
Curated Q&A Call #9 with Seth. Special topic: Shock Trauma

Seth (00:03):

Okay. Welcome everybody. I've got Susan here, and Leah helping out in the chat. Thank you both, and thank you all for showing up here for this call, which is the ninth call for SBSM 19.0. And the special focus today is on shock trauma, and we only got, I'd say maybe four or so questions specifically about that. So I'll go ahead and answer all of the questions that we got, which is a wide range. But I want to start with a question that was actually related to something that I would imagine is on all of your minds, which is the changes that are happening to the program. And I want to speak more about that, and offer just some words about that that we haven't, because we've been in process with this ourselves, and kind of figuring out how to respond and adapt to what's been happening.

(01:00)

So I want to explain a bit more about that in the context of answering this question. So the question is, "My question is about how to complete SBSM given the plan changes recently announced. It's my first time, and I've followed your advice to go slow reaching week four. It now seems that any future access to SBSM moderation or live calls may incur additional charges that might not be affordable for me. By the time I complete week 12, I therefore may not have access to a forum to ask questions. Do I rush through weeks five to 12 in the next few weeks, so that I have the chance to pose questions?" Okay. So, first, answering this question directly, no, I wouldn't encourage you to rush through all those labs. That's probably not a great idea. Now to be clear, moderation is around for a whole month after Lab 10 is over.

(01:55)

So you actually have a month till after week 12 that the moderators are still around answering questions. So, please know that. Also, please use SOMA. This is a powerful tool. Now I know these days an AI assistant can be seen as kind of a flaky cop out or something. That's not at all what this is. This is a database of all the live calls that I've done and Irene has done for the last

10 years of like about 120 calls. So when you ask Soma a question, you're essentially asking me or Irene. And I've tested it a lot with all sorts of tricky questions, and I've really been satisfied with how it answers. So it may not be perfect every time, but it is pretty darn accurate, and can answer almost any question you have about working through the labs and the lessons and stuff that may come up.

(02:55)

And it can even answer questions regarding your personal process, like we get asked on these calls sometimes, and in the general questions thread. So don't disregard the power of that tool. Also, if you don't know, as well as giving you a summary at the bottom, there are direct links to where it's getting its information from. So you can click on those and go directly to me talking about whatever it is that you're asking about in various different sources. So please use that tool as well. Now moving into a bigger picture, just an explanation of what's going on. There's two things that are basically going on, and they have different reasons. One is we've received over the past 10 years tons of feedback, obviously from all of you, and everyone who's gone through the programs. And that has really given us a lot of information about ways in which SBSM works great, and ways that it doesn't work so great.

(03:58)

And one of the things that's been really clear to us as time has gone on is that we need to change the way that people enter into the work. Now, if you've been on these Q&A calls, you'll hear me talking a lot, very often, about how we need to relearn how to learn a lot of the time. It's a different kind of approach. We need to understand it's not about 'do this exercise to get this result.' These very foundational concepts that we talk a lot about. These are things that really should be introduced at the beginning of the program, so that people have a clearer understanding of how to even do the work, and that's what the Foundations program is about. Also, dividing up the content into Foundations, level one, level two, as we're considering, means that people can get into the work for a more affordable price, and they can move on for a more affordable price.

(04:51)

They don't have to just do it all at once in a big chunk, which is also something people have been asking for. So that's one piece. The other piece is live interaction and free moderation. Now that is not something that we planned on changing. Unfortunately, it's something that we've been forced into doing by the financial realities we're living in. When you're interacting at the front end of a website like SmartBody SmartMind, it can be sometimes difficult to grok like how much expense goes into making that happen. All the people, the staff, the salaries, the et cetera, the insurance lawyers, all the various things. There's a lot in the backend. And for a long time there, we were getting a lot of people signing up each time we would run SBSM, and that's really what has enabled this model to go forward. Unfortunately, the times have really changed in the last few years.

(05:50)

If you run an online business, or you know anyone who runs an online business, everyone is really struggling, to be honest, especially in the area of personal development and helping. People just are not signing up for programs the way they were, and this has really affected us, along with rising costs in general inflation, and of course the last couple years with the tariffs, this has all taken a real hit. So we are doing what we can essentially to keep this business going, and that's the long and short of it. Without adapting and changing to what's happening, there are no more websites. There is no more SmartBody SmartMind, or 21 Days, or anything. So unfortunately, we have to adapt in this way. So what we want to do, because I really love teaching. Irene loves teaching. I love being with y'all. We want to keep being able to do that.

(06:49)

It's just we can't keep doing it for free. So what we're looking at is a couple things. We're looking at the possibility of a membership model, which is like a low fee monthly membership, where we can keep on doing a couple Q&A calls, and like a couple of, kind of, drop in classes, kind of thing. That would be a monthly ongoing thing, potentially. So maybe not just when we're in semester. Now please don't get attached to any of these ideas. We're kind of in this together. I understand a lot of you may be feeling uncertainty - so are we. We're trying to figure out what's the best way to provide the support we can, and keep this ship going. And it's

a big ship. It's like you can think of this SmartBody SmartMind as this giant ocean liner that's been trudging through the ocean for 10 years, and it's like, oh wait, we've got to turn this thing.

(07:38)

It's a big ship though. So it takes a lot to turn this big ship, and that's what we're in process. But that's one of the things we're considering is, okay, what if we did like a membership thing, and it would obviously be a much lower cost for SBSM alumni than it would be for new people. So that's one option. There's people who have expressed concern who signed up just this last round who - obviously they haven't gotten the same kind of deal as people who have been here for seven or eight rounds, who have been able to have a lot of access to us. So one thing that we are considering is, okay, well maybe for those folks we can give them free entry for a few months into such a membership kind of thing. We're considering as many things as we can to try to help keep this going and support you.

(08:25)

So I want you all to know that, and that's the reality of what we're facing. Now we're going to send out an email today or tomorrow, within the next couple days, explaining this in more detail. So keep your eyes on that. But I just wanted to take an opportunity to just talk to you and say, like, "Hey, this is what's going on." And I totally understand if there's fear and uncertainty, and I understand this has been a really safe place for a lot of people, and many of you may be feeling like your trust in that has been shaken. And so if that's the case, totally get it. And just please know we're moving through this with you also. We are trying to adapt. So thank you. That's my piece on that, and I will move on to the rest of the questions.

(09:15)

I understand there may be lots of follow-up questions about what I just said. If you could please just try to keep focusing on - now the learning, which is what we're actually here for. And I will, if I can, maybe address some more at the end, but yeah. Oh, the final piece I forgot to say. When we set up Foundations, level one, level two, and it's all up and running, of course all of you have access to that for free. You will have the legacy SBSM site as it is, no changes, and then you'll also have access to the new structure, if it's something that you're interested

in. And also, yes, please send questions to support at Team Lyon or Irene Lyon, if you have further questions about this, that would be a better place than the chat right now. Okay, moving on.

(10:07)

“Hello, Seth. Irene describes freeze as an intentional state when getting an MRI or dental work. It got me wondering, what is a healthy response to being assaulted? Do we ideally stay present if we have the capacity, or is it better to shut down and process later?” All right, there's a few bits of nuance in this question. So what Irene was talking about is, when she got her MRI and her body went into freeze, and she had to just sort of allow that and accept that's actually appropriate right now. So that's a little different than intentional. Intentional means we choose something, and you can't really choose to go into freeze so much. It's an autonomic state. So it just happens. What the difference is is you can be aware that it's happening, understand why it's happening, and accept it, and be like, "Oh, okay, this is fine. This makes sense.”

(10:58)

“I'll be with this later.” And that's what she meant. She knew what was happening, and that she may have to process some activation later. So what is a healthy response to getting assaulted? So again, this is going to be along a spectrum. Now, if you're talking about an MRI or some dental work, yeah, from a biological mammalian perspective, that could be perceived as a form of assault. It's like big electromagnetic waves coming at you, or yeah, a drill going into the mouth to fix some cavities that need to be fixed, but that could be interpreted by the physiology as a form of assault. In those cases, when it's something that is for our benefit that we're signing up for, even though it may be interpreted as threatening, yeah, we want to do our best to stay present. Now again, that doesn't mean that our body won't mount some kind of survival response, but hopefully as you're learning, you can be present with those survival responses.

(12:03)

So for example, in a dentist chair, what I'm always doing is, because I've had lots of dental trauma, okay, am I still feeling this broad support underneath me, feeling the chair holding me, orienting deliberately around the room, engaging, talking with the dentist or the nurse as I can.

Just the basics of somatic presence and orientation is what I'm really focused on. And that doesn't mean that I might not go into a little bit of freeze. Now, I don't usually, because I'm pretty practiced at this point, but it would be understandable if I did. So that's kind of one end of the spectrum. Yeah, you want to do your best to work and stay present or wait, to the other end of the spectrum, like an actual assault, like a mugging or an attack of some kind, there it's much less up to us. So the body is going to go into whatever form of survival mode it feels is best going to protect it.

(13:02)

It's not a decision. It's something that happens autonomically, and what happens is really dependent on our history. So a natural sort of normal cascade of responses, you probably know this, we would go first into fight, flight as we sense a threat, and then maybe quickly evaluate, "Oh, I can't win this fight. I better run away. Oh, I can't run away. Okay, I've got to freeze." That's the normal chain of autonomic reactions in just a normal regulated human system. However, if we have been through a lot of early developmental trauma, our system may well have been predisposed to bypass, fight, flight, and go directly to freeze. And that is often what happens is it's just an instant freeze response. Again, neither of these is right or wrong. There is no, really, ideal when you're talking about going into survival mode in response to a real present threat.

(14:03)

It's what happens, and then it's the right or wrong or what to do best comes from, how do I process that? How soon can I get access to support in order to allow these things to move through, these energies to complete, et cetera.

(14:21)

Now there can be a few exceptions. For example, people in the military, they may be in real time survival situations, and with a lot of training they can develop something called situational awareness, where yep, they are in a situation that's like a real battle zone, that you would obviously be in fight, flight, and they've trained enough, and have enough experience to know how to channel that into what's called situational awareness, which is a heightened sort

of perception. You're basically channeling the fight flight into extra focus instead of panicking. And that's sort of a unique skillset on its own, but I thought I would mention that. All right.

(15:06)

“Hello. Second timer here with early developmental trauma. Thanks for your help earlier with a heartbreak tied to an early attachment wound. This is from one of their first calls from this round. While navigating that, I've had a second swimming accident and a couple of scooter ones. Each time I was lucky and surprised, I've been focusing on safety and care and reestablishing presence with my body using containment and trust, and feel it's all connected somehow with early attachment. Your poem about a seed of unsafety and need resonates with my felt sense of a void. Any advice?” Okay. So she is referencing a poem of mine, that I totally forgot existed, that's on my blog, and I'll share the link for that in just a moment. Let me just get there real quick in case you want to read it later. I recommend not reading it now because it's quite long, but if you want to go read it after the call at some point, of course it'll be on the replay page, and I'll put it in the chat here.

(16:13)

It's called The Poison Seed, and I totally forgot I had written that. So thank you for that reminder. Okay, there it is.

(16:24)

So yeah, your sense that this is maybe related to EDT and to attachment wounding, that makes a lot of sense. Essentially, when we get a sense early on that the world is fundamentally unsafe, we tend to adapt in many ways, but there's sort of two main ways. We tend to either go more into hypervigilance because the world is unsafe, I have to always be aware of everything and scan everything all the time and all that sort of thing, where our empathy gets turned into a radar, and we're always sensing and feeling everyone around us in a hyper way, or we may shut down. We may withdraw, we may get numb, we may check out from the world, because it's too scary. So one is more of a sympathetic response, one is more of a freezy response, or a collapse, really. And either of these can really make it difficult to be aware of what's actually happening.

(17:27)

If we're hyper focused on threat, we can actually miss something right in front of us and stumble over it. Same if we're kind of checked out and withdrawn. We may not be aware enough of our environment. So it sounds like you're getting in these accidents, and it probably has something to do with not being fully aware and present in your environment, such that you're accurately perceiving everything around you and aware of it accurately, which is totally normal when you've had EDT. So honestly, it sounds like you're really doing a good job, like you're already doing. Most of what I would suggest is, which is yes, focusing on safety, care, reestablishing presence with my body, using containment and trust, listen to your impulses, really tuning into those. And in general, I would just encourage you to go slow. Maybe make it a practice of just deliberately moving through the world more slowly than you typically would, taking time to deliberately orient more than you would.

(18:39)

This is just going to support what you're already doing. Really, I'm really going to check out where I am as I move through the world more deliberately. When I stop to go across that crosswalk, I'm going to look back and forth maybe three or four times and really notice everything. Just taking time going slow, and just using that as a support for everything that you're already doing, because yes, it is about reconnecting to yourself, reconnecting to building your internal sense of safety, so that you can be more relaxed, and just present and aware. I also get the feeling that it could be useful for you to revisit some of the developmental, sorry, Feldenkrais lessons, or visit if you haven't visited them already. But a lot of the Feldenkrais lessons are very connected to early developmental movement patterns. So specifically the bell hand lesson, balancing the back and rolling like a baby.

(19:48)

These are from labs nine and 10, I believe. Check those out. They're going to support, again, this idea of really being deliberate, building connection to yourself, to your interoception and to your perception, and slowing everything down. I really want to support you in doing that. It could even be interesting to explore your progression from laying on the ground, to rolling over, to sitting up, to going to your hands and knees, to crawling, to finding your way to your

feet. If you could imagine the entire progression that a new infant goes through on their way to walking, and really breaking that apart and exploring that deliberately, how do I do this? Because again, sometimes when we grow up with a lot of unsafety in our environment, the early developmental patterns get associated with threat. So there can be a lot of usefulness in slowing these things down and revisiting them deliberately.

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So check that out.

(20:59)

Okay. Now the next two questions are both from the same person. Question one, "I can add strength training slowly, and I have not been able to work out in ages." So, awesome. That's great. "I've done physical therapy before and that helped a bit, but all the pain came back. Related to anger, I was wondering if you would offer a guided audio for the annihilation work. I tried it and it was powerful, the annihilation work, but I feel it'd be more effective if I had the audio guiding me, versus needing to refer back to the text during the exercise to guide myself through the process." Okay. So that is a great idea, that would be, I think, really hard to actually do. The problem with that is I don't know what your system needs to do.

(21:52)

So this is something that I'm going to think about, because I could see how that would be useful, but the thing is with annihilation work, it's going to be different for everybody. And so I can't say like, okay, now push them or hit them or kick them. I don't know what your system wants to do. Maybe you want to burn them with your laser eyeballs. Maybe you want to turn into a giant and stomp them into a mush. I don't know what's totally right for your system in that moment of work. So I'm not sure how I would create a guided audio to walk you through the process. So there's a bigger picture thing here in that again, this work is about the lessons, but it's even more so it's about internalizing the lessons. That is where the regulation happens is by in real life, I'm going through the grocery store, and that person looked at me funny, and I feel the contraction of myself in real time, and I notice it happening, and then I deliberately breathe into my shoulder and respiratory diaphragm area, and bring a little more space there,

and just sort of talk to myself a little bit, and maybe I go to the washroom and shake it off a little bit, and let a little growl out.

(23:17)

That is what actually changes your life. It's applying the tools in real time. I'll encourage you to just revisit that article, and sort of walk yourself through it until you just get really familiar with it. And it's okay to have to go back to the article if you have to, but see if you can internalize it, see if you get to a point where you remember all the steps, and you can go through them. Because again, that is the point with all of this work. And that is also just a bigger picture piece about this work, and of course the live part of it is important, and we love doing it, and it's supportive and great and nice to be able to connect with y'all. But again, on these calls and the training calls, they're not going to actually grow regulation. They're going to support your process.

(24:10)

The regulation comes from doing the work. It comes from internalizing the neurosensory exercises and applying them, and all of that is not going anywhere for as long as we can possibly keep it happening. So just reorienting to the real meat of this work, which is all of that, all of that stuff. Now question two. "I have pains and imbalances throughout my body, which are chronic now. All of the right side feels tight, and the left feels weak with nerve pain. I already had most of the pain before, but then there was a car accident that made things worse. I think much of the tightness on the right is due to a lifetime of suppressed anger. Do you recommend I see a craniosacral therapist or osteopath, or should I first let this course help me release anger and relearn the movements, so I don't interfere with my body's natural pace?"

(25:04)

Yeah, you got it. I think that generally speaking, we want to work with the stuff that's on the inside first before we go diving into manipulation of the tissues. Just because, yeah, if we don't, someone could start breaking apart some muscular binding, and the reason it's bound is because it's still wanting to do this. And so when you start breaking that apart manually, you can release all that anger and that rage unintentionally before your system is actually ready. So

yes, I would say this is directly related to your first question about doing the annihilation work and the healthy aggression work. Yeah, keep exploring that first. When you have a sense that you're able to access your anger and allow it to move and let it flow through your body in a healthy way, and do that sort of healthy aggression or annihilation work, and that can all happen and you feel good afterwards, you feel maybe a little tired, but you also feel empowered, you feel strengthened, you feel a little change in your system.

(26:11)

That's a good indication that, okay, now maybe I can start getting some body work to help break up these tissues and holding patterns. Because honestly, both are usually necessary. As we'll say over and over, this work, this program isn't everything, it's just all the foundations, and it helps everything else be way more effective, but we do need everything else sometimes. We do need body work sometimes. We may need to work with a practitioner. For example, with the annihilation work, maybe you do a session or two with one of our SmartBody SmartMind folks who are available for consultation and sessions, just to be walked through and guided through that annihilation process in real time. So that is something to consider as well.

(27:05)

Okay. All right. "Can losing connection to a friend cause shock trauma? I and my closest friend, both of us had EDT and were people pleasers. He helped me a lot, but now he distanced to set a boundary. I told him that with this, he does not address his needs in a relationship, but cuts me off and that his favors him in such a way that is abusive to me, and I cannot trust, and there's no stability. I put authenticity before the trauma bond in my mind, but how to process this in the body, where I'm still feeling the missing and the pain." Okay. So, there's a couple things here.

(27:48)

I don't know the details of what happened. It sounds like you were in a friendship, and you both knew that you had people pleasing and tendencies to have difficulty setting boundaries, and you both have early developmental trauma. Now just knowing that - it actually sounds to me like him setting a boundary is healthy, because that's something you're both working on. But of course, I don't know how it was done. So that's what I'm sitting with here is, well, what

actually happened? Because if he set a boundary with you kindly, with care and empathy, and said, "Hey, I need some space," that's actually a good thing. I understand it would feel hurtful to you, but that's actually probably a good thing for him to do as part of his process, and not intending it to be hurtful to you. And of course that doesn't change the feelings you have, but you might need to look at your interpretation of him being abusive.

(28:49)

On the other hand, if he just coldly cut you off by a text or something and was mean about it, yeah, that's a whole different thing. That is him being mean or abusive. So I don't know the context, that's for you to evaluate, because I'm not sure what happened there. But in general, if we're in a relationship with someone, and we've both got people pleasing tendencies, setting boundaries as a way of experimenting that out, it could be his way of like, "Hey, you're a safe person for me to do this with." That's possible, that, like, "Oh, because we're in this together, I can do this with you, and it'll be okay." So again, that doesn't change how it affects you. And so that's the second part of your question, which is how to process this missing and this pain in the body, and that while you're talking about grief, is what it sounds like.

(29:42)

And this is likely grief that is not just about now. It is probably about the original wounding, the original early developmental trauma, as well.

(29:55)

It's going to get triggered. So it is an opportunity to allow those feelings to move through. And with grief, we really want to do our best just to get out of the way and allow it to express through the system. So we may be tightening up, we may be suppressing it in some way. If you have aches and pains and tightness, that's a good indication that that's the case. Essentially, you just want to allow it. That means opening up the diaphragms, especially often in the chest. So it may be useful to visit the shoulder and respiratory diaphragm lesson. Just see if you're holding there. Check out if you're holding in your throat. We want these structures to be open, so that the energy can move through. The energy can move through the body. And that, of course, will usually come with sounds, sobbing, tears.

(30:56)

The way that grief usually actually clears from the system is through allowing that diaphragm to shake. And that's what happens with a sob. The diaphragm is boom, boom, boom, boom. That is what really allows that energy to move. We want it to come up and out through the system.

(31:19)

Okay. I just want to check. Okay. I just wanted to see if you're here, if you responded about the way that they set the boundary, but I don't see anything about that. I do see someone who says, "I have experienced when a best friend cut me off just by sending a text, and they no longer want to be in contact." And yeah, that's shitty. That is not the way to do that. If you're friends with someone, you've got to talk to them. And the reason people do that is they can't bear the pain of that interaction. They don't know how to be in that kind of conflict. It's way too scary for them. So they send a text, which is no excuse, but that's the reality. It's just that's why that happens is the idea of being in person and expressing yourself is way too terrifying for them.

(32:22)

Okay. "Hello. I have EDT. I've been suffering from loneliness my entire life. I need close people, but it's hard for me to form and keep them. My parents are like this too, so this is transgenerational. I don't have a partner or close friends or kids or pets either, if that's relevant. I'd like to know if loneliness may prevent me from healing, even if I go through SBSM. Lack of close people causes me constant anxiety and pain. It's a resource I painfully long for. I want to add that I do have therapy once or twice a week." Okay. Well, that's great. If you have a regular safe connection with a practitioner, that's excellent, and that is one way to have some social engagement. So, good. Now, can loneliness prevent me from healing, even if I go through SBSM? That's a tough one. So again, there's maybe multiple things happening here.

(33:22)

You may be feeling the loneliness of your current life, and that may be exacerbated or added on by loneliness, and a feeling of disconnection that is much deeper than that. I don't know what your connection with your parents was like, but it sounds like your parents are like you, in

which they tend not to form close bonds and keep people in their life. So maybe perhaps they weren't tremendously close with you. So if you have, like you say, you have early developmental trauma, I'm wondering if that's the case, that you may be feeling the loneliness of your life, but that's pinging and activating a very deep wound of loneliness and feeling disconnected. So this work is a doorway into working with that, and we need support and connection. So it's good that you have a practitioner that you see weekly. That's great. I would say that you can look at this as an opportunity to process those feelings of loneliness and disconnection, and the anxiety, the anxiety there that you're saying it causes, that is survival energy rearing in its head, to be felt and processed.

(34:37)

I think that it's possible to use the somatic tools in SBSM to process this stuff. That doesn't mean that you don't also need people in your life. Now that person - might be best to get a pet, at first. And I want to really encourage you to consider that, if it's possible for you to get a little pet. You want maybe to not start with a puppy, for example, which is incredibly high energy, and can be stressful, and takes a lot of connection. A cat is generally ... Yep, get a cat. They're amazing. Yeah. I always recommend cats as companions. They will do their own thing, and they really benefit from connection. They are kind of ideal in that way, in which they're not so needy as a puppy. A dog is like a kid that never grows up, essentially. I don't recommend that, usually. A cat is like a buddy who will hang out with you on their own terms, and that is much more supportive, especially if you get a kitten.

(35:44)

Now kittens can be a little bit more work, but they're not a ton of work, and they're pretty darn adorable. And when you have a kitten, and you attune to them like you would with a young person, and you really are there and present with them and you're part of their development, that creates an incredible bond. I've experienced that myself with my cats that I've had that I raised from kittens. It really is like a different kind of relationship. A lot of people associate cats with neuroses, and like, oh, they're so neurotic and jumpy. It's like, well, that's actually the people they're around, or the people, the environment they were raised in, or they were taken away from the litter too soon. So getting a kitten that is appropriately separated from its litter,

maybe even with a sibling, can be nice. I really love getting sibling pairs as kittens, but yeah, that can be a really nice option, to have a cat or a kitten that you raise up into a cat.

(36:41)

With all your care and attunement and attention, it can be really healing for a person. If that feels like too much, well, a hamster, maybe just a fish. I mean, some living thing in your environment that doesn't require a lot of maintenance or stress on your part, but mammals tend to be ideal if possible, because they have a very similar nervous system as us, and they can connect and attune and feel, and have that mirroring back and forth, just like a person can to a big degree.

(37:14)

I encourage you to do that, and also to understand that yes, you may have to really feel into the anxiety and the loneliness and understand that it may be deeper than just what's happening now. Also, don't underestimate the power of connecting to nature, getting your feet on the ground, hugging a tree is a real thing. I do it. And if you get your heart right on that trunk and you're just holding that tree, that's a powerful experience, to feel into those roots going into the earth, to feel just this being is here with no expectations of me. It does not really ... It's just doing its thing and it is present, yet alive, and I can connect to it. So there's lots of ways to find connections when we don't have people. And as we resolve those early wounds, we can find connection to people sometimes a bit more easily.

(38:20)

All right. Now as we're moving through, there may be some people who got on this call after the first question. I just want to let you know, go watch the recording if you have concerns about the changes in the program, and what's going to be offered. I talked about that at the beginning of this call. So if you weren't here at the beginning for the first 10 minutes or so, after this call is over, go back and watch the recording, because that is what I talked about. Okay. "I was wondering how haywire bioelectrics tie into nervous system dysregulation. What causes it and how to work with it? I have always drained batteries, for example, I'll kill a new watch battery within a week, yet it will work again after a fortnight, if I leave it alone. This process has occurred for as long as I can remember, with most electronics."

(39:11)

“I have both shock and early developmental trauma. Thank you for considering my question.”
Yep, you're not crazy. That is a thing. That is absolutely a thing. There are many people with trauma who experience that, or with heightened sensitivity who experience that. Electronics just going haywire, not functioning, shutting down, batteries draining. Yeah, this is a thing that happens. Now, why does this happen?

(39:40)

And I have some guesses, but it's all pretty woo-woo. I mean, it's not woo-woo that we have an electromagnetic field, that's science. We all have an electromagnetic field that we're generating. So our nervous system is electric, right? Those signals are electric. That I'm going to guess informs our electromagnetic field, the nature of it. So if we got lots of spiky, sympathetic-y, kind of jumpy electricity running in us, perhaps that is like these little lightning bolts shooting out in our electromagnetic field, and they come in contact with that electronic device, and it goes, "Ah." That's the best explanation I have, but just, yeah, it's a thing. It's a real thing. It can also change. As you get regulated, this can change. I've seen this as well. It also is possible that some kind of quantum device may be useful for you. Grounding certainly will be very important.

(40:49)

Daily grounding, multiple times a day, bare feet on the grass, please, or stone, that will be useful. And yeah, check out the Leela Quantum Tech website. They have a variety of devices that work with the electromagnetic field, and harmonizing non-native EMFs. I think they may have some devices for, sort of, supporting grounding and stability, as well. So maybe explore their website, and see if anything speaks to you. Susan, I don't know, can you pull up that Leela Quantum Tech site? Thanks. Just pop it in there. Yeah, we are electric beans. I sing the body electric, I believe someone once said. Yep, it's a thing. All right. “How can I work with a fear of annihilation, rooted in being trapped and violated by my father, and abandoned and unprotected by my mother, while also feeling responsible for regulating them both? Emotional flashbacks now trigger intense nausea and panic as if I'm about to vomit, which I fixate on instead.”

(42:00)

“How can I uncouple this bodily response from these feelings?” So yeah, that is a really hard one. Now this dynamic of feeling like we are responsible for our emotionally caretaking our parents, that's a really common experience, when we experience abuse and adversity like you did, because if they're okay, chances are we're going to be more okay. But the thing is you've got to start reframing that in adulthood, because it never was true, really. It was true that it may have helped you survive a bit more, and may have helped keep you a little bit safer, but you were never responsible for them. That's actually not true. They were responsible for you, and they failed. So it was their job to be there for you to help you be regulated, and they failed. You were not responsible for their wellbeing, or their emotional regulation, or their actions.

(43:05)

It's entirely on them. So I want to encourage you to feel into that.

(43:12)

Let go of any notion that you were somehow responsible, because you're not. You're not. Now these feelings, you ask, how can I uncouple this bodily response from these feelings? This bodily response is part of the feelings. Feelings are bodily responses. So, emotional flashbacks are coming up. This intense nausea and pain and panic is part and parcel of that. So it's not so much that they need to be uncoupled, most likely, it's that they need to be expressed. They need to be allowed. And it does not surprise me that what you're feeling here is essentially disgust. We've talked about disgust quite a bit.

(44:03)

Almost anybody who have been through this kind of experience of abuse from their parents, especially sexual abuse, this disgust is always there. It is the body feeling the grossness of the violation of what's happening, and it needs to be allowed. There is often a need to literally wretch. Now that doesn't mean that you actually have to vomit, but sometimes that happens too, as we allow these feelings. And if that is the case, it's okay. Of course, that's hard on the body. We want to try to keep it more of an energetic thing, but sometimes vomit happens. It can happen, but it's part of allowing the disgust to move through. And what you could start working with is, as you feel that it's like those feelings that are probably in here somewhere,

sensing those as a black cloud that you can expel through your mouth. So feel into the connection between the stomach, up the esophagus, the throat to the mouth, and let that - My diaphragm there is fully - like I am retching without vomiting, energetically retching, energetically vomiting.

(45:34)

Get that shit out. The body doesn't want to hold it. So that is likely what needs to happen when that comes, and be aware of the next thing that also may need to happen, which is aggression. And there's a direct link between ah and ah. There's a very similar affect there, and that is also what wants to happen. Your little system would've definitely wanted to protect yourself from these experiences, but you couldn't, which is why you went into the adaptation you did of, I need to take care of mom and dad, so I can at least minimize what's happening. It's a very intelligent adaptation. It's just horribly inaccurate in terms of the reality of the situation, which is they were supposed to take care of you. They didn't, they failed. They actually actively hurt you. Your mom enabled the violence of your dad. That means they both hurt you.

(46:33)

Your mom doesn't get off the hook there. So there is likely an impulse to destroy both of your parents in your system, and you're going to need to let that happen at some point. And that's where the annihilation work comes in, et cetera, healthy aggression, all that stuff. It may be useful for you, as you get into those deeper waters, to get some one-on-one support for a time, but you can also do it on your own, just with titration, mindfulness. Start by just seeing if you can allow these feelings of disgust to really mobilize, and express, and come out. That image of a black cloud leaving through the mouth can sometimes be quite useful, or maybe it's, I don't know, green, or puky, or something. I don't know what the color is, but feel into that for yourself. What is this thing in here that needs to come out?

(47:26)

If you don't feel that you have the capacity to do that, start playing with just like milder expressions. Maybe as you feel it, you just let yourself moan. But letting the mouth be open a little bit, and sort of feeling the tongue hang a little bit, that's going to be part of it as a more titrated approach. Okay. This next is another pair of questions both from the same person.

Question one. “My first relationship lasted four years. It was stormy, but I was deeply in love. Now I've been married for years to a loving, funny man. We've had arguments, mostly started by me. Now that our kids are older, we spend more time alone, and things feel normal. I find myself getting bored and experiencing relationship anxiety, doubting if I still love him or should we even be together? Could this be due to EDT, early developmental trauma?”

(48:35)

You betcha. So again, I'm not psychic. I don't know exactly what's happening here, but I have a pretty good sense. So let's see. When you say here, first relationship, deeply in love, but stormy, right? So that kind of gives me a hint. And also we've had arguments, mostly started by me, and you had early developmental trauma. My hunch here is that you grew up witnessing that relationship, and love includes big conflict, and walking out, and fights, and reconciliations, big passion. This is a way that many people learn to interpret relationships and love. It's like, oh yeah, it's so big and passionate, and I feel so much, and then I get so angry. But then you get to make up, and you have that reconciliation, and that's so wonderful. But oh, now you piss me off again. This is a model that is really not sustainable or healthy at all, and is often mistaken for this is what love is.

(49:39)

So my hunch is that perhaps you had some kind of early experiences that gave you that information that this is what relationship and love is supposed to be. It's supposed to have conflict and making up and big passion and all this stuff. And actually sustainable relationships are way more what you describe having right now. Yeah, it can feel normal. It can feel kind of boring sometimes.

(50:08)

A relationship that is sustainable is where both people are deeply in relationship with themselves, and they happen to be together and know each other really well, and they have their own lives, but they also live together. Now this is me and Irene. We have separate beds, have separate interests and we have shared interests, and we know each other to a T, but we're not like dependent on each other. It's like I have my life, she has her life, and we happen to live together, and it works beautifully, and we're each other's best friend and companion,

and it's sustainable because it isn't all stormy. Sure, we've had our times. We needed a lot of couples therapy at times to get through stuff that came up. But again, the reason we got through it is because it wasn't about, "This is about you. No, this is about you."

(51:02)

It's like, no, for both of us, this is about me, and you're doing this thing that is triggering this thing in me, which is about me. There was no actual, in all the times I thought that it was Irene, being me. Whoops, nope, that was just her being authentic, and that was triggering my stuff, and vice versa. So there's this book. There's a couple of good books on relationships. One is called *Passionate Marriage* by David Schnarch, I believe. The other, that is called *The Eden Project, In Search of the Magical Other* by James Hollis, who's a Jungian psychologist. Of course, these links will also be in the replay page, but one of the things that James Hollis coins from his Jungian training and stuff is this form of relationship that he calls disinterested love. And that's a pretty good way to put it. It sounds kind of harsh, like, oh, is that neglect?

(51:59)

But no, the love is there, and there is also a disinterest in a way. My life isn't all about you. Your life isn't all about me. We have our own lives and we love each other and we live together. And that's a pretty good way to understand a healthy relationship that's actually long-term and lasts. So my hunch is you are experiencing sustainability, and your system doesn't know what to do with that, because it wants the drama, and the big ups and downs. So it's really, I think, a doorway to feel into that, feel into these sort of expectations that may be there, or this desire for more passion and more conflict. Now again, I could be wrong. Perhaps that's not what's happening, and it really is not a good fit, but it doesn't sound that way. From your description, like a loving, funny man, married for years, sounds pretty good.

(52:57)

So I think that's my take.

(53:03)

Okay. Question two, "In the last Q&A about early developmental trauma, Seth said that integration looks like having access to all the practices in such a way that they're internalized and can be used organically." Yay, you were listening. Yes, I have said that almost every call I think, including today, "but to get there, the only way is through the repetition of the neurosensory exercises. Is that right?" You got it. Yep. Not much more to say there. There's an old joke. Guy is all excited because he's going to Carnegie Hall for his first concert in New York City. He's from out of town. So he gets New York, he's got his hotel, he takes the subway to where he thinks Carnegie Hall is, and he gets out, and he can't find it anywhere. So he asks this guy on the street, "Hey, how do I get to Carnegie Hall?" And the guy says, "Practice, practice, practice." That's pretty much it.

(54:02)

So yeah, you've got to practice. That's how you get there. There is no other way. It's just like learning a musical instrument. You've got to do a lot of boring scales.

(54:16)

Until it becomes muscle memory, and then you get to go ... Cool. And you can improvise, and go off of that guy or that girl, and you can, yeah, let's jam. But it takes boring, repetitive work to get there. And yep, that's how you do it. You keep doing the neurosensory exercises until they are in you, and you start to notice, "Oh, I just spontaneously oriented. I just spontaneously noticed my breath, and noticed that it was holding, and then I breathed, and then I noticed my posture." You start to notice these things as they're internalized.

(54:54)

"Hi, Seth. Can you tell me how you can distinguish between symptoms caused by an existing imbalance in your body? For example, my EDS and iron deficiency, which have led to dysautonomia symptoms and moments when the nervous system is signaling that something needs to be processed." Excuse me. "I find it difficult to interpret. Thank you." Yeah, great question. How do we know when it's something like this is the body expressing an imbalance or an illness or an injury versus this is something that I need to process that's emotional or related to survival energy, something the body's been holding.

(55:36)

The way that you can really tell is that if you apply a somatic approach to processing it and nothing at all changes, then it's likely the former. So generally, I encourage people to err on the side of working with it somatically as if it is something to be processed, because the other kind of nifty thing that can happen is our symptoms that are expressions of real imbalances in the body, like you described, can also be doorways into the underlying survival stress that caused those things in the first place. So for example, Ehlers Danlos Syndrome, EDS, and iron deficiency can both be rooted in dysregulation and unresolved trauma. So this feeling into the symptoms and working with them somatically can actually be a doorway sometimes into the underlying dysregulation and trauma that the body is holding. So I would say always err on the side of processing it somatically, feeling it, expressing it, moving with it, making space for it, all the stuff that we do.

(56:47)

And if you do that, and you do that, and like, nope, nothing is changing, it's still the same. Okay. Then you either know what this is, or maybe you want to go get it checked out. Maybe it is an injury or something, or yeah, there's something that needs to be looked at, but so much can be moved and processed and changed, including things that we feel are just symptoms, that are just the way we are. A lot of that actually can shift through applying this lens and this work.

(57:19)

“Hello. I have CPTSD, complex PTSD, and I struggle with social anxiety and the fear of blushing. In the mini class on toxic shame, it was said that you get a red face because of a collapse of the ventral vagal. Is it possible to expand around this? A related question is how to work with this. Because the blushing is visible, it adds to the toxic shame. Are there sensory exercises I can try when I experience the blushing in the moment, or before or afterwards? And what would be helpful to move through towards deeper healing?” Wonderful question. I’ve just got to say, in your question, you really are demonstrating a lot of understanding. You're aware that like, okay, if this is happening because there's toxic shame and it's part of it, and how do I respond in the moment, and what do I do in a bigger picture way to help resolve it?

(58:09)

That's wonderful. That all shows that you really are understanding this work and how to just approach these types of experiences. Now, in terms of, can you expand around this? It's pretty simple. When your system goes into collapse, that means the ventral vagal is less online, and we're more in dorsal vagal, not in freeze, but in collapse, the far stage of freeze where the system is ... That dilates the blood vessels. So that's what's happening is the blood vessels in your face are dilating and so you get a flush, you get a blush. So it is part and parcel the same experience. The blush is an expression of the collapse, and the collapse is an expression of the toxic shame. The reason the system is collapsing is because of the toxic shame that you experienced, along with maybe other things, but I mean toxic shame is plenty to send the system into a collapse adaptation.

(59:07)

So these things all go together. Now, in terms of what to do in the moment before or after, well, it sounds like you understand that the trigger is social settings. Obviously it's not a problem for you when you're alone. So as you go into a social setting, and also even in the moment should the blushing start, I want to really encourage you to notice what is happening with your posture. Is there a collapse in the posture? There probably is. See if your tailbone is a little tucked, right? If your pelvis is a little tucked under, or if your shoulders are a little dropped, or your head is a little down, if there's a curve in the spine, is there a collapse in the system that you can be mindful of and change? That's the potent posture exercise. Maybe be a little more mindful or deliberately mindful of that as you go into social situations.

(01:00:08)

It's the antithesis of toxic shame. There is an element to this of fake it till you make it, but it's not really faking it. You may not feel confident, but you can explore the posture of confidence. You're not faking confidence. I understand it can land that way, like, "Oh, I don't really feel this way. I'm just pretending." But you're training your system to have a different experience. Your system has, currently, an imprint that says, "When I'm in these situations, I'm going to be toxically shamed, or I was toxically shamed, so now I'm collapsed. I'm protected in a way." So challenge that posturally. Be aware of the tailbone, the pelvis. Let there be a little arch in the

back. Let the chest be a little lifted. Let the shoulders be a little dropped. Just see what it's like to stand there. And you could start this in social situations where no one's paying attention to you.

(01:01:07)

That might be one of the easiest ways, like a mall or a park where there's tons of people, but no one is interacting with you directly. See what it's like just to stand there. Just stand there and look around and feel. Or if that feels too awkward, sit there. Sit on a bench and just sit upright. And what is it like just to sit like this while people are walking all around you, not paying attention really, and you're just sitting there, and you're feeling your ability to be upright, and your chest to be lifted, and your shoulders to be dropped, your tail to be lifted. So that is one way to start exploring that in the moment. Big picture, what would be helpful to move towards deeper healing? Well, we need to work with the original traumas that caused this toxic shame imprint in the first place.

(01:01:55)

And that goes back to the disgust I was just talking about. If you haven't seen Irene's video on Disgust, The Gateway to Healing Toxic Shame, I'll encourage you to check that out, but it's essentially what I've already been talking about. It doesn't feel good to be holding toxic shame. It doesn't feel good to be toxically shamed. It feels gross, and the body usually needs to go. And to let that stuff out, which is a bridge to the aggression, which is what needed to happen in the first place, to have the boundaries to stop that from coming in. No, no. So moving into all of this, which is so different from all of this. And it may be that you would be supported well to have a little one-on-one support to explore the original wounds. Again, we have a team of practitioners who are available for sessions.

(01:02:49)

So if that would be useful for you, you can check that out. But yeah, that's pretty much it. And also please know working in the moment in these ways will also start to process the deeper stuff. But you may also need to visit the experiences directly, the memories, the experiences you had where you were toxically shamed, and move through that process of what wanted to happen from a mammalian perspective that didn't get to happen. Think about a wolf. Think

about a wild wolf, and it's sitting there, and there's a bunch of people around it trying to shame it. What's going to happen with that wolf? Are they going to sit there for that? No, I don't think so. They're going. So exactly. How can you allow yourself to be that wolf, to be that mammal that wants to protect itself from that bullshit, because that's what it was.

(01:03:46)

No one deserves imprints of toxic shame, because it's never true. And I'll just reiterate something that I said last call, which is that all of you, everyone, every human has inherent value just by being alive. It's not about what you do. And so many of us, we are accepted or not based off of what we do or don't do. We are shamed or not based off of what we do. We are accepted or not, based on what we do. And all of that is inaccurate and wrong. You are acceptable. You are loved. You are worthy because you are alive, because you are a human being. That's it. So yeah, feel into that. So that is all of the questions that I got. Now I'm just going to look through the chat a bit, because I do have a little bit of time. So why don't we take a little pause?

(01:04:45)

Take a little pause, take a little break, and I'm just going to look through the chat a bit and see if there's anything I can address, and we'll be back here in about four minutes or so.

(01:08:28)

All right. I am back. So yeah, I saw a few things in the chat to address. First one, a question about shock trauma. "In the span of a few years, my parents broke up and after that, my father committed suicide. And a year after that, me and my family had a car accident, where I lost consciousness and woke up standing on the road with a big wound on my forehead. I've been focusing on building capacity and early developmental trauma stuff, because it's hard for me to form close relationships. Any other advice concerning the car accident? Only recently I started thinking that the car accident shock might be pretty significant, like a boulder in my system." Yeah. Yep, you got it. Yeah, that's probably really important to work with, and also, and I'll explain this more, but because of the context that surrounds it. Now, when you work specifically with an event, that can be useful to do with a practitioner, but you can do it on your own as well, depending on capacity.

(01:09:23)

But what you want to do is use what we call the T model, which means, so, T is the time of the thing. So that's the moment in this case, well, sometimes we would get tricked. From what you describe, T would be the moment when you had consciousness and realized your head was bleeding, but perhaps T actually is not. Perhaps T is the moment the car lost control. We kind of discover what it is, but the T, the moment of the peak sort of trauma itself is sometime somewhere around in that territory of the accident, but that's not where you start. You want to start way before and then go way after and work your way towards the middle from both ends. So it's kind of a somatic time travel work, essentially. You want to start with just what was happening that day, or what was happening in your life around that time, and just feeling like what was the season?

(01:10:23)

What was going on in general, and sort of feel into that. And then you maybe think, okay, well, what was happening before the accident? Where was I? Where were we driving? What did it look like? What was going on in the car? Who was with me? What were we talking about? And this could be like these are like maybe separated by a couple days, these explorations, and not like within the same discrete second session. It's like feel into this, leave it, feel into this piece, leave it, come back. Then maybe, okay, going into the future, when did I know that it was okay? At what point did I know that at least I've survived, I'm not too terribly hurt. The people who were with me survived, they were okay. When was the time that you knew that was the case, and feel into that? And then maybe back up a bit.

(01:11:18)

When was the time that like, okay, I'm still kind of shaken up, but people started to come, and help arrived. So maybe the police arrived or the ambulance showed up. What was that moment like when I realized there's people coming to help? Again, discreet moments separated by at least a day. You work your way in kind of from both ends, and as you do that, you will start to discover what the big T was, and that's what you finally get to is that moment, and allowing those feelings to move through. Now this may be extra powerful because of the context. The way that traumas can get lumped together, it's possible that that moment of

shock is connected to your father's suicide, so is connected to the early developmental trauma. It might be a doorway into much bigger stuff that actually doesn't have anything to do with the accident.

(01:12:17)

So just be aware of that. That's how trauma can be tricky sometimes is things that may not seem related can stick together.

(01:12:27)

And you may be well supported by a practitioner. If you can just say, "Hey, I want to do a few sessions specifically on this event." That is a great way to go as well. Okay. Give me a moment. I identified the things I wanted to answer, but I still have to scroll. "Would a monthly fee to access everything like a membership fee be possible?" That's exactly what we're talking about. Yes. And again, please know we are figuring this all out in real time. So we don't have a big plan that we're withholding from you. We are telling you what we know as we know it. And yes, that is one of the main things we're discussing. A monthly membership will be one fee for new people, it'll be a lower fee for alumni, and it'll be in the range of affordability, we hope. And yep, that means we can keep doing Q&A calls.

(01:13:18)

We're considering something called, like, just hangout calls, or just, engagement, kind of like a drop-in class, if you've attended Irene's drop-in classes, something like that. Scrolling...

(01:13:37)

That was answered. Some of these were answered already well by our lovely Leah and Susan. This is a great suggestion. So when I was talking about the annihilation work, you can make a recording of that with your own voice, and listen to yourself guiding yourself through that process, or someone suggested you could use an AI model to read it out to you as well. Our guy, SOMA, doesn't do that. Again, Soma is as least AI as we can make it. It's basically a giant encyclopedia that knows how to interpret everything we've ever said on every Q&A call we've ever done, and can put it into understandable language, but it can't read out something to you.

It doesn't have a voice. So you may have to use a third party kind of AI thing if you want to do that approach. But yeah, I love what someone said here.

(01:14:32)

You can create an audio file with your own voice. That's pretty cool. And someone said, "Oh, what a scary but great idea." Yeah, that could be scary, but also really empowering. Okay. Jasmine - "The live calls somehow cook the daily exercises into my nervous system, into my being more, more real for my mind and body. Being in the live space with you and Irene and everyone else does something magical, and I can feel things starting to just work inside me. And I agree this can't happen without daily work, but without live calls, it doesn't feel like it sticks. I think the social engagement and the venture vagal come into play here." You got it. You nailed it. That's it. Yeah. Which is why we want to keep doing it. Absolutely. There's tremendous value in explaining more detail, and you guys feeling that, and we're here together, and there's this ventral vagal thing happening, and yep, you got it.

(01:15:18)

Absolutely. That's why we want to find a way to keep doing it.

(01:15:35)

Diaphragm exercise has been very powerful. Awesome. Setting boundaries, a kind of conflict, as Seth said, it depends. Setting a boundary can be done. It's all about how is it done. Now, it may create a conflict either way, but it is not inherently a bad thing to do. If you can set a boundary with kindness and clarity, that is a kind thing to do for you and for the whole relationship, if it's what you need. And you just know the other person may have feelings about it, and you name that as well. I understand this may be hurtful, but it's just what I need to do. I will be back. I just need some time, whatever it is. If you set a boundary by ghosting someone, or with a mean text, and then you never hear from them again, yeah, that's abusive, and you probably didn't need that person in your life in the first place.

(01:16:43)

In wintertime, it's too cold to do bare feet on the ground. I use a hand to touch the ground or tree. Is that okay? Absolutely. Yeah, that's fine. It doesn't have to be your feet. It's about your

skin coming in contact with dirt, grass, stone, a tree, anything that is directly part of the ground or growing from the ground, that's fine. Yep. Yeah, response when I was talking about sounds. I've been doing a lot of spontaneous air sounds lately, just little bursts here and there without retching. And me too, not retching, but mouth open and tongue forward and blah. They're grown. Awesome. And then, most inspiring moments of these streams for me, Seth making wild sounds. Yep. Yeah, we experience, I think a lot of our cultures, our sounds are repressed, because our sounds are part of our mammalian self. They're not part of our civilized English speaking, or name your language, speaking, German speaking, Indian speaking, whatever it is.

(01:17:50)

It's not part of that. It's not part of your higher brain. It's not part of your humanness. It's your mammalian self, which is part of your humanness. But yeah, it's a mammalian thing. It's a wild thing. It's an instinctive thing. And so giving yourself permission to.

(01:18:12)

Whatever it is, right? Let it happen. Let it happen. Discover what you can do with your body. And these things are instinctual. Over time, what happens is like you may at first, it just may feel weird, like you're making yourself do something. Eventually what happens is sensations can be translated into sounds, and those sounds help the sensations change. That is somatic work. I feel this tight thing. Ooh, oh, okay. And now if I feel that tight thing, what is it? I sort of get a sense of where it is and what it looks like. Okay. And if I breathe into that, okay, oh, that makes a little ugh. It can be translated directly, and then you breathe into the space where the thing is, and on the exhale you just let something happen. You let sound happen, let it occur, see what happens. It can be instinctual and it can be incredibly powerful.

(01:19:13)

It's really sad actually to me how many people are suffering with pains that actually can transform so easily if we allow them to express. Like you would be surprised, many of you maybe, at what can change and transform by allowing yourself to breathe and feel into the space and allow sound and vibration to happen on the exhale. It literally does get stuff unstuck and moving and transforming.

(01:19:45)

Great one here. Find myself confused by the word somatically in the context of the question about physical biological chemical issues versus nervous system issues. Yeah, I get that. What I'm talking about is that even physical, biological, chemical issues have sensations to them a lot of the time, and that's what I'm talking about just now. Those sensations can be worked with in the body, with expression, with awareness, through feeling, through tracking, through expressing, through movement, all that stuff. If there is no sensation at all, then yeah, there's nothing there to work with, but pretty much all symptoms and issues ... You may not be able to feel the iron deficiency. That's maybe a stretch, but maybe you can. Maybe you can feel a sense of lack. Maybe you can feel a sense of being oneness. What does that feel like?

(01:20:41)

Whatever it is. What's the posture of that? There's a lot that you can feel and translate through expression in terms of the realm of symptoms. Can DBT dialectical behavior therapy be a helpful compliment to SBSM to help us with PTSD? Great question. Usually it's more, first you do DBT, and then you do somatic work. Now, I'm not saying you can't do both, because I don't know your unique situation. My sister is a DBT therapist. We've had a lot of talks about this. DBT is wonderful for people who aren't ready for somatic work. So dialectical behavioral therapy is to help people who have no stability. If you can't hold down a job, if you have lots of addiction issues, if you keep on having relationship ruptures, there's no safety in your living environment. Baseline things that would make it difficult to do somatic trauma work, that's what DBT can really help with.

(01:21:44)

And I can imagine that you could do both at once. Yeah. But yeah, it's usually one, and then I was talking about my sister. It's like, yeah, we get people ready for the trauma work. And then when they're ready for the trauma work, that's what they do. It's not within the scope of DBT. DBT is all about stabilization and getting to a place where you can do it.

(01:22:09)

What makes a safe person safe? And any tips on how to find or recognize such a person or situation, knowing you're still in the middle of standing up again after decades of enduring

unhealthy stuff. Clarifying, I still don't have enough internal reference to reliably discern what is okay. Knowing my antenna and interpretation were overruled or tampered with. Great question. Yeah. So knowing yourself, and knowing that first is key. So you may need to know that I might not be able to accurately sense safety, but one thing that is kind of a key, one, if you feel someone is off, just trust that as a matter of default, because even if you're wrong, it's going to be better to first honor your system, and then discover you were wrong. So it's sort of a logical approach like, yeah, I know that my wiring's a bit off.

(01:23:04)

I'm going to err on the side of safety, and maybe not engage if this person or situation feels a little off. I'm going to feel into it later. Maybe I'll revisit it, or maybe I'll revisit the person after I feel into this more. And you know what your triggers are, or you're learning what your triggers are. So you can sort of put a logical lens sometimes. And again, erring on the side of safety first, but then you get some distance, and it's like, "Oh, they were tall and had this really wrinkly forehead like my dad used to have when he was screaming at me, or whatever it is." You may be able to logically recognize, "Oh, they were triggering this because of this that I see." And in general though, what makes a person safe is their ability to hold space for you, to be there for you, to ask questions, to be interested, to just feel okay around.

(01:23:58)

If you're with someone and you can feel like they kind of get you and you can be authentic with them, that is an indication that someone is safe. And essentially safety comes from someone who knows themselves. They don't have to be regulated to be safe. If someone is dysregulated and knows they're dysregulated and is aware of themselves, and knows how to work with themselves, that can be a safe person, right? Maybe the ultimate safe person would be someone who's totally regulated and empathetic and able to be boundaried appropriately and all of these things, knows how to hold space, knows how to set a boundary, like all the ... That's maybe ideal, but yeah, it doesn't have to be all that. If you feel like someone gets you like, yeah, okay, I feel understood. That's an indication of safety, and I can share these ... I feel comfortable going in front of this person.

(01:24:50)

All right, that's an indication of safety. You can be authentic. A partner shamed me after quitting my job. Should I work with that real time? Should I process that in real time when hearing or receiving that? That all depends on your capacity and your relationship. If you feel that you can, then yes, but notice what the effect is.

(01:25:18)

If your partner shamed you in the first place, that doesn't sound the safest to me, or maybe they're just in their stuff, and then later they're like, "Oh, I shouldn't have done that." But if you find yourself in a situation where you feel like you're consistently being shamed and there's no repair coming from them, that speaks to the relationship maybe being dysfunctional. So you would need to look at that. One way to explore that would be to process it in real time when it happens. What happens if your partner does that and you go, "Ah." Do you get that shit away from me? I don't like that. What happens if you express yourself authentically? That's going to give you some information, right? Maybe they'll be scared or shocked, and they'll realize the impact they have on you, or maybe they'll further pile on the shame.

(01:26:07)

You're behaving like a wild animal. There's some information there, maybe not the best relationship. So the way that if we don't feel safe to be authentic in a relationship with our partners, this circles back to that question about the relationships, right? With Irene, if she does something that pisses me off, I can go, and give me your arm. I can squeeze her arm, like, see in that video, or vice versa. We can express our anger with each other and not make it about each other, with no abuse or hurt or anything. And it's all healthy and above board. "You pissed me off. I need to feel that and express that." Hasn't happened for a long time, but yeah, that used to be part of it. Yeah, you made me angry, and I'm going to express that, and I'm here for that. That's not really possible when you're enmeshed and reactive and bouncing off of each other so much.

(01:27:10)

Just checking the time. Can T model work be done online with a practitioner? Absolutely. Yep. Yeah. If you don't remember much, you can ask people. Yeah. Should I ask my family about the

day, if I don't remember much? Yep. Yeah, absolutely. Ask people who were there. What do you remember? What happened? You got it. Can you say anything about the experience of grief when it's associated with shock trauma or heart shock? Lots. Of this in early life, which was unsupported, I would've had to suppress the grief and shut the feelings out. Now feel that all the losses are experienced as trauma and very difficult to access and allow and process the grief. The system still goes into shock in response to loss. So you're going to want to work somatically with the tissues. Don't worry so much about getting to the grief. Work with the areas that hold the grief, which are the lungs typically, the chest.

(01:28:05)

The gut can also be involved, but just work with bringing space into those chambers, into the lungs, into the diaphragm. Explore breathing into your lungs in ways that are unfamiliar. For example, many people always just breathe into the front of their lungs. Can you breathe into the back of your lungs? It's a whole different thing. If you put your back against the chair, can you breathe such that your back expands into the chair? See if you can discover that. That might unlock some stuff. Can you breathe such that your lungs expand laterally, so that the ribs widen? These are ways that we explore diaphragm work, exploring different vectors of expansion with the breath. So that would be a way to start working with that. Physically with the tissues, even like getting, perhaps, massage, myofascial work at some point, but I would wait until you start to be able to access and express the emotions, because you can do a lot for yourself.

(01:29:07)

You may want to bring in self-touch though, self, maybe just a little rubbing, or moving, or simple gentle contact, listening with the hands, that kind of stuff.

(01:29:27)

Okay. One more. Most of the time whenever I relax my body during the exercises, or meditate, or during yoga nidra, my mouth involuntarily tightens up into a frown. What could this mean? Yeah, that is your system telling you what you're holding. You're describing situations where your defenses are down, where your system is softening. As that happens, what has been held surfaces, which sounds like sadness and anger. As I relax, this, my system, presents sadness and

anger. It's the same with people who have a resting face, that's like you're someone who just walks around like this all the time.

(01:30:12)

What's going on there? Well, they're pretty scared, and worried all the time underneath the surface. So sometimes it's visible all the time. Sometimes it surfaces as we relax, and it's showing you what's being held. Okay. That is it for now. I thank you all for being here. As always, please know that I deeply value all of you, and my ability to share and do this. And again, we're going to do everything we can to make it possible to keep doing this in a way that lets the whole ship keep going. That big old boat just turning in a different direction. All right, y'all. I'll see you all next week. Bye for now.