



How Our Childhood Shapes Our Life

Guest: Karine Bell

Alex Howard Welcome, everyone, to this session, where I'm really happy to be talking with Karine Bell. Firstly, Karine, welcome and thank you for joining me.

Karine Bell Thank you, Alex, for having me. I really appreciate it.

Alex Howard So in this session, we're going to be getting into a few different things, but one of the things we're going to be exploring is how early life experiences really do have an enormous impact on shaping the course and the, really the felt experience of our life. And I think what's also going to be helpful is we're going to put some model around this. We'll come to the biopsychosocial model of health, which I think is a really helpful way of understanding some of these different influences and these pieces.

Just to give people some of Karine's background, as an embodiment and somatics teacher, Karine Bell takes a biopsychosocial approach to healing. She's also a cultural anthropologist interested in the intersection of where our bodies, minds, experiences meet our collective histories and the cultural narratives that shape how we know ourselves and others.

She believes deeply in the healing made possible at the individual and collective level by the work we do through transforming experience in our bodies today. And she facilitates shared learning and healing in community.

And I should also say that Karine hosted the Embodied Trauma Conference, which was an excellent event. And actually Mark Walsh is a shared friend of ours and had some of the same speakers that we've got as part of this event. And I think, yeah, I'm really excited, not only to hear from your own experience, but also how you perhaps have been influenced and shaped by some of these people that you've dialoged with, and I know also studied with over the years as well.

I'd love to start with a bit about your own personal journey. What brought you to the point of this sort of deep study and fascination of trauma?

Karine Bell Yeah. Thanks, Alex, that's a very good question, and a very expansive question. You know, you could really go far back with this one. I think, for anyone who really studies this topic. But for me, obviously, there is some aspect of this work that has to do with my own personal story. I think for many people who come into a field like this, that is the case. And that was really true for me.

And I would say that really my journey - I've said that I have quite a few of the typical ACEs. So for people who don't know what that is, that's the Adverse Childhood Experiences.

It's based out of the study that came out of Kaiser Permanente. It's now, I think, decades of longitudinal study that's now decades long. And they were able to basically correlate early adverse childhood experiences with later mental and physical health outcomes.

And you can actually determine what your ACE score is. They have a way of measuring that. And I would say it have a typical high ACE score. And nevertheless, I mean, growing up, I was really, I would say, turned off by the word trauma. I think resisted it almost like nothing else. And it's an interesting thing because I think it really speaks to, essentially what we're doing in trauma work, which is around being able to come into a sense of agency in one's life and really come into one's own authority, one's own sovereignty. And so my rejection of that term at the time - well, maybe we'll talk about this later in terms of how we pathologize behavior in younger people.

I had the experience as a young person, of having the kind of behavior that really points to trauma in the system of a young person be pathologized. And in that pathology labels are placed on young people or maybe even therapeutic interventions are taken. And all the while, the sort of underlying cause, the roots of what's actually really going on within that little person's organism is unknown. So, as you know, and I'm sure that many at this conference are speaking to this idea of treating the symptoms and never the deeper wound.

And so that's really a big part of my own story. And so I think what I became very interested in, from the time I was very young, there was this kind of sense that something was off. So I would be diagnosed. I was diagnosed with several mental illnesses even, as a young person with depression, with bipolar disorder, with borderline personality disorder. And each time I resisted them. And it's interesting because I had no sense of why. Like, I had no counter argument, so to speak. But there was a deep sense in me that something else was going on.

And it really propelled this deep, deep level inquiry and curiosity about, really, the nature of my own experience. I was interested in mystical texts and religious texts from a young age. My mom also had them filling our book shelves. We had the Quran at home. We had the Gnostic gospels. So she was a seeker herself. And so I was always looking, I was always seeking to understand and try to, in a sense, kind of peer beyond the veil, if you will.

I had a sense that there was something more to all of this. And I went on to study cultural anthropology and I think in large part because I wanted to really understand the nature of what it meant to be human. I really wanted to know what was suffering. What was this being human all about?

Alex Howard Yeah.

I should say to people, Karine is being very, kind of, courageous in filming whilst having a sort of allergy / cold reaction! So yeah, just to give some context about that.

So, I want to respond to something you said as well, which is that I think that those sort of diagnoses and labels can really, of course, have their place and they can be a necessary way of organizing and categorizing certain symptoms people have. But I think often what they really are, is they are the coping strategies or the responses people have to the traumas or the wounds that they haven't been given the support or the tools to deal with.

And I think one of the things that people can find enormously painful, actually, is knowing that something's off with being categorized, 'well you just have this thing'. As opposed to, I'm a human being that's having a human reaction to a set of experiences.

And I think sometimes even as a child, of course, we don't have the vocabulary to contextualize these things in these ways. But I think the way you spoke to it can be quite common to people, that there's just a feeling that something's off. Like, there's not something wrong with me. I'm actually having a human response to human suffering. And, yeah, I think that those labels, as helpful as they can be in certain situations, can actually mean that the very symptoms that are the entry point to start to deal with things get categorized and sort of ignored and pushed away.

Karine Bell Absolutely. And I would even say, I think there is an argument there. I mean, some people do find those labels incredibly relieving because they might be having a very confusing experience or they might be having an experience that's somehow been considered deviant or, you know, aberrational. It's an aberration of what's considered to be normal. And there's a shame around that experience for so many people. And so sometimes, and I would even include some family members who are very influential in my early life, my mom being one of them.

For her, it was very relieving to have diagnoses. Now, for me it wasn't because I sensed that there was something else that there was to understand about what I was experiencing in the first place. And this eventually, of course, led me to, I studied Buddhism, I studied Vipassana, but also Vajrayana Buddhism. But I got into a lot of the somatic based awareness practices. And in a lot of my Buddhist practice, I realized that I was starting to have experiences on these retreats that other people weren't necessarily having that were quite extreme.

I became a mindfulness teacher and I was teaching mindfulness. And I also would notice that in some of my student population, that there would be some really strong reactions, sometimes even to a loving kindness practice. You know, something that, quote unquote "should" engender a certain experience, which we never say of course. It's never about a "should". But people have certain attitudes or ideas about what these practices are meant to do. And then all of a sudden this rage appears, you know, and you're like, wow, where did that come from? And we don't. So to understand the basis for that, of course, we know now that there is this, quote unquote, "dark side" of mindfulness.

It's not that mindfulness has a dark side, but that what it can reveal are these old traumas, are these old wounds.

Alex Howard And I think it's interesting, some people will say, well, surely a loving kindness meditation is harmless. We all want some love and kindness. But if we have a trauma as a child of not having received the love and the kindness we needed, perhaps ongoing, or perhaps just a specific memory, that there's an enormous amount of trauma related to the actual receiving of that can activate an enormous wound.

And I think sometimes people can underestimate the reactions people sometimes can have, through seemingly quite simple practices like mindfulness, when you're actually getting closer to what's actually held there in the body.

Karine Bell Yeah, absolutely. And yeah, exactly, or when the source of your, you know, the people who are meant to be or who are charged to care for you were also the people who might have been partly the ones that were hurting you. It can be very, very challenging to the loving kindness piece or the receiving of love. And that kind of care can be mixed with a lot of conflicting emotions and feelings.

But I agree, and I think this is really at the heart when it comes to the trauma work we're doing, where we're talking about being able to slowly build up the capacity to be able to allow some of that back into our experience so that it can finally be processed and integrated.

So I finally came to this point after studying culture, I've studied a lot of, you know, of the wisdom traditions over many years. It's almost like I went from the cultural and social and then realized I needed to come into the body. And I started to recognize where all of that was actually manifesting in my embodied experience. And there was this very interesting synergy that started to happen. And that's when I got into somatic experiencing and deeper into some of the awareness space somatic practices to work with the trauma, the body level.

Alex Howard So I want to come back to that piece in a little bit. But I think one of things that would be helpful, I mentioned in the introduction, that part of your work has been with this biopsychosocial model of health. And I think it's a helpful way of understanding the different influences of different aspects of our experience.

So perhaps you could just unpack, when we talk about bio psychosocial, what do we actually mean by that? So maybe, just sort of, you know, open up a little bit of that model.

Karine Bell Yeah, absolutely. So, I mean, I think it's, you know, we've seen this shift and I can imagine you've seen it as well where therapy or like psychotherapy, for example, there's been this very strong focus on the brain, on cognition and cognitive processes. And oftentimes when we're in therapeutic environments, we have traditionally been focused on talk therapy and things like that.

Now, of course, that's shifting a lot right now. And we're coming to understand the important relationship. It's already dualistic to say, you know, all of this comes out of, you've probably heard this before, but a lot of the way that we even conceptualize experience has come out of, you know, post enlightenment and then Cartesian dualism ideas that, you know, the mind is somehow separate from the body.

And, of course, everything that we're coming to understand right now, which I would even say some indigenous traditions and other cultures still understand or never had that dichotomy form is that the mind and body really cannot be separated at all. So, you know, we know of the vagus nerve. And I know that you've had, Stephen Porges and this very important bi directional relationship. Again, that almost dichotomies it. But it's like this bi directional flow, an exchange of information between the brain and the body.

And of course, 70, 80 percent of that is afferent coming from the body and going into the brain. And so a lot of the mental processes, the mental activity that we experienced is very much related to what's happening physiologically within the body. There are a lot of processes. And likewise, you know, a lot and some of that information, some of the thoughts we think, the beliefs we're holding have an influence on our biology, on our physical body, down to the cellular level. And we really understand that now.

I think if you then extrapolate out from there, what we really need to understand is that you cannot consider the individual. And this is a very, in my opinion, very Western notion that the individual is a kind of self-contained entity and world unto themselves. And even, you know, Dan Siegel talks about the depth. The interpersonal neurobiologist, Dan Siegel, who really pioneered that field. He talks about this definition of the mind that the mind is something that's both embodied and embedded.

And what that means is it's a relational experience that just as the mind and the body are very much in this constant relationship, we, through many of our senses, not just our typical five senses, but our vestibular system our proprioception, we are connected to our environment. We are intricate and not and not just the natural world, but our social environment as well. And we can't consider the individual or their personal experience outside of the context of their family, their social environment, the culture and even the historical context of that culture.

Alex Howard And I think that that's particularly interesting in the current landscape that we find ourselves, both in terms of the social impact of Covid 19 and people being forced to effectively disconnect. I mean, social distancing is literally having distance from, be that physical proximity, but also that there's you know, obviously there was a period where we were all completely locked down.

But also in terms of what's been happening with the deeper understanding of racial trauma and how that's also impacted. I think that it feels like, and I don't know if it feels like to you, but it certainly feels like to me that there's a sort of the social aspect of trauma is right there, front and center at the moment.

Karine Bell It is front and center, and I could not be happier about that. I am really devastated by the events that have led to this awakening, I have to say. It's, as you know, not a new story by any means, but what it's revealing is so fascinating.

And I think it's also bringing in other threads as well. It's like we're starting to understand the social context, but we're also starting to weave in these other really important trauma elements. So even, we talk about the social or the cultural. We can't talk about that devoid of the intergenerational, the epigenetic, the behavioral epigenetic influence on how we experience ourselves, what we're even coming to the world with. Right. The epigenetic influence of our ancestors.

And then for me, what a really important inquiry that's always ongoing for me is how culturally we have come to know ourselves. Like I said, this kind of definition of the self, this individual self-contained entity. We have a very particular evolution of ideas related to selfhood and personhood.

You know, the post-industrial revolution formation of the nuclear family has a direct impact on child development.

I mean, there's a very interesting story to be told about the nuclear family and the critical relationship between a mother and her child and how the mother, not just the mother of course, the father, too. But it's often the mother in the beginning because of the dependency and she's feeding the infant. But this very important experience that the child is having. It's a co regulation between the mother and child, we understand. But also, the mother and the father are helping to build up. Right. That ventral vagal complex that social engagement system within the child because the child is not born with that part of their nervous system developed. It's developed through relationship.

We are social creatures through and through. We develop a sense of self through relationship. And we know ourselves as safe or unsafe in relationship. And so it's so fundamental. But then if you look at this piece, here's the model of the nuclear family and the critical importance of that early period of the child's development. But then you have, you know, this lack of support from, either cultural support of families and in particular of mothers. And of course, that leads to all these practices that we know now are quite detrimental to the child's development, like cry it out method and things like that. But that a lot of parents turn to because they don't have that social support base that that we culturally or traditionally we're used to having.

You know, in anthropology, we talk about this concept of allo-parenting. Which is the idea that a child can have multiple attachment figures. And that the biological parents are just one of many adults who take care of them. Like, can you even imagine that these days, how different that might be to a child's developing nervous system when all of the burden of responsibility for all aspects of the child's well-being is on one or two people?

Alex Howard Well, I think one of the one of the challenges that we have at this point is as we've moved to this increasing focus on the individual and the sort of, an individual has to have a career and a family and be in perfect physical shape. The kind of cultural expectations in a sense that get created, that the demand on men and women in different ways. Mother and father, in that kind of traditional model of those figures is just impossible.

One of the things that I see, you know, particularly primarily living in London and in sort of, you know, seeing just the pressures in it, particularly in cities. But I'm sure there are other pressures I'm less aware of in other kind of aspects of society, that there's just too much demand. And then I think there's a sort of sense of, because one feels there's pressure that I have to do it all and be it all and have it all. It's very hard sometimes to have a conversation about what the impact of that is on upon a child, because somehow that's an attack upon that way of life.

Krine Bell Yeah, absolutely, because it's pathologized. When you fail to live up to some totally unrealistic societal standard or expectation to do or be all of these things in all of these different realms, it's pathologized. And, of course, then when one is not able to live up to that, it can be experienced as failure. Extreme failure or some deep, deep sort of character flaw or point of shame for the person. Absolutely.

Alex Howard Yeah, it's almost like we can't have a conversation about the fact that my emotional exhaustion through working all of the time, for example - I mean in that model - the impact upon my child. Because that would mean that I'm failing. Or that would mean that, you know, I think it starts to get in some of the challenges around gender stereotypes in the sense, that, well, I can do this **and** I can do that.

And yet what a child ultimately needs, if we go back to this biopsychosocial model, what a child ultimately needs is many things. But one of the things it needs is that constant sense of safety and nurturing, which, as we've touched on, helped set up their nervous system for the rest of their life, really. And it's very difficult to provide that when one is under enormous pressure and stress all of the time.

Karine Bell Yeah, absolutely. You know, in my own work with parents, I think the word that is used to describe a lot of the mothers that I work with, their experience and then how they describe their parents, the adjectives they use, most often applied to the mother who is the most present for the majority of women I've worked with. I'd have to say is the word "overwhelm".

She was overwhelmed all the time. I'm overwhelmed all the time. What is trauma, if not the experience of having been overwhelmed? You know, anything that's too much, too fast, too soon for us to be able to process and to metabolize. And it creates this, it traps us, trauma traps our vitality. And it absolutely takes us away from our embodied presence.

And I think when I became a mother, I'll never forget this time having this very, very profound sense that I didn't know how I was going to manage to do this. It was this very strong sense, like I didn't know how it was going to be all of these things. And I knew it was beyond sort of the diapers and the changing of clothes and feedings. And it had much more to do with this foundation building, this foundation of safety that you help to build within a child. And I didn't know how to do that. I remember at first having this thought like, I mean, do I try to find a book? Do I take a course? What do I do? And then I went into my room one day and my kids were playing. They were very, very young, but they're playing. I went into the room and I started to cry. I just broke down into tears. And it just dawned on me in that moment, it has to start with me.

It starts with me, my body and my system. The more nourished, I mean, you imagine like children being like these seeds that we plant deep within the earth. Right. That the soil needs to be enriched with all of these nutrients. And that was the same was true for me. In order for me to show up in the way that I wanted to show up, I had to be able to do the work in my own body, in my own experience, so that I would be this, I would almost very naturally or intuitively show up in a different way.

Like the idea being that we know what to do when we are embodied, when we're present, when we're nourished, when we're cared for, when we're living in a state of safety, our ability to respond, to be attuned to our children and to respond to our children based on what's needed in the moment is there right.

Alex Howard Yeah, I remember. I'm just talking about, I'm reflecting on sort of my kind of experience as a father and without going into the whole story, our first daughter was

entirely not planned. It was a sort of miracle conception, which I won't go into the details of. And my wife and I hadn't been together very long. We knew we loved each other. And it felt from the beginning, a very special relationship. But it wasn't planned. And I can see in hindsight, having been a child whose father left soon after I was born, not to be seen again for many, many years, that my sort of nervous system went into a sort of shock state like, oh, my God, I have this thing. And my greatest trauma in life is being abandoned by my father. I can't be that person. And I didn't. My wife and I didn't end up becoming married because we had children. We loved each other. And that was the glue of that.

But the reason I tell the story is I remember leaving hospital with our first daughter and sort of getting in the car thinking, do they not know that I don't quite know what to do. It was like this sort of sense of, having not really having been around young children, and this sense of - thanks to my wife, I did have a bit more of a head start - but the sense of what do I do with this child? I don't know how to change a nappy and... I have no clue what to do.

And it actually took a few years. And I remember a couple of years later, my wife was pregnant with our second daughter who was then planned. And looking at our first daughter and thinking, you're still alive and it's sort of a miracle, really!

But this sense of, my nervous system, after a few years, I started to sort of, in a sense, relax. But I think a lot of parents also feel this constant sense of failure right? And I think that can be its own trauma, in a sense.

Karine Bell I mean, honestly, so many of the parents that I work with, I think are struggling with not only overwhelm but a deeply embodied distrust of themselves and their own ability to do any of these things. And honestly, I really feel that so much of this comes from our early childhood experiences as well. And the ways in which we are deconditioned out of being in connection with our own bodies.

And this is a more complex territory, maybe. But I think it's not just a familial thing. It's not just something within our families, but it can be very much based there. But it's also in our school systems. It's in many of our communities where we are, you know, a baby born into this world is very intimately, out of necessity, connected to its body. Right.

A baby asks for what it needs through protesting or squirming or whatever. Crying based on signals and sensations that are impulses coming from within the body itself. And now you can see this happening all the time. If you start to pay attention, you can see it happening all around you, ways in which a child's signaling is either denied or, you know, or even just cut off or they're told not to. You know, "I have to go to the bathroom". "Not now".

I'm hungry. Not now. The child is actually communicating from an embodied knowing, an embodied signaling of a need at that moment. It's very natural for us. You know, if we go outside and it's raining, we're going to grab an umbrella. We know how to respond to the changing conditions. We know how to be attuned to those things. But then we have all these cultural features that tell us... When we're in school and we have to go the bathroom and the teacher says, no, now is not the time. You have to wait until the break.

Well, then we're learning how to stop paying attention to that signal. We actually have to deny the signal. And you might become an adult who, you know, ignores your body's signals. And now it's not just around going to the bathroom, is it?

It's like also ignoring signals for when to say no, ignoring signals for when to say enough's enough, I need to go to bed. Ignoring signals for I need to stop scrolling endlessly through Facebook, it's not doing me any good. We lose touch with what I've referred to as this, like internal navigation system that is our body's, wisdom and intelligence. That when we are truly embodied, we are aware of all of these different ways we're being guided from moment to moment around what we need or what we should do next or the next right step to take.

And I think one of the biggest struggles I find that parents I work with have is around this. They just don't trust themselves. That's that experience. I don't know how to do this. I don't know how to do this. I don't know how to attune to my body.

And we think that we need to actually learn that. And in a way, we do only because we unlearned it from a young age. If that makes sense. So the parent who is able to, themselves, become more embodied and themselves reconnect. And of course, that involves some trauma resolution, but reconnect with their bodies in this important way so that they can be in touch with that internal navigation system in their own bodies, wisdom, intelligence. They're going to be able to be more responsive to their child. And also encourage the child to stay connected to theirs, from a young age.

Alex Howard Yeah, and what strikes me is, in a sense, beyond the sort of epigenetic element of this. There's also a learned behavior element. That in a sense, if we've been raised by parents who weren't able to self regulate and they weren't able to attune and they were perhaps overwhelmed and disconnected. We learned that was normal. And unless we've done something to break that chain, that's probably how we've then lived our life. And then our tendency, of course, is going to be, even if we look back, I don't wanna repeat of my childhood and we try and do it differently on a more subtle level. That conditioning and that programing is still there unless we do something to change it.

Karine Bell That's it. That's right. Unless we do something to change it. And I mean, that's really the trauma resolution piece. I made my peace with the word trauma a long time ago when I realized that it wasn't a life sentence. It wasn't like, you know, a label you slap on somebody and I mean and it's not something that means that you are that forever.

And it also doesn't mean that you're broken. I should say that first. That's a very, very important one. Having had the experience of trauma, whether something very, like one of what some people refer to as "big Trauma" - I don't really necessarily want to use that term - but there are certain experiences that we might have that people would say, that's definitely a traumatic experience. But then we also have kind of what you're referring to, which are these subtler, I would even say culturally pervasive experiences of parents who are also, they're not attuned, they have a lot of dysregulation in their system. They're mis attuned to their own bodies, their own needs. And they're also mis attuned often to their children as well.

And that is that is a form of trauma as well. Because one of the things I talk about, and related to this current situation, even with the the social trauma around what we call white body supremacy and the conditions for black and brown bodies around the world is, as you know, in my own family, we've had to have some really difficult discussions about race.

Now, I'm a biracial black woman. My father is black. He grew up in Mississippi during the Jim Crow era. I have slave ancestry. Now, my children do, too, of course, but they're born here in Switzerland where we live. They inhabit white appearing bodies. You wouldn't know of their ancestry just by looking at them.

And yet we've started to have these really important conversations about what's happening in the world. And what's been so interesting to me and related to this piece here is, because we need to be able to create the kinds of environments where we can hold big emotions and big experiences, this is where, actually, a lot of our social healing is going to come from. But even for children developing emotional resilience from the time that they are young.

You know, children very naturally are connected with their embodied experience with all of these signals and impulses, as we talked about, but also their emotions. And it's a learning that children become deconditioned out of their emotional world, their emotional experiences.

So around this current situation, my little boy, he was so heartbroken over the death, the murder of this man, George Floyd, in the United States. And so all these questions about injustice and really the social trauma that many black people have experienced came into our family. And he was really, really grappling with this in his heart.

And I remember what was so striking about it, was how much capacity he had to feel that, the deep ache of powerlessness in the face of injustice. The big grief that he was feeling about this man's life being lost in a way that felt so wrong. And we could just hold that space. Now, that required a lot of capacity development on our part. The ability to be with big emotions and big sensations and let those things kind of roll through us and shake us, even to shake the foundations of who we are in that moment.

To feel compassion, for me, is very much this idea. Maybe for you as well. Of allowing the heart to quake, to tremble in the face of suffering without being taken over by it, but also without shutting down to it. This is the emotional resilience that we help children develop from a young age, that they can have their big emotional experiences. And it doesn't overwhelm us.

Alex Howard Yeah, I think one of the things that people sometimes think is that compassion or sort of love, is an emotion that's only soft and gentle. And what they often sometimes don't realize is there can be a very fierce compassion or compassion that has an enormous amount of strength and power and capacity within it. And compassion is what takes that power on that force and that strength and allows it to listen and to create space rather than in that sort of raw sense of power and strength to immediately go to action and try to do something.

Karine Bell I love that. Absolutely fierce compassion is very near and dear to my heart and soul. Yeah, exactly. It's the heart that can be moved and then move. It mobilizes us. Actually, compassion is meant to mobilize us to want to respond in some way. And I think that's the moment we're facing right now. And if we can, you know, if we did not have the experience as children of being able to have that container, I call it like the sort of rich, nuanced, emotional world and this safe container within which to experience all of those emotions than we we've grown up.

If we didn't have it, we might become so fearful of the things that we're feeling when we actually allow ourselves to be touched by the suffering in the world or the suffering of others around us that we need, that we shut down. We become so overwhelmed that we shut down. So I think that trauma healing, not only does it increase our own internal capacity for the broader range of emotional experience so that we become like the ocean. We become this vast expanse that can handle the big, tumultuous waves that inevitably roll through life.

And, you know, but extrapolating from that into the social, our ability to do that is going to be the key to healing some of the collective trauma that our world faces, especially groups who were not directly impacted by it.

Alex Howard What helps us cultivate that, because I think what you're speaking to is really important. What are some of the practical tools and capacities that help create that?

Karine Bell Yeah, I mean, I think there are a number of things that we could speak to, but I think a lot of it is around being able to start to incrementally. We talk about this word, titration. You might have heard it many times now, but when we have been cut off from that fullness of our lived experience - so, I mean, it's the big emotions, but also our vitality. You know, so also our activation or our arousal, even we can be very cut off from that. And sometimes we're so cut off from it that we're actually afraid to have these big experiences and they can overwhelm us very quickly.

And so some of the key ways of being able to work with that are being able to start to introduce a little bit more activation into the system. But in titrated, small doses. Incrementally, we need to be able to start to literally increase the capacity of our nervous system to hold those experiences. But we do that in small doses so that we don't become overwhelmed.

There are many ways that you could work with that. I mean, this is a little bit trickier because I think there are definitely, for some people, it's helpful to work with someone individually around this. So to have a good, I would say somatic psychotherapist or like a somatic experienced practitioner, somebody who is really adept at being able to understand how the nervous system works and working with increasing capacity within it.

But if necessary, an important element when you're talking about developmental trauma is also to be able to work with these sort of identity formations, the belief systems that have developed as a consequence often of early childhood experiences. That's a kind of, an added dimension because in developmental trauma, a key distinguishing feature of it is that it's often chronic and pervasive. It's not like this one event that happened this one time that

you're working with, that you can integrate. But it's something that has kind of woven its way into how you know yourself and experience yourself in the world and in relationships.

Alex Howard Yeah, and one of the things that I'm hearing, kind of within what you're saying, it's something Gabor Mate spoke to very beautifully in his interview, around that as much as the impacts of trauma are in the past, the way that it shows up now is what we work with.

And what you're saying, in terms of going to titrate and learning to begin to feel and begin to sort of hold what's happening in our bodies now, I think that's an important piece for people. Because sometimes people, as much as we've been talking about how childhood experiences shape our life, people then think, well, I can't change what happened. And I've tried talking about what happened. And that's still not changing what's happening in my body right now.

Karine Bell That's right. The past is very much alive in the experience of the body in the present. And that's the important piece and that's exactly right. So oftentimes, you know, we often say, if you're working with a trigger, if you're triggered by something and there might be a certain pattern to the trigger and you have a very big emotional response, in a way, it's a very interesting form of, I think as well, time travel when you're working with what's present now. But that actually has roots in the past. And actually, what you might find, which is fascinating and when you're working with this, is that it starts to change how you even experience that past itself. So it's a very important consideration. That, what's present now, especially if it's related to like a very strong or what we might, maybe we don't understand why we have such a strong reaction in certain moments for example.

For me, one of my triggers is around someone else, especially my partner, thinking that he knows something about my experience better than I do. Right. It's funny because it took me a while to kind of understand, because the trigger would be very, very strong. I was finally able to identify and anchor it in a past experience and in the past dynamic that I had with my mother and in within the context of being labeled, having my experience mythologized and labeled. And how angry it makes me feel, because it takes away my self-determination. It takes away my sense of agency.

But having an understanding of that, it was really helpful. Because when you when the trigger appears and the big, strong emotional response appears, you begin to know how to contain it. Like, oh there it is again. And a lot of the work we do in somatic therapies is to slow things down long enough to allow there to be enough space and enough pause to discern in that moment, OK, what's actually happening right now. Maybe this is a moment for me to kind of step away. Like, process this a little bit and work with what's come up. And the way you might work with that could be, you know, through some touch practices. I don't know if you've had anybody at the conference talking about some of the ways that you work to...

Alex Howard Yeah we have. Yeah.

Karine Bell Right. So now there are a number of ways you would do that. But, you know, it's slowing things down long enough and being able to develop enough awareness that you can

recognize those moments of trigger as being maybe rooted in some past experience or past trauma.

Alex Howard Yeah, I think what we are saying is really, really important that if we can have more awareness of what's happening, we don't have to be necessarily a victim of what's happening. A phrase that's come out a lot in my work is 'if you can see it, you don't have to be it'. That if you can see what's happening, it doesn't necessarily mean that it stops happening. It may mean that you need some more support and more practices. But it gives you a perspective to take away that immediate reactivity.

I think though, sometimes when we're in that reactive place, it also takes a level of maturity in one's own sort of capacity to not go with the instinctive response. Because when we're mad, we're mad, for example, and we want to respond for a place to be mad. Or if we're in an anxiety response, we think the only way we're going to be safe is to think our way to a feeling of safety. And the idea of letting that go can be quite challenging.

And I suppose my question is, what helps people begin to break those cycles when we're so caught in that reactivity? What helps people begin to slow it down enough to be able to get those new perspectives and to start to change some of that response?

Karine Bel I mean, I think it's a really good question. I know that from my own work, a lot of the things that we focus on, our sort of grounding, and embodiment based practices. I mean, it sounds really maybe oversimplified, but sometimes even just bringing your awareness to your feet. Right. I mean, here's what's happening, and I know Dan Siegel talks about this too, this idea of like flipping your lid, you know, literally where the prefrontal cortex region of the brain there. But that part of our brain, that higher cortical part of the brain, that's that actually is where our ability to be aware are having this sort of broader awareness of what's happening in the moment is located. You know, this becomes disconnected from this more - I know I don't want to use the word primitive, but this more, you know, kind of the survival based responses in the body.

Now, any of the awareness building practices that we're doing is actually about connecting this higher cortical region to the body. So even in moments where we expect we might be triggered or activated, we don't kind of lose the plot, so to speak. Right. We can actually have that broader awareness we are being triggered right now. And really, sometimes it is these really simple practices.

Let me show you one, actually. Sometimes it's for me, it's about bringing your awareness into your feet, maybe feeling your butt making contact with a chair, maybe sitting down, feeling that contact. It's getting into the body. It's coming out of this what's happening here, in terms of these very cyclical thoughts when this higher part of the brain is disconnected.

But also what's really helpful, it's something that I've started to use a lot. And I've also learned this work myself from others, but our task oriented practices, that actually kind of, in a way, force you out of this cyclical thinking and more into the body because you can't do these practices unless you're embodied. So one of them is like, taking a ball and trying to balance it on an object. And these task oriented practices really cause you to need to focus and to be very embodied and present. Otherwise, you're gonna drop this ball. You can also

try to transfer it between objects. This is one way of working with it. Another way that I've really enjoyed lately, which is trying to do some balancing techniques or exercises. I wouldn't actually recommend taking something like this (points at clay vase).

Alex Howard I was going to say!

Karine Bell Well, this comes actually out of a practice that we put together that was kind of, you know, weaving these modern day balancing practices like with the ball on the block, with some traditional practices, like in a lot of places in the world, you'll see people doing what's called head loading or head carrying, which actually engages the vestibular system. It really engages your sense of balance. And you know that in order to be able to balance something, whether on a block or on your head, you have to be present in the body. It really kind of snaps you into the body. And these can just be very, very helpful, I think, especially in moments when we feel that we've just kind of gone off the rails.

Now, this takes time. This takes time and it takes repetition, as you know, because if we expect that we're going to be able to do that every time we're triggered, we're going to set ourselves up for failure. Right. And we have to kind of trust that it's a process of learning and that the more we engage with it, the closer we come to being able to contain the trigger in that moment and do that process of discerning.

Alex Howard I really like that. And the example I'm going to give is not nearly as good as the ones that you just shared, but one of the things that I noticed that I was doing, sometimes late at night when it was time to go to sleep, was playing some quite simple games on my phone that forced me to concentrate and pay attention.

And I noticed it was helping my brain sort of calm and and shift into a settled state. And I was sleeping better. And I don't remember the source of this, but I then came across a piece of research that actually supported that, which seems kind of really not the sort of thing to be recommending on a trauma conference, playing games on one's phone! But what it does is, if you're in a groove and you're brain is caught on something, you have to give enough attention to this thing that you're doing, which then helps move out of that way of thinking.

And I think sometimes people can think the only way to deal with this is I have to sit and feel and deal with it. But actually, that can be their trauma response in action because they've learned to be harsh and cruel to themselves. And they're doing that, when actually something that helps shift that awareness and their attention is actually more supportive.

Karine Bell That's right. Sometimes that's more supportive and then they can go back and kind of take a look at it and maybe do some of the other, whatever necessary work around it. Sometimes it's just about redirecting your focus of attention. In that moment, it can be very, very helpful.

Alex Howard So, Karine, we've covered a lot and I'm mindful of time. For people that want to find out more about you and your work. What's the best way for them to do that?

And people can also find the Embody Trauma Conference recordings through there as well.

Karine Bell Oh, thank you, Alex. I think by going to my Website, karinebell.com, and there I have some different projects that I'm working on and people can learn more about those from the website.

Alex Howard Fantastic. Karine, thank you so much. I really appreciate your time. And I think this has been a really important issue. I think we've covered a lot of pieces, but I think particularly people really understanding that it's possible to change what's happening here. But you have to pay attention and be aware of it first. And thank you so much.

Karine Bell Yes. Thank you so much, Alex. It is so very, very possible, I really want that to be a take away today because I'm a living testimony to that.