Introduction to Dr. Eileen LaPierre and Neuro Effective Touch

Welcome to the bio optimized summit where we are exploring the next level of health you can achieve through targeted and intentional optimization. I am very excited today to bring to you someone who's become my personal instructor in some of the work with the nervous system that I am doing and this is Dr Eileen LaPierre and I will make sure that she gives us the correct pronunciation of her of her name and she is a doctorate and M. F. T. As well as a somatic experiencing practitioner where I have come across her first in my training, the advanced training with dr Peter Levine and then now I'm working with her under her program with the neuro effective touch.

So she developed neuro effective touch and this is a therapeutic approach that speaks really the language of the body that we're going to be talking about today And it's this inviting of the mind to participate in this uh introduction and understanding and connection with the body. She has been exploring the movement patterns that organize the body and mind since the mid-1970s and now conducts workshops that support the personal embodiment of somatic developmental and psychodynamic principles for psychotherapeutic professionals.

She was on the faculty of the somatic doctoral program at santa Barbara Graduate Institute for 10 years and currently chairs doctoral dissertations in the somatic program at the Chicago School of psychology. She has authored and published numerous articles and is co author of the book healing developmental trauma, which I highly recommend anybody interested in this topic to pick up her book and read this.

She is trained as a psychoanalyst and both of us share this in common that we have been a member of Dr Alan Shore's neuro science effective neuroscience study group and she is in West Los Angeles where she is now both conducting her workshops and doing private practice. Thank you so much.

Dr Eileen for joining me today. I'm very excited for this conversation about touch and bringing this to the audience and so welcome. Thank you amy. That's a great introduction. Yes.

And I am always excited to touch to talk about touch because for so long it's been a taboo subject and I felt like no one wanted to listen or if I began to talk about the importance of touch. This glazed look would come over people and there would be this sense of no this is not a direction that one should go in which is really sad because touch has such a powerful effect to it.

Very powerful healing effect to it. And I think that a lot of the taboo has come around this fear that we're going to reenact or bring up trauma from people who may have been touched in ways that did not feel supportive, did not feel tender.

And yet this is really where so much power in healing and rewiring the nervous system comes and it's even been called like touch being the language of tenderness.

So walk us through what actually happens when we have this type of connection with someone where skin to skin touch. What is changing in our biology? Yes. Well, that's a nice simple question.

Right? Well, first of all were conceived through touch. That if you think of the egg as it waits and as the sperm enters its a touch, it's a penetrating touch where we come to life through an action that is motivated by touch and it continues through our lives in the womb.

We are surrounded. We're floating in amniotic fluid so that the skin is constantly being caressed by the liquid of by the waves of the liquid of the amniotic fluid. And so our body begins to develop, always having some form of contact at the skin.

How Touch Shapes Early Development and Attachment

And then as we are born, the contraction of the birth is a different kind of touch. It's a sort of a compressive touch that actually signals the body that it's time to begin the agency of functioning on its own. So there's an enlivening that comes through that compressive touch. So you can see already through our development that there are different types of touch. There's that floating gentle touch of the amniotic fluid. Now, we have the compression of the birth.

And all of these signals actually are read by the body as as developmental cues, more things to change. So then as the baby is born and lies on, shall we say, in an ideal birth lies on the mother's belly. Um there's now we have a different type of touch, It's no longer a floating surrounding touch.

But now the baby, the baby is belly to belly with the mother. So now begins a different kind of contact through touch. That gives us that sense of connection. All of this touch is about connection, about a heartfelt connection, it's about a safe connection.

And so then so then I could go, I don't know should I go on with the different types of touch. But so then a few minutes, you know, maybe 20 minutes or so after birth, baby is on the belly and you see the baby, the lips activate like a little sucking motion and the baby begins the journey to the breast. And so now we have a different again type of touch where the mouth attaches to the breast and then you have a sucking motion, suckling motion that begins to bring warm liquid into the body, a different kind of touch. An inter receptive touch that awakens the digestive system. And so every stage of development has a touch activity associated with it.

And as you're describing this, what is also coming to mind is a lot of dr Bruce Perry's work in his in his book where he describes this, the biochemical processes that are happening during birth in this very early developmental stage where you have all of the chemical changes that are happening and associated with this touch with even like the pressure of the labor and then that that produces all this oxytocin.

So then along with that skin to skin touch, you're getting this flood of chemicals that are promoting that attachment. That connection and that feeling of safety with a very particular person, right? It's not just with anybody in the world.

No, it's with that mother figure who has been carrying it for the last nine months and so after hearing its voice, after hearing mom talking and feeling her heartbeat.

Now, it is like you describe this different type of touch along with all these other brain chemicals that really just all come together to promote this connection and a sense of safety and security with that connection, Right? Because, you know, poor just said it very succinctly is that it's about safety when it's it's about love. It's about connection.

But ultimately at the very base from the body's perspective, it's about safety and right. That the triggering, I think that a touch that is loving and conscious and present because there are there are many dysfunctions of touch.

You know, and the taboo on touch has many reasons, but one of them is that there are many dysfunctions, abuse, neglect, particularly abuse. And so when we talk of touch here, we're talking about a healthy present heart centered, caring life affirming touch.

Yeah, I like how you use that word. Affirming, right? Cause that that affirming is is also suggesting acceptance. Unconditional acceptance of the life that they are are seen in front of them.

Right. Right. And you know, in theirs for a long time, there was no research, very little research on touch. And then Tiffany Fields started some research on early development.

And now I'm seeing as I sort of cruised the internet more and more papers coming out on the effects of touch. And um for example, one really interesting one was done for the folks who do kangaroo care, which is really, you know, the baby, belly to belly, skin to skin on the mother. And what they found is that that touch significantly increases the oxytocin of course. And um that by the same token it decreases the cortisol so that they see that. And then it also brings a brain to brain synchronization. They can see the brain waves begin to flow together. And we already know that the mother from the heart math research that the mother, the brain is always tracking the baby's heartbeat so

that as she feels her baby, she's tracking. So these are interesting research.

But what it shows actually is that touch really predisposes a child for secure attachment and that it will decrease their reactivity to stress. Exactly. Well, that secure attachment is really the ultimate resilience for a child and helping build their capacity for stress and not to get overwhelmed with stress, which is kind of where I'd like to go next and ask you about because as you mentioned, purchase and his work. What we know now from developmental work is that the the state of the nervous system that is most developed in terms of survival at birth.

Is the freeze response. Is that dorsal vagal response. And so when a child maybe doesn't have either enough touch or enough regulation, we should say whether that comes through touch or all the different forms that regulation can come through, then it sets their nervous system up to be programmed almost for this freeze response. And talk to us about that.

Talk to us about like this early developmental stage and how touch influences that with our understanding of the dorsal vagal, the dorsal vagal, right?

You know, I I have a few slides that I sort of put together just in case, especially in terms of talking about the nervous system because in my way of understanding it, we can't really talk about the poly vagal without talking about the the autonomic nervous system and how they work together and how they work together in early development. So if you'll bear with me, let's see if I I would like to show you because I found, you know, teaching touch that it's really helpful to include the anatomy and it's respectful to the body because mind can talk about the body forever. But if mind if if in our minds we don't hold an image of the body, there's still a missing piece there.

So I'd like to bring in a little bit of anatomy and then a little bit a few photos of of how holding a baby can affect this. Yes, that would be wonderful.

Yes.

Polyvagal Anatomy, Safety, and Nervous System Regulation

Okay, so let me see if I can do this graciously here. Sure. Yeah. And as you're doing that, I'll just mention that in one of the first training that I had with you with the neuro effective touch, we talked about right this anatomy and the different level at which the nerves were coming out. And that really allowed me to take my somatic practice to the next level. Because I could I could have a better sense of where my back needed extra support based on the level of the nerves that were coming out.

So this anatomy is so important and I see you have your slides up. Thank you. I do. I'm always thrilled when, when I can get the technology to work. So on the left side here, um this this is a diagram actually by the charities who have done fabulous work with the body.

So you can see as we talk about the poly vagal system, um the red the red thread is the dorsal vagal and you can see that it has branches into all of the organs. I'll show you another slide leader and as it moves up towards the body, it gathers um more information from the heart.

It gathers information from the lungs, It continues moving up. It gathers information from the throat larynx and pharynx and comes right here to the cranial base. And so that's the dorsal vagal, that's the part that goes into the deep freeze.

And one thing that I just like to highlight that actually came up earlier in a conversation with me. Um and someone else today was just how deep these and by deep, I mean low, like low in our pelvis, these nerves run like they really do come from very deep in our pelvis, almost like from our sexual organs where this information is coming from right, It would make sense.

You know, as as the knowledge of this poly vagal system developed. It's sort of gone deeper and deeper. And a lot of folks, I believe, I don't know what Porges believes, but a lot of body workers certainly believe that the roots of it

are in the in the pelvic floor and intellectual organs moving into the digestive track, moving into the heart and lungs and moving into the throat.

And then the the ventral, what is called the ventral vagal, which is the social engagement. And you'll see why is the blue part. And so you can see branches coming to the eyes coming into the jaw and lips coming into the jawbone moving down the throat in parallel down to the heart as well. So you can see how they can join at the heart and then a little bit back and so that, and you can see why it's called social engagement because basically it engages our face, our facial muscle, that part that we actually interact the most with you know and people now there's another p piece that I think is really important is there's a we have three nervous systems.

Then it could be seen that the dorsal vagal, ventral vagal and then along in the spine running through the vertebrae is the autonomic nervous system. And on the on the left, on the image on the left, it's the gold part.

You could see the gold part but I put another image next to it so that you could see better. And the that nervous system also goes to the organs sympathetic autonomic nervous system, the sympathetic nervous system.

Because we're talking so much about the parasympathetic vehicle that we forget that the autonomic sympathetic nervous system also goes to the organs. Which let me just say right there, dr Eileen like how profound even that is right now because there are still many people that I talk with, many professionals that I talk with that still lump the survival system that we have as fight flight or freeze as if all of that is one nervous system state. And so this is this is the importance of this anatomy is seeing how those are very separate, very separate systems.

The sympathetic is one survival state and the freeze. The dorsal vagal is a completely different state of our nervous system. Get back here right And so you can see and this is important because what I have found and what we found in working with touch is that when we support the back, we, you know, it's a very different experience for the person as when we offer protection to the front of the body and when we support the back, it really helps the nervous system drop.

But actually, where we're touching in is specifically in those points in the back, where you can see how the nerve, you can you can see my cursor right will run to the heart and notice like area between the shoulder blades.

You have all these exits, see the nerve exits in between the vertebrae to the heart. You can see how then it branches to the lungs. So they're together.

And if we go a little bit lower, it goes into, it goes through these little plexus is but nonetheless goes to the digestive organs. So we know that if we support the specific areas along the back, we're supporting a we're giving the sympathetic nervous system a sense that there is some something to yield into that yielding is often missing. If a baby was never held in a secure way that supported their back, there's a sense always it's like the nervous system is having to hold itself. The muscles have had to learn to hold themselves before there was a full development and so it comes.

So there's this then there's, you know, the information so there's the holding and the support that comes in through the back that goes into the sympathetic nervous system and then through the vagal there's all of the interaction with the mother.

You know, the work of Beatrice Bebe um shown how micro moments affect, you know, how we take in our connection with the other. So there's that social engagement connection and then there's, you know, all of the organs that really inform, you know, there's another thing else say about the nervous system while I'm thinking about it is that we have this idea that the nervous system is generating emotional states, but actually the nervous system is a conduit. It's a it's there there really it's a communication system and it communicates what the organs are experiencing to the brain. And so it's important to remember that we're working with the communication system that can get overwhelmed just like our roads can have blockages etcetera. But it's like we can't say that, oh the roads are the society, You you know, it's like we come and go from specific places and that's the communication and I find that students often are very confused like how do the nerves generate our emotions? And it, you know, so it's important to know that we are working with the communication system that is like emotions are generated in

the heart, in in the organs themselves and we'll talk more about that.

But and then notice that um at the cranial base here, all the dorsal gathers here and from the cranial base, then it's um disseminated to the brain, which is like grand central.

That gathers all that information. And what is really obvious when you look at this anatomy in these pictures is just how much then when we do have these different emotional states, how much of our biology is affected.

Because if the nervous system is the conduit is the the communication system and it's communicating to all these different organs, because that's where these communication pathways go everywhere in our body is going to be affected by different emotional states.

The biology of each of the different organs, down to the cells are going to be affected since that's what the nervous system is communicating with. To the point where in your work you've been able to very clearly identify different like muscular patterns. Like you were talking about, where there's been bracing for a long time, where there has been different tension that has showed up in specific muscle groups and those specific muscle groups for a reason, because of the new nervous system. So yeah, talk to us more about about how this shows up in terms of the muscles and the tissues and different bracing patterns.

So, back to our baby here and here's here's a little sequence of a baby with with his dad. Nico was three weeks old at the time and noticed this was not rehearsed. This just was one of those moments, like let's take pictures and then all of a sudden this beautiful sequence emerged where you can see how he is supporting the back and you know, like this baby is dangling over a little avoid and and yet there is absolutely no fear of being dropped and this is a piece when, when uh clients have not been held and they are offered support and and we will say, you know, in your effective touch is there, can you feel my hands under your back?

Can you feel that I'm here to support you and most of the time what will happen when there's neglect or some trauma they go, but if I let go, you'll drop me that feeling and that fear of being dropped, you know, is very, is very common. And so here I love this because here's this baby over avoid and and but the holding is so secure and notice the hand under the arch, how securely the head is held and how securely the cranial base is held. And as a result notice how open that, that that policy vagal the front of the body is the little belly, the little heart and then the face to face engagement and the, the expressions together and then the joy of of the communication, yeah, the the engagement that's allowed to happen because there's no fear.

There there there is no fear, there's no fear underneath that the touch will not be secure. And there's no fear that in the social engagement there will not be a meeting, right? Right.

And then so as they as they enjoy each other because they're obviously really enjoying each other. They become aware of the photographer and you see them turn together to now pay attention to the world together.

And so that was that is also secure that from that secure place of connection. And what we know about secure attachment is that it primes the child to feel excited and curious about going out into the world. So that this you know, all three nervous systems here are being tended to in an organized way.

Posture, Bracing, and the Effects of Developmental Trauma

And this is what this is what I love about this early developmental processes, how when it's done right? How stabilizing it is. Like how much it sets their whole nervous system orientation grounding all of that sets it up for success because they it's organized in the right way.

It's developed in an organized way. And this is really where they are able to be curious and it explore and have that freedom because they feel that baseline security.

Whereas if they didn't get this level of support, they are going to be bracing rather than feeling safe to explore. Exactly. Exactly. So that and that bracing really starts to shut down.

Well on a biological level that bracing. Well let starts to shut down the breath and it begins to shut down the life force, we we call it life force, but it's really that oxygenation, that nutrients, that oxytocin so that the child is less and less available and the brain and there's a natural, okay, so let me show you the next piece. Actually.

We we've done that. So let me show you what happens in terms of posture. Then here is which ties into the more the more adult part of what we were just looking at. So here's what we all aspire to.

Yes, the perfect buddha, perfect, perfect internal peace serenity looks like boundaries and yet openness. Yes. And here is where many of us find ourselves and and so it's like we could ask, well what happened to this buddha right? There's the collapse, right? You could see the collapse, the collapse in the organs. The particularly I I put the arrow there.

But the primary piece is that when there is lack of connection, when there is some type of violation of trust in the connection, it comes in as a shock to the heart.

And we've all felt that all those little shocks to the heart. Little ones, large ones, whatever, It just comes in at a shot as a shock to the heart or it comes in as a kind of a blow into the belly. We say, you know, a kick in the gut. So so you could see where the connection first registers in the organs and then the nervous system carries that information to the brain. And so whenever there's a, a difficult, a painful experience in the heart or in in the gut. We can take it as the body's signal that something has gone wrong in the connection.

And so this buddha as a result, you can tell that this buddha has taken many shocks to the heart and as a result, there's a tendency to, we're talking about posture, right? How does it affect the posture?

If you begin to try and pull, pull yourself away, pull your heart away from from the connection, then there's a tendency to to wrap your shoulders and wrap the body around. And it's an attempt at protecting the heart, protecting the heart. And I can also see like protecting the gut.

Those are two very vulnerable places, right? Exactly. And you can see that our happy buddha has no just as that little baby has no need to to protect the heart. And the back is really nice and straight and supported and it radiates an internalized support energy so that the heart can be open to the world.

And for this buddha as as he retracts his heart and gut, you can see how the spine, particularly midway here breaks, start to collapse. So that not only is there pain an emotional pain to the heart, there's also a lack of support within the structure of the body whose job it is to support us in the world.

Yeah, the spine is going to be affected. All of the muscles around the spine are gonna be affected. I can imagine like this is a major contributor to the chronic back pain that is building in our society.

Yes, always. You see that and and so, you know, that's like the most important piece. And then as a result, you have notice how there's a break at the cranial base where all of the information of the nervous system now comes here plus the the the blood vessels that bring oxygen to the brain.

So all of a sudden now that is cut off so that the brain starts to feel really foggy and like there's not a capacity to clearly think the eyes are no longer on their act to here.

And as a result also we start to close down the internal structures of the ear so that emotional break in connection, violation of connection has profound effects on our biology.

Like it really is going to shut down our hearing in terms of it doesn't feel safe to hear anything. It doesn't feel safe to take in any more information. It's it's like a state of overwhelm where everything else gets shut down, shut out. And we just go into this energy conservation state. But even looking at this in the shape of the neck, it really is going to affect the breathing and the breathing is gonna become very shallow in the chest, right? And so then without oxygen, then you have the whole body go into of course energy conservation is like, oh, I don't have much much oxygen, I better conserve what I have and a sense of making one's life increasingly smaller because there's less

and less energy to be present to the world.

So, let me show you now. Here we go. So, these drawings are from an early, from Stanley Kellman who is an early somatic practitioner, who was a student of Reich, one of our first generation somatic practitioners. And so then as a person develops into adulthood, you see these different body patterns develop not that everyone is exactly that, but you will find some people if there's like a early breaching connection and that oxygen gets cut off really soon in the heart, you get a body that is very emaciated and you can tell everything is pulled in right close to the bone.

And there's a sense of depletion, right? It's almost like malnourishment malnourishment on every level, on every level. Physical emotional a malnourished an emotional malnourishment. Yes. And so and the struggle and and a sort of hopelessness about life. Why am I here on this planet?

I never wanted to be here. When can I leave a sense of not wanting to be in life? And the opposite is that that that baby that is with with that And that goes, I exist. I'm so happy to be here.

I have a family. So that you can see the contrast then, of what happens emotionally, but also in the body as a result of of of these of whether we are welcomed in the world or not.

And one of the things that you went over in our last training module was this idea of skin hunger of inadequate touch and and having that linger those effects linger. I'm looking at these pictures and that's what's communicated to me through these pictures as well.

Is just this depletion, right? Like this malnourishment and and feeling the deficit maybe not consciously, but subconsciously in their tissues. Feeling that deficit. Right. Right. And so that's the the idea of touch as the language of tenderness. I didn't make up that term.

And by the way it comes from forensic e who was an early analyst. But I love the term so much, you know, that what these bodies need is tenderness is caring. You know, and it almost doesn't matter what your developmental stage and where you've ended up.

If you lie these people down, which I kind of put them on their side there. You can see that all of these bodies need support. And so with the touch we start with support because the support goes underneath all of the character structure, right?

To that initial place of did you get the support you need? And in particular, you can see now knowing how the sympathetic runs through the spine, how the distortion in the spine as you give support to these areas.

And they begin to drop into the support right away. You're deep into the character structure that has learned to mistrust the world that has shown up in the bracing of their muscles and the the actual structure of them, their bones, their posture, everything. And so by support.

You're talking about supporting the back, correct at this point, right? Supporting the back, supporting them. Because that that allows a person to to integrate to internalize what support feels like. Because for a lot of people who come to therapy, what I have found is we can talk to them about support and we can have ideas.

Beautiful disk options of support. But if the sensations, if the felt sense experience of support is not in the body, there's always a missing piece. The foundation isn't there?

The bottom up pieces missing. And that's really why I love this somatic work, which is why I know you love it too, is because we can work with the mind as much as we want and there's a role.

There's a place for the mind of course. But unless a person has that felt sense of security, unless they have a felt sense of support, that's not something that the mind can really wrap its mind around right? Like it, it gets stuck with, I don't know that sounds great, but I have no idea how that actually feels.

And so it doesn't result and changes in our, in our emotional states or in our behaviors because we haven't been able to have that felt since until we can really bring in the somatic piece in this narrow, effective touch with support in the right way.

Right? Yeah. Yeah. And so then, you know, we talked about then protection.

Using Support and Protection in Somatic Touch Work

So as we give support, what comes up is is everything that does not feel safe in terms of accepting the support. So, so, um, there needs to be then because we're working psychologically as well as with the body. So this isn't just about relaxing those muscles of the back. We also want to engage the mind and um, usually, uh, an invitation along the lines of something.

Like, is there any reason? And this is a question for mind and body, Is there any reason why it would not be safe to let go and to surrender and to yield into the support right now?

And if a person has not experienced support or had that felt since, since early childhood, I imagine there's gonna be a lot of things that come up from both mind and body for why? No, it is not safe to surrender, to relax into this, right? And actually, you know, what often happens is that mind will say, well, no, there's no reason.

I know I'm here in your office, we've learned to trust each other. It's fine. There's no reason why I shouldn't let go. And then I'll say, well let's go and ask the body if it agrees with that with the mind on this. And so we begin a mind body dialogue.

And usually the body would go, well, I understand what mind is saying, but my job is to make sure that that body is safe. My job is the survival of the body. And so I need more guarantees that it's really safe to let go. And so the body has a different rhythm of release than the mind. Mind is often much quicker.

I get it, it's safe. Not always, but you know, and then the body goes, I'm not so sure I need more proof, not ready yet. I'm not ready. Or body will say, well that's all very nice to to offer me, you know, this support, but I have no idea how to let go because when these bracing patterns have been in place for so long for so many years and through the development where actually a healthy holding of the body never got put into place truly. The body does not know how to do it.

And so then our work with touch is to begin to help the person map the body and help them find the way so that they can understand what it means to organize the body so that it can receive the support.

And so then that's, you know, there's that first layer is sort of a nurturing supportive kind of touch and then we might go into different types of touch that that specifically might confront a type place or or help trace like a pathway that the energy could take. Or so there's different aspects of touch that then come in into play.

One of the big shift for me like I was saying Dr Ellen was providing the support for the back, right? And for me I am using like a corner of my weighted blanket in order to simulate like a hand underneath my back at certain places.

And then what you taught us though was now that the back is supported needing protection for the free and how big of a shift that that can help in helping the body feel like it can relax into that support by adding the protection in front as well.

Right? Right. Because you know as we work with with with these these issues these developmental issues, you know the issue of of regression always comes up like people will say to me, oh my God, you know, we we don't want to regress our clients who knows what could happen, They'll get lost in their past trauma. Um there's like a fear of what regression will do and what what we find is that with the support in place with the connection, the relational connection with the client and with this piece of I call it time travel. It's like you know now that we're really well anchored in safe support and in connection, we can do some time travel to the past and help that child. And it seems that um I guess we could call it regression that usually there's enough connection that there there will be

grief coming up and there will be emotions, but they don't go into that sort of spiral vortex. It's almost like there's a part of the person who stays present and there's a part that is now feeling safe to go back into that pain into the grief, into the past without going into the spiral and falling apart, right? Because you know, touch is happening in real time. So there's always a real time reminder I'm still here. Can you feel my hand, you know?

Yeah. Mm hmm. I feel like I keep distracting you from from your slides and what you're basically I think this you don't I think it's wonderful that right?

That So that's kind of basically what I had brought in terms of slides just to sort of illustrate working with the the autonomic nervous system, working with. Then the poly vagal system and that is the protection when we bring the protection into the front of the body.

Then we begin to to to address safety in in a different way. In a deeper emotional way. So then let's talk about here. Let's see if I can. So for me, your slides are gone. Okay. Thank you successfully unshared, your screen alright, great, good job.

That can be tricky. Yes. So if we're working, if we're having someone come and ask us how to help their child, how to help their spouse, how to help a friend, maybe even themselves. They haven't been trained, you know, in somatic experiencing or you know, certainly in the advanced neuro effective touch, what are some very basic ways that you can share with them to be able to provide a type of touch that will be supportive that will be communicated as that support that we were just talking about right? That's a safe because you know, with touch, what happens is that um it's almost that when we bring our hands to someone, our internal state is immediately communicated.

So so it's important to talk about that that that when we touch someone our intention and our internal state has to be clear and um so assessing a person, you know, and talking about that, it's like because for example, I often like with couples who who have like sexual issues or intimacy issues.

One the one of the questions I'll ask is do you like how your partner touches you? And more often than not, the answer is no. You know, and and it's sort of embarrassing for them to they look at each other or or if if they're separate, you know, but but to say no, somehow the way my partner touches me mrs the receptors that have that core place where I don't I know the intention is good. I know they're touching but it doesn't it doesn't touch, it doesn't land. That's what I'm looking doesn't land.

So we talk about how, you know when we touch it has to land and how can we make our touch land, you know, particularly when some if there has never been any touch, a person may not even know what that means.

Like to have a touch, to have a need to be touched and then to know what the need is. So as we talk about touch, it can become tricky when we take it outside of the training and I actually am very interested in that whole subject because I think touch belongs with couples, it belongs with families. And I'm starting actually a pilot program with couples. Um you know to to explore how can we teach couples to touch. And and this isn't about a sexual touch, it's about an emotional connection touch. And what I'm finding so far is that right off the back we come into the early issues of you know, oh I'm am I too much for me because you know, the receptivity you want to take the time to receive and the giver has to be patient and stay present for as long as needed for the touch to land.

And already that brings up lots of issues, right? Because this is memory that's stored in the body, it's going to come up whenever we have this touch, or anything that involves the body? It's gonna come to that surface and be and be there. Right. So so to answer your question is at this point, I see it's it's a little bit tricky. And there needs to be some education.

Some people are natural at it, but both basically it's important to communicate, to say, you know, to say to a two to a child or to a partner is like, I can see that you need you need some connection right now, what would you like? And if sometimes they will say, you know, will you hold me, I need to hold your hand.

I and and if they don't, then we say, well let's try something and I'll encourage, you know, to try some form of the nurture surround where where you bring pillows and comforting things and you come close and but it's a matter of

exploring what the other person wants because we tend to touch someone the way we like to be touched.

And that often doesn't work for the other person. Some people like an energetic light touch. Some people like it, you know, like a deeper sort of deep tissue that where they feel like, oh, now I know you're really there. So it's different for everyone.

And this is the really neat thing about being able to explore. This is that not only can we do that for ourselves and we can be more conscious of how another person's touch feels for us, but then how do we extend that to other people and make sure that what we intend to communicate with our touch is actually creating that felt sense in them, in them and that takes some communication, you know?

So again, it's like if we're going to suggest people do that, we have to give them communication tools, right? And they have to feel safe to have that type of communication with with the other person where we can ask and be open to hearing whatever answer comes back, How is this for you? Right?

And what would make it better?

Practical Touch Guidance, Boundaries, and Training Resources

What would give you that felt sense and let we change that, Let me change that about the way I'm doing this right? Exactly. And particular, you know, it's important for people who have suffered from neglect but also particularly important for people who have been abused, who have lost the agency over being touched, you know, whose boundaries were breached. So that respectful boundary around touch is so so important.

And I imagine very empowering once they are able to find their voice and be able to start to express like, hey that feels good, that doesn't feel good.

I'd prefer you touch me in this way, I'd prefer a little more pressure here, a little lighter pressure there, right? But actually give them the tools and the words to be able to communicate and re establish boundaries that they did not were not able to have before and even you know that's enough. Stop. Right.

Mhm. And even as I work a lot with parents and you know their Children with insecure attachments, those are the types of things that I'm having the parents do with their Children as well is don't just take it for granted or assume that your touch is landing for them. Right?

Actually have that conversation. And how cool would that be then for these kids to grow up having that be normalized? Where it's a very open conversation. How is this touch for you?

What you know, how about if I move my hand down a little bit, Is this better? Is this not as good? How about if I move my hand here? How about if I put more pressure all of these things and it really helps them be more in their body obviously because they're having to figure out is this better, is this not better? And those are skills that will go with them for life, even if they don't understand really all that's that's the science behind what's happening and it gets past this sort of ego place of feeling rejected.

If somebody says, you know that touch isn't exactly what I need, Would you try this or so many people will right away go to a place of being rejected or a place of shame of oh I didn't do it right? Something's wrong with me.

It's like the that's such an important piece to clear out of the way so that so that a partner will feel comfortable with the with their partner saying, you know that that's not right or I can I know your hand is on me.

But where's your attention? That happens a lot. And I don't know why I'm often more often from women to men. But it happens both ways. It's like I know you're touching me right now.

But what are you thinking about? Because it transfers in the touch that our presence is absolutely felt by the body. And that is one of the coolest things about touches that you really can communicate all of that. You can

communicate your presence, your attention, your intention, all of that without words.

Just with your touch. Right? And that's where the tenderness comes from. You know that language of tenderness, That language of caring that I can put my hand on you and almost say more to you than I could ever say with my words. Mhm.

And seeing the effect that that has on the other person being able to watch that being able to track their body if you want to call it that in order to see like is this landing is just having the effect on them that I wish it would write, you know, remembering that our hands are connected directly from the heart.

So that what we feel in our heart transfers directly through the hands. And so it's it's a language of the heart. Mhm. Very good. Well, and this also makes me think just, you know, we're coming out of this time of isolation and quarantine and how many people have been affected by this.

Maybe not even realizing why they're feeling more restless. My why they're feeling more negative emotional states and the lack of hugs, right? Like even if they do still have their work and their job and maybe they are still around people, just the fact that no one is supposed to touch each other, no one is supposed to be hugging each other.

And it's it's caused this huge, enormous, you know, social wide touch deprivation and the effects of that. Yes, for sure. And and I'm hoping, you know, when Covid first hit, I was in the middle of a training and we we were in in Norway and the government decided that everyone that had not been in the country for two weeks, which was me and my team had to quarantine.

So there was our train and they could be together but we couldn't go, you know, it was interesting. And at that moment it really hit me. It's like, oh my God, this is a virus that that that attacks us or that that touches the most key are touching our breath. You know, So um as we come back, I hope that there there has been this learning of how important it is to be in contact to be in touch to be in touch yes on all levels.

Right. Good. Good. Well thank you I really appreciate you sharing your knowledge and experience with us. Where can people find you dr allen? Well they can find me on our website. It's neuro effective touch dot com.

And there's all kinds of information there about touch about the importance of touch. And we're constantly adding things to the website. Also for the trainings you know we are starting a new training for the U.

S. The one of the interesting pieces about doing the training partly online, what we're doing is a hybrid kind of training where there's a piece where all the theory I'm teaching all the theory online and then when it's safe to gather again we will do a touch intensive to really get that piece because I don't see doing a touch training without any actual touch practice.

But but nonetheless and there's there's a lot of of the transferring you know doing the theory online is working really well. So so you know if anyone is interested in learning more, we do have online trainings. Mhm.

And I think I'm the only medical physician in your training group. What what are the backgrounds of people who come to your trainings, the backgrounds are very very varied and um a lot of psychotherapists psychologists. Lots of SCP s.

Uh you know S. E. P. S. Are like oh here you are like there's there's already a community of SCP who are coming to the training because it's a it's a great completion of Peter's work and even of Kathy's work uh this work is very complimentary with Kathy's work. Very complimentary with raw his work.

It's like we're all sort of very complimentary to dave burgers work to Abby. So we're really I'm you know having grown up and known peter for many many years.

Um there's sort of a community and I feel like even though I'm not in the community per se I am an SCP and I am part of that consciousness of bringing the body of bringing trauma to the world in a healing way. Um body workers

come and it's so interesting you know because I invite both the body workers people and and psychotherapists psychotherapists who have never touched. And body workers who feel who have been told that it's out of their scope of practice to deal with emotions.

And so as they come together it's a very special process because it truly reflects the process of healing the split between mind and body. Very good. Well thank you again I encourage everyone to look your website up see the different trainings definitely get your book and read more on the developmental trauma and healing that rewiring that and thank you for your time today. Thank you so much amy wonderful conversation.

Yes and thank you for joining us on this summit. I am your host, Dr AMY. And make sure and get the discount price for all the recordings while it is still available and all the other content and gifts.

Because once that discount price is gone, it is gone forever. And I would just love to see you inside, be able to connect with you more. I get to know you and together, let's find that next level of health and a liveness.