

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Jules: Wow, it's our last time together. I'm feeling a whole bunch of different things, a ton of gratitude and excitement about how much interest there is, and your questions have been deep and lovely, and I can tell you guys are really thinking about this deeply and thinking about how to help your clients move through the world with more boundaries and therefore better safety, felt sense of safety, so I'm super excited to share this last piece of work with ya.

This week, we did safety around physical boundary and grief, and how much grief is part of all of our work. You know, I think at the end of the day we end up touching grief in most of the work that we do with our people, and certainly boundary work is no different than that. So welcome everybody, I see questions coming in. Oh, I got a question, can you speak more about connection and rage and how to work with this? I have a person who blames others when they're not getting her and pushes people away. Yeah, you know, if you want a reference for this, I would look at Jaak Panksepp's work. Felix, you may need me help you with spelling on that, and I'm gonna try my best. It's J-A-A-K, and Panksepp is P-A-N-K-S-E-P-P I think, oh, I hope I got that one right. I'm doing it off the top of my head. Connection and rage.

Here's what I would say about it, think about it like this that when we are out of connection it's so painful because our species is geared towards towards being connected, not just as a way of thriving, but really our very survival and part of it is in the connection with other people. We don't run that fast, our jaws aren't that big, but connection with other people is really how we make it in this world. And so when we're out of connection we're feeling like oh, I don't have connection. Then what's gonna happen is you're gonna feel that strain and move into a fear state, and so it goes through these three levels and rage is the last level. And so rage is a bid for connection, so one story I share with people is a story where I really got this in a visceral way. My kiddo was about three at the time this happened, maybe four, and I was sitting on the kitchen floor and doing something with my hands so I wasn't looking at her, and she's over here like standing next to me and she's talking to me, but I wasn't looking at her and she starts whining a little bit, so she moves into sort of that panic grief sort of space, you're not connected to me, pay attention, that's a bid for connection.

I verbally answered her. I said, "Oh hun, I'm listening," and I didn't actually look, so she knows I'm not really in connection with her right, and she escalates it, moves into more

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

of a panicky fear state. And I said, "Stella, I'm listening," and turned back away, and she grabs my face and moves me over like this. She goes, "Mommy, listen to me," And I went, "Oh, yeah, Panksepp was right, rage is a bid for connection, now I get it. This was like a visceral learning for me. Luckily I did, had studied that, so when she did that my response was, "Oh, sweetie, you're right, I wasn't listening, and let's not grab faces when we're angry." So, we did plenty of boundary and also reconnection work in that moment.

So, one thing to understand is that the rage piece is really normal, it's driven by the midbrain. So if I was using Dan Siegel's hand model, the brainstem is right here, the midbrain is the top of the brainstem, the thalamus sits on top of that, the limbic system wraps around, and the neocortex on top of that, so... Oh, somebody said, "Sounds like rupture and repair." Exactly, which is how we build trust. The trust is not built through consistent, consistent wonderfulness, trust is built in those moments where we have the discord and we come together and are with each other anyway and really understand each other. So, this midbrain is geared to move into a rage state if I'm out of connection, it's gonna try to get your attention by making a big emotional bid, right?

When I'm working with a client who uses rage to try to connect with people, what I want them to do is one, have a ton of compassion and coherence for how their system is built to do this, and then to do containing boundary work. So containing boundary work is all about wait a second, is it gonna be possible for me to show up in a way that's going to both honor my emotional state and be thoughtful about what this is gonna do to my relationship? So if you have somebody who's struggling with that, I would do a combination of psychological boundary work, and containing boundary work, and tons, and tons, and tons of the containing side because probably what's happening is they're honoring their rage state by just acting it out rather than honoring their rage state by coming into connection with it.

Let's see, let's see some questions, I have some questions that came in some from last week, some from you guys as pre-call questions from this week. Let's see, do you start with physical boundary work with all clients with a history of sexual assault or sexual abuse before moving in to psychological boundaries? So if you have somebody with sexual abuse history, a physical abuse history, a lot of the time I am going to lean a little bit more heavily into my physical boundary work before I get into the psychological boundary work. Having said that, you guys know 'cause you're with people all the time,

The Neurobiology of Feeling Safe
with Juliane Taylor Shore
Live Call 5: Deepening Boundary Work:
Safety and Grief
Tuesday, May 11, 2021

a human being is not a linear process so it's not really gonna be possible for me to say, "Oh, it's always this," or, "Oh, it's always that," it's more just like a thoughtfulness about how the biology is wired because this lower part of my brain is gonna trip up, it can flip the entire rest of my brain offline for brief moments when really scared, it's gonna help to do repair down here a little bit more before we do some of that more psychological boundary safety. And in reality, I probably am bouncing back and forth with that work with them.

How could someone, how could we help someone or ourselves to not interpret things as dangerous as we're scanning the environment? So here's my thought about it is one, I lean really heavily into what I call the three C's. The three C's are curiosity, compassion, and coherence. So one, I want to help people be really, really curious about their processes, I want them to have a lot of compassion for their processes, and I want them to have a lot of coherence, a lot of understanding for their processes, but it makes sense how you're seeing the world as you're the world. Once you're in that state we're gonna be in a healing brain state, so now I have an active knowing of danger and I have my prefrontal cortex online down regulating that activation, even as it's present, and that's gonna give me the brain state I'm looking for that's gonna be ripe for healing moments.

And once I'm there, I'm gonna look for a mismatch, so let's put this into reality. So let's say I grew up in a place where there was a lot of physical violence, right? That I witnessed physical violence, some of it was done to me, some of it was done between my parents, let's say I grew up in that space. If I grew up in that space it is possible that I'm walking through the world expecting people to get physically hit now. So it was true that my world was physically dangerous back then, and it's true that it's only sometimes physically dangerous now. So sometimes you can get a mismatch just by letting go of the always part. So a kiddo who's growing up in that environment, their brain is meant to learn from that environment and apply it to the world at large, so they're gonna have an always or a universalized experience with that.

And in order to help them move out of that, we could even before just saying, "Oh, the world's not dangerous now," especially 'cause sometimes it is, what we can do then is we can say, "Oh, it's sometimes dangerous, so maybe you could build in a pause where we could assess the situation a little bit more." Let's see, I'll take a couple more questions then I'll launch into the teaching today. Let's see. Ah, people were asking about how I start boundary work, do I start with psycho ed? Do I always have an order

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

of things? Here's what I do because I'm super interested in joining the client and being really with them and really getting what it is they're after, I probably will start just asking them what their hope is.

So what, if things could be really different for you how would you hope they feel, that they don't feel now? How would you hope for your inner-world to be different than it is now? These kinds of questions I find really helpful because they're gonna help me get down to the need. So usually what's happening is there some need, or maybe multiple needs that are not being met, or maybe even have historically not been met even if they are getting met now, I'm thinking about I do work with lots of people with really complex trauma histories, that's kind of my specialty area is complex trauma histories in couples counseling. So when I have a case where I've got two people who are in the room trying to work through hard stuff in their relationship and they both have complex trauma histories, they may have a ton of safety, a ton of acceptance in their home environment now and they didn't then, but because they didn't then they've kind of got that those glasses that have the lens of history, you know, rose-colored glasses, history-colored glasses is what they're wearing, and so they have trouble seeing the safety that's present right now. So when I have somebody come in, I'm really looking for oh, what needs are getting unmet here? So once I figure that out then I'm gonna have my assessing brain online, huh, I wonder where the issue is. If you have a physical violence history or a sexual violence history, my general thought is I'm gonna start with my physical boundaries.

If you have more of a developmental kind of trauma history I'm probably gonna start with psychological or containing boundaries, kind of depends on which one's more problematic for you right now 'cause I'm trying to help people find relief. I'm seeing tons of stuff come in through the chat and the questions, let's see. Uh-huh. Can you speak to boundaries and control issues, your judgment, these seem quite related to rigid or porous boundaries. For example, we may have greater control issues and they may lead to a rigid stance in certain areas. I'm curious your thoughts on how this might effect the different types of boundaries. Sure. When we're having control issues I would say generally it depends if I'm acting out that control, so I'm trying to get you to do something else by screaming at you, then I would say that's a containing boundary issue on the porous side, but I'm with you Mark, you're generally correct.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

I think most of the time our controlling issues are a little bit more on the rigid side. Whenever I'm working with somebody on the rigid side it's more about creating enough safety to have a boundary be flexible, to let more in. A lot of times what I'm gonna be working with is grief around two things. Vulnerability is really hard because there's an anticipatory grief that is part of moving into my vulnerability i.e. if I take in something, what feelings do I have to face if it's here on Tuesday and not here on Thursday? Or if I take in, so if I risk taking in something and then it turns out what I'm taking in is your rejection 'cause you're not really able to be with me or do you don't want to, ow. Then I'm opening myself up to facing grief, to facing feedback that was not what I hoped for. So sometimes I'm doing work with people around acceptance that hurt, it can be a feature of relationship and not always a bug that there's normal disappointment as part of relationship, and we do sort of a cost benefit analysis with it.

And I don't mean analysis here, I actually mean like feeling connection analysis, so if you stay with your controlling, if you stay with keeping yourself away from your partner, what does that actually feel like in the day-to-day of your relationship? If you risked vulnerability, okay, there's some scary stuff that's part of it, and if you did get some of that connection what would that be like for you? How would that be different? So, some of it's anticipatory grief. The other part of grief that's gonna come up here is I have to move into some humility about my own vulnerability as a human, but I can't control more than me, and that's actually really hard for us 'cause we want to that I, that I, its there's an aching in it when we recognize how truly fragile our little world is, and how dependent we are on other people, there's a vulnerability in that. And so I think part of really good boundary work, the deep part of boundary work is being able to hold your, to be able to hold your humanity with all and humility at once, which is not an easy thing to do, and it's really painful and it's really scary.

I have a saying, I say to my clients a lot because I think I'm a big fan of "The Guest House", Rumi's poem, which I read to you guys in this week's prerecorded course. I think it is true, I think that there are these little visitors that come to us all the time and fear and sadness is part of this life's journey, and I'm not here to take that away. And I say this all the time to people who work with me, to my interns who train with me, that there is something far worse than being sad or being scared, and that is being sad and alone, being scared and alone. And so sometimes when we're in the grief piece of the work, sometimes when we're in the vulnerability like facing how fragile and small I really am in the context of this universe, when I come to hold that, I think some of what we're

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

doing is just helping somebody else not be alone with it 'cause we all have to face that, I have to walk that too, and it's really hard sometimes.

Hmm, lots of good questions. Here we move into what I think of as the existential part of grief work, of boundary work, which is kind of one and the same. Let's see. Oh, phobias, I've a client has a fear of flying, but there was also parental separation where she had to fly between the parents' homes. Oh yeah, that's probably really hard. So when I'm dealing with a phobia, it could be boundary stuff or it could be something else, so I can't tell yet what I would do with a phobia just to do an assessment of oh, is it boundary work or do I need to do some work? That's a little bit more in undoing some different kinds of meanings that don't have a lot to do with boundary around that phobia, one thing you can do is just start exploring, okay, so what are the fears of flying? And this is a tricky one and can really lead you to some interesting spaces. If you didn't have the fear of flying, what would be scary or painful about that?

So in order to help the limbic mind answer that question what I would do is help the client imagine maybe they're about to get on a plane, maybe imagining being on a plane is too much for them, but maybe they're thinking about scheduling a trip or maybe about to get on a plane, I'll titrate it however they need. And then in that space ask if your fear was suddenly gone, what would happen? And sometimes you'll get to a different kind of space than you were expecting. And that could help you if it's boundary work, then it'll be clear and you can go ahead and do the physical boundary work or the psychological boundary work, and it totally could be with a flying phobia. Especially this moving back and forth between the parents there may have been some sort of anticipation in that space or difficulty in that space that had to do with physical safety or psychological safety, and so I'd be assessing for that.

And it could be that it surprises you what it is that the client is holding onto and it has nothing to do with boundary. All right, let me share some teaching with you guys. Today, we're gonna do some neuroscience of empowerment because when we're working with physical safety, so this is our physical boundaries section in our grief section. When I'm working with either one of those, moving into a state of empowerment can be very helpful part of the work. There's the science on this is minimal and new, so I'm sharing with you guys stuff that is that the way our tech is working right now we don't have a ton of ways to test this, but we do have some

The Neurobiology of Feeling Safe
with Juliane Taylor Shore
Live Call 5: Deepening Boundary Work:
Safety and Grief
Tuesday, May 11, 2021

anatomical knowledge and some testing that's having evidence of this. So, the anterior mid cingulate cortex. So this area... Felix, if I use my mouse, can you guys see it?

Felix: Yeah, I can see it.

Jules: Great, okay, so this little area right here that I'm highlighting around here, that's called your cingulate cortex, the anterior side is here, the mid side is here, and then the posterior side is back here. So in brain world they just label it by where it's located, so this is the anterior side of the mid cingulate cortex, so it's right here. And this is the part I'm talking about. What's interesting about this part of the brain is that two different neurochemicals ended up landing there and combining the way they process information in this one little area, and it's an unusual combination. The combination is norepinephrine and dopamine.

Norepinephrine is often thought of as a part of the fight and flight response, which it totally is, that's absolutely true. It's got forward dealing with danger energy in it. And dopamine, which is a seeking neurochemical, so it helps again, move forward. When you combine them in open brain studies that are done with epilepsy when they're doing open brain surgery, what is really interesting is that when you stimulate this little part of the brain, what people are verbally saying is, "I feel empowered. I feel like I can do hard things. I feel like I have the courage to shift things. I feel like I could handle anything." These are the kinds of things that people are saying when you stimulate this part of the brain, when it comes to moving through reestablishing safety, I think it's a combination of two things.

One is understanding that at this point in this moment in my life, my physical boundaries are okay. The other side is empowerment. I trust that I can move through the world with an empowered stance, that I believe in myself, that I know I can do hard things. When you put that combo together you help solve physical boundary. So, and forgive me guys, the slides I sent to Felix that he shared with you have misspellings on two of them. I'm being very gentle with myself about my humanity right now. So I apologize for that, and this is the correct spelling, this is the slide that actually means so just correct it if you can on yours. So what is coming in to the brain? Let me pause here and say something about this actually as I'm thinking about how you guys can wrap your heads around this. In general, when it comes to oh, I would like this part of the brain to be involved in this conversation, I have to think about two different things. One is what

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

is the input into that part of the brain and the other is oh, what voice does it have? How does it output information? So that's a general thing I'm doing kind of constantly when it comes to looking at the neuroscience and then moving it just from a research space into how is it clinically applicable is I'm looking at those two elements.

How do different parts of the brain speak to it? How does it speak to us? So input and output. So the input for this particular part of the brain is movement, and sensation, and coherence. When you put those together, you activate the anterior mid cingulate cortex, the part of the brain that says I can do hard things. And then it talks out, it talks out in meaning of empowerment, and it does so with both physical and verbal output simultaneously, so the verbal and the physical output are in congruence with each other. So I might say, "I feel like I could climb something huge," and I'll have my chest raise simultaneously, so that's what I mean when I say you're gonna see an empowerment stance that has verbal and physical congruence. How do I activate it? So oh, I wanna help my client know their boundaries are safe, right? And I want to help them feel empowered.

One really good way to activate the anterior mid cingulate cortex is expansion and contraction moves. I'm gonna show you guys that in just a second. I'm gonna stop sharing here in a second, and I'll show you. Once that's engaged, I'm gonna stay with the expansion part a little bit longer than the stuff, the contraction, I'm looking for moments where I can move from a stuck stance to movement. And I'm welcoming of all the adaptations and coherence at the same time. So when I say expansion and contraction, here's what I mean. So let's say I have a client I'm gonna show you with my hand, and this could happen in any part of the body, it could be with a foot or a hand, it could be with shoulders, neck, it could be across the whole torso where I have a curl in and then an expansion out. So let's just say I have I noticed somebodies doing this thing with their fist where they're closing their fist in a little bit and then opening it out like it's kind of got a normal expansion and contraction, or I could do it where they're really clenching and they're not moving, either way.

What I wanna do is just have them feel the fact that there's movement in their body, that their body is capable of movement. In order to do that, I do have a specific languaging, I'm borrowing this from Peter Levine, who is the creator of Somatic Experiencing, I am an SAP and trained by him as well as others, and so sometimes you'll hear language that's really similar to the kind he uses. So when I have somebody and

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

let's say I'll give you two different examples. One is gonna be when they're naturally moving, the other one's gonna be when they have not moved yet, they're feeling really stuck. So the one where they're already moving, so there, I'm just noticing there's a little like very subtle movement in the hand as they're talking to me about whatever they're talking about.

Here's the languaging I use to invite them into the felt experience of the hand. I wonder if you could place your mind into your hand as you notice it kind of pulling its energy in close and letting it go a little bit. And as you've moved your mind into your hand, what happens as you notice you can pull that energy in, contract that energy, and also expand that energy. Sometimes they will go there and really fast, and it's fine. Other times they'll go, "I don't know what you mean." And I'll let them know, it's really weird, I'm trying to activate a particular part of your brain. It will help if you can almost imagine your consciousness sitting into the sensation, would you be willing to do that for me? So, that can often help if people are having trouble moving into their body, just to let them know, there's a little bit of reason behind what you're doing.

So we can contract down and expand out, once they can track it a little but even as I'm doing it right now I'm noticing a sense of strength coming into my shoulders when I'm in the expansion part of it. So they might track that for you, I'm just noticing it feels, I don't know, I just feel like better when it's a little bit out. Once that happens I'm gonna have them keep moving the hand contracted and expanded, and they may end up moving it bigger expanded like that, that's fine. I'll have them stay with the expansion part longer, so the brain takes about 15 to 30 seconds, 15 to 20 is most of the research, but for some of our trauma people, it does take longer. So think like 30 seconds it takes a little while to take in positive, so I wanna stay a little bit longer with that expansion energy.

Once I get that going back and forth and I'm staying a little bit longer with the expansion, usually their system will take over and find themselves really embracing that empowerment on their own. Let's now say plus that, set that aside, now, let's say I've got a client who is pretty stuck. So they're in a contraction pattern, they're in a contraction in their shoulders, they're in a contraction like this, they move through the world and it's kind of constant. They're closed down, right? They're in their jaw there, they're closed in this space.

The Neurobiology of Feeling Safe
with Juliane Taylor Shore
Live Call 5: Deepening Boundary Work:
Safety and Grief
Tuesday, May 11, 2021

And I'll do it with my hand again, let's just say I'm doing it with my hand, though, I can do it with part of my body, it doesn't matter, I'm just showing you with my hand. So I've got this hand closed down and they're feeling stuck, it feels like I cannot possibly move my hand. Say, "Okay, what would feel better? Imagining that there was a little space in between in the middle of your hand that it could like blow a little balloon so it could push the hand out just a little bit, or you could think about closing tight and then closing a little less hard," and then I'm gonna trust their system of which one feels better to them. And what will usually happen when I do that move is they will have a little bit of a movement come in and then we're just gonna highlight that.

Okay, so what happens now you notice your hand is able to move? So, I do a really classic thing most of us who are trained in activation of memory reconsolidation to do, which is I hold high empathy with both positions. So of course it feels like you're stuck, it feels like you'll never unfreeze, it feels like there's no way to move, and your hand also moved. And of course, of course it feels stuck, there's a lot of fear and the hand moved and then let's just notice nothing happened to your body. Saw a question come in through the chat. Does the client have an image in the mind while doing the exercise? Could Bob, it could be that they do.

If I trust their system, I'm fine doing it just with sensation, right now what I'm doing is working a little bit more with physical safety when I'm working in this expansion contraction, though, I could also bring that out of sensation and into the metaphorical space. So when I'm working sensation and movement think brainstem repair. When I'm in image and feeling, think limbic system repair primarily. Now, do we actually separate them out? How? Probably not, and just know I'm gonna lean a little heavier into this sensation and movement, the actual feeling of the body when I'm doing a brainstem physical boundary repair. And I'm gonna lean a little bit more heavily into the image, into the feeling, into the coherence of how you learn to protect yourself just this way in the containing boundary work, in the physiological boundary work, and that's gonna have a little bit more to do with some of our developmental psychological trauma. We have some tech questions coming in, I'll leave those to Felix to answer.

Let's see, Q&A. Ah, okay. This is an interesting question. What about someone who doesn't consciously know when others are trying to interrupt them and raises their voice in order to finish what they're saying? They tend not to take in outside information, sight or sound, when they are speaking and want to get better at this. I

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

love this last piece and want to get better at this. So, if someone's coming in and they know this about themselves and they really would like to get better at this, I already have a ton of buy-in into what kind of practices I'm gonna help them create, and so it's gonna make my job easier. If you have somebody where you're noticing that, let's say they're coming in as a couple and you're noticing that, but they have no awareness of it and they don't care, then I have to do an extra piece of work around bringing their conscious awareness to it with a ton of compassion and truth simultaneously in order to have enough emotional oomph that they'd wanna change it.

Now, for somebody who does already know, so it's Alexander's question. If they already know they wanna change it, here's what I would have them do is I would actually have them start practicing in vivo with me in the room, where they practice taking in sights and sounds while speaking. And then we see what is it that stirs in you? Do you get images? Does pieces of your history come up? Is it emotionally difficult for you? So it could be they just never developed a practice around taking in what other people are sharing with them or sights and sounds around them while they were expressing themselves. It could be just visual, like a modeling perhaps, or it could be that this is actually an adaptation, some reactivity to pain in their past. If it's just the modeling, then the practice alone will be all that they need to shift it, and they're gonna have to practice it a lot, and they're gonna have to practice it both in the room and out of the room.

So it could be simply like right now I'm speaking and I'm noticing a bird out my window and she's singing, and I don't know actually if it's a girl or boy, maybe a boy, maybe he's singing, and I'm speaking to you and I can hold both simultaneously, so I might have that person practice that. And then practice it outside the room as well. And I could it even really small bits, so could you practice speaking and I'm gonna wave at you and see if you can take that in at the same time you're speaking. If it's something more about how would I say it? If it's something more reactivity so an adaptation because of pain, then it could be oh, I don't wanna learn this new thing, some part of me doesn't wanna learn the new thing out of fear that something is gonna go bad. And if that's the case, then I'm gonna be interested in helping reorient and bringing in maybe a broader or more right now version of truth into that limbic system.

I'll be doing that with image work, I'll be doing that with the psychological boundary work. So a question that came in just came up for me, I'm just gonna see if I can find it

The Neurobiology of Feeling Safe
with Juliane Taylor Shore
Live Call 5: Deepening Boundary Work:
Safety and Grief
Tuesday, May 11, 2021

here. Ah, it was such a great question. I just tried the psychological boundary exercise with a client, and when we asked her inner world to create an image that can help her know what it... Help her know that it is okay to let other people have their emotional process and help her discern what is and isn't not about her, the image that came was standing on a grassy field with the other person in the shadow of a tree. The tree shadow was helping contain the other person's energy, bad mood. Fabulous, I love it. Her system came up with something that really worked for her. As we explored it, the client realized this brought up anxiety for her.

Now, the other person was far away and I'm afraid I won't be able to reach him. Rather than making her feel more connected because now she has safety of a boundary, it made her anxious and was dysregulating rather than regulating. Where could I go next? This is gonna happen sometimes, especially for people who have been taught that psychological boundaries are not for you if you want to not be alone in this world, but a psychological boundary is not something that would be helpful, but some part of them is gonna hold, oh yeah, you know what? I can't have a psychological boundary 'cause then I'm gonna be totally alone.

Or I won't feel connected to my partner like I want to, or my friend like I want to. Super, super common. When that happens, here's what we do, so we bring up that, the field and the tree and the shadow holding the bad mood, right? Fabulous. And then we acknowledge that part as a part of her, not all of her, not all of the truth. So I might language it like this, "Right, so there's a part of you in old learning that is really fearful that if you let yourself feel safe, you'll also be alone, you won't be as connected to him, am I getting it right what that part of you thinks? Would it be okay if that part stepped aside and just watched and see if it's true, could it bring a little curiosity online? Here's my three C's; curiosity, compassion, coherence. Let's just check it out and see. Would that be okay?" And then let's say that client gives me feedback, "Okay, okay." And they're feeling nervous, they're anxious in their body. "Okay, so let's just notice the image of the field and the tree and the shadow.

Could you walk back and forth where you can move further away from the tree or closer to the tree? What happens in your body when you can do that? If you walk closer to the shadow, but you're not in the shadow and you hear them say something," and I'll have them practice with something that actually gets said in their home. "And how do you feel towards that person now as you hear that happen?" We can test it that way too.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

With the, is it containing? What's about him versus what's about me? So, when this happens, I think of it as therapy gold, I don't think of it as something that went wrong. I think of it as, oh yeah, you're showing me this other part of you, this other learning that needs a lot of help with this.

Yeah, let's see. Oh, I had a lovely question from a non-therapist who was just noticing lots of insights coming up around this course; porous here, flip-floppy there, rigid over there. Oh, that's why I do that, no wonder lots of insights coming. And this question, if I give this, all these practices a year with mindfulness writing and art is there a wise sequence to my compassionate reworking? Yes. Think through your history, if you have a lot more physical trauma in your history what you'll wanna do is start with the boundary practices, the physical boundary practices outlining, you can even outline your hand with the air by moving it through the air if it's not okay to touch. The yarn exercise where you put the boundary around you, pushing exercises, where you push things away from your body, you're gonna wanna do a lot of physical boundary repair.

And also some of that empowerment work expansion and contraction I just showed you. Do them back and forth, and even simultaneously. If your history has a little bit more on the developmental side, I would just take note, huh, where do my boundaries cause me the most trouble where what I wanna shift something first in the psychological side or the containing side? And then start doing some of the practices there, including writing, including art.

I'm a huge fan of putting things down in a journal, a huge fan of creating art pieces, clay, paintings, collage, anything that your system is called to to help you come into contact with this, this material in a way that speaks to your whole brain. Some of our brains speak words, but other parts speak sensation, movement, emotion, visuals, and images. All right, let's see. Let's go ahead and invite someone on. Let's see. Farrah, are you here? And you can, I think Felix is probably looking out for you, and you can also raise your hand.

Farrah: Hi.

Jules: Hey. Hi, Farrah.

Farrah: Hi, Jules.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Jules: It's so wonderful for you to come on. Thank you.
- Farrah: Yeah, thank you.
- Jules: Thank you, so you specialize in working with BIPOC clients, Black, Indigenous, people of color?
- Farrah: Yes, I, yeah.
- Jules: Yeah.
- Farrah: I wouldn't list all, and I tend to just attract a lot BIPOC clients and I work with that population, yes.
- Jules: Right, and a client has been coming up for you, a Black woman?
- Farrah: Mm-hmm, yeah.
- Jules: Yeah, and this is such an important piece of work, and I got a lot of questions about it from a lot of spaces over the weeks we've been doing this. Wait, wait a second, what about people who are in danger? Like for example, who live in a country with a lot of white supremacy.
- Farrah: Mm-hmm.
- Jules: And they are literally in danger and that's no joke, what do we do then?
- Farrah: Yeah.
- Jules: And is that similar to what's coming up for this client? Can you share a little bit about what's happening-
- Farrah: Yes.
- Jules: For her right now.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Farrah:** So she is a Black woman, a professional. She's had a history of, you know, she's a mature woman, so when she was in medical school she was probably the only Black woman in that medical school and things like that, and so we're working a lot with safety and boundaries, and so one of the things that comes up with her not just have all of my BIPOC clients is this kind of nuance around, yeah, I'm safe, but not really safe, or I'm not, you know, and that is this piece around I'm not safe all the time, and so I need a little bit of vigilance. So I think I'm trying to remember what I wrote in my email, but I think that was the piece like some nuance around being BIPOC, or some other minority it's not actually that safe.
- Jules:** Sure, that would be true for a lot of people who are gay or transgendered as well. Yeah, where there's literally a lack of safety sometimes physically.
- Farrah:** Yes.
- Jules:** Absolutely through microaggressions or through racism, overt racism. So one, I really wanna lean into their wisdom about that, to that individual person's wisdom around that. Okay, so one thing that would be necessary is that you keep a little bit of vigilance. And I might even help them move into a witnessing space around that experience. Okay, if I let the vigilance down here and here and here, what might happen if I kept the vigilance up? What is that like for me? So when we're saying vigilance, what is it she's experiencing?
- Farrah:** She actually, probably 'cause she's a medical professional describes it as like feeling adrenaline in her body like feeling adrenalized is her word and kind of and I think we did one of the physical boundary exercises and she almost kind of rejected it like "No, that's not for me, I can't feel safe, I can't let myself feel safety.
- Jules:** So there's some things, there's some wisdom in her system that says if I let my self feel safety, then what might happen? Is she aware of that yet, or not quite?
- Farrah:** Yes, she's very aware, and-
- Jules:** And what does she think might happen if she let herself feel safe in moments?

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Farrah: Well, that she would kind of let down and not be able to track if there's some calm coming her way. That's kind of how she associates feeling safety in her body and feeling her physical boundaries that she's almost like letting down some of that vigilance and she wouldn't be able to notice something. I mean, she told me that she feels like and she's had incidents where she's targeted, you know?
- Jules: Mm-hmm.
- Farrah: So that's what comes up for her.
- Jules: Mm-hmm, mm-hmm. Yeah, and so there's a fear if I let my vigilance down at all then I won't catch it when someone is about to hurt me emotionally or physically.
- Farrah: Mm-hmm.
- Jules: And then I won't stay protected.
- Farrah: Mm-hmm.
- Jules: Okay. And there's a sense if I create the psychological boundary, then it won't, there's not a trust that it would protect her around like not letting in something that's not true, for example.
- Farrah: Well, we were working more with a physical boundary like the one where there's a color, and you feel, you notice, it's kind of like well, I can't let myself feel that and then allow that coming down to happen.
- Jules: Yeah, so here's what I do with people who are in any kind of regular danger, this would be true for soldiers that I've worked with who are going back into active duty, or people BIPOC, or transgender people who often are in actual physical danger and actual psychological danger is a concept from somatic experiencing called relative safety. So that I can trust that my system can move back and forth between a little less vigilance and a little more vigilance dependent on how safe I've assessed this environment. So for example, the space in your office might have slightly more safety than let's say the emergency room, where there might be more strangers around or more people who are not of color who maybe feel threatening, right?

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Farrah: Mm-hmm.
- Jules: Yeah, so one thing to work on with her might be and this is about, does she want this? I trust the wisdom of her system. Would you like the adrenal, adrenalized is what she said?
- Farrah: Mm-hmm.
- Jules: Would you like the adrenalized experience to lessen? Is that something your-
- Farrah: Yes, she would.
- Jules: system's okay with?
- Farrah: Mm-hmm.
- Jules: If it did, we would want to have it become more flexy, so I'm really with her and the fact that she's gonna enter situations where she doesn't have control over the environment and she is potentially in danger. Okay, and I think I would do a combo for her of psychological boundary and physical boundary work, kind of move them back and forth simultaneous like do a little psychological boundary work, do a little physical boundary work, maybe move them back and forth and notice the ability to flex how vigilant she is. So she could even practice in the room with you, what if you brought your vigilance up on purpose? What if you let it relax? What if you move into a space where oh, it's okay to be with Farrah right now. She's okay, and she's not gonna hurt me. And she may not trust that, which is also totally fine. Does that make sense?
- Farrah: Yeah, it does.
- Jules: Or she's actually practicing what I would love for her is to have a little bit more confidence in her ability to have flexibility in how big her boundary is. The other piece that she might ask of her internal system when she's doing her psychological boundary is to really acknowledge. And she has some stuff for her that comes up around ancestors as well, right?
- Farrah: Mm-hmm.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Jules: Yeah.

Farrah: Yeah.

Jules: So to be deeply compassionate with her own system about how much, not just her, but her people have been through. And so we're gonna ask when we do that psychological boundary, ask for it to really be strong around what's true and not true, what's about her and not about her.

Farrah: Yeah.

Jules: Yeah, so that it's coming from an honoring, not just of her life, but of how much not true has been said about lots and lots of people in her history. And that we're gonna create a space where that boundary is gonna almost do it for us where we say no, not true, your problem, and keep that out there so that if she is in a space where she wants to speak up, she can so that if she's in a space where she doesn't want to speak up, that's fine 'cause that's not a betrayal of her truth, her truth sits in the middle. Does that make sense?

Farrah: Yeah, yeah.

Jules: 'Cause-

Farrah: That's really helpful.

Jules: Does it resonate for her maybe?

Farrah: Yeah, I was like feeling almost tears because the ancestor piece is really important for her kind of, and that was what she said to me that this is what happened to my ancestors and you know, and to have almost like they're part, they're in her boundary with her.

Jules: That's right, I wanna bring ancestors inside the boundary so that it's like we can, did you read "My Grandmother's Hands"?

Farrah: Mm-hmm, yeah.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Jules: It's kind of similar to what Resmaa is talking about, that we can, that we can move to a space of acknowledgement and grief around what happened and about what is still happening. And in that, in that psychological boundary work, I think of it as a potential reworking and repair for the negative messages that have been given to people based on whatever skin tone, difference in sexuality, differences in gender formation, however that's happening for them. So and fluidity, right? So I'm thinking about it as a space where she can have their strength with her as well as offer protection that they were not able to have.
- Farrah: Yeah.
- Jules: Yeah, and what's happening inside as we talk about it?
- Farrah: Just some emotion.
- Jules: Yeah. Grief.
- Farrah: And I think just that she gets to have that repair.
- Jules: That it's possible, and I really trust the wisdom of her system. If there's something she's pulling on and going no, I don't wanna repair this yet, maybe there hasn't been enough witnessing for it yet. Or maybe there needs to be some shift in how she's creating the safety and that or some deep acknowledgement that it's only relative safety, that's the land we live in, but that's true that we don't have to have a space where she has to feel safe and that's gonna be her healthy spot all the time, I don't think that's reality. I'm a big fan of facing truth 'cause I think if we don't face the truth together, we're never gonna get through this thing and make it really different. Yeah.
- Farrah: Mm-hmm.
- Jules: Yeah, what's happening now?
- Farrah: Well, just that I think that's the piece as well that comes up in me around talking about safety is like acknowledgement that it's different for everybody.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Jules: I am with you. It is really different for everybody, and that's why in general I would lean into the wisdom of my client's system about trusting their lived experience moment to moment. I'm a White person, I don't know what it is to walk into a store and be followed as if I was doing something bad, I don't know what that feels like 'cause that's not my life. I trust though when my person comes in and says that their life, that is exactly what's happening for them. And that doesn't mean they're making it up. Do you know what I mean?
- Farrah: Yeah.
- Jules: So how do we hold both? Yeah, let's increase the felt sense of safety as much as we can while acknowledging the truth of your experience and keeping you really safe like upping the vigilance in some moments, maybe that's right on. And I don't wanna get in the way of that process, so I really wanna lean back and trust the wisdom and bring in ancestral strength as much as possible as well as giving repair to I think of trauma as repairing both the generations in the past and forward.
- Farrah: Mm-hmm, yeah.
- Jules: Yeah.
- Farrah: Thank you.
- Jules: Thank you for coming on.
- Farrah: That's really helpful.
- Jules: Oh, good. Is there any other thoughts or questions that you have as we complete here?
- Farrah: No, I think just like I have a lot, there's like more tools and more to work with when situations demand nuance which was what my question was about. Like more nuance around that, so thank you.
- Jules: Wonderful, thank you. Thanks for coming on and sharing your work and your case.
- Farrah: Thank you.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Jules: Yeah. So we got some questions coming in. Let's see. Any advice for someone who tends to flip-flop between empowered parts that display a lot of confidence when it comes to ideas and advocating for others, but very self-effacing and willing to accept blame when they know it's unjust. Oh, is it like it's like empowerment for others, but not for self? It's probably that question that they're good at at having empowered experiences when it comes to advocating for others, but not such empowered experiences when it comes to advocating for self. Usually, that is a little bit of a self-worth thing, so it's others deserve rather than I deserve.

So when that's going on one, psychological boundary work is self-esteem work in action. And two, you can do there's a piece, I think I'd put a meditation in the bonuses about this where you can... And I think I did it actually live with you guys too where you can have a compassion or empowerment. You can do it with empowerment just like you can do it with compassion, just turn on that neural network and face it towards anyone who is possible to turn it to, so somebody they would advocate for. And then imagine that's a light or an essence of some kind and then move that light or color or essence over to yourself in a situation where you'd wish somebody would have advocated for you, so you can do the same thing with the empowerment neural network that you can do with the state of the brain that does compassion.

And instead of doing compassion for self, sometimes that's really hard, we can start with compassion towards others or empowerment on behalf of others, and then we can turn it towards a picture of ourselves as well. Wow, lots and lots of lovely feedback about that last case, thank you. Thank you Farrah for sharing it. And let's see, there's another person to bring on, another case before we end today. I'm probably gonna mispronounce your name, I hope you'll help me once you get on, Soraya.

Soraya: You pronounced it perfectly.

Jules: Did I? Oh my gosh . Yay, oh, it's lovely to have you on.

Soraya: Thank you, it's lovely to be here.

Jules: So, hi. So this case has a lovely woman who has been through a physical trauma and a breakup because of the physical trauma.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Soraya: Yes.
- Jules: Yeah, and she's kind of all over the place, she feels really chaotic to me. So her ex partner, it sounds like lost control, lost his containing boundary during a argument, sounds like she did too. And that he ended up strangling her?
- Soraya: Attempting to choke her, he was just in such a fit of rage, and she, she was present enough to tell him to stop and he eventually did. And she recognizes that she incited some of that.
- Jules: Well, you know, here's how I hold it with her.
- Soraya: Yeah.
- Jules: I'm remembering this piece that you wrote down in the case about her throwing water in his face.
- Soraya: Yeah.
- Jules: I would be with her with you're a hundred percent right, that you should never have thrown water in his face.
- Soraya: Mm-hmm.
- Jules: There's nothing he did that made you do that. Even if he was being really upsetting, and I get it, you lost your containment, and that doesn't mean you made him choke you. It's the same thing on the other side. So I'm with her with acknowledging the lack of containment, but I wouldn't make that causal.
- Soraya: Mm-hmm.
- Jules: 'Cause nobody's causing anyone to choke anyone.
- Soraya: Yes.
- Jules: You know. How long ago did the incident occur with the choking?

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Soraya: A couple of months ago.
- Jules: Okay, so still really fresh.
- Soraya: Yes.
- Jules: Yeah, and she's not in contact with this person at all at this point, or they do have a little bit of contact, but they're not seeing each other?
- Soraya: Yeah, they had been texting and she kept moving from really wanting to reach out and see if they could repair.
- Jules: Mm-hmm.
- Soraya: To wanting to forget about him entirely and just move on.
- Jules: Of course.
- Soraya: Yeah.
- Jules: She's moving back and forth between trying to repair. And it sounds like in general the relationship has been rich and something she's wanted, and this incident was a little bit out of the norm for them, this is not normally a violent relationship.
- Soraya: No, it's never been violent before, but her own anxiety comes around that piece where he could still be in contact through texts with girlfriends, ex's.
- Jules: Right, right.
- Soraya: Because he-
- Jules: That's what was the beginning of this incident in the first place is that he was having a text conversations in a way that violated the norms and boundaries of their relationship.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Soraya: Yes, she tried to establish a boundary and say look if you're with me, please stop that. And he fulfilled it for a while, but then he couldn't for whatever reason.

Jules: Or did not choose to.

Soraya: Or he did not choose to.

Jules: I'm a good advocate for it.

Soraya: Yes, did not.

Jules: Never persecute himself. We're in charge of ourselves, so he did not choose to. And she didn't choose-

Soraya: Yes.

Jules: to leave at that point. Right, so when we're setting that kind of boundary, Well, I don't wanna get into the weeds about it. Well, just in general, like the... Some people say a boundary is you can't text anyone. I would say it different, I would say a boundary is about what I do and are my actions in alignment with who I wanna be? And so a boundary would be more like I cannot be in a relationship if you continue to text people, if that's the kind of relationship you want, I will have to leave. That's more boundary than getting you to do something different. It's more that-

Soraya: Yes.

Jules: this is what's right for me, and I'm gonna be out if you can't do it. So I'm not sure where she'll end up, but I have some ideas for you about how to help her move out of this 'cause it feels pretty chaotic like she's bouncing back and forth between these two sides, and it's kind of extreme both ways and she's not feeling good in any way right now. One idea is to move through the choking piece. Weird, but when we go through a trauma like that it can be that neural networks hold that we are still being choked like the event never ended, so I wanna help her make sure the event is over.

Especially 'cause it was a choking incident, I'm gonna have her do boundary outline something gentle at the neck. And I'm gonna have her do some of these expansion

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

contraction pieces that we talked about today 'cause I want empowerment to come back online, which it sounds like she was actually 'cause she's told him verbally to stop while he was doing it. So I may even notice, oh, what's it like to say the words stop? And what happens here in your throat when you just say stop and then you notice nothing's touching you. So that'll help her move more into the present time.

My guess is she's a little bit chaotic 'cause her physical brainstem area is actually still in the living of that experience. The other thing that's really gonna help is something called exploratory orienting, that's where we look around and really check out our environment. This is another thing that's gonna increase safety and anybody can bring this to any of your cases. So my brainstem doesn't speak English right now, I'm speaking to my brainstem through the visual sense about what is actually around my body right now. I even felt my nervous system calmed down just doing it. So I'm thinking she's gonna need some boundary repair, physically, and that's gonna be hard 'cause she's not gonna wanna talk about that. She wants to talk about this decision and what should she do? Am I getting it, or no?

Soraya: She is. And yeah, because she's still bringing it up even though she seems to have set it aside for a while and say no, I wanna work on myself, I wanna attract somebody new, I'm reading things, they're supporting what you're saying, you know?

Jules: Yeah, yeah.

Soraya: Yeah.

Jules: So she really wants to be in a healthy relationship, she's really interested in being in help with herself. I'm totally with her about about looking at how she reacts in fights as far as if she loses containment a lot or this is a one-time thing, what was that about for her? To bring a lot of curiousness and compassion to it, so she can figure out what that's like or what that's about.

Soraya: She's had historic issues with the three issues-

Jules: Yeah.

Soraya: for herself in partnerships and from childhood.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

- Jules: Yeah, yeah.
- Soraya: She felt she was always contained and she did act out.
- Jules: Mm-hmm.
- Soraya: Yeah.
- Jules: Yeah, yeah. Yeah, that makes sense. So, part of her having no containment now is like to even the score, it's like it was unfair how contained I was back then.
- Soraya: Mm-hmm.
- Jules: Grief work is so key here.
- Soraya: Mm-hmm.
- Jules: So if I have a client who's losing their containment out of a fairness thing like I was too contained back then, so I'm gonna make up for it by being hyper-uncontained now, I'm gonna try to even the scales there. I have terrible news for them, there is no amount of uncontainment that is gonna make up for how hard it was as a kid. What we can do though is hold the little one who went through that and grieve that it wasn't really meeting you the way that would work for your system. You know, what's happening inside as I say that?
- Soraya: I was just remembering how when I brought her into contact with herself and holding herself that way and holding her emotions, which were really in her belly and they were firing up into your brain making her want to act out. I wasn't successful in helping her find a way to hold all of that.
- Jules: What happened? What made you think you were unsuccessful?
- Soraya: When I asked her what her sensations were trying to tell her, they were giving her negative feedback of unworthiness and as if something was wrong for her. And when asking her to hold that part and just allow that to be soothed, she described how she couldn't feel anything to that.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Jules: Ah, so there's basically a protective stance that she has of not coming into too close contact with the parts of her that know worthlessness or unworthiness.

Soraya: Mm-hmm, and she sinks into it.

Jules: Yeah, 'cause it just swallows her up.

Soraya: Yeah, yeah.

Jules: Yeah. So part of our trick is going to be moving into witnessing, so asking questions again and again about how do you feel towards it? Oh, this is not all of you, it's gonna feel like it's about to swallow you up, I want you to ask it to step just to the side so you can be with it. What happens? How do you feel towards that idea? I'm totally worthless, how do you feel towards that as you hear that voice inside you right now?

And she might say, "I don't, I can't feel anything towards it, I am worthless." "Oh, and right now is it okay to breathe for a second and just hear that voice and then just notice, oh, you probably learned that somewhere. I wonder how that makes sense." Sometimes that's enough and it'll help somebody come out of it, it'll separate it out. Sometimes as I go for coherence, they just stay flooded, totally fine. But let me say it like this, every intervention is also an assessment. So when I make an intervention and it doesn't go as I was expecting it to go, that's totally great 'cause that's super good info for me.

Soraya: Mm-hmm.

Jules: Oh, you just taught me something new about a hyper complex system. So I don't come I guess like my stance therapeutically is not that I should know everything that's going on or should know what to do. I'm making offerings and then your system's gonna respond to that, and in that I will learn more about you every moment that we're together. Yeah, what's happening there? What happens inside when I say it like that?

Soraya: Yeah, I'm just realizing how much I might be going into trying to problem solve instead of staying with her-

Jules: Mm-hmm.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Soraya: in that emotional connection.

Jules: Right.

Soraya: Supporting her, and describing it for her.

Jules: Right.

Soraya: And you're describing it now. And as I've seen you describe it before. Yeah.

Jules: Yeah. And you know, I think as therapists we're taught we're supposed to fix and help.

Soraya: Mm-hmm.

Jules: I don't know, that's a I think that sets us up to be in a space of a lot of dysregulation in the chair. And it's not when I say yeah, we can let that go. I don't mean do nothing . And it feels like there could be a different way of approaching it psychologically for us where I go my psychological boundaries in place, and I'm here bearing witness to your journey and connecting with you while you're in your journey, and we're curious about this. Oh, the contain, so letting go and just saying screw it and doing whatever you want in this moment is a gift to your little one. I see. And what's it like for you when you watch it with me? Does that make sense?

Soraya: It does.

Jules: Yeah.

Soraya: She gets a glee sometimes when she describes that part of herself.

Jules: Yeah, so what I want her to do is watch the glee and ask how do you feel towards the glee.

Soraya: The glee, yeah.

Jules: Yeah, and if the glee were able to stay forever, what's its hope for you?

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Soraya: Yeah.

Jules: You could just stay uncontained, what's the goal?

Soraya: Yeah.

Jules: And then what happens when you notice how that would affect relationships if you stayed uncontained forever. Right, so we move back and forth between that compassion witnessing, coherence about why it's happening and wait, what do you really want? What's your relationship value? What's your value about your own integrity? So it feels like a combination to me that she's gonna need to do of physical boundary work and a lot of containing boundary work.

Soraya: Yeah.

Jules: Yeah, yeah. Do you have any other thoughts or questions as you're sitting with her, letting us sit with her?

Soraya: Yeah I think again, it may be more about me now that I see that I was reaching for so many of the ideas from the different parts of the boundary work rather than sitting with her and the feelings and my own feelings and embracing her, and that's very rich for me. So, thank you.

Jules: Oh, well, good. I'm so glad.

Soraya: Yeah.

Jules: I'm so glad. Thank you for sharing your work and her case with us.

Soraya: Yeah, thank you.

Jules: Yeah, be well.

Soraya: You too.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

Jules: Okay, so here we are coming closer to the end, we've got lots of questions coming in. Let's see. How about a male couple where one is native English speaking and the other one lived in Vietnam until age 15. Now, at 50 still holds the role of his immigrant families communicator and doer. He also over functions in the couple with this 22 year old White partner. The White guy talks over the Vietnamese guy acting out and wanting to win and be right more than be close to his partner. The younger partner eventually gives in overwhelmed by the onslaught.

Got it, okay. Thoughts? My thoughts are a ton of psychological boundary and empowerment work. I'm thinking about Bob's question earlier about oh, could you do this in image? I would do the expansion contraction with his voice and with image work for the guy who it feels like he's a little bit in the one-down position, so we wanna do a lot of empowerment, a lot of oh, what would happen if you spoke up? One way I'll do expansion and contraction work vocally is actually having people move from total quiet into whisper, back to quiet, into louder vocalization, into quiet. So watch this, I'll have them do something like this. And I would like to speak up for myself, and I like to speak up for myself, and I would like to speak up for myself, and I would like to speak up for myself.

So I'm having to move back and forth between quiet, and slightly louder, slightly louder, and back to quiet. And then I'm just gonna have them turn in and track, and what happens emotionally when you do this? What happens to you and your body when you do this? And we're just gonna learn a ton 'cause every intervention is also an assessment. So I'm gonna learn a ton about that guy's system. The other thing that I'm gonna do is once I have a little bit more of an empowerment, a little bit more voice for the male partner who doesn't speak up as much tends to over function is I'm going to advocate for him and really help the other partner take a look at his own containing boundary work. So I'm gonna invite him into it, I'm gonna be helping him be thoughtful about how this is affecting his relationship and would he really like it to be different?

I find that when people are shaken awake by their partners, there's a real opportunity to do some growth that won't just help the partnership, but will help us as individuals. So, when I was doing that last consult, a thought came up for me about a quote, a quote from somebody that I read a ton of. I wanted to share it with you guys. And I can... If you remind me, Felix, I can write it down and share it with you guys and put it in like handouts or whatever as well. It's from a woman named Rachel Naomi Remen, and she

The Neurobiology of Feeling Safe
with Juliane Taylor Shore
Live Call 5: Deepening Boundary Work:
Safety and Grief
Tuesday, May 11, 2021

wrote a book called "Kitchen Table Wisdom", which if you have not read is a gem and I highly recommend.

And it feels like a good thought to sort of wrap up our work because I think it's speaking to our role as therapists and to our own space around our boundaries as therapists as we bear witness to and help our people, so I wanted to share it with you guys. It just came to me, Soraya, while you were talking, it just came up, and sort of was niggling at the back of my head. Oh, thank you. Yeah, thank you. I'm hearing that, I'm seeing these chats come in guys. So as a way of wrapping up, I'll just share this with you. It's a quote from Rachel Naomi Remen, R-E-M-E-N, and it goes like this, "Helping, fixing, and serving represent three different ways of seeing the world. When we help, we see the world as weak. When we fix, we see the world is broken.

When we serve, we see the world as whole. Helping and fixing may be the work of the ego, and service, the work of the soul." I love her writing. If you guys don't know her, she's worth looking into. So, we have just a few more minutes. I will write that down. Yeah, feel free to be in the chat and in the Q&A, anything you wanna say in terms of goodbyes. Oh, thanks Gladdis, this training has been a blessing for me and has enhanced the work I do with my clients and how I am with my family. I'm so grateful to you Jules for giving me this opportunity. And a big thanks to your panelists. Yes, thank you, thank you. And so much gratitude for everyone, there's tons of gratitude pouring in through the chat. Oh, and I almost forgot, Felix, 'cause I always do, people have been asking about is there gonna be a Boundaries 2? You tell us if you want one, if you do, I will totally make one.

My thought is increasing the number of case consults 'cause I think that's a great learning opportunity, I am thinking about how we use the boundary work as ourselves, as therapists in the chair. I'm thinking about turning the workbook part in the bonus materials. I'm getting lots of yeses, Boundary 2, yay. I'm thinking about turning that into a part of the course and also talking about when self-compassion is hard for your clients, how do we work with that? And thinking about internalizing the boundary work so that you can have it between witnessing self-integrated brains and parts of your limbic system, which you can totally do. I do a ton of boundary work with my people that is actually totally on the inside between themselves and their parts. So 'cause I'm an IFS trained therapist, and so I do a lot of thought around how boundary work integrates with internal family systems.

**The Neurobiology of Feeling Safe
with Juliane Taylor Shore**
**Live Call 5: Deepening Boundary Work:
Safety and Grief**
Tuesday, May 11, 2021

So if we did a Boundaries 2, that's what I'm thinking about, and I'd love feedback from you guys if you have about how that would be. Also, there was tons of interest in the consultation groups, so I will be starting one in the fall and you can email me that. Yeah, am I forgetting anything, Felix? Probably . I always do .

Felix: That's all right Jules, thank you so much. There was one question about how there are so many consultations and questions that they wanted to kind of pick your brain more, what's a good way to reach you?

Jules: Yeah, so shoot me an email. So one, I have a bunch of different kinds of training opportunities. You can go to my website, it's called cleariskind.com. And there are two different areas of trainings that I give. One is trainings for therapists and that's labeled trainings and the other is all personal growth stuff, and that's in the offering section. I have a Boundaries Experiential coming up where it's just it's not geared for therapists in particular, though therapists are certainly welcome. That's in June and that's all the exercises and doing the personal work with this work. And if you want to consult with me one-on-one, I do offer that. Shoot me an email about that jules@cleariskind.com.

Oh, I got a question. What's the consultation group? It's gonna be limited to 20 therapists and it's ask me your questions and I will answer them, bring me your cases and we will be with them, and I'll help you be with you while you're with your people.

And what else am I forgetting? I don't know. Just how much I've loved being with you, and thank you for showing up, and thank you for your questions. And I'm facing the grief that I could never actually get to all of them. I'm holding that with a lot of tenderness and oh, I just am so grateful to you guys for being here, you're what makes this possible, so thank you. And did you see it coming through the chat?

Yay, Felix, you're awesome.

Felix: Thanks so much, Jules. Thank you everybody.

Jules: Yeah.

Felix: Great job. Bye, Jules.