The New “Gupta Trauma-Protection Matrix™”: Why The Body Protects Transcript

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Introduction to the matrix

Hello and a warm welcome to our live Hello and a warm welcome to our live event today with myself Ashot Gupta the event today with myself Ashot Gupta the founder and CEO of the Gupta program.

founder and CEO of the Gupta program. So, I'm really delighted that you've So, I'm really delighted that you've spent your time today coming on to our spent your time today coming on to our live event where we're going to be live event where we're going to be talking about the trauma protection talking about the trauma protection matrix, uh, which is our most ambitious matrix, uh, which is our most ambitious project yet to really look at mapping project yet to really look at mapping our childhood experiences right through our childhood experiences right through to uh, how that then impacts on our to uh, how that then impacts on our nervous system, our immune system, and nervous system, our immune system, and then physical symptoms and creating an then physical symptoms and creating an entire matrix, an entire map of how this entire matrix, an entire map of how this all fits together. And so as we go all fits together. And so as we go through today's presentation, I hope through today's presentation, I hope that some light bulb moments will occur that some light bulb moments will occur for you that you'll have those ahas of for you that you'll have those ahas of ah this is what's I've been ah this is what's I've been experiencing. And for me, personal experiencing. And for me, personal development is all about self-awareness.

development is all about self-awareness. It's all about becoming more and more It's all about becoming more and more aware of that which is unconscious aware of that which is unconscious within us, putting the spotlight on it within us, putting the spotlight on it and bringing it to conscious awareness.

and bringing it to conscious awareness.

Personal story and context

And that's what we'll be covering in And that's what we'll be covering in today's live session. And just to give a today's live session. And just to give a bit of background to what we'll be bit of background to what we'll be covering today. So as you know or many covering today. So as you know or many of you know my background is that I of you know my background is that I suffered from a chronic health condition suffered from a chronic health condition many years ago. I suffered from chronic many years ago. I suffered from chronic fatigue syndrome or me in the late 90s.

fatigue syndrome or me in the late 90s. And it's been a 25- year journey from And it's been a 25- year journey from healing and recovering myself, setting healing and recovering myself, setting up a clinic to treat others, and then up a clinic to treat others, and then setting up the well-known setting up the well-known neuroplasticity program, the Gupta neuroplasticity program, the Gupta program. And then since then, we've program. And then since then, we've published seven clinical studies, six of published seven clinical studies, six of which have been independent to show that which have been independent to show that this type of approach really can support this type of approach really can support people with chronic health conditions.

people with chronic health conditions. And we spent these 25 30 years really And we spent these 25 30 years really understanding the psychonuroimological understanding the psychonuroimological basis for chronic health conditions.

basis for chronic health conditions. what it's at the root cause because what it's at the root cause because what's so interesting is that Kaiser what's so interesting is that Kaiser Permanente did actually a study. They Permanente did actually a study. They looked at people who'd been through looked at people who'd been through trauma and they found that those who had trauma and they found that those who had experienced trauma were twice as likely

experienced trauma were twice as likely to get an inflammatory condition later to get an inflammatory condition later in life or get these kind of persistent in life or get these kind of persistent health symptoms which were very health symptoms which were very difficult to have a root cause to. And difficult to have a root cause to. And so therefore this is affecting more and so therefore this is affecting more and more people in the population. Those more people in the population. Those common symptoms of fatigue, pain, deep common symptoms of fatigue, pain, deep exhaustion, exhaustion, exhaustion, some immune symptoms like sore throats some immune symptoms like sore throats and difficulty thinking, concentrating.

and difficulty thinking, concentrating. All of these are symptoms we now see All of these are symptoms we now see more and more in the population. And we more and more in the population. And we believe it's down to a disregulated believe it's down to a disregulated nervous system that may be coming also nervous system that may be coming also at its roots from past experiences.

at its roots from past experiences. Now, as we go through today's Now, as we go through today's presentation, what's really important is presentation, what's really important is that you recognize this is that you recognize this is forformational purposes only. This is forformational purposes only. This is not a substitute for medical diagnosis not a substitute for medical diagnosis or treatment or working with a or treatment or working with a therapist. This is just for information.

therapist. This is just for information. And if at any point you notice that some And if at any point you notice that some of the content that we go through of the content that we go through actually might be creating some emotions actually might be creating some emotions within you, maybe triggering little within you, maybe triggering little experiences within you, it's really experiences within you, it's really important that you then perhaps pause important that you then perhaps pause watching, ground yourself with some deep watching, ground yourself with some deep breaths and reach out to someone that breaths and reach out to someone that can support you. And so if you feel that can support you. And so if you feel that you might be easily triggered by talking you might be easily triggered by talking about experiences from our past, then about experiences from our past, then it's best that you don't necessarily it's best that you don't necessarily watch this, but um perhaps take some of watch this, but um perhaps take some of the key information from someone else, the key information from someone else, perhaps one of our clinicians and perhaps one of our clinicians and coaches who can guide you through this coaches who can guide you through this kind of content. So I just want to put kind of content. So I just want to put that that warning there that if you know that that warning there that if you know that you have uh past trauma that this that you have uh past trauma that this is very much near the surface, it might is very much near the surface, it might be better to work with one of our be better to work with one of our coaches versus watching an experience coaches versus watching an experience like this. Okay.

like this. Okay. And of course, we'd love for you to like And of course, we'd love for you to like and share this particular video. Please and share this particular video. Please do subscribe to our channel so that you do subscribe to our channel so that you can benefit from more of the type of can benefit from more of the type of content that we'll be sharing today. And content that we'll be sharing today. And once again, this is such important once again, this is such important content. I I was reflecting on this content. I I was reflecting on this today and actually the content we're today and actually the content we're going to go through is relevant to going to go through is relevant to everybody on this planet because even if everybody on this planet because even if someone hasn't experienced trauma in someone hasn't experienced trauma in their past, they certainly have their past, they certainly have experiences which may be mild but still experiences which may be mild but still impact on their personality traits, impact on their personality traits, their parts, their way of interacting their parts, their way of interacting with others. So the content that we go with others. So the content that we go through is really I think through is really I think uh uniquely applyable to every uh uniquely applyable to every situation, every person and these situation, every person and these influences still make a difference.

influences still make a difference.

Understanding childhood trauma

Okay, so let's jump in and as you know Okay, so let's jump in and as you know we're going to be having this half an

we're going to be having this half an hour live event and then what we're hour live event and then what we're going to do is jump on Zoom for a Q&A going to do is jump on Zoom for a Q&A afterwards and our team will share the afterwards and our team will share the Zoom link so you can have an interactive Zoom link so you can have an interactive Q&A with myself and my team and that Q&A with myself and my team and that then deepens the knowledge that we're then deepens the knowledge that we're going through. Okay. So, in terms of our going through. Okay. So, in terms of our starting point, we're going to be starting point, we're going to be talking about how our early relational talking about how our early relational stress and developmental stress imprints stress and developmental stress imprints on the brain. And often these are called on the brain. And often these are called ACEs or adverse childhood experiences.

ACEs or adverse childhood experiences. And what that means is when we go And what that means is when we go through experiences, certain emotions through experiences, certain emotions come up. And an emotion is designed to come up. And an emotion is designed to give us a message or a warning. So give us a message or a warning. So emotions aren't bad. They are simply emotions aren't bad. They are simply messages. They help us to navigate the messages. They help us to navigate the world around us. Yeah. And so when an world around us. Yeah. And so when an emotion comes up, it's designed to give emotion comes up, it's designed to give us a message to then be processed so us a message to then be processed so we've understood its message and then we've understood its message and then released. Yeah. So it's the coming and released. Yeah. So it's the coming and going of emotions. They're not designed going of emotions. They're not designed to get stuck or linger. But when an to get stuck or linger. But when an emotion sometimes comes along, if it's emotion sometimes comes along, if it's quite intense, a child may not have the quite intense, a child may not have the resources to deal with that emotion.

resources to deal with that emotion. It's perhaps too scary, too intense. It's perhaps too scary, too intense. Yeah. And that emotion may come from a Yeah. And that emotion may come from a wide variety of different experiences.

wide variety of different experiences. So along a scale, it can be anything So along a scale, it can be anything from mild neglect to moderate to then from mild neglect to moderate to then moving on to certain types of abuse or moving on to certain types of abuse or bullying right through to full-blown bullying right through to full-blown traumatic experiences. It can be traumatic experiences. It can be anywhere along that scale. And that anywhere along that scale. And that might be how a child interacts with a might be how a child interacts with a parent or caregiver or a sibling. It parent or caregiver or a sibling. It might be certain traumatic experiences might be certain traumatic experiences that they go through. It can be where that they go through. It can be where they've had too much responsibilities as they've had too much responsibilities as a child or there have been certain a child or there have been certain experiences the mother or father have experiences the mother or father have gone through that they've had to then gone through that they've had to then support which can all develop and leave support which can all develop and leave these imprints in the brain. And we these imprints in the brain. And we often say that uh there are two brain often say that uh there are two brain structures that we talk about a lot. The structures that we talk about a lot. The amydala and the insula cortex. And these amydala and the insula cortex. And these two brain structures, we believe that two brain structures, we believe that the baseline calibration of those the baseline calibration of those structures occurs through various structures occurs through various different experiences from uh the different experiences from uh the birthing experiences, the first five birthing experiences, the first five years of life when our brain is very years of life when our brain is very malleable. It's changing a lot. It's malleable. It's changing a lot. It's learning a lot and the imprints are learning a lot and the imprints are deeper in the first 5 to 10 years.

deeper in the first 5 to 10 years. And that emotional calibration then And that emotional calibration then impacts on us for the rest of our lives. impacts on us for the rest of our lives.

But the good news is that first of all But the good news is that first of all our genes are not our destiny but also our genes are not our destiny but also our experiences are not our destiny. Our our experiences are not our destiny. Our traumas are not our destiny. Our past is traumas are not our destiny. Our past is not our destiny. That through the power not our destiny. That through the power of neuroplasticity we can retrain the of neuroplasticity we can retrain the brain out of these past experiences or brain out of these past experiences or these residues of memories from our past these residues of memories from our past and actually retrain and reframe the way and

actually retrain and reframe the way that we then interact with people in the that we then interact with people in the present day as adults. And some would present day as adults. And some would say that's the a foundational aspect of say that's the a foundational aspect of our personal growth and development is our personal growth and development is letting go of that which no longer letting go of that which no longer serves us. Releasing those trapped serves us. Releasing those trapped emotions and recognizing that emotions and recognizing that experiences from the past do not have to experiences from the past do not have to determine our current present day determine our current present day interactions.

interactions. interactions. And these emotions traditionally have And these emotions traditionally have been seen in a psychological been seen in a psychological perspective. And you know when you go to perspective. And you know when you go to hospital there's a separate psychology hospital there's a separate psychology department over here, a separate department over here, a separate immunology department over here etc. But immunology department over here etc. But the way we look at it here at the Gupta the way we look at it here at the Gupta program is that there's one system, one program is that there's one system, one protective system and therefore it can't protective system and therefore it can't be looked at in isolation. And be looked at in isolation. And therefore, emotions aren't just single therefore, emotions aren't just single abstract events in the brain, but abstract events in the brain, but they're coordinated physiological they're coordinated physiological programs that are involve not only brain programs that are involve not only brain circuits, but hormones, the immune circuits, but hormones, the immune system, our behaviors, and physiological system, our behaviors, and physiological experiences. Like when we feel anxious, experiences. Like when we feel anxious, is that just a thought in the brain? No.

is that just a thought in the brain? No. It our muscles can tighten up. We get It our muscles can tighten up. We get tightness in the chest, right? there a tightness in the chest, right? there a whole cascade of different physiological whole cascade of different physiological responses and they can also then lead responses and they can also then lead onto physical symptoms as well and onto physical symptoms as well and physical conditions. Right? Okay. So, physical conditions. Right? Okay. So, let's um let's dive in to the content let's um let's dive in to the content that we're going to uh cover today that we're going to uh cover today and I hope you're ready to take this uh and I hope you're ready to take this uh exciting uh journey uh with me uh today exciting uh journey uh with me uh today and once again please do share this uh and once again please do share this uh with others.

with others. Okay, let me share my screen. Okay, let me share my screen. And I think the first thing that I want And I think the first thing that I want to talk about is once again our to talk about is once again our childhood experiences. And as you know childhood experiences. And as you know we often use puppets to represent the we often use puppets to represent the different parts of our personality. Now different parts of our personality. Now it used to be thought we're one person it used to be thought we're one person but actually imagine that we are made up but actually imagine that we are made up of different parts that play different of different parts that play different roles, different protective roles. Yeah.

roles, different protective roles. Yeah. It's a bit like if somebody says It's a bit like if somebody says I've just had a slice of chocolate cake I've just had a slice of chocolate cake and I feel like another slice. There'll and I feel like another slice. There'll be one part of us that says, "Don't have be one part of us that says, "Don't have an extra slice of chocolate cake. You've an extra slice of chocolate cake. You've had enough." And there'll be another had enough." And there'll be another part that says, "Actually, I really want part that says, "Actually, I really want that second slice." So, you can see that second slice." So, you can see there are different parts of us that there are different parts of us that want different things. They both want want different things. They both want what is best for us, but they have what is best for us, but they have different agendas and different targets different agendas and different targets for that. And often our anxiety, our for that. And often our anxiety, our depressions, our stress is because we depressions, our stress is because we have these different parts living within have these different parts living within us who want different things. And that us who want different things. And that creates this disintegration and this creates this disintegration and this internal stress. And that's what we'll internal stress.

Inner child and numbing

And that's what we'll be addressing today. be addressing today. So, one part of it we often call Kyle So, one part of it we often call Kyle the inner child. Yeah. So, let me bring the inner child. Yeah. So, let me bring Okay. So Kyle,

the inner child is Okay. So Kyle, the inner child is essentially this part of us that goes essentially this part of us that goes through those childhood experiences but through those childhood experiences but then perhaps holds on to some of those then perhaps holds on to some of those experiences. So an experience is experiences. So an experience is supposed to be uh bringing up an supposed to be uh bringing up an emotion, we let that go and then there's emotion, we let that go and then there's no imprint. But if an experience is too no imprint. But if an experience is too traumatic, too difficult for uh Kyle, traumatic, too difficult for uh Kyle, then she comes up with a strategy which then she comes up with a strategy which is let me deal with this emotion later is let me deal with this emotion later in life. And that emotion could be fear, in life. And that emotion could be fear, it could be anxiety, it could be anger, it could be anxiety, it could be anger, shame, guilt, panic, whole host of shame, guilt, panic, whole host of different emotions uh that could be different emotions uh that could be occurring.

occurring. occurring. And then as those emotions are occurring And then as those emotions are occurring uh there are certain uh there are certain uh aspects of safety for that child, uh aspects of safety for that child, right? So as those emotions become right? So as those emotions become repressed, there can be various reasons repressed, there can be various reasons why those emotions are actually being why those emotions are actually being generated and not being processed. And generated and not being processed. And here are some of these uh ones here. So here are some of these uh ones here. So it can be safety. Yeah. Is that child it can be safety. Yeah. Is that child experiencing uh a lack of safety? And experiencing uh a lack of safety? And that's obviously the larger one that we that's obviously the larger one that we experience. Is it a lack of emotional experience. Is it a lack of emotional attunement? Number two there that means attunement? Number two there that means is the child feeling like the parent or is the child feeling like the parent or caregiver is not attuned to their needs caregiver is not attuned to their needs not really listening to how they're not really listening to how they're feeling emotionally. A third might be feeling emotionally. A third might be emotional expression and so on and so emotional expression and so on and so on. And we'll come back to these eight on. And we'll come back to these eight core needs.

core needs. Now if the child feels that some of Now if the child feels that some of those needs are not being addressed then those needs are not being addressed then sometimes what the child can then do is sometimes what the child can then do is look at well I don't want to feel those look at well I don't want to feel those emotions. So let's say these emotions emotions. So let's say these emotions have now got stuck within that child.

have now got stuck within that child. They don't want to feel those emotions They don't want to feel those emotions anymore. So one of the first strategies anymore. So one of the first strategies a child comes up with or then lingers on a child comes up with or then lingers on as an adult is what we call distracting as an adult is what we call distracting or numbing. We don't want to feel those or numbing. We don't want to feel those raw emotions. They're painful. Yeah.

raw emotions. They're painful. Yeah. They've become repressed within us. And They've become repressed within us. And so one strategy that the child comes up so one strategy that the child comes up with is this distractor or numbing with is this distractor or numbing strategy which is let me not feel that strategy which is let me not feel that experience. And that's where we may go experience. And that's where we may go into uh as an adult drugs or alcohol, into uh as an adult drugs or alcohol, some kind of addiction that then soothes some kind of addiction that then soothes the pain, soothes that feeling within the pain, soothes that feeling within us. Or it could be uh excessive us. Or it could be uh excessive shopping, excessive working. Anything shopping, excessive working. Anything that distracts us and numbs us from that distracts us and numbs us from feeling that pain is a protection feeling that pain is a protection strategy. And you can see there, that strategy. And you can see there, that little red puppet is what we call the little red puppet is what we call the cake monster. It's the part of us that cake monster.

Protective strategies

It's the part of us that wants us to go off and have pleasurable wants us to go off and have pleasurable short-term pleasurable experiences to short-term pleasurable experiences to Now, the next layer here is Now, the next layer here is actually what we call actually what we call the strategies. So let's say we have the strategies. So let's say we have these emotions within us and we don't these emotions within us and we don't want those emotions to be triggered like want those emotions to be triggered like fear or anger or guilt or sadness and we fear or anger or guilt or sadness and we learn as a child that actually if we learn as a child that actually if we employ certain traits like

achieving employ certain traits like achieving things if we have certain traits that uh things if we have certain traits that uh are rescuing and helping others or we are rescuing and helping others or we people please etc then we can protect people please etc then we can protect ourselves from those emotions being ourselves from those emotions being re-triggered and those parts then start re-triggered and those parts then start developing within us. All right. So just developing within us. All right. So just bringing up the next slide uh here which bringing up the next slide uh here which is these particular parts start is these particular parts start developing a strategy. So on the top developing a strategy. So on the top left we have the approval seeker or left we have the approval seeker or people pleaser. Let me not express how I people pleaser. Let me not express how I feel about something because someone may feel about something because someone may get upset. So I will push down how I get upset. So I will push down how I truly feel and only say things that truly feel and only say things that please others. The inner critic. Let me please others. The inner critic. Let me put myself down and criticize myself put myself down and criticize myself before someone else does because that's before someone else does because that's a protective strategy.

a protective strategy. The victim. If I feel like I've been The victim. If I feel like I've been wronged and I play the victim, then wronged and I play the victim, then people will show me love and attention people will show me love and attention and support rather than putting me down.

and support rather than putting me down. And at the bottom, the helper or And at the bottom, the helper or rescuer. Sometimes that child learns if rescuer. Sometimes that child learns if I help and rescue others, I'm the good I help and rescue others, I'm the good little boy or the good little girl. And little boy or the good little girl. And that protects me from people treating me that protects me from people treating me badly. That becomes a learned response.

badly. That becomes a learned response. We have the achiever. If I achieve do We have the achiever. If I achieve do you ever have that experience that as a you ever have that experience that as a child if you did well at school you child if you did well at school you would get approval perhaps from the would get approval perhaps from the teacher or a parent and therefore that teacher or a parent and therefore that meant that that came became your way of meant that that came became your way of getting approval being supported another getting approval being supported another one being the safety seeker one being the safety seeker hypervigilance you know I'm in an unsafe hypervigilance you know I'm in an unsafe place and finally the perfectionist if I place and finally the perfectionist if I do things perfectly then people can't do things perfectly then people can't put me down that protects me from my put me down that protects me from my core emotions and wounds being core emotions and wounds being re-triggered Kyle's wounds being re-triggered Kyle's wounds being re-triggered re-triggered re-triggered Now what happens then in our model is Now what happens then in our model is some of these layers here this outer some of these layers here this outer layer that you can see that in itself layer that you can see that in itself becomes a challenge to the system becomes a challenge to the system because if we're overachieving to prove because if we're overachieving to prove ourselves and prove that we're good ourselves and prove that we're good enough and get love and attention we enough and get love and attention we start pushing beyond our body's limits.

start pushing beyond our body's limits. We start overworking over pushing We start overworking over pushing through. as an example that combines through. as an example that combines with perfectionism which means we can with perfectionism which means we can never be relaxed because can you never be relaxed because can you actually ever do anything perfectly actually ever do anything perfectly the approval seeker or people pleasing the approval seeker or people pleasing if we don't speak our minds those if we don't speak our minds those emotions become repressed within us and emotions become repressed within us and that magnifies the impact on our nervous that magnifies the impact on our nervous system so our nervous system stays tight system so our nervous system stays tight and disregulated so all of these and disregulated so all of these strategies and there are many more these strategies and there are many more these are just an example these strategies are just an example these strategies themselves can be the challenge and then themselves can be the challenge and then in our model what then happens happens in our model what then happens happens is that a virus then comes along or a is that a virus then comes along or a bacterial infection whilst we are bacterial infection whilst we are pushing pushing pushing and normally our pushing pushing pushing and normally our immune system kicks in. It fights off immune system kicks in. It fights off the virus or the bacteria the the food the virus or the bacteria the the food infection. It could be mold could be infection. It could be mold could be anything toxins. It fights it off by anything toxins. It fights it off by triggering the immune system and then triggering the immune system and then brings the body back to

normal back to brings the body back to normal back to baseline. But if we've had these baseline. But if we've had these strategies pushing, pushing, pushing, strategies pushing, pushing, pushing, then what happens is this threatens our then what happens is this threatens our physical survival. It's like having flu physical survival. It's like having flu and then deciding to run a marathon with and then deciding to run a marathon with flu. That would threaten your very flu. That would threaten your very survival. It will threaten your immune survival. It will threaten your immune system's ability to fight off that system's ability to fight off that virus.

virus. virus. And so our protective systems, the And so our protective systems, the nervous system and immune system, they nervous system and immune system, they start panicking because they think this start panicking because they think this threat has come on, this physiological threat has come on, this physiological threat like a virus or bacteria, but threat like a virus or bacteria, but this person is engaging in behaviors this person is engaging in behaviors that actually compromise our ability to that actually compromise our ability to fight off that infection. What should we fight off that infection. What should we do? Let's overt trigger the immune do? Let's overt trigger the immune system and nervous system. So these system and nervous system. So these protective parts come up to overdefend protective parts come up to overdefend the system which then causes a lot of the system which then causes a lot of downstream symptoms. and those downstream symptoms.

Chronic illness vicious cycle

and those downstream symptoms themselves become a downstream symptoms themselves become a problem and we'll be talking about when problem and we'll be talking about when we go into the trauma protection matrix we go into the trauma protection matrix which systems get triggered in which which systems get triggered in which particular uh personality traits so particular uh personality traits so we're about to come into the matrix now we're about to come into the matrix now uh sounds very uh ominous doesn't it but uh sounds very uh ominous doesn't it but yes we're going to describe it describe yes we're going to describe it describe this matrix and so once again these this matrix and so once again these protector parts come in so if I show you protector parts come in so if I show you this uh this next slide here this uh this next slide here this is where we then have a protector this is where we then have a protector and this protector, which we've got a and this protector, which we've got a puppet as the policeman is now policing puppet as the policeman is now policing the system. And not only is it the system. And not only is it triggering the immune system and nervous triggering the immune system and nervous system in an overreactive way, but system in an overreactive way, but anytime we engage in achiever anytime we engage in achiever activities, being the perfectionist, activities, being the perfectionist, criticizing ourselves, it sees those criticizing ourselves, it sees those behaviors as threats and so it starts behaviors as threats and so it starts overtriggering even more. And that's overtriggering even more. And that's where an acute problem turns into a where an acute problem turns into a chronic problem. Have you ever wondered chronic problem. Have you ever wondered how does sadness turn into depression?

how does sadness turn into depression? How does COVID turn into long COVID? How How does COVID turn into long COVID? How does uh some kind of normal infection does uh some kind of normal infection turn into a postviral condition? How turn into a postviral condition? How does an exposure to mold turn into mold does an exposure to mold turn into mold illness? This is all in our model due to illness? This is all in our model due to the fact that we have conditioning the fact that we have conditioning events in the amygdala and insula. The events in the amygdala and insula. The brain now learns to overprotect brain now learns to overprotect continuously and it forms a vicious continuously and it forms a vicious cycle. So the next stage of this uh cycle. So the next stage of this uh vicious cycle here is when we then go vicious cycle here is when we then go into into into worrying. We start worrying about our worrying. We start worrying about our symptoms. Hypervigilance and how the symptoms. Hypervigilance and how the body's feeling which then fuels the body's feeling which then fuels the brain even more that we are in danger brain even more that we are in danger and that's where once again the acute and that's where once again the acute condition turns into a feedback loop and condition turns into a feedback loop and creates a chronic condition gut issues.

creates a chronic condition gut issues. We know the gut brain axis. So the gut We know the gut brain axis. So the gut itself is feeding back loads of this itself is feeding back loads of this information back to the brain. Okay. So information back to the brain. Okay. So this is our model of how on and why this is our model of how on and why chronic conditions are so difficult to chronic conditions are so difficult to treat because as you can see there's treat

because as you can see there's multiple layers going in here from the multiple layers going in here from the trauma that the inner child Kyle inner trauma that the inner child Kyle inner child experienced and those residues of child experienced and those residues of those memories those emotions get those memories those emotions get trapped in the physical body at the trapped in the physical body at the sematic level. Then we have distraction sematic level. Then we have distraction and numbing away from that pain. We then and numbing away from that pain. We then come up with strategies to offset those come up with strategies to offset those inner traumatic experiences and memories inner traumatic experiences and memories to stop them being re-triggered as to stop them being re-triggered as protection. But those strategies now protection. But those strategies now become the very problem which then become the very problem which then triggers our immune system and nervous triggers our immune system and nervous system to over respond and defend system to over respond and defend against those very strategies. And then against those very strategies. And then another layer comes along where we start another layer comes along where we start becoming hypervigilant on those symptoms becoming hypervigilant on those symptoms which then fuels further defense. And which then fuels further defense. And once the system is set up that can then once the system is set up that can then cause me, chronic fatigue syndrome, cause me, chronic fatigue syndrome, fibromyalgia, fibromyalgia, fibromyalgia, mold illness, long COVID, all of these mold illness, long COVID, all of these things are when the whole system gets things are when the whole system gets stuck.

stuck. stuck. All right.

Safety and attachment

All right. All right. So let me describe now what I think is So let me describe now what I think is new about this model that we're going to new about this model that we're going to go through is looking at these various go through is looking at these various uh uh uh aspects of core needs of the child.

aspects of core needs of the child. safety, emotional attunement, emotional safety, emotional attunement, emotional expression. How can we now connect these expression. How can we now connect these to what may be going on in our model?

to what may be going on in our model? And this is where we're going into the And this is where we're going into the traumatic memory matrix here. So, let's traumatic memory matrix here. So, let's start off with missing start off with missing need of safety and protection. And need of safety and protection. And that's the one that we obviously hear a that's the one that we obviously hear a lot about. And this can be this feeling lot about. And this can be this feeling that the world is unpredictable.

that the world is unpredictable. I'm not safe. I'm going to be uh I'm not safe. I'm going to be uh abandoned. abandoned. abandoned. And And And this is a feeling that often is this is a feeling that often is associated once again with uh trauma.

associated once again with uh trauma. Yeah. That feeling that we're not being Yeah. That feeling that we're not being supported, we're not being uh looked supported, we're not being uh looked after.

after. after. Okay. And so what can be the emotional Okay. And so what can be the emotional pattern that then occurs as a result of pattern that then occurs as a result of that? There can be fear and that? There can be fear and hypervigilance hypervigilance hypervigilance where we have a bodily dissociation where we have a bodily dissociation because it's not safe to feel into our because it's not safe to feel into our body. So there can be this bodily body. So there can be this bodily dissociation.

Now what kind of life strategies may Now what kind of life strategies may occur as a result of this feeling that occur as a result of this feeling that the world is unpredictable. I'm not the world is unpredictable. I'm not safe. I'm going to be abandoned. Well, safe. I'm going to be abandoned. Well, the brain can come up with uh uh an the brain can come up with uh uh an interesting strategy which is safety interesting strategy which is safety seeking, constantly being hypervigilant seeking, constantly being hypervigilant um about um about the uh environment around us, about the the uh environment around us, about the interactions interactions interactions um and it can then feel like

um and it can then feel like everything is dangerous. I need to be everything is dangerous. I need to be hypervigilant. I need to control my hypervigilant. I need to control my environment. I need to plan out environment. I need to plan out everything. Yeah. So this strategy is everything. Yeah. So this strategy is once again an opportunity to offset once again an opportunity to offset those core wounds, those feelings I'm those core wounds, those feelings I'm going to be abandoned because these are going to be abandoned because these are survival instincts. Yeah. The next one survival instincts. Yeah. The next one is then our attachment style. And those is then our attachment style. And those attachment styles can be then an anxious attachment styles can be then an anxious attachment style. We're not going to go attachment style. We're not going to go deep into the attachment styles. That's deep into the attachment styles. That's for another day. Um uh and so those for another day. Um uh and so those attachment styles are anxious. They can attachment styles are anxious. They can be fearful avoidance. feeling like if be fearful avoidance. feeling like if the world's unsafe, relationships are the world's unsafe, relationships are unsafe, so I'll avoid being in those unsafe, so I'll avoid being in those types of experiences and once again be types of experiences and once again be Then the next column there, the nervous Then the next column there, the nervous and immune system. As a result of this and immune system. As a result of this feeling that the world is a dangerous feeling that the world is a dangerous place, we then can have this sympathetic place, we then can have this sympathetic activation bias and we reduce veagal activation bias and we reduce veagal flexibility. Now what that means is our flexibility. Now what that means is our stress and nervous system then gets stress and nervous system then gets overt triggered continuously. We have overt triggered continuously. We have this sympathetic activation of our this sympathetic activation of our stress system. Yeah, we're constantly in stress system. Yeah, we're constantly in a siege mentality that the world is a siege mentality that the world is unsafe. The world's unpredictable and unsafe. The world's unpredictable and therefore that also means that veagal therefore that also means that veagal flexibility isn't there which means that flexibility isn't there which means that we can't respond effectively when stress we can't respond effectively when stress comes along. So stress comes along and comes along. So stress comes along and then our recovery time is much shorter.

then our recovery time is much shorter. And this is something that we spent the And this is something that we spent the last 25 years researching, looking at last 25 years researching, looking at all the medical evidence. And there's all the medical evidence. And there's now quite strong evidence that this now quite strong evidence that this particular process of looking at those particular process of looking at those inner child beliefs through to emotional inner child beliefs through to emotional patterns, the parts and strategies that patterns, the parts and strategies that come up right through to how it impacts come up right through to how it impacts on our nervous immune system could then on our nervous immune system could then go on to being a risk factor for go on to being a risk factor for fatigue, sensitivity syndromes, fatigue, sensitivity syndromes, fibromyalgia, chronic fatigue, long fibromyalgia, chronic fatigue, long COVID. Yeah. So this is our new COVID. Yeah. So this is our new information the IP that we're generating information the IP that we're generating here which is that there is a matrix here which is that there is a matrix there is an association with these um there is an association with these um missing aspects of the childhood that missing aspects of the childhood that the child experiences right through to the child experiences right through to how it impacts on parts attachment how it impacts on parts attachment styles nerves and immune system and the styles nerves and immune system and the symptoms we may experience.

symptoms we may experience. And that lack of safety can come And that lack of safety can come through, once again that scale of mild through, once again that scale of mild neglect, through to abuse, through to neglect, through to abuse, through to deep traumatic memories, through to deep traumatic memories, through to complex trauma can all impact on our complex trauma can all impact on our sense of safety in the world around us.

sense of safety in the world around us. And then these particular ways of And then these particular ways of interacting. And as we're going through interacting. And as we're going through this, hopefully it's some light bulbs this, hopefully it's some light bulbs are going off that wow, actually I do are going off that wow, actually I do notice that particular strategy in me or notice that particular strategy in me or I notice that particular attachment I notice that particular attachment style and that might be related to this style and that might be related to this inner child belief that's unpredictable.

inner child belief that's unpredictable.

Attunement and dissociation

I'm not safe and I'm going to be I'm not safe and I'm going to be abandoned. Okay, let's look at a another abandoned. Okay, let's look at a another one here.

one here. Emotional attunement. Now, as a child Emotional attunement. Now, as a child and as a baby, especially in the first and as a baby, especially in the first five years of life, a child wants to five years of life, a child wants to feel that the mother or father or both feel that the mother or father or both are in tune with their needs, their are in tune with their needs, their emotional needs. So, when they have an emotional needs. So, when they have an emotion, uh that these emotions matter.

emotion, uh that these emotions matter. Yeah. And it's okay to have these Yeah. And it's okay to have these feelings and emotions because a child is feelings and emotions because a child is very vulnerable until the age of seven very vulnerable until the age of seven or eight when then it can start looking or eight when then it can start looking after itself. So sometimes if there's a after itself. So sometimes if there's a lack of emotional attunement especially lack of emotional attunement especially with a mother this can create feelings with a mother this can create feelings of I don't matter, my emotions don't of I don't matter, my emotions don't matter and in fact emotions are wrong or matter and in fact emotions are wrong or dangerous. So an emotional pattern that dangerous. So an emotional pattern that can then occur is emotional suppression.

can then occur is emotional suppression. Not wanting to feel emotions but wanting Not wanting to feel emotions but wanting to numb and dissociate out of them. And to numb and dissociate out of them. And that bodily dissociation and numbing is that bodily dissociation and numbing is why it's so important to have seatic why it's so important to have seatic techniques and sematic what we call techniques and sematic what we call sematic retraining as part of healing sematic retraining as part of healing from our past traumas and experiences from our past traumas and experiences because sometimes it's not just at the because sometimes it's not just at the cognitive level. It's at the bodily cognitive level. It's at the bodily level. And actually we believe healing level. And actually we believe healing happens at many levels. Physical, happens at many levels. Physical, emotional, mental, spiritual, and emotional, mental, spiritual, and energetic. Yeah. And sematic. So all of energetic. Yeah. And sematic. So all of these levels are things that we approach these levels are things that we approach uh within the Gupta program. So the uh within the Gupta program. So the emotional pattern is emotions are bad emotional pattern is emotions are bad because I'm not being attuned to. So because I'm not being attuned to. So I'll numb out and I'll dissociate from I'll numb out and I'll dissociate from those experiences within me. And a life those experiences within me. And a life strategy that then or a part that may be strategy that then or a part that may be accentuated is that element of accentuated is that element of distracting or numbing from day-to-day distracting or numbing from day-to-day emotions and day-to-day life because emotions and day-to-day life because they just feel too difficult. And then they just feel too difficult. And then the attachment style once again can be the attachment style once again can be anxious attachment. So in relationships anxious attachment. So in relationships I got to be hypervigilant of how the I got to be hypervigilant of how the other person is feeling. Are they other person is feeling. Are they attuned with how I'm feeling? Yeah. And attuned with how I'm feeling? Yeah. And then becoming disorganized in the then becoming disorganized in the attachment style with that fearful attachment style with that fearful avoidant pushpull. I really want to be avoidant pushpull. I really want to be close to this person, but now I'm afraid close to this person, but now I'm afraid that that I'm not attuned to them.

that that I'm not attuned to them. They're not really listening into my They're not really listening into my emotions. And that is fearful. That is emotions. And that is fearful. That is uh bad. So now I want to avoid a uh bad. So now I want to avoid a relationship. So there's a pushpull relationship. So there's a pushpull effect. And there can even be that kind effect. And there can even be that kind of dependency or codependency on really of dependency or codependency on really wanting the other person to understand wanting the other person to understand your feelings and help you process them.

your feelings and help you process them. And this can cause emotional And this can cause emotional dysregulation and stress reactivity in dysregulation and stress reactivity in the nervous system which can contribute the nervous system which can contribute to pain syndrome. So we know that pain to pain syndrome. So we know that pain and there's moderate evidence on this and there's moderate evidence on this pain is very much related to how we pain is very much related to how we relate ourselves to our emotions. Gut relate ourselves to our emotions. Gut symptoms. Yeah. Literally the gut is symptoms. Yeah. Literally the gut is holding on to these emotions which

holding on to these emotions which haven't been attuned to and for some haven't been attuned to and for some non-specific fatigue. So I hope as we go non-specific fatigue. So I hope as we go through this matrix there's little light through this matrix there's little light bulbs that may be going off if you bulbs that may be going off if you notice any of these. And once again, notice any of these.

Suppressed emotions

And once again, very important you work with a coach or very important you work with a coach or therapist, someone perhaps at the Gupta therapist, someone perhaps at the Gupta program to support you when you program to support you when you recognize some of this recognize some of this emotional expression. Now, this one's emotional expression. Now, this one's very interesting. We often are told by a very interesting. We often are told by a parent or a caregiver or at school, stop parent or a caregiver or at school, stop being angry, stop being sad, stop being angry, stop being sad, stop crying. And that means the child, child, crying. And that means the child, child, the inner child doesn't feel safe in the inner child doesn't feel safe in expressing emotions, especially anger.

expressing emotions, especially anger. Anger is often the common one that we're Anger is often the common one that we're not allowed to feel or express. And so not allowed to feel or express. And so the inner child belief can be emotions the inner child belief can be emotions are bad. I mustn't upset others or they are bad. I mustn't upset others or they will reject me. Yeah. Because if I will reject me. Yeah. Because if I express my emotion as a child, I'm express my emotion as a child, I'm getting told off. I'm being told I'm getting told off. I'm being told I'm bad. So emotions are bad in general, bad. So emotions are bad in general, especially anger. So the emotional especially anger. So the emotional pattern in life that generates is pattern in life that generates is suppressed anger. And then also suppressed anger. And then also hypervigilance of other people's moods hypervigilance of other people's moods because then we start thinking how is because then we start thinking how is that person feeling? Am I making them that person feeling? Am I making them angry? Am I making them upset with the angry? Am I making them upset with the things that I'm saying? So we become things that I'm saying? So we become hypervigilant on other people's moods.

hypervigilant on other people's moods. So the life strategy that then gets So the life strategy that then gets related to this if emotions are bad is related to this if emotions are bad is especially consistent with people especially consistent with people pleasing and approval seeking which is I pleasing and approval seeking which is I have these emotions but I can't express have these emotions but I can't express them. So therefore I must people please.

them. So therefore I must people please. I'm not going to be my authentic self I'm not going to be my authentic self anymore. I'm going to hold myself back anymore. I'm going to hold myself back and just say what I want other people to and just say what I want other people to hear so they will approve of me and then hear so they will approve of me and then won't put me down and put me in danger.

won't put me down and put me in danger. So these are survival responses, people So these are survival responses, people pleasing, approval seeking. pleasing, approval seeking.

And another one is the rationalizer And another one is the rationalizer where emotions are bad. I'm told by my where emotions are bad. I'm told by my mother or father or anyone mother or father or anyone that emotions are bad. They're that emotions are bad. They're dangerous. They're not to be dangerous. They're not to be experienced. They're not to be experienced. They're not to be expressed. And therefore I'll just use expressed. And therefore I'll just use my intellect to rationalize everything my intellect to rationalize everything around me. And in that way I then can around me. And in that way I then can avoid these difficult emotions. So we avoid these difficult emotions. So we can use rationality as a methodology to can use rationality as a methodology to The attachment styles that then once The attachment styles that then once again can be anxious. They can be again can be anxious. They can be codependency in the partner's state codependency in the partner's state where you're looking to keep tuning in.

where you're looking to keep tuning in. Have I made them angry? And you start Have I made them angry? And you

start rerunning conversations. Have I hurt rerunning conversations. Have I hurt them? Yeah. which then puts you in a them? Yeah. which then puts you in a very submissive state. And in that very submissive state. And in that submissive state that then impacts to submissive state that then impacts to create a nervous system which can create a nervous system which can actually be in that stress response and actually be in that stress response and we know from the research can actually we know from the research can actually cause blood pressure issues, muscle cause blood pressure issues, muscle tension and reduced recovery signaling tension and reduced recovery signaling in terms of recovering from stress.

in terms of recovering from stress. Yeah. So a lot of vascular stress is put Yeah. So a lot of vascular stress is put on the system when we don't express our on the system when we don't express our emotions. And this is actually in the emotions. And this is actually in the literature. As I said, we spent years literature. As I said, we spent years researching thousands different studies researching thousands different studies and also AI now has the ability to churn and also AI now has the ability to churn through the millions of studies out through the millions of studies out there. And it seems to be pointing to there. And it seems to be pointing to this idea of vascular stress and this idea of vascular stress and migraines and pain, blood pressure being migraines and pain, blood pressure being impacted on our by our inability to feel impacted on our by our inability to feel our emotions and then essentially fing our emotions and then essentially fing people pleasing. It's often called fning people pleasing.

Grief and validation

It's often called fning where you f you don't want to be your where you f you don't want to be your true self or authentic self. Another true self or authentic self. Another missing piece, the inability to handle missing piece, the inability to handle loss or pain. So, as a child, when loss or pain. So, as a child, when things don't go our way, there is loss.

things don't go our way, there is loss. There is grief as a result of that. There is grief as a result of that. Maybe we didn't, as a silly example, get Maybe we didn't, as a silly example, get the toy that we wanted or perhaps there the toy that we wanted or perhaps there was someone in our lives that was there, was someone in our lives that was there, but traumatically they passed away.

but traumatically they passed away. Yeah. And if we aren't taught to grieve, Yeah. And if we aren't taught to grieve, to mourn, to show that I'm upset, this to mourn, to show that I'm upset, this also can be detrimental to our health.

also can be detrimental to our health. The emotional pattern becomes grief and The emotional pattern becomes grief and sadness isn't something I'm allowed to sadness isn't something I'm allowed to experience or feel. And there can be experience or feel. And there can be literally a bodily dissociation from our literally a bodily dissociation from our physical body, which then once again uh physical body, which then once again uh gives that idea of the body keeps the gives that idea of the body keeps the sto the score, the very famous book sto the score, the very famous book because the body is holding on to those because the body is holding on to those physical emotions in the energy centers physical emotions in the energy centers of the body. So where do we feel that of the body. So where do we feel that energy? Generally grief and sadness we energy? Generally grief and sadness we feel around the throat and chest area.

feel around the throat and chest area. Anxiety and fear we feel in the chest Anxiety and fear we feel in the chest and stomach area. Anger is often and stomach area. Anger is often associated with the cardiovascular associated with the cardiovascular system and also the head and migraines system and also the head and migraines and headaches.

and headaches. The life strategy can be once again The life strategy can be once again distracting and numbing out. And the distracting and numbing out. And the inner critic can actually be elevated inner critic can actually be elevated because uh now that we have this grief because uh now that we have this grief and sadness, we're told that we're wrong and sadness, we're told that we're wrong for having it. There must be something for having it. There must be something wrong with us. And then we just start wrong with us. And then we just start becoming the endurer. I won't bother becoming the endurer. I won't bother people with it. I've got my pain. I just people with it. I've got my pain. I just need to hold on to it and just try and need to hold on to it and just try and get through life. And

the attachment get through life. And the attachment styles can then be this dismissive styles can then be this dismissive avoidant where well, I've got this pain avoidant where well, I've got this pain that I'm dealing with. A relationship is that I'm dealing with. A relationship is too much. Let me just uh feel less too much. Let me just uh feel less anxious out of being in relationships anxious out of being in relationships because I've got this grief that I'm because I've got this grief that I'm holding on to. And in the nervous holding on to. And in the nervous system, we know that this can cause system, we know that this can cause immune dysregulation. So people who are immune dysregulation. So people who are holding on to grief or who haven't holding on to grief or who haven't processed a bereiement can actually have processed a bereiement can actually have a huge amount of disregulation in their a huge amount of disregulation in their immune system and we know there's immune system and we know there's changes in the inflammatory signaling as changes in the inflammatory signaling as well NK cells inflammation etc. And it well NK cells inflammation etc. And it can contribute to depression, immune can contribute to depression, immune system changes, and obviously system changes, and obviously contributing to general inflammatory contributing to general inflammatory conditions. And inflammation can be a conditions. And inflammation can be a general risk factor for many different general risk factor for many different illnesses.

illnesses. illnesses. And once again, as we go through this, And once again, as we go through this, right, it can feel like gosh, I can't right, it can feel like gosh, I can't keep going through all of this. This is keep going through all of this. This is all very depressing. It's just to build all very depressing. It's just to build awareness so that we can know that awareness so that we can know that through the power of neuroplasticity, we through the power of neuroplasticity, we can retrain these old patterns that just can retrain these old patterns that just came from childhood, right? They're old came from childhood, right? They're old patterns and actually there's a triple patterns and actually there's a triple whammy. First of all, they're lies that whammy. First of all, they're lies that we keep telling ourselves because they we keep telling ourselves because they were based on a survival strategy from were based on a survival strategy from years ago and now we keep thinking years ago and now we keep thinking that's the same now. So we continually that's the same now. So we continually keep lying to ourselves that this is the keep lying to ourselves that this is the way it is right now. And secondly, it way it is right now. And secondly, it then impacts on our health and then impacts on our health and well-being. And thirdly, well-being. And thirdly, it's something which then impacts on our it's something which then impacts on our future relationships, our future way of future relationships, our future way of interacting with people, right? And once interacting with people, right?

Internal and external needs

And once again, keeping our nervous and stress again, keeping our nervous and stress systems elevated. systems elevated. Another one here, missing unconditional Another one here, missing unconditional love and validation. Yeah. Now, this is love and validation. Yeah. Now, this is obviously a really big one that a child obviously a really big one that a child as it's growing up is so vulnerable that as it's growing up is so vulnerable that it needs that constant attention to feel it needs that constant attention to feel like it's loved because if it's not like it's loved because if it's not loved, it could be abandoned. And if a loved, it could be abandoned. And if a child is abandoned, it cannot survive.

child is abandoned, it cannot survive. So these are deep evolutionary So these are deep evolutionary biological programmed responses to help biological programmed responses to help us navigate the world around us. So if a us navigate the world around us. So if a child feels that love is conditional on child feels that love is conditional on it performing on it doing well on it it performing on it doing well on it perhaps numbing its emotions then it perhaps numbing its emotions then it starts learning that I'm not good enough starts learning that I'm not good enough just the way I am. I need to perform to just the way I am. I need to perform to actually feel loved and validated. So actually feel loved and validated. So the belief can be there's something the belief can be there's something wrong with me. It's my fault. bad. I wrong with me. It's my fault. bad. I can't be authentic. I'm not lovable.

can't be authentic. I'm not lovable. Yeah, that fear of rejection, a fear Yeah, that fear of rejection, a fear that I'm at my core not lovable. And that I'm at my core not lovable. And something that I want to mention in a something that I want to mention in a very careful way is that sometimes many very careful way is that sometimes many of our clients notice that some of their of our clients notice that some of their caregivers may have displayed certain caregivers may have displayed certain narcissistic traits narcissistic traits right through to full-blown narcissistic right through to full-blown narcissistic personality disorder. or they may have personality disorder. or they may have

displayed borderline traits, borderline displayed borderline traits, borderline personality disorder. And these often personality disorder. And these often are common. And once again, it's not are common. And once again, it's not about necessarily having huge amount of about necessarily having huge amount of blame. You know, everyone's doing the blame. You know, everyone's doing the best that they can, but some of these best that they can, but some of these personality traits from a caregiver or a personality traits from a caregiver or a parent can magnify the chances of some parent can magnify the chances of some of these beliefs being created. So, it's of these beliefs being created. So, it's just something to to be aware of. And just something to to be aware of. And I've done a whole separate event on uh I've done a whole separate event on uh borderline and p and narcissistic traits borderline and p and narcissistic traits that can impact on our attachment styles that can impact on our attachment styles and on our emotional patterns.

and on our emotional patterns. So what's the emotional pattern that So what's the emotional pattern that could then occur as thinking there's could then occur as thinking there's something wrong with me? It can be shame something wrong with me? It can be shame and guilt. That's the core uh vibration.

and guilt. That's the core uh vibration. That's one of the lowest vibrations that That's one of the lowest vibrations that we can experience is thinking there's we can experience is thinking there's constantly something wrong with me. That constantly something wrong with me. That I'm shamed. Yeah, I'm guilty. I'm not I'm shamed. Yeah, I'm guilty. I'm not right the way I am.

right the way I am. And there can be another other emotional And there can be another other emotional patterns insecurity etc. And the life patterns insecurity etc. And the life strategy becomes actually let me become strategy becomes actually let me become my own critic because if I put myself my own critic because if I put myself down then it prevents others putting me down then it prevents others putting me down because I will motivate myself down because I will motivate myself through inner criticism. That's the uh through inner criticism. That's the uh pattern and that often is reinforced by pattern and that often is reinforced by negative reinforcement that a child will negative reinforcement that a child will do better if we put them down. So that do better if we put them down. So that inner critic develops in us like a in a inner critic develops in us like a in a a ghost from our past. We become a ghost from our past. We become perfectionist.

perfectionist. perfectionist. If I do things perfectly, then I will If I do things perfectly, then I will show that I'm worthy of love and show that I'm worthy of love and validation. If I overachieve, validation. If I overachieve, that's also a mask that we wear. And that's also a mask that we wear. And these aren't our authentic self. So these aren't our authentic self. So these are like little children running these are like little children running around in our unconscious.

around in our unconscious. They're all doing something that is They're all doing something that is protective that they think is good for protective that they think is good for us, but in fact doesn't mean we're us, but in fact doesn't mean we're leading an authentic life. We're just leading an authentic life. We're just leading a life according to these masks leading a life according to these masks and these ego shells.

and these ego shells. Once again, we don't want to be angry at Once again, we don't want to be angry at these parts of us. They're doing the these parts of us. They're doing the best that they can. And helping and best that they can. And helping and rescuing. If I'm helping and rescuing rescuing. If I'm helping and rescuing others, people will love me and others, people will love me and validate. And I'll learn that. So, the validate. And I'll learn that. So, the attachment styles that can become attachment styles that can become associated with that are anxious associated with that are anxious attachment, overgiving, and being very attachment, overgiving, and being very sensitive to criticism. Because if we sensitive to criticism. Because if we haven't felt validated, then although haven't felt validated, then although we're trying to prove ourselves, any we're trying to prove ourselves, any little criticism then feels all the more little criticism then feels all the more powerful. And in our nervous system and powerful. And in our nervous system and immune system, this can immune system, this can manifest as chronic stress in the manifest as chronic stress in the nervous system, high altatic load, and nervous system, high altatic load, and once again, we know from the literature, once again, we know from the literature, high levels of inflammatory signaling as high levels of inflammatory signaling as well. It can be associated with burnout, well. It can be associated with burnout, low mood, once again autoimmune symptoms low mood, once again autoimmune

symptoms and fatigue syndromes as well. This is a and fatigue syndromes as well. This is a very core one here. Once again, now that very core one here. Once again, now that we recognize this, we recognize this, it's recognizing ah with this awareness, it's recognizing ah with this awareness, I can now see why I do the things that I I can now see why I do the things that I do, why I behave the way that I behave.

do, why I behave the way that I behave. And at the core of it comes down to And at the core of it comes down to working with our parts, healing the working with our parts, healing the critic, the perfectionist, the critic, the perfectionist, the overachiever. We heal those parts. It overachiever. We heal those parts. It opens up a doorway to then gradually opens up a doorway to then gradually healing even Kyle the inner child within healing even Kyle the inner child within us. These are all stages. You remember us. These are all stages. You remember the layers diagram I spoke about in the the layers diagram I spoke about in the Gupt program? We go through those Gupt program? We go through those layers.

Childhood and authenticity

layers. layers. Agency. Agency. Agency. So this is where a child feels I have no So this is where a child feels I have no control. There's no point trying. So if control. There's no point trying. So if there's a lot of pain they're there's a lot of pain they're experiencing, a lot of control, a lot of experiencing, a lot of control, a lot of a lot of dominance over a child, they a lot of dominance over a child, they feel they don't have any influence. no feel they don't have any influence. no agency. So this can manifest as agency. So this can manifest as helplessness, feeling the victim, helplessness, feeling the victim, silence, just numbing out and the life silence, just numbing out and the life strategy becomes feeling like a victim strategy becomes feeling like a victim of life, feeling disempowered. And this of life, feeling disempowered. And this can be contributing to dismissive can be contributing to dismissive avoidance strategies and a difficulty avoidance strategies and a difficulty asserting one's needs. And this is some asserting one's needs. And this is some really interesting uh data. This often really interesting uh data. This often shows up as freeze responses where a shows up as freeze responses where a person find it difficult to navigate person find it difficult to navigate day-to-day life. threat is magnified and day-to-day life. threat is magnified and so the whole system just shuts down. So so the whole system just shuts down. So someone can have something happen to someone can have something happen to them. Yeah. A stress in at work and them. Yeah. A stress in at work and because the system is used to this because the system is used to this defense strategy, the whole system can defense strategy, the whole system can shut down. People can go into paralysis shut down. People can go into paralysis as a result of an argument or being put as a result of an argument or being put down or a difficulty in life. So this is down or a difficulty in life. So this is a really important um aspect of our past a really important um aspect of our past to recognize and retrain and reprogram to recognize and retrain and reprogram that can cause these burnout patterns that can cause these burnout patterns very quickly when we feel like we don't very quickly when we feel like we don't have agency. We not we are disempowered.

have agency. We not we are disempowered. Finally, just going through our last Finally, just going through our last couple. So missing a sense of belonging.

couple. So missing a sense of belonging. If a child feels it doesn't belong in If a child feels it doesn't belong in the family, yeah, it feels like it has the family, yeah, it feels like it has to cope alone. This is often if another to cope alone. This is often if another sibling is preferred or a child is sibling is preferred or a child is constantly compared to others or it just constantly compared to others or it just doesn't feel like it fits because it's doesn't feel like it fits because it's not given that warmth and association in not given that warmth and association in the family and that attention. The the family and that attention. The emotional pattern can be a sense of emotional pattern can be a sense of loneliness. Yeah. Even around people a loneliness. Yeah. Even around people a person can feel lonely in a crowd and person can feel lonely in a crowd and this is often down to this feeling of this is often down to this feeling of not feeling a sense of belonging is not feeling a sense of belonging is growing up. The life strategy can be growing up. The life strategy can be being a loner avoidance strategy. So being a loner avoidance strategy. So anxious avoidant anxious avoidant and we know from the research this is and we know from the research this is where we get a huge amount of stress in where we get a huge amount of stress in the nervous system immune system and a the nervous system immune system and a higher cardioabolic risk and mortality.

higher cardioabolic risk and mortality. So loneliness is one of those is the So loneliness is one of those is the

highest risk factor for all cause highest risk factor for all cause mortality. Uh we know there are higher mortality. Uh we know there are higher inflammatory markers and accelerated inflammatory markers and accelerated aging markers as well. So loneliness is aging markers as well. So loneliness is something that we want to reduce in something that we want to reduce in society from a practical level. So we society from a practical level. So we want people to interact more with people want people to interact more with people but also at an internal subjective level but also at an internal subjective level reducing our sense of loneliness reducing our sense of loneliness reaching out to others. So if we feel reaching out to others. So if we feel lonely do we reach our hand out first to lonely do we reach our hand out first to support others.

support others. And finally missing that sense of And finally missing that sense of childhood. childhood. childhood. Sometimes a child has to grow up really Sometimes a child has to grow up really fast if their parents are displaying fast if their parents are displaying emotional immaturity or they have a emotional immaturity or they have a addiction. Yeah. or another challenge or addiction. Yeah. or another challenge or they're told to be the man of the they're told to be the man of the household now or the leader because the household now or the leader because the parents are finding it difficult to parents are finding it difficult to handle life. This means that child grows handle life. This means that child grows up learning that their identity is up learning that their identity is related to rescuing others and they related to rescuing others and they can't be their authentic self. Yeah, can't be their authentic self. Yeah, that's the inner child belief. So the that's the inner child belief. So the emotional pattern is over responsibility emotional pattern is over responsibility and that creates a feeling of resentment and that creates a feeling of resentment that why can't I be playful and be a that why can't I be playful and be a child? Why am I having to rescue child? Why am I having to rescue everybody else? And the life strategy everybody else? And the life strategy can then be being identified with being can then be being identified with being the helper and rescue in life, the the helper and rescue in life, the martyr for others, which then creates martyr for others, which then creates once again a whole host of different once again a whole host of different attachment styles. And once again, these attachment styles. And once again, these are examples. So everything we're going are examples. So everything we're going through are examples and it's not 100% through are examples and it's not 100% like this. These are just patterns. It's like this. These are just patterns. It's not a science is an art. And then in our not a science is an art. And then in our nervous and immune system, this can nervous and immune system, this can create sympathetic activation, poor create sympathetic activation, poor recovery cycles from stress and once recovery cycles from stress and once burnout, fatigue and inflammatory burnout, fatigue and inflammatory symptoms. And in our model, as those symptoms. And in our model, as those increase, if the protector parts then increase, if the protector parts then recognize those as dangerous and our recognize those as dangerous and our life strategies as dangerous, they can life strategies as dangerous, they can become a vicious cycle. And that's where become a vicious cycle. And that's where a acute illness can then turn into a a acute illness can then turn into a chronic illness. And this is part of our chronic illness. And this is part of our trauma protection matrix. So it's a trauma protection matrix.

Conclusion and next steps

So it's a whole matrix of how these childhood whole matrix of how these childhood needs become missing or ignored creating needs become missing or ignored creating these emotional patterns and life these emotional patterns and life strategies impact on our relationships strategies impact on our relationships in terms of our attachment styles and in terms of our attachment styles and right through to our nervous and immune right through to our nervous and immune Okay. Okay. So, we've been through a lot Okay. Okay. So, we've been through a lot of very deep and powerful content there.

of very deep and powerful content there. And what we'd love for you to now do is And what we'd love for you to now do is to please come on to our live um Zoom to please come on to our live um Zoom call where we'll be answering questions call where we'll be answering questions about this. I'm sure there a lot of about this. I'm sure there a lot of questions that may come up around this.

questions that may come up around this. And once again, we'd like to let you And once again, we'd like to let you know that we have a a webinar series know that we have a a webinar series coming up next week starting very soon.

coming up next week starting very soon. And that's part of this whole Gupta And that's part of this whole Gupta program which is all about addressing program which is all about addressing these physical symptoms through going these physical symptoms through going through these layers these layers of through these layers these layers of parts and protection that are causing a parts and protection that are causing a lot of these symptoms in our bodies lot of these symptoms in our bodies right through to inflammatory diseases right through to inflammatory diseases long COVID fibromyalgia pain. We believe long COVID fibromyalgia pain. We believe that this matrix now helps us come to a that this matrix now helps us come to a deeper understanding. And so if you want deeper understanding. And so if you want to uh join us we have a special discount to uh join us we have a special discount code for anyone wanting to join in the code for anyone wanting to join in the next week or so. And the discount code next week or so. And the discount code is matrix75.

is matrix75. So if you use the discount code matrix75 So if you use the discount code matrix75 atguprogram.com, atguprogram.com, atguprogram.com, you'll get $75 uh about 63 euros off the you'll get $75 uh about 63 euros off the program as our special discount just for program as our special discount just for the next few days until our new webinar the next few days until our new webinar series starts. So I don't think we've series starts. So I don't think we've been through a lot of deep content been through a lot of deep content there. I think it's very important that there. I think it's very important that you ground yourself. Reach out for you ground yourself. Reach out for support to one of the goods program support to one of the goods program coaches if you need. And once again, the coaches if you need. And once again, the most important thing about this is most important thing about this is awareness. We now can recognize some of awareness. We now can recognize some of the patterns that may have been from our the patterns that may have been from our past and how it impacts on our current past and how it impacts on our current parts of behaviors and now look to parts of behaviors and now look to retrain that. And there can be many retrain that. And there can be many different pathways and avenues for that.

different pathways and avenues for that. And we hope that you'll join us at our And we hope that you'll join us at our 12week uh program on the Gupta program 12week uh program on the Gupta program support you in recognize these layers support you in recognize these layers engage with retraining to deepen your engage with retraining to deepen your health and happiness so that you are now health and happiness so that you are now empowered to be your true authentic empowered to be your true authentic self. So our team will now share the uh self. So our team will now share the uh Zoom link where we'll go live onto Zoom Zoom link where we'll go live onto Zoom and uh we can answer your questions and and uh we can answer your questions and go deeper into some of these parts. So, go deeper into some of these parts. So, thank you so much for watching and we thank you so much for watching and we look forward to seeing you next time on look forward to seeing you next time on one of our live events. Thanks everyone.

one of our live events. Thanks everyone. Please do share this. We'll see you next Please do share this. We'll see you next