

The Body Intelligence Summit™

How Early Somatic Impressions Shape Our Identities & Behaviors

Annie Brook

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Alison: Welcome to the Body Intelligence Summit 2015 where top scientists, therapists, dancers, and body workers are coming together with you to discover the joy of embodied connection. We appreciate you sharing this information with your friends and family and now, your host, Katie Hendricks.

Katie: Hello and welcome. Today I am so excited to be talking to Annie Brook. Annie is a Ph.D. and a licensed professional counselor. She is an author, a speaker, a registered movement educator, and a certified mind-body centering teacher, also an infant development movement specialist. So she is very, very experienced in the somatic realm. She is a psychotherapist whose passion about healing from the inside out has helped thousands of people.

Through her writings, presentations, seminars, and private practice, Annie offers clear descriptions of how body experience encodes a story, how we make meaning of events, how neuroscience operates as behavior regulation and the impact of relational attachment. She shows how all these factors shape the matrix of identity and behavior.

Annie's work makes sense of the transition of soul into body, demystifies the complexity of behavior struggles, and offers hope for lasting change. She uses movement repatterning as a key aspect of integrated change and helps people be more real, human, and relaxed in their lives. She trains therapists at the Brook Institute in Boulder, Colorado, and you can find out lots more about her on her website anniebrook.com. Welcome, Annie.

Annie: Hi, Katie. What a pleasure to be not only here with you because I am so fond of what you do and how our interests overlap, but just in appreciation of you organizing this embodiment summit. I think it's an amazing time for body-mind intelligence and really in the foreground of much talk about healthcare, mindfulness, and healing. I just think of this time, a number of years ago I was presenting at the conference for the Body-Mind Centering Association in San Francisco and Body-Mind Centering is an exquisite training in somatic. Some people may not know that soma is the Greek word for body. So when you hear somatics, it's really using the body awareness.

Body-Mind Centering uses movement, infant development and multiple layers of living anatomy, awareness and practice. These conferences are annual events. So I was at one and the keynote speaker many years ago was Don Hanlon Johnson,

who founded the Somatic Psychology Program at the California Institute of Integral Studies, and it's one of only two somatic psychology programs in the country, the other being Naropa University in Boulder where I live and where I was able to be the Director of Body Psychotherapy for a number of years. But what Don spoke about that I wanted to share with listeners is he said there is a somatic wave coming and that this wave is because there is a natural yearning for a full integrated intelligence.

I really believe, Katie, that that wave is here. I have been a therapist since the late '70s, and I see just from the interest I find a number of clients seeking these methods and the lasting change that really we're at a time where it's a paradigm of awareness that is just exponentially expanded when we include the entire body-mind. So that means we have to do integrated cognition, we have to be able to feel sensation, and we also have to use movement. So that to me is the full somatics, as well as I guess I would add a very important part, which I think ties into early identity is what I call the meaning-making, the part that is our integrated narrative and story.

Now, for years, I have been exploring this. I went back and crawled. I repatterned my own brain because I was born premature and challenged, sensorially challenged, and I found as a grown-up adult that I could find the right methods, do the practices that included movement, and really find significant lasting change in my ability to not only have social engagement but to regulate and feel like I'm thriving. That's what I hope all of your listeners get from this summit on embodiment that we can all thrive and really be more fully who we are.

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Katie:

I love hearing that, Annie, and I love hearing that we can recover our embodiment and that we can actually repattern, we can open up old programming that's been in there often even before or right around birth, and it can have enormous impact on every aspect of our lives not just our ability to move. So I'm so delighted to be able to dive into this more with you. One of the things I wanted to start with is to ask you what you're most passionate about right now.

Annie:

I think it's the blend of this really embodied work with the language of neuroscience. So what we're getting is a kind of scientific validation for methodologies that we've learned through awareness practices, and what I'm so passionate about is I see people from infants to adults able to process experiences that happened precognitively. So before they could think and organize a certain part of the brain, the brain was actually recording everything that happened. The cells were recording.

And I find that if I can meet a client at the level of early distress, there's a plasticity in the brain that wakes up. That's what I think produces lasting change. I've created an online course called *Applied Neuroplasticity* to help people access this, but it's really the blend of sensation, awareness, presence, movement, and staying in the body, not having a reactivity based on perceptions that either happened a long time ago and are no longer relevant or still operate as triggers in our nervous system. So I'm passionate that we can actually clear out and then find that lasting change.

Katie: Wonderful. One of the things I was hearing you're saying is meeting a person where they are. In my experience, I think that's one of the great doorways of working somatically, of working through the body is that you can meet people through a whole body presence, and it leads me to ask you how we can remember things before we could even think and what is that implicit memory that you're talking about and how does it work?

Annie: Great questions. And I really discovered a lot about this through the Body-Mind Centering work and the work of Bonnie Bainbridge Cohen because I did go back and crawl, and I started to have a felt sense of different parts of my brain because they weren't really working that well before. What I learned from that is how to feel almost what we call neuroception which is quick response, and then there's perception which is sensation. We are familiar with sight and sound and smell and hearing, but there's also the ability to feel weight and pressure, and there's the ability of sensory information coming to the skin, what we call tactile and vestibular balance. All of these things are awake in the very infant body and learning to go back to perception and help clients step down from the sort of analytic frontal cortex more into their ability to feel and notice their breath starts the process.

The other thing is I think I had to go back and do my own work from the inside out. And when I started having body felt sense of experiences in my earliest beginnings, I remembered one moment, Katie. I was teaching in Europe a group in the warm pools along with David Sawyer. We had a prenatal journey workshop and he had brought me in to facilitate the movement aspects of the Body-Mind Centering. And in this workshop, we were talking about the implications of shock and trauma, the difference and how people feel. And what happened is we're recording events all the time. They're just below the thought level and they have to do with responsiveness to weight, light, pressure, comfort or discomfort.

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If you think of it why I like to go back to birth is it is the crashing of mountains. In the Buddhist sutras, they call it that. But it's a very impactful somatic time. And when I realized I could actually remember my own birth by following my body, it started to integrate my brain, and because I was born premature, there was a bit

of fear in there, a bit of confusion. And then I was whisked away to an incubator, so there was also a lot of confusion in my brain's ability to orient.

And what I found by going back to the body, by getting weight and pressure, I started to relax a vigilance in my nervous system. So when I'm working with adult clients, your question is how do we remember the stuff? Well, there are a number of methods I use. One is I know it from the inside out. The second is really that I start with where people are and look at for adults what are some of the struggles in your current life, and I'm looking at those as if they might be echoes of an early response paradigm that is coupled with survival. Because the primitive brain wants to know is the world safe, will I survive and will I survive in relationship?

I think that is the sort of underlying question of the primitive self in infancy. Learning to get needs met, even the needs of temperature, of food. An infant is so necessarily dependent in learning to inhabit this body. So when we go back to looking at adult issues, like how do you handle planning? How do you handle taking action in your life? How do you handle follow-through? What happens in integration? These are all markers of the birth process.

So if someone has struggles with planning, I am curious what was going on in the planning for their arrival through the birth. If someone has trouble taking action, I'm curious if during a birth, was there anesthesia? Was the birth interrupted? Did they get the actual potency and the follow-through of coming out of the birth optimally and then being able to recover to integrate?

So what I learned from this is that these rhythms or these habits are so deeply in our earliest nervous system that they show up all the time. So that's where I will start with adults. Okay, what's showing up in your life? And then we'll start to be curious. Is this a cyclical pattern? What does it feel like in your body? What are you telling yourself when you're reactive or collapsed or fearful or overly excited or angry?

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So I'm trying to get through relationship down to early memory. That's the healing of implicit memory, which is another word for this. It's just a code of what happened. It's not a pathology; it's not a disaster; it's just what happened. And then to integrate that early experience, then the nervous system can relax.

So with this work, we work with implicit memory and we want to make it explicit. We want to talk about the sensations. We want to find out what are the arousal states. What are any stories you've been told about yourself? What happened at your birth? And by participating in a somatic way as a therapist with the client, the stories can integrate and there's a relaxation. Well, that's a long answer, but I think that you could...

Katie: Oh, well, it was totally coherent. You really highlighted I think so many of the essential states that allow discovery and a kind of re-regulation to occur for people. I was particularly struck from my own point of view by the quality of presence that I imagine that you bring and that any practitioner would bring by having gone through their own journey and being able to rest in your own experience while being curious and also the generation of through you and through your relation the generation of curiosity rather than the fear cringe that most people who have had any early distress, which is a lot of us, live in in their daily patterns.

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I was wondering if we might just take a moment here since we're in this subject to make a couple of suggestions, kind of real-time suggestions that listeners could use to move from reactivity to curiosity just in their body experience right now.

Annie: That's a great question and so important especially when we talk about earliest experience because it can activate discomfort without even knowing why because it's so precognitive. So the first thing as I think about is orientation -- present time orientation -- because that question of "Is the world safe?", if I'm not oriented to where I am, I don't know. If I am in my emotional distress, I don't really know.

So to come back to proprioception -- pick up an object and touch it, push against the arms of the chair, lean against the wall for a minute, so there's a little proprioception coming in. In the psychological birth of the infant, Mahler talks about proprioception is the first need that a baby is learning how to -- they're learning how to poop and eat and burp and all of those things. They are not as relational to others because they are learning to relate to themselves. So the first step is to make sure you're in relationship with yourself. Can you breathe? Can you turn your head and look around?

What we want to make sure is that people's bodies are not in a freeze response or an activated or depressed state, that there is enough fluid movement, enough breath, enough perception all the way out to the hands and feet, all the way through the ears. Sometimes I'll say to people, "Well, take a moment and just sort of suck on the back of your tongue for a minute. Move your mouth." Because moving the mouth moves the digestive tube which is a parasympathetic aspect of nervous system regulation. It helps us feel the quality of rest and digest, and sometimes when we get a little agitated or what I call high tone, we might even not know we're going a little too fast for ourselves. Our nervous system will move to neuroception instead of perception. So we want to be able to perceive our environment, and so it's really useful to use touch, to use breath.

I have a little toy in my office that some people I'm sure have seen. It's a very colorful plastic toy that expands in and out, and I call it the breathing ball. I will have clients hold it just to invite them to cellularly breathe.

In Body-Mind Centering we look so deeply at body tissues so we're aware not only of breathing in the lungs but of the breathability in the cells. And when cells hold their breath, either by bracing in fear, going away or expanding in puffed-up protective response, they don't communicate to each other. This sends a body signal that there is danger. So breathing through the membrane of the cell, making the membrane nice and contained but fluid. So I'm doing a lot of somatic -- sometimes I'll have people stand on one of those little things that you can put under your feet that works with balance to use with sensorimotor kids. Sometimes I'll have them create for themselves at home what I call a comfort book, which just has pictures of people you love and maybe some fabric in it, some things to touch.

What we want to do is interrupt the neural anatomy of going into the amygdala's old survival responses. There is a whole complex in the limbic brain that was designed to make sure we're safe. So in infancy, in prenatal time, the amygdala is awake in the body, so it is recording the events of prenatal birth post birth, but it's doing it from an infant perspective, not from the adult's worldview, which means something that seems -- people can be celebrating the C-section arrival of their baby. "Oh, thank God my baby is here." For the infant, they are going "Where am I? What just happened?"

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"I didn't get to feel myself through proprioception, make the transition," because babies get very much squished in the birth process in sometimes a very healthy necessary way to start the ignition of embodiment in relationship to gravity.

So if someone has missed that initial squishing, there's a game I play with children called squishy bug, and I found with the sensory-challenged -- and the parents do it with their kids. It's so much fun. But the sensory-challenged kids, if I can get them in to proprioception they start to feel themselves and come back into the body.

And I'll do that with adults too who have maybe never realized what is proprioception. I have the good fortune to have studied contact improvisation for years and my love of movement and movement performance because contact improvisation uses weight and pressure. It's a movement form where people can play using weight and pressure and coming off balance, which are all the tasks that in infants is what optimal support is supposed to do. When an infant is placed on its tummy on the floor and allowed to push against the floor, it starts to organize its limbs and it even gets the organs in relationship to gravity. So it's getting this embodiment.

When an infant is placed upright too early and doesn't get there themselves, they don't know how they got there. So the ability to come back down safely is not embodied. So they can go into a rigidity or a bracing, all of that. So we want to let our infants crawl, explore, get frustrated a little bit. So they learn how to be in this body. So I'm always coaching parents as well to learn how to be in connection with themselves and with their infant and let the infant explore its body.

So for adults, we often have to go back, back down the ladder in a way to become really somatic, however what we have, which is so wonderful. There's a quote I love, Katie, by Florida Scott-Maxwell, and she says that when you can claim the events of your life and it's all that you have been and done, which may take some time, you are fused with reality and to me that's the definition of presence. That I can even integrate my precognitive experiences, so no longer am I withdrawing under pressure or bracing or getting activated or dissociating. I'm just present.

And that's a fierceness of reality then, the ability to engage with life, and that's my wish for any person who has struggled or been through therapy over and over or just is ready for a new layer of development, to come in to the pre and perinatal exploration and to do it in a way that's somatic, that includes movement. My recent books, *Birth's Hidden Legacy*, are just really designed to help people look at their own experience, maybe look at the experience of their children or their clients and start to understand how to listen beneath behavior to the hidden stories. When that happens, the ability to treat is exponentially expanded, and we have to use it of course ourselves as an embodied presence to be able to respond. And if we make a mistake we repair it, which is what creates secure attachment. Therapists don't have to be perfect but the ability to do that.

Katie: Thank goodness.

Annie: Thank goodness, yes! And the ability to explore and find that curiosity you spoke of earlier. So Volume I has all the themes of pre and perinatal so that whatever someone's birth was, they have some overview of how that has shown up clinically for many people. You want to treat each unique individual, but there are some common themes when people have had forceps or anesthesia or when they had a C-section. I see that these common themes show up in children's play. I see it show up in adult's behavior under distress. I work with adopted children. In fact, I just have published an e-book for adoptive families to help them break the frustration-despair cycle.

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Because these early memories, even in the best of current circumstances, will flare up if we haven't met them with our hearts and minds and helped the body interpret and relax again.

And so Volume II of *Birth's Hidden Legacy* is full of tips for therapists, treatment tools, how to help yourself, how to navigate the complexity of what I would call shock versus more trauma. But it does have neuroscience in it so it can help those who have that good cognitive keen curiosity, and then it has movement practices for anyone who wants to teach clients or teach groups a bit more awareness. So I'm just passionate about this burgeoning field of pre and perinatal.

I want to add one caveat. It doesn't mean we want to stay an infant. Sometimes people identify with that experience and they're overprotective of it. It's like no, this is about maturing and thriving as a grown-up or age-appropriate behavior if it's a child so that the child is not distressed by inner demons that once they realized, "Oh!" I'll give an example. I had a lovely little four-year-old who was just having meltdowns at school and she would gather one other child and barricade herself and not let anybody in. So I'm starting to listen well, what is she telling me? What is the behavior telling me? Because the hidden stories are right there if we start to listen.

And then in one of the first office visits, I have a folding Japanese screen which has, where the folds are, those little gaps that you can see through. This little girl pulled the soundproofing tape off the wall back there and started taping up the cracks. I said, "Oh, what are you doing there?" And she goes, "Very important work." And I knew -- I'm thinking of her story and her mother had told me she was born C-section. She is showing me protective response behavior and she is keeping me on the outside. So I'm starting to think about her body and her experience of transition away from her mom because her mom would have been the protective field. It was a good family pregnancy, she was wanted, so the girl was -- she had a great beginning and the birth itself was a necessary C-section.

So we had to work with both the mom who had given birth vaginally early and a little regretful she couldn't do it with this baby. We had to work with her to claim that this needed to happen or you would have died. So the mom normalized it, which helped the child relax and the girl got to integrate her story through play. At one point, she took a little red tunnel and she went in to a panic to decide which end to put her mother at, and I thought of that as a metaphor of she doesn't know which inn to come out. She didn't exit the birth in the proprioceptive way that would help her orient. It was a quick invasion, a very fast transition, with very necessary sometimes surgical procedures that are bright lights and cool temperatures, so the body is going through an invasive process.

I want to encourage anyone who might be listening who did have a C-section to take a few more breaths, to kind of "Whew!" look around. Because again, birth is not pathology, it's what happened. It's an experience. And so with this little girl, we were able to help her regulate over time. She even picked a danger -- I use a lot of stuffed animals even with adults and she picked a talking head puppet as the bad guy who was coming into her dreams at night and scaring her, and eventually we realized he was the doctor who just had bad manners. And as I was able to participate with her in the story and just tell her that I'm going to help the doctor learn more manners, eventually she took the little scary doctor doll home to play with her other stuffed animals. His manners had improved and her fear went away.

Now, that's a child's experience, but it's the same thing for adults. I work with adults in their 60s who finally realized that their obsessive list-making is they're trying to control their environment, and they had forceps at birth. And when they can go back and want to acknowledge that they were overpowered, it wasn't their fault, it did hurt their head, and we help them find a connection back to their feet because the forceps birth can interrupt the spinal integration head to tail.

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So we use movements and awareness so that they actually get to reconnect the energy down to the feet, and we help discharge some of the tensions. Sometimes you can even feel it in the bones of the skull, what I call alarm vigilance. So adults can go all the way back. First off, it's like being a little detective. First, you have to stop your activation by pausing and taking a breath. This slows down the ability of the body-mind to process information. Infants' processing speed is about six to ten times slower than adults. So when we're going back to early memory, we want the body sensation to arise. We don't want to mask it and we don't want to become it because then we're down the rabbit hole of activation.

But if we can feel it and then allow it to pass like a wave, it's a repair in a deeply safe manner. I call it the repair of self adult attachment, that there is a grownup being able to stay on the surfboard when that wave of physical sensation, emotional activation, disoriented state arises and passes.

So we use in treatment a kind of important reflective function where a client learns to give themselves a reflective function of "Oh, this is my shock pattern. It will pass. I'll get out the other side." And in some ways they can compassionately pick up their identified infant self and tuck her into their heart so that they were returning to comfort in the body, returning to safety.

And we're really working with sensorimotor, not just sensory but the motoring that helps the curiosity to feel safe in the world and the discovery of interaction. That's what a baby does in a safe environment is it's exploring and it's developing an intelligence of learning. That's what we want to return to so that we can learn about our lives, learn about our current relationships, have the comfort, the safety, the curiosity. Many people come to therapy and they want the therapist to protect them from their spouse or something like that or they want their spouse to stop doing what they're doing. And, of course, change is needed, but oftentimes a person's own story isn't integrated so their perceptual filters are distorted.

So they're in a way evoking -- this is what I think happens in couples and it's so beautiful to treat and to help couples repair -- is the earliest connection dynamic, which is infant to caregiver, is encoded in our nervous system, and we're going to recreate that with anyone we put into an intimate field over time. So that's why after the honeymoon is over, couples often start to get into power struggles or regrets about why did we ever get together. That just tells me that it's important for each person in a couples' dynamic to understand and pick up their own attachment dynamic. Because otherwise, they will put it on the lap of their partner so that their partner is their anchor or it's their partner's job to make them feel safe.

And then you have an adult-infant relationship instead of two adults. So in couples' dynamics, I use this early attachment work a lot. I use the integration of one's birth story so that an adult can stay present with the challenges of intimacy that come with real relationship and learning to navigate conflict. Another interesting piece I'll talk about is what I call power dynamics or the power triangle. Often, that can start at birth, and it can create a relational struggle with a mother and a child that lives itself out for years and creates a lot of havoc. It can simply be that there was some unnamed power struggle at the birth. Cord wrap, where the umbilical cord is around the neck, sometimes creates that, where the baby is moving forward but the cord is holding him back. It's a secret theme and the cord is connected to the mother and it's not the mother's fault, but the baby can be angry at that mom.

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And until that story is told and the terror that the pre-nate birthing baby went through is absolved in a way, it's like oh, my gosh, that was scary, because we want to look really into the neuroscience, the living anatomy of what happened to the blood.

Cord wrap is common. Sometimes there are very distressing cases of it. It's not pathology. But sometimes, I have worked with adults who felt like they blacked out in between contractions. So what a blacking out does, it's a type of dissociation. It's going towards the catatonia. And what it does is create a

disconnection in the attachment field of the baby and the mom. No longer are they working cooperatively against pressure, but they lose that connection and then they can get disconnected post birth. They can get disconnected when the child is frustrated.

I also worked one time with -- I learned all this, Katie, from my sessions, from the wonderful clients I worked who are vulnerable and willing to dive in and really look. One time a father brought his wife and a six-week-old to a session. He was in a class I used to teach at Naropa University. He realized that there was something going on because the baby would not look at the mother. The baby would look at everybody else and settle, but it really wasn't connecting with the mother.

So what we had to do, and this is a way to treat with infants, you have to go slowly, you have to teach the parents how to pause and stay connected toward keeping a good relational field, because the field will activate when the birth story starts to be told into it. It's an energetic sensation.

So once this mother could realize that her baby was mad at her because the baby didn't feel protected; it was a C-section and the mom did kind of get confused and the mom said, "I kind of went away during the birth." Often that will be what happened because of the birthing mom's mother had anesthesia, so it can be a generational event. But once the mother of this six-week-old could realize that her baby was mad -- and we could watch the baby go from being mad to being sad at losing her mother, the connection, to being terrified. Her little lip was just [Makes sound]. And then she went through that emotional cycle within 20 minutes. Oh, she forgave her mom; the look in the infant's eyes. You see these beautiful pictures of eye gazing mother, the Madonna, to the baby infant, all of these stories are about the transmission of soul to body. I think in that infant eye gazing moment of mom and baby, I somehow feel the infant is informing us about the incredible vastness of spirit and the mother's child in a way is welcome to earth. Here we are.

That's why a supported bonding is so essential, that oxytocin that floods the mother's body during the birth. When the baby's head reaches a place near the mother's bladder, oxytocin starts to flood mom's system. It's called the love drug. It's a natural hormone. It happens in orgasm, and it helps the mother fall in love with her baby in order to be strong enough to take care of that infant with all of its needs.

That's why chemicals at birth, I really want to advocate women to have the supportive procedures available but not to start out birth in a numb, chemical place because that can really interrupt the infant's sense of safety, the ability to feel cooperative birthing. Please make sure you're not on your back because you

cannot move the big pelvic bones that way; all the weight is in the wrong place; but as much as possible to be engaged.

A little caveat here too is whatever happened happens. So mothers to please not feel guilty about any births that went difficult or things you didn't know at the time when you were giving birth. We can always repair this. So I have to coach mothers sometimes to let go of guilt, or with C-section moms I'll do a body push so they get to finish the birth push, and then they are more able to be strong with their kids.

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But in all of these, we are trying to build that place of recovery, repair, and self-care that is not too precious, circulating back around so we don't want ourselves to become too precious. In Boulder there is a lot of spiritual bypassing. We have also a lot of wonderful meditation. What I've learned because I've treated a lot of high-end meditation teachers is that meditation can still have a held stillness in it. There can be a way that observing your body through a meditative way is not the same as being in your body. So I've often had to untrain meditators how to really feel the sensorimotor spontaneity and to find the flow.

But what can happen is sometimes people become spiritualized because they dissociated at birth and went back to spirit, and it's a safer world. But without coming back through the body and then going back to spirit, there is a gap. Often, it's the psychological gap where we haven't processed internalized terror, internalized activation or overwhelming sensation.

Now, in terms of neuroscience, it's normal that we would dissociate because the body can only take so much arousal. An infant on a feeding schedule who is starting to feel hungry and doesn't get fed for hours later is highly aroused and cannot do anything but either get aroused, get angry, cry out, flail, and then go numb. So they go through a cycle of arousal into depression, and I believe often there's infant depression when infants were all in the nursery instead of with the mom. There is an existential formation of self happening.

And what really surprised me is infants make identity beliefs. That really was like, "Oh, my gosh!" I've had six-year-olds I treated who were premature in an incubator and the little girl brought in a card, and on the card was a girl just crying and every page said "Bad baby." The baby is bad.

Now, why would a girl think that? It's a natural function of the nervous system because we have the fight and flight response. First, we have the best card is social safety. If the social world feels unsafe we'll go into us and them behavior. In terms of the nervous system, we have the healthy recreational excitement, movement. If it's stress, we'll go into fight or flight. If we can't fight, we can't move; we'll go into a freeze response.

Now, if it's healthy again, we'll go from healthy movement to healthy rest and digest. So we go back and forth between movement and rest in a really functional, easy, wonderful way, and that allows our creativity to go out and explore and to come back and integrate over and over again. Under stress, we go into the fight or flight or freeze if more energy is added to a freeze.

This is my take on gifted children. I've done so much work with them and I love the creativity, and they struggle sometimes with so much inability to stand in line at school or to handle sensory activities.

But think about it. If we have a freeze response, we've tried fight or flight, we can't move, we're stuck, whatever, we freeze and still more energy comes. So this would be the sympathetic side of the nervous system. What do you think, Katie, when you add more energy to something that's frozen, what would happen to it?

Katie: It might break.

Annie: Exactly. It would break into pieces. Now, the brilliance of it in terms of survival is maybe one part of me will survive. I can jump in my sympathetic creativity from one piece of ice to the next and you'll have to kind of follow me. But I'm always in charge, I'm in control, so that being in control sets a kind of safety. Now, we don't want to lose the resource of creativity. We just want to gather up all the pieces so they can feel safe again, safe in the body. So that's the work.

Katie: Annie, I could talk to you all day.

Annie: I know.

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Katie: And we're coming to the end of our time for this session. So what I wanted to ask you to do is if people want to explore further, would they find those resources on your website?

Annie: They would. If they go to the Shop page, I've got them all in one place and there are two pages. There are online books; there are books you can read if people want online sessions. I do have also some interns well-trained in this work that can offer lower cost, so people should inquire about that. And there's an eight-week study group I've created to go through the material of my book *Birth's Hidden Legacy*, and I wanted people to be able to use the texts, to have time to journal or dialogue, and then also have a support group to walk through their own experience. So, all those resources are at anniebrook.com under the Shop page.

Katie: Wonderful. And for those of you who are going to want to dive in to this session again to really soak up all of the wisdom, if you get the Body Intelligence Mastery Kit which you can find at bodyintelligencesummit.com/upgrade, you can really let yourself spread out into, make contact, and integrate with all of the delicious wisdom that Annie has been offering. And I want to thank you again, Annie, for sharing with us the incredible value of us recovering the original stories of birth and being able to then, through presence and contact and movement, to be able to create a new story that allows you to be truly responsive and truly present in your day-to-day lives. It was a brilliant, brilliant exposition, and I so appreciate you sharing it with us. Thank you so much.

Annie: You're so welcome, Katie, and I just thought of one more resource because somatics is such a wave now that there is a Body-Mind Centering conference in Portland this summer. So if people want to be with groups of others and do movement as well, they can go to the bmcassociation.org and find out about these wonderful somatic participatory conferences.

Again, Katie, I just appreciate your wisdom to draw. The people presenting on this summit are incredible and the fact that you've been able to bring all these people together and make it available to your listeners is such an offering and such a gift.

Katie: Oh, thank you.

Annie: And I had great fun talking with you.

Katie: Oh, I had great fun too, Annie. Thank you so much and thank you all for listening. What a great session with Annie. Please be sure to join us for the next session.

Annie: Thanks so much. Bye-bye.

Alison: Thank you for joining us for the Body Intelligence Summit brought to you by The Shift Network. For more information about joining our global community dedicated to helping people awaken to their divine humanity and take inspired action, visit www.theshiftnetwork.com. To learn more about the Body Intelligence Mastery Kit, the online collection of top experts on Body Intelligence, or to add all these interviews to your personal library, visit www.bodyintelligencesummit.com/upgrade. Thank you for sharing this summit with your friends and family. We appreciate your dedicated support.

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