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while getting your Continuing Ed. Keep listening here, then hop over to notboringces.com to

get all your online CE credits. Alright, y'all, let's get to learning.

Cea (pronounced like "seeya soon") Rubin has been sharing body-centered therapies for over

a decade. As a clinical social worker and somatic psychotherapist, licensed massage

& bodywork therapist, CranioSacral Therapy practitioner, and yoga teacher specializing

in yoga for trauma and therapeutics, Cea has learned that if we could think our way into

healing, we all already would be healed.

Cea specializes in helping people trust themselves, their perceptions, and their decisions, as

well as supporting people in feeling safe in their bodies and resolving persistent somatic

symptoms.

She has served many individuals and groups in private practice, intensive outpatient

programs, hospitals, and inpatient settings, and she has worked with people from childhood

through elderhood. She understands how to meet people where they are.

Allison Puryear (she/her): Welcome back to not boring. Cease! I'm here today with Sier

Reuben. We are going to be talking about the intersection of physical and emotional anatomies.

I'm excited about this conversation and prepping for this, see, and I got to have a great conversation

where I learned a lot, so I'm excited for y'all to learn a lot, and for me to learn

more, because this one's a much longer combo. So thank you for being here.

Cea Rubin: Thank you so much for having me here.

Allison Puryear (she/her): Yeah. So let's start off first with just kind of the basics.

Can you gently usher us into some of the terminology? We're gonna use some of the ideas that we

might need to be familiar with for the rest of our conversation to make sense.

Cea Rubin: Yes, what a great starting place! So

Cea Rubin: I think, as what I'm accustomed to is as therapists. We tend to enter the

human system through thoughts and through emotions.

Cea Rubin: and sometimes we leave out what's happening in the same moment, which is the

physical body. So we have a thought, or we have an emotion. There's a simultaneous phenomenon

happening in our physical bodies.

Cea Rubin: We can feel it in our heart rate, increasing in the chemicals and the hormones.

Cea Rubin: We also. Sometimes we're aware of it, sometimes we're not. There's a posture

and emotion that happens in the body simultaneously with an emotion or with a thought.

Cea Rubin: So

Cea Rubin: in our culture in the West we have done this really brilliant thing of isolating

things to better understand them. But not so brilliant thing is we forgot to put it

all back together and see that in our mental health practices, we've

Cea Rubin: to a degree isolated it to really understand it. Just such a beautiful thing,

and so important in healing and in coming

into thriving. We have to remember to bring

it back into the whole, because if we just address

Cea Rubin: the emotional distress or the emotional unease, without resolving the simultaneous

struggle in the body.

Cea Rubin: We can keep getting pulled back over and over again into those patterns because

its manifestation in the body is still here.

Cea Rubin: Right? So it's interesting, because I think it's kind of like a running joke on

social media. For instance, this idea of therapists being like, and where do you feel that in

your body, you know, it's always like a soft voice therapist, right? And to make fun of

me with that. And it's yeah.

Allison Puryear (she/her): Yeah. And it's it's a good question, even though we giggle

about it. But I think that there are a lot of us therapists who might ask that question.

But then not really know what to do with the answer.

Cea Rubin: yes.

Cea Rubin: so I'd love to expand on that question of Where do you feel it in your body, because

so many people struggle with feeling their bodies. They might

Cea Rubin: thinking emotions or thinking feelings, or it's really unsafe to come to the body.

So I often like to ask, Where do you feel it in or around your body.

Cea Rubin: or does it kick you out of your body because all of that is going to be great

information of. Is this emotion something that is at this point so overwhelming or dysregulating

that it's not safe to be in the present moment,
because the present moment

Allison Puryear (she/her): I love that cause.
I think about myself and I have felt like

a balloon head most of my life. Just. I'm
very good at being in my head and being kind

of divorced from my body. It's just the way
that I've done life thus far for the most

part. And so when, whenever a therapist has
asked me like, Where do you feel that in your

body I'm kind of like.

Allison Puryear (she/her): I don't know, and
it's it took me a long time to be like, oh,

I feel that in my stomach I feel that in my
heart, like

Allison Puryear (she/her): the question is
good cause it makes you actually check in.

And it makes me go from this bobble head like
balloon head to like somebody who actually

does have something going on from the neck
down.

Cea Rubin: Absolutely. Yeah, you're a whole
being.

Cea Rubin: Yeah, I can relate to a degree
with the the balloon head, and you know how

rewarded we are for thoughts, and and being
fast paced in that way.

Cea Rubin: the other. If we could go back
to that other part of your question, you said.

what do we do next? Someone says I feel it
in my stomach, or I feel it in my

Cea Rubin: cool. Let's keep going. There are
so many different

Cea Rubin: next steps we can take.

Cea Rubin: That is an invitation from that

person's Psyche and system of Hey.

Cea Rubin: come with me in this pathway. Let's open the store together.

Cea Rubin: I've offered this to you. Okay, it's in my stomach. The first step I like

to do is to get familiar with it, and as therapists. We are so great at this. We're fantastic at

rapport building and building trust. And so we're doing the same thing with the body.

Cea Rubin: This is where parts work can be great as well, because the part speaking through

the body or manifesting through physical symptoms.

Cea Rubin: So we just want to build rapport. First, okay, and our body communicates differently

than our thinking mind.

Cea Rubin: It might come in words, but it might be sensations or images, it might be

qualities.

Cea Rubin: so we want to give

Cea Rubin: a lot of space for the body to communicate. However, it wants to, doesn't

always have to be in sensation, though that is often how the body likes to communicate.

So just being curious witnessing having that compassionate curiosity.

Cea Rubin: hmm.

Cea Rubin: and then that can tell, you where to go from there.

Allison Puryear (she/her): Hmm.

Cea Rubin: yeah, I'm thinking about. I was just having this conversation the other day.

This is taking us a little bit into left field, but it's relevant. I love a good rabbit hole.

Okay? Yeah.

But we were talking about how?

Allison Puryear (she/her): We don't have friends who are ambitious type, a women 40 and older, who don't have some sort of auto autoimmune

Allison Puryear (she/her): issue

Allison Puryear (she/her): and just thinking about the way the body gets involved there.

When you've been like you've burned through your adrenals you've, you know, done so much to achieve, or whatever you found important along the way.

And then your body crashes to make you slow down.

Cea Rubin: Yeah, I'm I'm already hearing all those different layers of the emotions of

Cea Rubin: you know our place in society and those identities that we occupy and spaces that society allows for us. And just the.

Cea Rubin: you know, patriarchal capitalist structure, and how

Cea Rubin: challenging that is on a body that is not

Cea Rubin: in a non oppressed group. I'm curious when you were talking with your friend, what came up for you, and and reflecting on those autoimmune

Allison Puryear (she/her): challenges. Well, just thinking as somebody with an autoimmune disease like I mean, I honestly think

Allison Puryear (she/her): the doing everything. I grew up as a Gen. Xer. I grew up of a generation

where, like feminism was taught to us by our moms, but it was from this, like, you can

do everything.

Allison Puryear (she/her): And so we did.
We did all the you know, all the women's work

Allison Puryear (she/her): that we thought
was expected of us. We tried to look like

Kate Moss. We did everything along the way
that felt like both the woman's work, and
that more masculine like

Allison Puryear (she/her): being business
owner. Kind of thing like I have always done

business in a masculine way. And I enjoy it,
and I love it, and I would still do it, even

if

Allison Puryear (she/her): I don't know. It's
just it feels like I was wired to do it. I

just had to learn to do it in a way that didn't
burn me out.

because I don't like having limits, so I would
ignore them.

Cea Rubin: I so relate. Yeah.

Cea Rubin: you're what you're sharing is reminding
me of some of Brene Brown's work. Hmm! With

with vulnerability, and and

Cea Rubin: having that role of the woman who
does it all with a smile on her face. And

I'm hearing in the context of our conversation.

Cea Rubin: of how that, and dissociate us
from the truth in our bodies.

Allison Puryear (she/her): Yeah, absolutely.
And so.

Cea Rubin: you know, with autoimmune struggles,
there's sometimes there's often patterns that

are present across people, and also

Cea Rubin: at the same time, everybody's system
is unique. And so I'd be curious to go in

and listen to that, because it's something physical. We can touch on it either through

the Psyche, or physically, with really gentle touch, and we can connect with it. We can

dialogue with it, or so great with that. And so there's

Cea Rubin: there's a saying the body never lies.

Cea Rubin: And so we want to find a truth in the body. And what the autoimmune struggle

is trying to communicate. You said before, it's like

Cea Rubin: the adrenals are just

Cea Rubin: exhausted. So the body's like I'm freaking done. I'm I'm tired. It can be a

Cea Rubin: almost like a defense mechanism of like man. I need some more guards up.

Cea Rubin: So it might be putting up those walls.

Cea Rubin: Yeah. And so you may already be tapping into like man. This is the work that

we do

Cea Rubin: with the Psyche, which is a little more air, like an ether like if we're thinking

about it in states of matter. But when it's in the body, we have something really tangible

that we can work with something we can point to. We can see it experiment with it, and

I find that oftentimes that lets people digest it

Cea Rubin: in a really efficient way.

Cea Rubin: because it's right here we can touch it.

Allison Puryear (she/her): So this is kind of making me giggle a little because this

is so. It's so true. I'm thinking about how
in the therapist world, like the very serious
therapist world.

Allison Puryear (she/her): keeping it separated.
And it all being about emotion and thoughts

Allison Puryear (she/her): is

Allison Puryear (she/her): like. It's one
way of doing it. And often those folks look

at the more somatic people as more airy, fairy.
Right? Yes.

Allison Puryear (she/her): and how like.

Allison Puryear (she/her): What's more, what's
more real than breaking a bone like your blood

test says you're totally messed up, or whatever
you know like it's it's interesting how there's

there's a snobbery within our field, and this
goes all sorts of directions and around all

sorts of different things. It's always gonna
happen in any sort of field. But there's

Allison Puryear (she/her): something that
somatic therapists get labeled with.

Allison Puryear (she/her): Then it's kind
of like the opposite of what's actually happening.

which we all know, like the mind, body connection,
it's all the same thing right? Like. We don't need

to connect them. They're already connected.
Yeah. So it's funny that you're talking about

like

Allison Puryear (she/her): our thoughts and
emotions, our Psyche being kind of more airy

and ethereal almost. And

that's what the very serious therapists
are focused on. Cea: Totally. Yeah, I'm I'm feeling

this like zooming out happening. And it.

Cea Rubin: you know, my social work mindset comes in of man. What's happening within our

moment, in history and in our culture, where we're prising, really digging into thoughts

and emotions as the serious stuff.

Cea Rubin: Yeah. And I, I learned one definition of oppression is is a difficulty in breathing

or suffocating. The breath is one way we can look at it.

Cea Rubin: Well.

Cea Rubin: you know. I wonder if it's kind of built in to our systems of wanting people

disembodied because it can be really disempowering? Hmm. Not connected with your body.

Cea Rubin: because if the body doesn't lie, our truths are in our body can keep people

out of the body.

Cea Rubin: where, if the people who are wanting power over can keep people out of the body

they get to keep.

Cea Rubin: you know the power and quote right?

Allison Puryear (she/her): Mmm, that's so juicy.

Allison Puryear (she/her): Hmm.

Allison Puryear (she/her): Let's let's talk some about this idea that, like it's all in

your head.

Allison Puryear (she/her): I'm thinking about it. From this perspective of you hear? I hear

it a lot with around parents saying it about their kids of like.

Allison Puryear (she/her): oh, it's all in her head. That's why she's just nervous about

it. It's just like it's almost dismissive.
A dismissive way of handling.

I don't know. Like a nervous tummy,
or something like that, right?

Allison Puryear (she/her): I heard that recently,
which is why it's coming to mind. And this

idea that it's it's all in your head versus
it's all in your body. The idea that it's

like we're talking about separating out head
versus body. But I'm also thinking about just

the terminology of it's all in your head,
and how there's this sense of like.

Allison Puryear (she/her): So it's not that
it's not valid or relevant, if it's just in

your head, as if there's not a very clear
connection to what goes on in your body.

Am I making sense?

Cea Rubin: Yes, and I'm hearing some of the
things that we've touched on already of of

you saying before, like

Cea Rubin: mind-body connection, it's already
one we don't need to connect them.

Cea Rubin: Yeah. So this

Cea Rubin: I this is making me giggle now
of the dismissiveness of it's all on your

head. And in the therapist world. We're prizing
being in the head. Yeah.

Cea Rubin: hmm, so

Allison Puryear (she/her): so we're screwed.
Basically. No.

Cea Rubin: I mean, It come down to like, let's
come to the foundations of our practice with

that compassionate curiosity.

Cea Rubin: validation.

Cea Rubin: What we're hearing is here

Cea Rubin: for a reason, and it's just here period. So let's get curious about it?

Cea Rubin: you know. I wonder about the projections of oh, it's all in your head. you know. What

would happen if we slowed down and said, huh! What are you feeling in your in your belly?

Cea Rubin: Maybe we have a a really sweet. bonding conversation with our child that's

like. Oh, that that stomachache is! I am really nervous

Cea Rubin: because this thing happened at school. Someone said something mean to me

that maybe we we wouldn't have gotten to hear if we didn't

Cea Rubin: allow the tummy ache or the somatic symptom to be in the conversation. Right?

So it's like, Oh, it's all on your head. It's dismissing this other way of

Cea Rubin: of being in conversation as humans. We're so used to being in conversation with

the cognitive mind and with words. And then maybe we're talking. And oh, something's happening

in my shoulder

Cea Rubin: that wants to be in the conversation, too. It's just gonna look a different way.

Oh, it's all in your head, is is leaving out something that wants to be part of the conversation

in a way that we just haven't been used to in a lot of our culture.

Allison Puryear (she/her): Right?

Cea Rubin: Yeah, to this, yeah.

Allison Puryear (she/her): yeah. I'm thinking about kind of the felt sense understanding

of the physical body of emotions of mental

health, can we talk some about that.

Cea Rubin: so

Cea Rubin: for therapists, I always recommend having your own practice. Knowing what it

feels like in our bodies

Cea Rubin: cause, we all know if we're with a client. And we're just saying something

that doesn't have experience or it doesn't have a foundation.

Cea Rubin: Our clients pick up on it. They're like something is fishy.

Cea Rubin: Yeah, and that can turn into that can get Dicey pretty fast, cause there's that

power differential, and clients can be like. Gosh! Is it me when it's like? Now, the the

therapist needs that felt sense experience of

Cea Rubin: oh, this is where I feel it in my body. This is how I respond when my body

is is feeling sick. Umhm, my body needs to just move position in session.

Cea Rubin: Hmm.

Allison Puryear (she/her): yeah.

Cea Rubin: So that I always recommend starting with the safety and resourcing

Cea Rubin: for clients. Having that felt sense of. Oh, it's safe to be here. Oh, there's

there's vitality in my thighs, there's a spaciousness around my heart.

Cea Rubin: And so, in having a felt sense. We're creating a a map for ourselves.

Allison Puryear (she/her): So that's it's interesting. As you said, there's spaciousness

around my heart. I like felt it

Allison Puryear (she/her): in a way that if

you hadn't said it I wouldn't have noticed

it. But, as you say, it's almost like there was a swirl around that I was like, oh, it

is spacious, it feels good, and I think, even just bringing awareness to the body.

Allison Puryear (she/her): like you didn't ask me how my heart was feeling. You just

threw something out there, and just bringing

Allison Puryear (she/her): like a therapist, bringing in ideas of what could be going on

in your body, could without planting an idea, but just

Allison Puryear (she/her): bringing it up. How powerful that can be and helping people

notice?

Cea Rubin: Yeah, absolutely.

Allison Puryear (she/her): So can we talk some about like mapping the intersections

of the physical and emotional bodies. In ways I would. I mean, this is going to be like

the bulk of the conversation, I suspect, but in ways that people can then take in their

practice and implement.

Cea Rubin: Hmm.

Cea Rubin: So when you're in the room with someone or over zoom

Cea Rubin: the body. It's said to be like the low-hanging fruit.

Cea Rubin: And so you can see what's happening inside someone's psyche behind the words with

how their body is holding or moving. If somebody's saying, Yeah, I feel great and their foot

cannot stop tapping.

Cea Rubin: it gives me an opportunity to to

get curious about that.

Cea Rubin: So we're helping our clients create a map of themselves and a deeper self understanding.

Cea Rubin: And we also, at the same time, as we're empowering them

Cea Rubin: to make their own map.

Cea Rubin: We have some maps that we can really trust and use. So there are some physical

postures that correlate with protective responses.

Cea Rubin: My body already went into a rounding position

Cea Rubin: primal

Cea Rubin: primal posture that happened like, if I am defensive, I'm gonna fight. I'm gonna

run or I'm gonna shut down, or I'm gonna fawn.

Cea Rubin: These muscles are going to go in at the same time. So those are like your shoulder

muscles, your chest muscles kind of the caving in. Yes, so it's

Cea Rubin: if we're getting geeky with the muscles like Major, which weaves into the

sternum and into the front of the arm bone. And so if we're having

Cea Rubin: an emotional experience of shame. those muscles are going to activate at the

same time.

Cea Rubin: my upper back is gonna round my arms. Come forward. My head automatically

has to come forward.

Cea Rubin: The front of my belly contracts

Cea Rubin: my psoas, which is a main stress muscle. It helps to

Cea Rubin: flex the hip, which is like, if you're seated. that muscle's active.

Cea Rubin: my low back over stretches. and then I have a turtle shell for my. and I'm

protecting all my vulnerable organs.

Cea Rubin: So if a client comes in and they're like I have chronic neck pain, my jaw is really

tight

Cea Rubin: and getting headaches. my low back hurts.

Cea Rubin: Let's check their posture, because all of those are reflections of this

Cea Rubin: rounding forward when my chest is tight, my necks out of that integrity,

the structural integrity.

Cea Rubin: So it's going to cause neck pain which radiates into headaches. Low back is

overstretching, which causes the pain in the low back. or can cause the pain in the low

back.

Cea Rubin: So that's a really common

Cea Rubin: correlation or intersection of physical and emotional anatomy that rounded

forward posture. We see it in that neck pain, headaches, jaw tension. The jaw tension is

really common, especially in women.

Cea Rubin: TMJ temporomandibular joint dysfunction is very common. If we've been swallowing our

words

Cea Rubin: biting our tongue. We already have these sayings in our culture. and so in a

moment, where man, it's not safe to speak up.

Cea Rubin: or I should be polite or be a good girl, whatever it may be.

Cea Rubin: Our jaw muscles will contract to literally keep us from speaking, tension can build

up over time

Cea Rubin: if it can't release. And so then we get that joint dysfunction. Another really

common intersection.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And I think about how like that might not happen in your waking

hours

right like you might be a clincher or a grinder at night.

Allison Puryear (she/her): and it's like your body processing through everything that it

held back all night or all day.

Allison Puryear (she/her): Yeah.

Cea Rubin: yeah. You were talking before of the

Cea Rubin: that reminded me of the like. It's all in your head. It's all in your body.

Cea Rubin: If there's a truth that you're experiencing.

Cea Rubin: it's gonna come out somewhere, and at some time, so oftentimes it can come

out

Cea Rubin: in nighttime or we wake up with it. But it's not in line with our heads. Agenda.

Cea Rubin: so we just push through it muscle through.

Allison Puryear (she/her): I think about how common that is amongst my clients who have

boundary issues have a really hard time with conflict.

Allison Puryear (she/her): I don't know

Allison Puryear (she/her): if any of them haven't complained about jaw or neck pain.

it's interesting to think through.

Cea Rubin: Yeah, I love that. It's getting

Cea Rubin: just a deeper and more compassionate understanding. I felt that description you

shared just dropped down in my own body.

Cea Rubin: So you were saying before, like it's all one

Cea Rubin: we can access that that struggle of. It's really hard to have boundaries

Cea Rubin: through the emotional body and through the physical body addressing either

one is going to ripple out into the other, and if we can be with both at the right timing

for that person.

Cea Rubin: It's gonna help that pattern transform.

Cea Rubin: you know. I feel in my life of my jaw's clenching. Let me check in.

Cea Rubin: Okay, there's a need here that needs a boundary around it.

Access it that way, too.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): Do you ask in your intake about like physical discomfort or pain?

Cea Rubin: I do. Yes.

Allison Puryear (she/her): like check boxes, or like, I'm just thinking about like massage

therapists who have the body outline like, how do you do it in your in your like written

paperwork? Or is it more in your initial assessment?

Cea Rubin: It's a combination. So in the

Cea Rubin: written down assessment before

the first intake, I'll get information. If

it's

Cea Rubin: if that person has a menstrual cycle, I'll get information about that, because

the body changes a lot over that

Cea Rubin: menstrual cycle.

Cea Rubin: I'll learn about daily and nightly cycles. And then, in the initial intake I'll

ask about physical symptoms. I'll check their posture. Breath, evaluation!

Allison Puryear (she/her): What is a breath evaluation like.

Cea Rubin: So the breath is a physical action.

Cea Rubin: Our muscles, our tissues. They have to either contract or release to allow

more breath in. So I'll just see how somebody's breathing. We might try out breathing into

the belly

Cea Rubin: and seeing how much ease or challenge there is there. and that tells a lot about

not only what's happening in the body.

Cea Rubin: but also where memories may be held in the body.

Cea Rubin: So if it's really hard to breathe into the belly, the muscles of the abdominal

wall

Cea Rubin: are likely tight, as well as the respiratory diaphragm which connects all along

the bottom of the rib cage. Our heart organ rests on top of it, and really important arteries

and vessels also weave through

Cea Rubin: the diaphragm.

Cea Rubin: So if I was really frightened at

some point in my life, for example, and I

Cea Rubin: had to hold my breath the diaphragm contract in. and if that never got to process

or release that breath out. that diaphragm can stay contracted. And so we might see that

in the breath evaluation. And it gives really great

Cea Rubin: mapping of at some point we're probably gonna tune into what's happening

in the diaphragm. And we can use some of those skills we talked about at the beginning of

Cea Rubin: you know, we're building rapport here. What are the sensations? Are there colors?

Are there textures? Temperature?

Cea Rubin: Can we give that that tissue eyes?

Cea Rubin: And we can talk with the eyes, and that'll often allow us access to memories.

Oftentimes inner children are hanging out

Cea Rubin: in the body and so doing. That posture, evaluation, breath. Evaluation

Cea Rubin: helps us as therapists. See? Okay, this is probably where we're going to go.

Allison Puryear (she/her): what are some other common postures or ways of holding ourselves,

that. are indications of potential

Allison Puryear (she/her): clinical issues or struggles.

Cea Rubin: so we went over 2 major ones that rounded forward the jaw clenching

Cea Rubin: low back pain is also a really common one with people who have trauma stuck

in their systems, or are struggling with a lot of stress or mental health distress.

Cea Rubin: And that works with the hip flexors in the front. If they're overactive or tight.

Cea Rubin: Then the low back has to compensate by over stretching. And so we tend to feel

pain where we're overstretching.

Allison Puryear (she/her): Got it

Cea Rubin: with our boundaries, too. Boundaries. I'm over stretching in my relationships.

Cea Rubin: It causes me pain. In some way

Cea Rubin: people come in with low back pain hip pain

Cea Rubin: all very common in. There's some sort of stress response happening in the body.

Cea Rubin: That's cause. It's all one is going to have a correlation with mental health and

emotions.

Allison Puryear (she/her): So I think about like most people coming into therapy for the

first time, will cop to the fact that they've got some stress or distress going on. How

do you then tease out like they also have, let's say, lower back pain and hip tightness.

Allison Puryear (she/her): How do you then tease out and work through what's stored there?

Cea Rubin: Hmm! I mean building that safety

Cea Rubin: is first, because it's gonna allow that conversation with that area to open up.

And oftentimes, when we feel safe.

Cea Rubin: those memories or distress that's stored in the body will feel safe to start

speaking up

Cea Rubin: and

Cea Rubin: so if we take a somatic approach.

Cea Rubin: we do what we touched on earlier, which is allowing the body to be in the conversation

with cognition. So

Cea Rubin: maybe we're

Cea Rubin: talking there. Say, yeah, I have.
I have low back pain. Say, you know I'm curious

about that. Do you mind if we just tune into
it a little bit?

Cea Rubin: And what I recommend with people
who are just starting with somatic work is.

People often like to have a timer on it at
first.

Cea Rubin: because it can be so new it can
feel weird or uncomfortable. How long do you

want here?

Cea Rubin: About 5 min. so we'll

Cea Rubin: drop in, find safety, and then
we can hatch into that area and bring it into

the conversation. Get familiar with it.

Cea Rubin: and then it tends to naturally
present itself.

Cea Rubin: especially when we work with the
body. People will notice the sensations or

the colors, and then they might be like

Cea Rubin: man. This really weird thing just
happened. I just saw myself. I just saw my

5 year old self where I just got this memory
from this time. That's weird, and they'll dismiss

it.

Allison Puryear (she/her): Umhm.

Cea Rubin: But we'll be like, Oh, hey! Can
we go back to that?

Cea Rubin: What's what do you see? Your 5
year old self. What are what are they wearing?

Allison Puryear (she/her): So you mentioned

colors like when I'm imagining, like dropping

in? How do you guide that as a therapist?

How verbal are you versus giving them

Allison Puryear (she/her): time and space to be with on their own? Can you kind of talk

us through that process? Yes.

Cea Rubin: being grounded in your own body is really important. not only for safety,

for the client, but also your own body, is going to give you a lot of information

Cea Rubin: of what's happening in their body.

Allison Puryear (she/her): Hmm!

Cea Rubin: Because we co-regulate. we mirror each other so

Cea Rubin: people can have eyes closed or open whatever allows them to feel safer and

have better access dropping in.

Cea Rubin: And so if we're starting with

Cea Rubin: maybe a stress, there was a

Cea Rubin: issue with a boundary. We might start with thoughts. If that's the access

point. what thoughts are you noticing?

Cea Rubin: Give them time to really see those

Cea Rubin: any images. Let them watch that in front of them like a movie. Give them time to see it.

Cea Rubin: And then, are you noticing any anywhere in or around your body when you see

these images.

Cea Rubin: and then they tend to notice. Yeah, I feel it right in my throat, right in my

lower throat.

Cea Rubin: That's interesting. Can we get familiar with that?

Cea Rubin: Do you? Noticing any sensations.

Cea Rubin: colors, temperature.

Cea Rubin: elemental qualities. and people tend to have those come up. and if they go

blank. we know as therapists, there's something really tender here

Cea Rubin: that's held in what seems like the blankness that the Psyche may be protecting

from. We really want to slow down there.

Cea Rubin: We really want to build that safety and resourcing, and we can do that so beautifully

with the body cause our nervous system. Is there clients get a felt experience of safety?

It's not just an idea.

Cea Rubin: So if they have access to sensations, we're really trying to get them familiar with

it. So it's not all in your head. So they have. There might be a shape. There's a lot

of questions

Cea Rubin: therapists can ask based on their own intuition what they're feeling in the

room, and that'll be more accessible the more we do our own work.

Cea Rubin: So if there's a shape, we might notice, how deep does it go into your tissue?

Cea Rubin: What effect does it have on your whole body. Sometimes people notice if it's

in the throat. Whoa! It makes my shoulders round.

Cea Rubin: Wow! I'm in this posture all day long. Wow! This is a really old

Cea Rubin: sensation and posture.

Cea Rubin: I've been doing this since I was 12 years old.

Cea Rubin: and so from there we can. You know, there's an opportunity for creativity as well

to really let that person find a map for themselves. Maybe there's a sound that goes with it.

Cea Rubin: and maybe that sound could be translated into words that's subconsciously being sent

to the person or nonconsciously sent.

Cea Rubin: And then from there we can dialogue with

Cea Rubin: that area in the body that we've gotten familiar with. Now, it's even more

tangible.

Cea Rubin: And that can take us in a lot of ways. And we can use those skills that a lot

of us therapists know might be parts work. There might be some dream work that comes

in symbolism

Cea Rubin: being really validating and getting to know

Cea Rubin: what is that heart or sensation trying to communicate?

Cea Rubin: Because when we go in there.

Cea Rubin: it's typically trying to serve the person.

Cea Rubin: And oftentimes it doesn't know that it's causing pain.

Cea Rubin: And so from there.

Cea Rubin: yeah, looked like something.

Allison Puryear (she/her): Yeah, I'm just. I was thinking about the resourcing piece

of it and what that looks like somatically. I don't wanna interrupt you. But just when

I think of resourcing, I get all like

Allison Puryear (she/her): cognitive.

Cea Rubin: And so I'm so curious. What are the cognitive resourcing cause I wonder if

it

Cea Rubin: is already happening in the body. So I'm wondering what? Yeah, well, I mean,

I think about like

Allison Puryear (she/her): like creating my brain has gone completely blank all the sudden,

but creating kind of like connecting to the people who have loved you unconditionally

like, which definitely has a felt sense, right? Like I felt at my body as I said it, yeah,

me, too. Yeah.

Yeah. And so like, just thinking about the people who are there for you, for

instance, when you're in the midst of working through a hard thing. Or

Allison Puryear (she/her): sorry, it's snowing.

Allison Puryear (she/her): Fyi it's a snow. Look out your window. So

Allison Puryear (she/her): working, working towards like having those things that I'm

realizing. All of them create that same felt sense of safety as I think through it, but

I've always come at them from a cognitive

Allison Puryear (she/her): angle of like thinking. Think about dot dot dot.

Cea Rubin: and if I can jump in there. That's such a fantastic way to enter it. Because

we want to play to people's strengths. Yeah.

Cea Rubin: Yeah. And

Cea Rubin: so you went in through the cognition.

And then you noticed, oh, there's a felt sense,

I noticed, is when we can expand people's awareness and experience of the felt sense.

If that resource becomes more accessible right bottom up approach is so fruitful. 70% of

the information traveling through the nerves goes from the body to the brain. Umhm percent

goes the opposite way. So as therapists, we're missing a lot of opportunity for shifts and

transformation. When we leave out

Cea Rubin: the body which is sending 70% of the communication to the brain.

Cea Rubin: you know. Think about somebody who you feel loved by.

Cea Rubin: And then where do you feel that in your body? And then that's gonna reinforce

it even more strongly.

And

so when you come at it, not cognitively, I'm like, no, I'm

like, I don't know how to think. How do you? How do you create that same felt sense without

coming in through the

Allison Puryear (she/her): like from the bottom up?

Cea Rubin: How do you do that? There's a few different ways. I mean, when you're sitting

with somebody?

Cea Rubin: you can ask them, do you sense anywhere

Cea Rubin: in or around your body.

Cea Rubin: where it feels a little more stable or a little more spacious.

Cea Rubin: We want that little bit more

doesn't have to
be the full thing, and if you can't sense
it at all, that's really important information.

Cea Rubin: You also could lead them through
different practices to get that feeling

Cea Rubin: coming up in the body, so you might
have them press their feet into the ground

Cea Rubin: and then release

Cea Rubin: Press and release. And then you can
start to bring in that proprioception and
interoception.

Cea Rubin: What does the ground beneath you
feel like. because the ground is

Cea Rubin: so stable, always wanting to support
us. What does that feel like in your body?

Cea Rubin: We can approach it that way. There's
certain

Cea Rubin: shapes we can make with our body
that tend to bring safety. Are you familiar
with pretzel posture? No.

Cea Rubin: Do you want to do it with me? Allison: Yeah,
let's do it. Cea: I'll try to say it clearly. So people listening
can hear, so you can bring your arms in front.

Cea Rubin: and then you'll turn your thumbs
in and down. and then you'll cross your dominant
over non-dominant. So whichever you write,
or throw a ball with, and you'll interlace.

and then you can bend your elbows and sweep
your hands towards your belly, button not
to your chest.

Cea Rubin: so we're going for comfort. If
this is uncomfortable, you could loosen the
grip, tap opposite shoulders, or opposite
thighs.

Cea Rubin: And so what this does is, it crosses and touches opposites of the body. so within

the body

Cea Rubin: that allows us to come into the neocortex.

Cea Rubin: the place where we have conscious choice.

Cea Rubin: and then allows the hemispheres of the brain to be in communication. So if

we feel really anxious, it's like

Cea Rubin: a fireworks show being set off all at the same time. cross and touch opposites.

One side speaks, the other side listens.

Cea Rubin: so I often like to share this one with clients, and then have them breathe slowly

and smoothly in through the nose

Cea Rubin: and out through the mouth. This tends to bring that resourcing in.

Cea Rubin: and people can use it when they're feeling overwhelmed over stimulated in session

out of session

Cea Rubin: to bring them back into the window of tolerance. So now they're building those

resources. yeah.

Allison Puryear (she/her): so I think about those like, I think about also like the butterfly.

like the shoulder taps

which you just kind of alluded to as an option.

Allison Puryear (she/her): same same mechanism, right?

Cea Rubin: And we are trying to find what's the best fit for that person. There's people

who have had experiences where slowing down

Cea Rubin: has felt really unsafe, and so we might need them to shake in their bodies first.

Cea Rubin: So, instead of

Cea Rubin: feeding the maybe fearful thoughts with more thoughts. Let's just go right to

the body. It's a shake meet that

Cea Rubin: heightened energy.

Cea Rubin: and then it might be more available to do the butterfly taps better fit. But we're

really expanding their toolkit and their resources.

Allison Puryear (she/her): I think about those moments,

Allison Puryear (she/her): when anybody gets overwhelmed and just having something simple

that you can do like that instead of being like.

Allison Puryear (she/her): well, I guess I just have to hold on to this until my therapy

appointment on Tuesday or whatever.

Cea Rubin: Yeah, it's

Cea Rubin: I find it to be really empowering for people. We want to teach them how to fish

instead of giving them a fish over and over. Another aspect of the somatic work

Cea Rubin: that I love is. It's connecting people in their bodies and giving them these

tools that they can use right away.

Allison Puryear (she/her): Umhm. Yeah.

Allison Puryear (she/her): I'm thinking about how.

Allison Puryear (she/her): for the other fellow bobble heads out there.

Allison Puryear (she/her): How so many of us seek out like cognitive based counseling

like the top down stuff, because that's how we're already

Allison Puryear (she/her): functioning in the world.

Allison Puryear (she/her): I'm curious how

Allison Puryear (she/her): your clients, who are typically more in their head, sync in

to somatic therapy. If it's different from the way that you're more body based, people

do, or if it ends up being about the same.

Cea Rubin: it is very different.

Cea Rubin: you know, people who tend to work with me have a curiosity about somatic work.

So that gives me a little bit more invitation

Cea Rubin: to do the somatic work.

Cea Rubin: So the people who.

Cea Rubin: you know maybe they're like, I

Cea Rubin: I know I'm in a body, but it kind of just feels like a meat suit like it. It's

or a robot or machine. And it's here to fulfill the agenda of my cognition.

Cea Rubin: we really work with that timer is really helpful for those people.

Cea Rubin: The people who like are really in their bodies and love the somatic work.

Already. We can

Cea Rubin: hang out there for as long as the process needs to unwind and unfold. And it's

going to be slower than if we're talking because the body communicates more slowly than the

thinking mind.

Cea Rubin: and so for people who hang out in their thinking minds, there does tend to

be a faster pace. so saying to them, okay, we're just going to go in

Cea Rubin: can be overwhelming in itself. Yeah. yeah. So we can say, how long do you

want here? And then we build up over time. Maybe it's 2 min. and we're just offering.

Can your attention come from your head to your feet.

Cea Rubin: cause that's a long journey totally opposite end of the body.

Cea Rubin: we might do a body scan or follow. Where is the breath? Where are those places

that feel more spacious or more stable?

Cea Rubin: So we're doing the same thing. Essentially, we're we're creating a map.

Cea Rubin: But it's

Cea Rubin: it's more bite size pieces. We're really meeting that person where they are.

It's still about the relationship. It's just another way to be in relationship.

Allison Puryear (she/her): Yeah, cause the relationship is inherent to have anybody

Allison Puryear (she/her): close your eyes and like, be in their bodies in front of you

like, that's you've there's gotta be a certain amount of safety, to even, start that process

Cea Rubin: and sometimes I see that

Cea Rubin: in the therapist therapy world, we get really excited about different modalities

and different approaches. And they're really exciting. And

Cea Rubin: sometimes we forget that what we're doing is being in relationship. That's always

the most important. So we never want to impose

Cea Rubin: a modality onto somebody because we've lost that safety. So I am very biased.

I, freaking love, the somatic work.

and where the the intersection of physical and emotional anatomy is.

Cea Rubin: It's here to serve the people in front of us.

Allison Puryear (she/her): I'm curious if you show up.

Allison Puryear (she/her): If you build that rapport differently as a somatic therapist

than you would if you were, say, a cognitive behavioral therapist or something top down

like, how do you build rapport safety

Allison Puryear (she/her): differently as a bottom-up therapist?

Cea Rubin: Hmm.

Cea Rubin: I am in part speaking from theory, since I'm not a cognitive behavioral therapist,

Umhm.

Cea Rubin: But there is a lot of that rapport building within the body, because systems

do co-regulate.

Cea Rubin: So somebody

Cea Rubin: is gonna feel that safety, whether they're aware of it or not. If my nervous

system is regulated and grounded

Cea Rubin: through, how I have my body in session, or the pace that I talk.

Cea Rubin: or the tone that I have. So perhaps

Cea Rubin: I don't know if this is true. A cognitive behavioral therapist might be more

focused on the words.

Cea Rubin: whereas I love words as well, and I'm really aware of how I'm sharing it.

Cea Rubin: And I speak. I'm not just speaking to their thoughts. You know, I'm also a licensed body worker

Cea Rubin: One thing that I learned is, you know, when you're touching, you're wooing somebody's nervous system into relaxation, so that those tensions

Cea Rubin: can soften and unwind.

Cea Rubin: And so when I'm working with someone, and I'm speaking. I'm speaking with their nervous system as well. Their body's still in their room. The body is listening as well.

Cea Rubin: So I wonder how

Cea Rubin: we show up differently.

Cea Rubin: But what I do here, and what I'm saying is that there is an awareness of we're speaking not only with the thoughts. But we're speaking with the body and all that's being held in the body.

Allison Puryear (she/her): Yeah, yeah, I think it did. I? Cause I I'm thinking about as a top down trained therapist who has appreciated somatic work as a client. Like. I noticed the very obvious things like the bouncing foot.

I might not notice

Allison Puryear (she/her): how somebody is maybe protecting their shoulder or their heart a little bit in the way that somebody who is really looking for that might

Allison Puryear (she/her): though now, after

this conversation, I'll be noticing, but just

thinking about how our training

Allison Puryear (she/her): our training is different. And so then we pay attention to

the different things. Yeah.

Cea Rubin: I like that way of wording it: what do we pay attention to.

Allison Puryear (she/her): Yeah. And that's what we follow in everything right? Like

in life. What we pay attention to is what follows. So exactly

Cea Rubin: hmm.

Allison Puryear (she/her): so i'm thinking about the nervous system.

Allison Puryear (she/her): you know, we talked about like butterfly taps, we talked about

Allison Puryear (she/her): pretzel. What was it? Pretzel pose, pretzel posture, pretzel

posture? Are there some other practices that therapists can implement either for ourselves?

Cause we're gonna need it sometimes, too, but also for our clients that

Allison Puryear (she/her): help increase

Allison Puryear (she/her): awareness of those intersections with mind and body.

Cea Rubin: Hmm.

Cea Rubin: We've gone at it in somewhat of a gentle way with the butterfly taps and pretzel

pretzel posture. Breathing can be very helpful. Sometimes it is triggering for people to come

to their breath. So wanna make sure you're meeting the client where they are. You also

can come to it in a more physical way.

Cea Rubin: For both therapists and clients,

of different self massage techniques, and
that can awaken people's awareness to Whoa.
I had no idea there was so much tension in
my traps.

Cea Rubin: It's great between sessions, too.
A lot of us sit which

Cea Rubin: automatically can put us in that
rounded forward posture. Yeah.

Cea Rubin: do we want to do some self massage.
Sure, I'm not gonna turn it down.

Cea Rubin: So I mentioned the upper traps.

Cea Rubin: This is this upper shoulder area,
an area where, if somebody that you like comes
over and gives you a massage. That's where
they go, and it oh, it feels so good!

Cea Rubin: So you can access that muscle by
bringing

Cea Rubin: your opposite hand and a really
gentle crab Pincher to the top of the shoulder.

Cea Rubin: and then shrug your shoulder up
a little bit.

Cea Rubin: and you'll find the muscle, and
then right at the edge. It's like you're shining
a coin.

Cea Rubin: and you'll go. This top of the
muscle weaves into the top of the shoulder,
actually weaves up the neck and into the back
of the head as well.

Cea Rubin: Umhm, all of that. And if you find
a point where there's a lot of sensation.

Cea Rubin: You might squeeze in a little bit
and breathe.

Cea Rubin: You're welcome to breathe in
through your nose and see if your belly wants
to fill. and then you can press your lips

and slowly exhale.

Cea Rubin: And then when you're ready, you might release and can notice through movement

or stillness, any shifts that happened

Allison Puryear (she/her): feels really different from the other shoulder. And that wasn't very

long.

Cea Rubin: hmm, hmm.

Cea Rubin: you want to do the other side, while we talk yeah, cause otherwise I'm going

to be wonky all day. It'd be awful.

Cea Rubin: So as you're doing this, we're not only building a map for ourselves and

that person. As therapists. It's like, Oh, my shoulders were really up during that session.

Cea Rubin: Then we get to do the work that a lot of us love, which is like, huh! What

was coming up for me?

Cea Rubin: Did I have any transference counter transference going on. What are my shoulders

telling me?

Allison Puryear (she/her): I'm guessing this would be a lot more clinically beneficial

and personally beneficial than scrolling Instagram in between sessions.

Cea Rubin: Sometimes the Instagram scroll is very beneficial. We're also teaching people

Cea Rubin: in terms of the nervous system or polyvagal theory how to play that edge of

the window of tolerance. I find a sensation goes right up to the back of my head.

Cea Rubin: I breathe through it slowly.

Cea Rubin: I'm not pushing myself too far, not underwhelmed, just

Cea Rubin: breathing through that edge.

Allison Puryear (she/her): I think about tolerance with that right like being able to tolerate

discomfort. That's not gonna hurt you.

Allison Puryear (she/her): That is for your greater good. And how that relates to tolerating

difficult emotions.

Yeah, a little reminder that you can tolerate.

Cea Rubin: Yeah. And it's

Cea Rubin: I love the word tolerance, because it points to so much of like

Cea Rubin: we're making what feels like the unknown, more known

Cea Rubin: over time we're doing it in this tangible

Cea Rubin: playground or laboratory of our bodies. That's also working with our nervous

system at the same time, which is

Cea Rubin: the player in that tolerance or tolerating.

Yeah.

Allison Puryear (she/her): what are some other things we can do like self-massage?

It's interesting. I realize. There's a part of me that's

Allison Puryear (she/her): come into this so cognitively.

I'm just like, let me know all the things I want to learn all the things.

Allison Puryear (she/her): yeah, what are some other things we can do that. Somebody

who's not trained automatically can have access to responsibly. And I I'm gonna have a follow-up

question around like, is there anything?

Allison Puryear (she/her): That would be an irresponsible way of trying to tap into

somatic work. If you're not trained.

Okay.

Cea Rubin: let's do the massage and stretch first. Okay. so for a lot of people. especially

people who are have that strength of being in thoughts and cognition.

Cea Rubin: The front of the neck tends to get tight. We tend to feel it in the back

of the neck, and so we keep stretching what's already overstretched. We can come to the

collar bones, and then you'll place your hands underneath on the rib cage side.

Cea Rubin: and then you can sink your hands into the tissue and tug down slightly towards

your hips. and then reach your head gently back and at an angle.

Cea Rubin: You're trying to find a pull or sensation across the front of the neck. You

might stay here and breathe.

Cea Rubin: or if you want to get a little bit more of sensation, you can jut your chin

forward.

Cea Rubin: can move a little bit side to side

Cea Rubin: you feeling it.

Allison Puryear (she/her): Yeah. And I'm thinking about how

Allison Puryear (she/her): the massage therapist I worked with for a long time was always going

really intensely on my right shoulder, and it was like, but it's my left shoulder that

hurts. And she's like, Yeah, your right shoulders pulling your left shoulder. That's why same thing

you're talking about of, like how often we do squeeze the back of our neck when it is

the front which i'm gonna need to now like even out the front that's really causing

Allison Puryear (she/her): the pain

Cea Rubin: yeah, we we see that with our clients and in ourselves of

Cea Rubin: I have this symptom, i'm just gonna go into the symptom. But the symptom is just

that that blossoming of the roots that are underneath.

Cea Rubin: Yeah, in our bodies as well.

Allison Puryear (she/her): Yeah, it's interesting.

Cea Rubin: Yeah.

Allison Puryear (she/her): I mean, yeah, we we do that. And so I think about you know,

my clients who have eating disorders right like the symptom for them is that they're they

can't seem to get happy with the way their body looks. But that's never what's actually

happening, you know. Yeah, it's what gets you in the door, Umhm.

Cea Rubin: So we had some shoulders, neck.

Cea Rubin: We can do a little bit of jaw. So from the outside.

Cea Rubin: and just kind of so there's this muscle. We're not pressing teeth

on the side of the face. So kind of like by the ears is where

she's pointing for those listening.

Cea Rubin: But in front. So we're not on the back of the job. We're right on the side of

the face. You can kind of tiptoe and with your fingers.

Cea Rubin: and this is actually the strongest muscle in the body per square centimeter.

Cea Rubin: So if you find a place where there's sensation, you could stay there. and you could open and close your jaw slightly.

Cea Rubin: So we're also with this work

Cea Rubin: teaching people how to follow sensation for themselves, bringing that locus of control back

Cea Rubin: inside.

Cea Rubin: And honestly, my favorite way to release the jaw is. I keep a box of rubber gloves.

Cea Rubin: and I take it on car trips, too, and then you can use the rubber glove to go inside your mouth.

Cea Rubin: and with your index or middle finger you can access that muscle from the inside, and I'll use that with clients sometimes.

Cea Rubin: oftentimes with the people who are a little more cognitive. We don't even have to

Cea Rubin: to do the more stuff that can feel. Woo woo to people like. What's the color?

What's the sensation? I have? My yoga voice.

Cea Rubin: Yeah, you are feeling pain in your jaw, do you wanna unwind that right now sounds really painful.

Cea Rubin: And then there's a light bulb that can go off

Cea Rubin: wow, I, feel so different

Cea Rubin: wow that stress I came in with.

Cea Rubin: I don't feel it right, now.

Allison Puryear (she/her): yeah.

Cea: How's your jaw feeling? Allison: My jaw is feeling good? Right? Now,

I'm thinking about it used to be really rough,
like, so jacked up all the time I around Covid

I bit through 2 different night guards. It
was really bad. I ended up having to go see

a TMJ specialist. And they put me on antidepressants
to see if that would help. I mean, they were

really trying. But it turns out I had been
clenching my jaw so much throughout my life.

Allison Puryear (she/her): when they took X-rays.
I had broken my jaw on one side and never

knew it.

And the other side had dislocated.

Allison Puryear (she/her): and so like, I
still can dislocate this side if I'm not careful.

But hearing that I was like, it is time to figure
something out. This is bad.

Allison Puryear (she/her): and so, yeah, so
resilient. Yeah.

Cea Rubin: the jaw was broken. And it just kept.

working for you.

Allison: Yeah. And I just kept thinking I'd hurt it,

you know, or it was sore from clenching at
night all the time, you know.

Allison Puryear (she/her): So it was a good
wake up. Call for me of like, okay, this is.

This is one of the primary ways stress manifests
in my body. And I need to shift the my relationship

with my life so that it's less stressful.

Cea Rubin: Yeah, it's gonna show.

Cea Rubin: And that did remind me. I mean,

we've been working a lot from a muscular perspective

today. Our bodies, I mean, it goes really deep in there we have organs, ligaments holding

the organs,

Cea Rubin: membranes within our cranium and skull that can pull on the jaw, you know,

during Covid, a lot of people's skull bones were compressing on nerves.

Allison Puryear (she/her): Hmm!

Cea Rubin: And that was causing a lot of different long-term symptoms.

Allison Puryear (she/her): Umhm. yeah.

Cea Rubin: into our mental and emotional health. So

Cea Rubin: it's also you would just led us right back to your other question.

Cea Rubin: doing things in a way that's ethical. People have something happening in their bodies

that

Cea Rubin: your clinical recommendation is, it would really help to address it. You can

refer to somebody and work with somebody who either is somatic or maybe is a body worker

who has the understanding of mental health, or is trauma

Cea Rubin: craniosecal therapy

Cea Rubin: is fantastic because everybody's fully clothed.

Cea Rubin: It's really gentle touch that allows us to listen in really deeply into the body

in a way that people can integrate. Esalen massage is great for trauma and mental health. It's

very. It's wooing the nervous system

Cea Rubin: with long strokes and every esalen

massage therapist I've worked with asks on
their intake. Do you or have you had PTSD?
So, having body workers who understand

Cea Rubin: that aspect of our being is really
helpful.

Cea Rubin: I mean that question of ethics.
I feel

Cea Rubin: like ties to as social worker,
that social worker code of conduct where you
want to be
operating within

Cea Rubin: your competence. So

Cea Rubin: if you have that feeling of like
man, this is

Cea Rubin: in session, like I don't feel
grounded.

Cea Rubin: That's okay. We get to experiment.

Cea Rubin: But also it might be a sign of

Cea Rubin: like I could use some mentorship
or some supervision or training or reading.

Cea Rubin: Umhm.

Allison Puryear (she/her): Amazing! Is there
anything else that you wish that therapists
listening

Allison Puryear (she/her): knew about the
mind, body, emotion intersections

Cea Rubin: before we go?

Cea Rubin: I've loved this conversation. Me,
too. What else do I wish therapists knew

Cea Rubin: you and I when we talked on

Cea Rubin: our call before this, we were talking
about psychosomatic that were yeah, and

Cea Rubin: how there has been a lot of stigma

attached to it.

Cea Rubin: And people have also experienced trauma within the medical system of having

really painful symptoms and being dismissed because tests don't show it, or maybe going

back to that

Cea Rubin: question about ethics or competence. It's not within their

Cea Rubin: what they've been trained in or have expertise in, So I would love therapists

to know

Cea Rubin: it's all valid. It's all true. It's here for a reason.

Cea Rubin: and so if we can collaborate more

Cea Rubin: and get curious together, we really can help a lot of people. And we as therapists

deserve that as well. I mean. we're working so hard. We are going into the trenches with

people, into places that they haven't shared with anybody else. So

Cea Rubin: you who are listening, you get to do this work, too. You get to feel good

in your body, and you get to feel safe in your body, too.

Allison Puryear (she/her): I love that. Yeah. And I think about how.

Allison Puryear (she/her): if everybody can agree that sometimes we hold tension in our

shoulders.

Allison Puryear (she/her): then that means everybody's experienced a psychosomatic symptom

like it's not a shameful thing. And it's not bullshit. It just, is

Cea Rubin: it just is I love. It's just the nature of things. There's nothing wrong with

it. It's just this is how

Cea Rubin: we're designed. This is how we operate. Yeah, we get to empower people and

ourselves of, okay, this is how it is. How do I go about it. What do I want?

Allison Puryear (she/her): yeah, I love it. Thank you so much. I'm, so glad we talked

Cea Rubin: you too, thank you so much this is a lot of fun.

I hope that broadened your clinical horizons!

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