations both for gut healing, and also just for quality of life, and for working with the different responses that come up. And so as you have that on board, then it's possible to work with the fear, by working with it directly but in a very titrated way. And when there's a lot of fear, it's often helpful to work through, for example, the image channel. And what that might look like is imagining that you can see the fear outside of you as some sort of an image, so that you can give yourself a little space and perspective, and space can look like it's across the room, and space can look like it's on the moon. But what that often does is it helps us to titrate more, and also to hear what's happening in more detail.

(41:54)

And so part of working with fear is actually metabolizing the fear, and Irene has a vlog about this, and it's something like Susan knows what it is, but it's something like how to not fear the fear. And so yeah, thank you. For us to hear, we must be willing to not fear fear. So it's learning to really relate to that, those stories that come with the fear can be so compelling and convincing, and it's really anticipating that can be helpful, that, okay, my mind's going to really convince me that there's scary things here, and to really come back to the felt sense, and to just notice what happens, and to metabolize it little bits at a time. As you do that, you of course want to pendulate with a resource or orienting to safety in the present, and this can in time help to not only metabolize fear, but disconnect or lessen the sense of threat that's associated with the feeling of fear coming up.

(42:53)

And I love actually the - finding the painful and the pleasant practice in lab six. I just think it's a really great foundational one that can help us really get the hang of what pendulation can feel like. So throw that one in there. Then the other thing about working with fear is that fear and

flight often go hand in hand, and when we're in fear and we can't move, then that tends to magnify the fear and the feeling of helplessness. And so just even moving as you explore the fear can be helpful. And then as it feels relevant or you feel like you have the capacity to do this, starting to notice, okay, what would it look like to ... If I wanted to get away, how would I do that? What would it look like to flee? And again, I'm going to link back to the internalization, because a lot of times if we have an internal symptom, it can be like, well, but I can't flee from my IBS because it's inside me, but we can actually come up with a situation that we can flee from to help us get the sense of agency, and what it feels like to be able to flee and to get away from something.

(44:00)

And given that this goes back to childhood, there may be scenes or scenarios from your childhood that come to mind that you can work with. If you do, and as you do, you can also work with what didn't get to happen. Maybe what didn't get to happen is that someone was there being really kind and understanding and supportive as you were dealing with these very challenging symptoms. What didn't get to happen is that you had a beloved pet or a friend who has actually helped you to feel connected and cared for and less alone. So you can think about what didn't get to happen, and that might be quite narrow related to being able to get away from a situation, and it can be quite broad in terms of connection and support.

(44:49)

Then the other piece I mentioned about this is that - preparing for the possibility. If you want to venture out to think about how you might plan for that to make it less scary on a practical level. So I did some research, and you might already know more about this than me, but there are some things like Knix Super Leak Proof can actually hold quite a bit of liquid, and those are sort of a washable undergarments. And then there's also, I think they're called Always Discreet, has also, they're disposable, but they're an undergarment that can also hold a lot of liquid, because if you sort of know, okay, worst case scenario, I might get some diarrhea, but I have something on that can catch it in time for me to get to a bathroom. And then thinking in terms of if you're just starting to work with this, to thinking in terms of maybe an outing that's less long, maybe planning where you go, and knowing where the bathrooms are ahead of time.

(45:54)

And then I was almost thinking about it like the spies have the go bag, and certain people in different - Those professions in the movie, they have a go bag, and maybe almost thinking of creating a go bag for yourself where you have a change of clothes, you might have a towel or some wipes, but whatever you think you would need so that you feel supported, and you feel like if something were to happen, you would be prepared. And then lastly, I think that sometimes, you didn't mention this, but sometimes when we have different symptoms, for whatever reason, in many cultures, especially things to go to the bathroom, there can be shame or embarrassment associated with that, but there's so many people these days that have digestive related conditions and symptoms, that I wondered about maybe finding a supportive, not one where there's all doom and gloom, but a supportive group where people support each other and talk about things they do, like how do they go out?

(46:56)

Because I'm sure many other people have also navigated this. And so just to feel less alone, to get your experience, and also to get some ideas that might be helpful. And then as you do any or all of these things, starting to notice where things are different, or even where you go out and things go well, so that you start to have a different reference. There's this reference for fear and oh no, something might happen, but then also starting to build this reference like, "Oh, you know what? I went out and I went to that concert for an hour, and actually had a good time, and things went okay." So just starting to notice differences as you do this, if you do this. And with that, I will turn it back to you, Seth.

Seth (47:37):

Alrighty. Thanks, Jen.

Jen (47:39):

Sure.

Seth (47:40):

Okay. I'm someone who had to, that was part of my journey, healing IBS, and part of the way I dealt with it was, yeah, by not going anywhere very much. It is something that changes significantly as we get more regulated, for sure. And you also may, as that happens, it's also possible sometimes that we need further support. Like for myself, because of all the irritation and stuff, I've had some amoebic stuff in there that isn't the best, just because of environmental exposures, and lots of stress, and not being able to fully repair everything. So I recently worked with the naturopath to find just these supplements that would be helpful for just restoring gut bacteria, getting rid of any nasty little critters that were still hanging out there, that kind of thing. So just to say that there can be a multi-pronged approach. What's really frustrating to people a lot of the time is that they try the supplement diet route to no effect, because the nervous system is way stronger in its effect, but that doesn't mean that the other stuff can't be helpful.

(48:58)

It's just you got to get that rest digest kind of mode going more first in order for all the other things to work. Okay. "Hello, I have EDT and many of my T's," meaning trauma, "have been emotional and relational. Often when I go to do a lesson, I will feel like I am betraying everyone in my life. I will experience very intense fear sensations, even just thinking about doing a lesson. Fawn, shutdown and dissociation are still very present for me. Any tips on how to work with this? I know healthy aggression is important, but it still feels far away. I practice setting boundaries," excuse me, "boundaries, but afterward I will have a period of intense fatigue or shutdown." Okay. So yes, it sounds like healthy aggression should be far away for a while in terms of the full expression of it. Your system doesn't sound like it's ready for that, which is completely fine.

(49:55)

There's lots of other ways that you can start to build those muscles, which I'll talk about. The first thing though, I want to talk about just maybe a mindset shift that might be helpful here. I know this is somatic work, but sometimes it can be useful to work with the thoughts when we have intense somatic stuff arise with this sense, like you say, I feel like I'm betraying everybody in my life.

(50:25)

So there is an element of feeling there like the fear sensations, but that's a mental interpretation. I'm betraying everyone in my life. So I would encourage you to think about the fact that by doing this work, I am actually helping everyone in my life, just that some of them might not like it. So what do I mean by that? You're certainly helping yourself. When we have grown up in the context of trauma and formed relationships that are sort of wrapped as part of that, there may be people in her life who don't want us to change, who want us to stay in that dysfunctional relationship, in that trauma bond because they are getting something from that. It's something that works for them and it doesn't work for us anymore, so hence boundaries. However, ultimately it's going to be better for you and everyone in your life to work on this stuff.

(51:27)

It just means that maybe some of those people are no longer around, and you attract better people who actually are interested in a healthy relationship. So I would just wonder if you could reframe it a little bit like that for yourself. "I'm doing good for myself and for everyone in my life, and if they don't like it, they don't belong in my life, and that's where the boundaries come up.

(51:52)

Now you say supporting, you still have a lot of fawning, and shutdown dissociation are present for you in general. So those will be helpful things to start working on in the moment, and that's where you can start to bring in some of the very early basics related to healthy aggression and potency. So first you want to notice the signals. You need to first notice that you're doing it. That's the first step in almost all of this work in terms of behaviors we need to notice, when we're in a trauma-based behavior pattern. So what are the signals that tell you you're fawning? What are the signals that tell you you're starting to dissociate? Getting familiar with those so that you can sort of catch yourself and at first it may just be naming it, and that's fine, like, "Oh, I notice I'm doing that fawning thing, or I notice I'm starting to check out."

(52:45)

Just noticing it and naming it, at first, that's step one. Then what you could explore is, well, if I

feel like I'm starting to go into a fawning behavior, what would it be like to really get in touch with my legs, and feel my feet on the ground, and make sure my tailbone is lifted such that it's not tucked? What happens as I do that? I feel my spine elongate and my shoulders drop a bit. It's a lot harder to fawn from that place. Generally, if you're fawning, there's going to be a little collapse in the system, and kind of a curve, a sort of hunch in the spine, and maybe you're looking up, right? Okay, what is it like just to do that? And don't worry necessarily again about other things, like just bring in that piece, working with the posture, connecting to the legs, or what are the signals that I'm starting to dissociate, learning those.

(53:44)

Maybe I start to feel a little floaty, or things start to look a little unreal, whatever it may be for you as that happens, well, okay, maybe bring in a little containment like, here I am here. These are my arms, like Jen was saying, this is my torso, this is my belly, this is my environment out here. Sometimes you could even be like, yes, I am at my, and you name your address, right? I am in my home on this street at this state, simple basics, just this is me, this is where I am.

(54:25)

In general, you're going to want to do - it sounds like all the things we've been talking about in terms of the basic practices for supporting capacity and internal safety, connecting to self, all that stuff. So again, refer to that list of lessons on the most frequently asked questions page about, I have early developmental trauma, what are the best practices, et cetera. And again, that'll be linked on the replay page for this call. I think that it could be potentially useful to start practicing the very early basics of healthy aggression. So this doesn't mean anything big at all, but when you think of it, when you're feeling it, can you just explore squeezing your fists intentionally, and then letting them go? And what does that feel like? Just squeezing, feeling, letting it go, just that. Or maybe you press a little bit with your legs and let it go.

(55:28)

Just the basics of marshaling a little bit of sympathetic energy intentionally. You could practice a little bit with your eyes. So with orienting there is, in exploratory orienting, you're just kind of chill, and you're taking in, and you're allowing the things to come to you. That's great. You could intentionally switch that up. You could come a little bit more forward. You could really

focus your eyes. What's it like to really, "Ah, that thing, I'm going to get that thing." That sort of like a cat stalking a mouse, just with your vision and your intention, that is an early precursor of healthy aggression, or simply letting the upper lip raise a little bit, show my teeth a little bit. Just that might be too much, right? These things, and then you could put some of these things together. I squeeze my fist while I look at the thing, and then I let it go.

(56:35)

Simple stuff that you slowly build your capacity to be with the intensity of sympathetic activation, and that will help support the mechanics of it. You're developing the muscles of healthy aggression without necessarily going into healthy aggression work per se. Alrighty. Over to you, Jen.

Jen (57:01):

Okay. So okay, if I add one very small thing to that one, because pretty much myself and everyone I see, healthy aggression is a no for a while. And so sometimes just even asking the question like, well, if this were to express, if I were to imagine that this did express, what would that look like without even having to do anything with it yet? Just even starting to invite your awareness in that direction is also a step on the way to what Seth just spoke to. And then the other thing, just related to the last question, is there was something in the chat that was mentioned, which is great, which is about talking to your body. That's a great idea is to develop that relationship where you're sort of saying, "Hey, here's what I'm doing. It would be great if we could do this. I am listening."

(58:00)

"I've got you." So cultivating that relationship can be great. And I also meant to mention for this, and other things too, Irene has a playlist, the circadian and quantum biology practices, some of those can be a lovely compliment. I've dipped in and out over the past few years, but been diving in more lately. And one of the things that Carrie Bennett talks about is how sunlight on your gut can actually be quite healing, maybe some things to explore there. And now onto the next question. "I'm an alum and have EDT. I've had a couple of situations where people were very direct and unkind to me. In those situations, my heart's pounding in my

chest, almost immediately start to cry and I just want to flee the scene. I always thought this had to do with cultural differences. I come from a region and family where people do not speak their mind, but I begin to wonder if it's just a form of dysregulation from my side.”

(59:03)

“How can I feel more comfortable when this happens?” So I would want to say that you say dysregulation, you could say that, but it also sounds like you're having a healthy protective response come up too, because often when people are first unkind and direct to us, we're small and helpless and don't have a lot of agency, and so that imprint can stay with us even as we're adults. And so I would offer that this is completely understandable, and your protective response is showing up in the desire to get out of there. So this is where it would be really helpful. Of course, I'm not going to go into details, because I've already done that a few times, but really the basics, basics to grow, grow foundation, capacity to regulation, the ability to work with this. And then I would encourage you, so, in this situation, we've spoken to this a little bit, so you might go back and listen, and just to give you highlights, just start to name to yourself what's happening.

(01:00:10)

I notice my heart pounding, I notice I want to get out of here. And then if you can feel your feet on the ground, or orient at all, or bring a hand somewhere, and then if you want to get out of there, I'd say, can you get out of there? So can you leave? Can you walk away? And if whatever, let's say you're in a work meeting, I would say try and make an excuse. I was in the corporate world for a long time, so I'd say have to go to the bathroom, be right back, or got a phone call, be right back. But if that's not an option, even just moving your feet under the table, or a little bit of rocking, or moving your fingers, just some kind of movement that lets your flight response express in the moment, would be great. And then outside of the moment, really giving yourself time to work with this in a very titrated way where you slow down, take your time, and you can really listen to each piece, because you already named a few pieces here, your heart's pounding, the tears, flight, and there's probably more pieces to this.

(01:01:14)

And so if you can just really differentiate those different pieces, and give space to each one

that wants to happen, and then pendulate with a resource or with orienting to safety, that would be great.

(01:01:31)

There will likely be layers over time as you work with this, and in time you might notice that some healthy aggression comes up, and healthy aggression I find can be one of the most transformative experiences in how we relate to ourselves and others, and feeling safe, because it gives us that sense of I can, and I might even say, I can too. Because often before we have that in ourselves, it can feel like the other person can but we can't. So there's a power differential, but as it's like, oh yeah, I can too, then it's often not so scary, because we sense our own sense of power and healthy and agency too, but don't force that because that often can be down the line a little bit as we work through the layers. I just want to plant a seed for that. Potent posture, containment, but potent posture can be a great practice for this, because then as this becomes less intense over time, even in the moment, you could even practice that as you're thinking about going into a situation, or you could even walk into a situation really sensing your own potency and potent posture.

(01:02:38)

So that comes to mind. The other thing I'd be curious about is since you mentioned that this goes back to childhood, what would the reparative experience be? What didn't get to happen both in the past and now? And so thinking, imagining, just thinking about what, for example, if you didn't get to speak up, what would've been like to have been encouraged to speak up in your family, and to imagine that actually someone was receptive and not punitive when you did that. And in that vein, we've mentioned creating different reference points. And so sometimes if we're used to not having people listen to us, we can be pretty good at creating relationships where people don't really listen to us, or we don't feel safe expressing ourselves. And so as I mentioned earlier, if you can start with pets, excuse me, if you have someone in your life, a partner or someone in your life, a tree, a plant, but someone who can actually, you can express yourself and feel like there's a presence there receiving you, and that in time you might also do that with one of these structures that I mentioned, like finding either a practitioner or someone who can really just hear you.

(01:04:03)

I would also encourage you to notice where there are moments of kindness from others. And that could be like you go to a shop and someone smiles at you, or you're in a park and someone passes by and waves, and just maybe noticing those moments and what they feel like, just again, to start to build this other reference inside yourself. Seth, back to you.

Seth (01:04:32):

Alrighty. This one is a pretty short one. So after that, I'm going to say let's take a little pause, since we still have I think about six or seven left. So, "For someone with early developmental trauma and later relational trauma involving chronic DARVO, leading to nervous system dysregulation and difficulty maintaining internal safety, which SBSM neurosensory exercises are most effective for restoring orientation and self-trust?" So I think you may know the answer already if you've been here for the last hour. It's that list that we keep talking about with that one question. I mean, really it's all of them because they're all about restoring connection to yourself in many different ways. But again, just a reminder, it's not the neurosensory exercise itself that does anything usually. I mean, the first time you listen to it, maybe you have an experience, and maybe they become a resource for you that are relaxing or something, but that's not really the purpose of them.

(01:05:41)

The thing that does something is internalizing the lessons, the practices, and using them organically day-to-day, moment to moment. The other day, a great question, someone asked me, what does integration actually look like? Because these lessons are 15 to 20 minutes long. Does integration mean that I do this thing for 15 to 20 minutes, and exactly the way that Irene says? Or does it mean like I do a bit of this thing, then I do a bit of this thing? It's like, yeah, aha, you got it there with the second one. Yeah. It's not about copying the audio lesson. The audio lesson is the length that it is so that you can experience all the nuances of that practice and really internalize it. Integration looks like I walk into the store, and I notice it feels kind of weird, so I become more aware of my feet on my ground and my boundaries, and then I notice after that experience, I feel a little constricted.

(01:06:40)

So I do a little diaphragm work, and that allows a little emotion to move by impulse, and I let that happen, and then a little healthy aggression wants to come out. And so it's like that, right? It's - all these practices are internalized, and you have access to them organically with your own intuition from moment to moment. And that is what changes things. Like we say, it's a different way of living. It's not about - go to the audio lesson once a day, listen to this. Okay, now I've done my work. It's about cultivating a different way of relating to yourself and the world through all of these practices being internalized as part of your toolkit. So that is what restores orientation and self-trust, but you may want to start with those ones that we've been talking about in that list, as they are generally the most supportive coming from an early developmental trauma background.

(01:07:35)

And with that, we'll do a little pause, be back here in about three or four minutes. Feel free to take a break, take a stretch, go away from the screen, drink some water, whatever you need. And we're back. All right, Jen, over to you.

Jen (01:12:08):

Okay. So as we head into this next question, I just also want to offer that, Seth, you referenced the Q in the Q&A with the practices, and I also want to remind people about the early trauma tips.

Seth (01:12:22):

That's right. We were smart, weren't we? And we put it in the additional resources. I totally forgot about that. So you don't have to go hunting for the FAQ. Thank you, Jen. Yeah, there is a PDF right there in the additional resources, that's the early trauma tip sheet.

Jen (01:12:36):

Yeah. And that links some, I'm pretty sure it links to the FAQ, and it's some other tips in there, so another resource for you. So next question, "Could you discuss identity change from

repeated early shock trauma? I had some early developmental trauma, but remember being expressive and defiant." I assume you mean as a little kid, "until a change of family dynamic when I was six led to repeated shock trauma in the household over years. I remember how I then became a terrified, servile kid, full of self-hatred and shame. Witnessing myself being profoundly altered has a haunting quality. I have not had close friendships since, and have fawned to avoid retaliation of a similar impact." So yeah, I got the sense reading your question that you went through something pretty devastating to you as a young person. And so one thing you might consider, if you're not already, is offering that young person some compassion.

(01:13:41)

And also it sounds like you have an awareness that that young, defiant, expressive you is still in there too. And so just maybe like we were talking to our body in different ways, you might even consider just fostering your relationship with that young part of you because you do have, we talk about imprints in here, and it sounds like you have an early imprint of having access to your authenticity and your expressiveness. And so knowing that it's in there and then these other things got layered on top. And so you ask about identity change, you might go back and listen to the other question about identity towards the beginning of the call. There's some differences here, but there's also some similarities, so a lot of that might be relevant. And then yeah, shock trauma will cause us to repress our authenticity and do whatever we need to do to get by, to survive and stay in connection within our family.

(01:14:44)

And so all the things that we've talked about, about the basics always apply, and then working with these different shocks that you had will help you to reclaim your authenticity and time, and to have more access to that expressiveness and that defiance. You mentioned terror, you mentioned feeling survival, you mentioned self-hatred and shame. So if you listen to the question about when I was responding to the question about IBS where I talked about fear, you might go back and listen to that for ideas about how to work with some of this, including the terror.

(01:15:34)

Self-hatred is, again, often we turn that anger and rage that we can feel when we don't have

our needs met or we get treated poorly, we can turn that in towards ourselves. And so as you feel like you have the capacity to do so, you might explore just little by little, what's it like if I direct that out? And something that's really important here is it doesn't have to be at anyone. A lot of times that will stop people in their tracks because they feel like that if they direct anger at someone, it means they don't love them, and it will settle the connection even doing this in the imagination, as if they're doing it to imagining the person in front of them. And so just know that can come in time, but just really just letting yourself, as you notice directing vitriol or hatred towards yourself, what is it like just to, can even use the hands just to sort of turn it around and just start to imagine that it goes this way instead of this way, because this is really where it was intended to go is out.

(01:16:46)

But what we do is direct it in when it wasn't safe, for whatever reason. And it sounds like from what you described, it wasn't safe.

(01:16:57)

Shame. There's some good stuff. Seth did a great training call on Tuesday about, forget what it was called, but you talked about shame and disgust and the relationship to healthy aggression. And so I'd really encourage you to watch that training call for ideas about working with shame, and to plant the seed that light disgust will likely arise, because when we're treated poorly, it's quite common to feel disgust, and it goes hand in hand with shame and then healthy aggression. So really taking this a little, as we've talked about before, a little piece by little piece, and listening for those impulses and noticing the tendency, you might notice a tendency for things to keep turning in, and just really gently but consciously just exploring, directing it out, expressing externally.

(01:17:58)

I'm just looking at my notes here. We can absolutely, I wanted to validate that we can absolutely, as we go through trauma, feel like we lose ourselves or become a shell of ourselves. Sometimes we don't know where we've gone, and that does come back. And to clarify one thing, you mentioned you had early developmental trauma, but also, excuse me, when we have shocks early in life, that's also early developmental trauma because it does, as you clearly

described here, it does impact how we develop and how we go through life. And I also had the thought that if it's an option, it might be worth considering some sessions with a practitioner just both to get support for what you're experiencing, and also to have a different experience of relationship and of supportive relationship. So yeah, Seth, anything you want to add to that one?

Seth(01:18:59):

I think you got it.

Jen (01:19:01):

Okay.

Seth (01:19:02):

The training call was the last one, I think it was like healing toxic shame and other primal emotions or something like that. Yeah, the last one. Yeah, no, that's it. This one, "Hello, alumni. I had to witness my sibling being physically punished as a way to learn what not to do during my childhood. My sibling kept getting into trouble, and I learned after two incidents myself to stop living. Dad's mood is very unpredictable. One of my biggest triggers are loud noises that are involuntary. For example, a basketball that's bounced, or very loud music from neighbors. Can this be related? How can I approach this with my low capacity when the music starts to play? Neuroception came up from Soma," referring to our digital assistant companion there. Okay. So first part here, how can this be related? Can this hypersensitivity to loud noises, basketballs, and loud music be related?

(01:20:03)

Of course it's directly related because what has happened here is that you, like me, like many other people, your system learned very early on to be hypervigilant, to be always on edge waiting for the next thing to happen. So then you sort of learn to walk on eggshells, how to really monitor your behavior. Like you say, you learned to stop living. So yeah, you just learn to repress yourself, just always be your barometer becomes the outside and you become hyper

tuned. Instead of listening to your own impulses, you listen to the outside. And when something comes, there's a boom, there's a startle, there's a hyperreactivity because, oh my gosh, here's the next terrible thing. So it's a really common experience where your system has become hyperreactive and hypersensitive. That is totally normal. Now the reason that makes sense, that Soma mentioned neuroception. What neuroception is it's a sort of constant automatic subconscious scanning of both the environment and the internal physiology to evaluate safe or not safe.

(01:21:15)

And there's many signals that tell us that. What's going on when we have hypervigilance like this, our neuroception becomes inaccurate in terms of signals that come from our own body or signals that come from the environment, everything is sort of like, ah, it's a problem. If it's not just calm, what's expected, what's normal, what is quiet or safe. If it's a big, loud thing or something unusual, or if it's a big sensation even in our body, something like that, it can be this immediate like, danger, danger, danger. Oh my God. And again, that is totally normal. So what you want to do, this is really where orienting comes in, because while your body is screaming, danger, danger, danger, we need to orient to the fact that there really is no danger. Loud music can be annoying, but it's not dangerous. It's not going to hurt you.

(01:22:16)

The basketball can be annoying, but it's not dangerous. It's perfectly safe, right? So I experience the signal of danger in my body, that's hyperreactivity, and a little bit of inaccurate neuroception. I need to train my system to notice, wait, this is where I actually am, and there is no danger. Now, as we've talked about a lot, this is why the foundation of doing this work has to be a safe living environment, because you can't be gaslighting yourself that, oh, there's no danger when you're living with an abusive partner, or you're living in mold, or you're living in some sort of toxic exposure. Your environment has to be actually safe so that you can be accurate when you say to yourself, there is no danger, or at least safe enough. So for some people who are in shitty situations where maybe they're living with their caregiver who was part of their trauma but they can't afford to get out, like in those types of situations, while we

have to make it at least safe enough so you have to have your own room at least, and you put a lock on the door so no one can come in, you can see it's locked, no one can come in.

(01:23:27)

Okay, this room is safe. We have to have at least that, at least a minimal bubble of safety so that we can be accurate as we tell ourselves, "Look, it's safe. There is actually nothing dangerous here." And as you do that, it may be helpful to use resources or containment, these other basic practices of just like, right, this is my arm, this is my room, it's okay. I know I feel like it's dangerous, but here I am, there's nothing actually coming at me or orienting specifically to pleasant things, that kind of stuff. Now eventually you're going to want to work with these early traumas directly. And as Jen referenced earlier, for now you might want to start that just with maybe your imagination, if you feel drawn to do that. So in this case, well, what might have wanted to happen when you saw your sibling being physically punished?

(01:24:31)

Maybe there's a fantasy there of a giant boot coming down and squashing your dad or whatever it is, right? Just imagining what might have wanted to happen. Maybe I grow superpowers and I become Superman, and I can blast them with my laser eyes, whatever it is allowing yourself, if it feels, like, interesting to you, to start to work with your imagination in terms of what might've wanted to happen. And one of the biggest things here that I'm hearing is a disconnection from your own accurate impulses and physiology. So follow your impulse, follow your impulse. Basics, the basic biological impulses, those are your authentic self at the primal level, like I drink when I'm thirsty, when I notice I'm thirsty, I eat when I'm hungry, I stop eating when I'm full, I pee when I need to pee, I don't sit there and hold it, et cetera.

(01:25:31)

I really want to encourage you to focus on honoring those basic biological impulses, and listening for any other impulses that come through. Maybe an expression wants to happen, just cultivating your ability to recognize your authenticity in your physiology. I think that's it.

Jen (01:25:54):

Okay. Next question. "How far do primary reflexes that are not integrated as an infant count as balls in the pool that need to be integrated? I had trauma and stress from conception, and it seems like there are issues. Would it be important to integrate those, or could it happen just following the SBSM schedule? Is it important to work with those first, or might it be better to work from the outside in, like first developing healthy aggression or emotional expression before going to this level of reflex integration?" So this was an interesting question, and I think there's different ways we can look at it. So, excuse me, I learned to work with reflexes. Well, first of all, just very quickly, if you don't know, primitive reflexes are involuntary movements that happen from almost just shortly after conception, like up through a few years, excuse me, itching my ear, and some continue into adulthood, and most of them are intended to integrate.

(01:27:03)

If we experience certain conditions through our development, the reflexes are intended to integrate. Sometimes we don't experience those conditions, or something happens later in life, and then the reflex becomes what we call, it becomes active again or unintegrated. And the different reflexes, you can look up and see charts, and they have different potential impacts if they're not integrated. Sometimes inability to focus, bedwetting, having really - handwriting that's very hard to read, and it's difficult to actually write by hand.

(01:27:46)

Things like the startle reflex we mentioned earlier, there's a whole host of them. And so the way I was thinking of this is I don't see the unintegrated reflex necessarily as a ball in the pool. I see it a little bit more as an opportunity to support regulation and access to ourselves, and our capability as they're integrated, if they're not already. But I think that the impacts of having an unintegrated reflex could be a ball in the pool or could create a ball in the pool. So for example, if because of an unintegrated reflex, if that caused us to wet our bed until we were 12, if we didn't have a really supportive environment to help us navigate that, then we might've had some traumatic experiences related to that. And so then there could be balls in the pool, to use Irene's metaphor, that it would be helpful to work with.

(01:28:51)

And so you ask if we can do this through SBSM, and what to do first. I really have learned that - the way I learned to work with reflexes is nervous system informed, and it's really about growing regulation first. It's like we really focus on regulation, and then bring the reflexes in later. So I would encourage you to really keep diving into the foundational practices, and really make sure you're solid there. And then sometimes I think I found that sometimes the reflexes can arise and be integrated spontaneously if you really dive into this work, and follow your impulse, and that can happen. If you do find that you want to work with them, and a reason you might do that is that you've done a lot of work, things are changing, but something just really isn't changing, then that might be a clue, "Okay, well, maybe I'll explore this other approach, and see if it's supportive of my growth and change process." And if you were to do that, you could always work with someone trained in working with reflexes, excuse me.

(01:29:58)

I would say if you were going to do that, work with someone who is ideally trained in transforming touch, or a nervous system informed approach to that, because a lot of the approaches out there are very focused on repetition, like doing reflexes over and over and over again. And it may be helpful, but a lot of times where there's trauma and early developmental trauma involved, the results, the impacts aren't as sustainable as when you integrate it with the nervous system work. And if you wanted to work with them on your own, you could maybe learn about them through one of those programs, but then just do it in a very, very titrated way, like bring in all the things you're learning here, and just do one or two movements at a time, really slowly, and listen to what your system is saying. So those would be my thoughts there.

(01:30:49)

Anything you want to add, Seth?

Seth (01:30:54):

No, no need. That all sounds great. Yeah, you know more about that territory than I do, because I haven't done that training yet with Steve. Yeah, I trust your expertise on that one for sure.

Jen (01:31:08):

Okay. It is good stuff, though. It's kind of fun. It is.

Seth (01:31:12):

Oh yeah. Oh yeah. No, it's one of those things on my list. One of these days - so many things to learn. Okay. "Hello. I'm 36 weeks pregnant, and overwhelmed by everything I need to prepare for. Labor, breastfeeding, newborn care, recovery, while also managing pregnancy symptoms, and hypermobile joints affecting walking and hand use. I want to do what's best for my baby and myself, but it feels like too much. How can I prioritize what matters most, avoid burnout, and manage late pregnancy and early postpartum realistically?" Okay. So there's a lot of assumptions here that I want to gently challenge you on, because, one, okay, starting with the postpartum, that's not something that's guaranteed to happen. That's something that usually happens when birth has trauma and stress associated with it. And it sounds like there's a lot of sort of awfulizing or being really worried about the unknown.

(01:32:20)

Now, this is totally natural. I mean, it makes sense as a pregnant mom who's really close to birth. If you have a trauma history, then this is going to stir up those primal fears that may be hanging out in your system from that history. But I think it's important to recognize that a lot of the anxiety you're feeling is probably about that, and it's sort of getting applied to the birth. Now, I hear you about the hypermobile joints affecting walking and hand use, and yes, that's a real thing, of course, when you have the extra weight of the baby. So I want to encourage you to rest as much as you can, at 36 weeks, you're really going to want to not be super active necessarily, and really just whatever support you have, you use it. Whoever you can turn into your helper or slave to bring you stuff, and get that from me, and do this, do that.

(01:33:20)

But big picture here, I want to re-orient to the earlier question about birth. This is a natural thing that your body knows how to do. A lot of the things that you're listing here you don't need to prepare for. They just will happen, most of the time, assuming things go well. So for example, breastfeeding, that can just happen. The baby knows how to do it. Your body knows how to do that. Baby comes out, they can latch on, they can start feeding. That's how it works. It's designed to work that way. In terms of labor, listen to that other question again. All the things I suggested about opening space in the body, the circumstances around the birth itself, how you can be supported to be a mammal.

(01:34:10)

Giving birth means you are in touch with your nature as a mammal. That's your physiology. That's what knows how to do it. So there's a lot happening in the mind that is interfering with that right now, and with that knowing that I am a mammal that knows how to give birth, because you do. Let me just check my notes here, because it sounds like there's a lot of stressing, because I want everything to go just right, but that is creating stress. So if you can try to get out of your head a bit, and maybe focus on basic practices, like I was suggesting earlier, bringing space into the body, expression, allow your emotions, don't think about your emotions, allow them to express, allow them to move through, use your sounds, all of that stuff. Prioritize listening to your body and your biological impulses, because that is where the wisdom of a successful birth is.

(01:35:07)

And I know of course there's stories of births that have gone wrong and difficulties, but if that happens, it happens. There's nothing you can really do to prepare for it. I think it makes a lot more sense to prepare for things going well, and you can always meet things going wrong if you have to, and you'll have support for that. But why not prepare for the fact that your body knows how to do this, your baby knows how to do this, and it can all go really well. I want to reference this video interview, if you haven't seen it, it is really important. I saved the link here, so I'll just pop it in the chat, but it could be really helpful to watch. This is an interview with a

medical doctor who, her first birth was a medicalized birth. Her second one was a home birth that she did basically on her own that was completely smooth and zero issues.

(01:36:01)

I just put that link in the chat, so watch that for some inspiration. If it's inspiring for you to hear when my baby was born, it was just me and mom, and then it was me, mom and baby, and we were in a little hut in the jungle, and that was it. And our parents thought we were crazy, but guess what? The body knows how to do it. Everything went just fine, and baby had no birth trauma. So it's really something that can happen naturally. And the more you're in touch with your organic mammalian self and your impulses and your ability to express, the better it will be. And again, making the conditions right for the birth, which means challenging the medical model is pretty important.

(01:36:49)

And in terms of after baby's born, it sounds like there's some worry about that. Baby's needs are really, really simple. Again, granted everything goes well. They need food, connection and sleep. It ain't hard. It's just you're laying there, you feed, you rest, they look around a bit, feed a little bit more, go to sleep. It all can be quite lovely and beautiful. So I will encourage you to imagine that. Imagine everything going well, visualize everything going well, and do the work to make space in your body, allow your emotions to be heard, allow your requests to be heard, and get good support. All right. Back to you, Jen.

Jen (01:37:45):

Okay. Just to orient you all, we have one question that's a two-parter and then one more. So we are kind of getting down to the end here. And this next question, the two-parter one, I'm going to take the first part, and then I'll turn it over to Seth for the second part. And the first part is, "I get panic symptoms without context. My heart races, I feel disoriented, sick, my joints feel hot. I feel numb, weak, trembly, as if I'm tranquilized. I used to get this if I pushed my limits, and now it happens much more frequently, especially while I'm driving or in an elevator. I get these feelings after exercising even a little bit too. My body feels so weak. I have zero

motivation. The last few months were stressful. Is this the aftermath of overexertion and overstimulation, or childhood memories resurfacing?”

(01:38:47)

And so in terms of your question, I can't say for sure what exactly is happening related to the past versus the present, but what I can offer is that you're describing a lot of sympathetically driven experiences here, like your heart races feeling sick and disoriented, and hot and numb, and weak and trembly. Those are all quite sympathetic. And then with a little bit of freeze and conservation coming in here, with feeling like zero motivation, so weak. So it can sometimes just be helpful too when there's a lot going on to bring it back, and look at things through that nervous system perspective. And so I also wondered listening to what you shared here, especially because in part two, as Seth will read, you mentioned chronic fatigue syndrome. I wondered if you might be feeling depleted, or there might be some depletion happening here. And so what felt really important is to really be gentle, go gently and do things a little bit at a time, and maybe think in terms of nourishment and replenishment, like taking things in, and taking things in can be like, I have actually a whole bunch, I won't show them all to you in the interest of time, but soft things, like soft things, warm things, like this is something I can heat up in the microwave, or you can use a hot water bottle, and hot water bottles, you can get a fuzzy cover for it so it's soft, but soft things, warm things, beauty can be nourishing, food, beverages can be nourishing, like listening to music, nature for some of us, watching things or listening to things.

(01:40:49)

So wherever you can find some thinking about it as taking in things that can nourish and replenish you. And sometimes, and this relates a little bit more to part two, but sometimes it can be unfamiliar to really let ourselves be nourished and replenished. So just know that little little bits at a time really add up, and sometimes just making a habit of something, like for a long time, there was a time around COVID when I was really, really compromised, and I actually had a little bit of that depersonalization that we talked about earlier. And even though I knew all this stuff, it was really hard for my symptoms, to get them to lessen. And so I just carried a little warming thing, and I would just stick it in the microwave for 30 seconds and put it on my

kidneys. I actually put, I took rocks, sorry, socks and put rice in them, and tied them off, and then I would just put them in the microwave, and then put them on my kidneys, and I would just do a puzzle, or whatever I was doing, I would just have them on my kidneys.

(01:41:53)

So sometimes you can just come up with these little habits that add up over time. The other thing I wanted to acknowledge is sometimes when we are really depleted, and if we're used to doing things, if we're living by ourselves, as I think you mentioned in the next part, that it can be helpful to draw on support from others, and that four steps to spark up social engagement has some ideas that I mentioned earlier, and then also different groups, nature. And then the one thing I wanted to mention, someone, a lovely SBSMer, I've known about this as co-regulation, but I didn't know about the term body doubling. And if you look it up, there's these groups where you can join them, and then basically people keep each other company to help them get things done. So sometimes, especially if we live alone, it can be hard to find that motivation to do something different, but this is a way that you can basically borrow someone else's nervous system to help you get something done, and without having to socially engage a lot, which can be stressful for a lot of us.

(01:43:09)

And then last thing, before I turn it over to you, Seth, is that you may not have the bandwidth for now, but as you do, some of those really simple circadian practices, like just opening the window when you wake up, can really actually help with sleep, energy, replenishment. So that might be another consideration, as you have the capacity. And just remember, you can start really, really small, and every little thing adds up. And on that note, I will turn it over to you, Seth.

Seth (01:43:41):

All righty. Thanks, Jen. So question two, same person. "I was a very anxious child. Everything small was way too much for me emotionally. Recently, life happens at an accelerated pace. For example, no contact with my mom, leakage, mold and cockroaches at home, which triggers panic. My capacity to follow along is nonexistent. I'm all alone, no reliable or consistent

support. I cry to grieve a mom I never had, and to release the triggered panic daily, but I feel like I can't go on. I can't be an adult. It's brutal. Please help." So yes, I definitely hear the suffering in this, and I want to acknowledge that. And yeah, being all alone with this, it may be too much, and I think Jen had some good ideas there for maybe some possible resources. Sometimes if we're even feeling like I just can't do this, I can't go on, just calling a crisis line. Just to talk to someone who's trained to talk to someone who feels like that, can be quite useful.

(01:44:50)

I know that sometimes maybe people don't consider that if they're not feeling like an extreme crisis, but you don't have to be. If you're just feeling lost and alone and you just can't keep going, that's fine. You may be used with one of those resources, and just talk to a human, because it can be really helpful in those moments. Jen already addressed all the kinds of practices. I want to talk about your home, because it sounds like there's some changes that could be made there to really improve your sense of safety, and addressing your environment, like you say here, "I can't be an adult." Well, maybe you can start showing up for yourself in a way that's kind of like that. You don't have to necessarily think about it that way, but it's like, how can I take care of this thing? Just one thing.

(01:45:45)

So maybe it's calling an exterminator to deal with the cockroaches. That's it. That's step one. Like I was talking about the safe living environment, right? If your environment has mold and cockroaches, that's just not going to feel that safe, I don't think. So how can you start to show up for yourself in a practical way that makes your home environment a bit easier place to be? So yep, get an exterminator in, get rid of the cockroaches. If there's a way to remediate the mold, you can use vinegar, that definitely kills pretty much all forms of mold. You just fill a spray bottle with white vinegar, diluted about half and half with water, and just spray all the mold that you can see. If it's a really big problem, it's possible. I don't know what your living situation is, if you're renting, if you own. Moving is stressful, but sometimes it's the best option if our living environment is really not that great.

(01:46:52)

So that's something to give yourself permission to consider anyways. If there's a leak, okay, maybe I call a plumber. Just simple ways that you start to show up and take care of your environment might be really supportive of all the other things that Jen was suggesting. So that's pretty much it for my end. There's one other thing here that is that, yes, the final piece is feeling alone, yes, can be very tough. So what helps you feel a bit more connected? It doesn't have to be other people, because you can sometimes be in that conundrum of, "Oh, I feel alone, but I also am scared of people." So what can help you feel a bit more connected to life? So plants, animals, the forest, the beach, the streams, the rivers, the fields, whatever it may be might be a good thing to get out into if those are resources for you, or whatever is a resource for you in terms of finding a bit more connection with just the natural world in general.

(01:48:06)

And the circadian practices like Jen was referencing is also really supportive of that. So that's all I have for that one. Unless Jen, you have anything to add, I will move on to the last one.

Jen (01:48:17):

Nope, go for it, Seth.

Seth (01:48:19):

Okay. "Hi, Seth. I'm an SBSM regular with EDT and fibromyalgia. I've mostly mastered not getting emotionally caught up in body sensations and pain, but the pain from release, which is similar to muscle pain from a gym session, wakes me at 3:00 AM. It's not strong enough to take a painkiller for, and gentle movement helps, but I'm still missing sleep, which then activates my nervous system. I feel I have let the genie out of the bottle, and it's taking me for a ride. What is happening? How can I slow down or gain some agency?" So yes, it sounds like you have let the genie out of the bottle, and it is taking you for a ride, and that is what happens. At some point or another, we uncork the stuff, and then the stuff is like, "Yay, we're free. Let's go." And you just have to kind of ride along, and that's how it goes for a while.

(01:49:11)

It's not the best, but it is really important. So I really want to encourage you to prioritize rest, minimize stress and responsibilities for now as much as you can, as much as possible, like don't do things you don't need to do, do as little work as possible, just rest and chill as much as you can for this period, so you can move through it. That's how you're going to be able to maybe slow this down a little bit and get a bit more agency. Also, working proactively, even though it's 3:00 AM. So it sounds like you're moving a little bit, that's great. What if maybe it would be helpful to even get some hot water bottles, or take a shower, or something like that. Recently I've been moving through a thing with my hip, super, super old injury, and the hip's been opening up, and it's been really, really painful at times.

(01:50:08)

And one night I'd done a castor oil pack, which was really useful, and allowed a bunch of stuff to soften, but then all the other muscles further down my leg were freaking out, because this area softened, and like, "Oh my God, we don't know how to lengthen. So now we're going to be in pain." Three in the morning, I woke up, I was like, "Oh, I'm rolling. I'm in pain." Instead of trying to go back to sleep, I got up, and I took a hot bath. It took about half an hour, 45 minutes, felt way better, and I went back to sleep. So sometimes we may need to give ourselves permission to do something for ourselves, even though it's inconvenient and in the middle of the night, and the end result will actually be way better. And sometimes we're not trained to do that. We're kind of trained to, like, "Oh, now is when I'm sleeping." So when we're in this period of like, "Yep, we've uncorked something, and now the stuff is moving," we may need to be a little extra flexible with how we show up for ourselves and what we do for ourselves, no matter what time of day it is.

(01:51:09)

And then the final piece is expression. Don't minimize the power that expression has to work with pain. I mean, it can take some practice, but literally you can transform your pain with sound. You sort of feel into the painful sensation, you breathe into it. On the exhale, you let the pain speak. What is the sound that wants to come from this spot of my body and this sensation? That is a more advanced form of expression and following your impulse. It's

incredibly powerful, because a lot of times when we do that, we bring in a vibration, and it's an emotional expression as well, sometimes that's part of the pain, and part of what's been stuck. So really encouraging you to lean into expressing yourself, let yourself make sounds like if you're rolling around, feeling, breathing into stuff, let yourself moan and groan and whatever wants to come out, let it happen.

(01:52:15)

That can be really useful in allowing this stuff to process. And you asked about agency, there you have it, right? You are proactively expressing yourself instead of just laying there feeling this pain, and that is agency. You're taking action. Same with getting up and taking a bath. All those things are forms of agency and taking care of yourself. So that is it for me, and unless you have anything else for that one, Jen, I think we can call it.

Jen (01:52:43):

I do not. No.

Seth (01:52:44):

All right. Well, that was a long call, even longer than I thought. Thank you for staying with us. Appreciate you all being here. Thanks so much, Mara and Susan, for being in the chat and thank you, Jen, as always for doing this with me.

Jen (01:52:59):

And you too, Seth. Always a pleasure.

Seth (01:53:02):

Alrighty. Thank you all. Lots of wellness and health and good, glorious things to you all. And yes, be well. We will see you later.

Jen (01:53:12):

See you later.