

## Shay Beider: Resilience is Rooted in Source by Awakin Call Editors

What follows is the transcript of an Awakin Call with Shay Beider. You can watch and/or listen to the recording of the conversation here.

Cynthia Li: I am delighted to introduce you all to Shay Beider. She feels like a soul sister. Shay is the founder of the nonprofit organization, Integrative Touch for Kids. She is a true visionary in pediatric integrative medicine for the past 15 years.

Integrative Touch for Kids was born from a moment of clarity when Shay was a college student at UCLA. She was a pre-med major at the time, focused on becoming a pediatric surgeon. And one day when she was shadowing doctors at Children's Hospital, she watched a young girl freeze in terror before going into surgery. Shay was working as a massage therapist to put herself through college. And she realized in that moment how healing touch could support children in these situations. Her life then began to take a very different path from the one that she had set out on.

Since its inception in 2005, Integrative Touch for Kids has supported families whose children have special health or medical needs, cancer, genetic conditions, autism, cerebral palsy, traumatic stress -- as well as their caregivers. They provide more than 4,000 hours of services each year in hospitals and community settings at little or no cost to the care receivers. Beyond their services and programs, Integrative Touch for Kids provides a place of acceptance and belonging, which is at the heart of healing.

Shay is someone I wish I had known in my medical training -- someone I'm honored to know now, someone who can show doctors and other healthcare professionals how to give themselves permission to open their hearts, how to keep them open even as they break, how to lead with compassion, to serve with whatever we have and to start from wherever we are. It's my privilege to be in conversation with you this morning, Shay,

Shay: Thank you so much.

Cynthia: So the theme of today's exploration is the wisdom that critically ill children can teach us. I'm wondering if you could open us up with a story or two of a child to give us a peek into this wisdom, the hard won lessons of life and death, of suffering and resilience.

Shay: Yeah. I would be happy to do that. And I just want to own, I felt in your introduction, the gravity of so many years of service just come into my whole being, and I started to cry -- 'cause it's like, "Oh my God, this has been a big journey." [laughing] So starting there, from my teachers -- my teachers are the children and the families that we've served over all these years.

So one story that comes to mind right away, because she and her mom and family were such great teachers for us, was a little girl named Grace, and Grace we met in the hospital. She had a very significant and ultimately terminal cancer. And her mother was in a state of incredible anger and almost rage around this experience. And her healthcare team called us in because they couldn't figure out -- they were actually being shut out of her daughter's care because the mom was so angry. She was not even allowing the treatment team to come in and work with her. And so the medical team was kind of at wit's end and said, "You know, we don't even know if she'll let you in the room, but anything you can do, just try."

And so one of our very skilled and gentle team members softly knocked on the door and the mom said, "Okay, one person can come in. That's it. Come in." And she let this one member of our integrative touch team in, and from there she listened, and the mom started to open up. And she cried and she shared really what was behind the anger -- you know, her fundamental fear and knowledge and understanding that it was likely that her daughter was going to die. And that was too much for her to take. So she had built this wall, you know, between her and the rest of the world in order to protect her daughter in the way that she thought she could, and to protect herself, ultimately, from this enormous, inconceivable loss.

And incrementally, we worked with that family for about a year and worked with that child right up until her death. And we have a team approach, so our entire team works together with that family. And that mother became an extraordinary teacher for us, in particular, because she was able to transform that anger and rage into love -- and into a place of peace and acceptance with her daughter's passing, even as extraordinarily painful as that was.

And the ultimate shift that allowed her to do that was a shift from the material to the immaterial, because when she was fully identified in the material realm, when she saw death as an inevitable loss of everything that mattered, she was rooted in pure suffering. But when she could drop that, and remember that as the material faded away, as her daughter's body faded away -- and as she lost an ability to be in physical presence with that body -- there was an immaterial rising, right? There was the presence of the soul. There was the inner being underneath it all that wasn't going away. Right? And so in her own process and practice, the mother came into relationship with the immaterial. And when that started to occur for her, she realized the relationship itself wasn't actually going to die. Her daughter was going to die, but that relationship was beyond time and space and beyond this physical reality as we know it.

And so, in her coming to understand that there was a potency beyond physical existence, she found a kind of peace. And then she was able to translate that peace to her daughter's brother, and to her husband, and to that whole family. And it was a very different kind of a death than I think it would have otherwise been.

So this is a story that illustrates the teaching at its core level, because there's a way in which, for every or any parent who suffers a great loss, there is going to be enormous grief and pain. But how do you start to open to something broader than that? And when an individual chooses to do that and make space to do that, everything shifts. So that's the transformation. That's the edge of change, as I see it.

Cynthia: Beautiful. Thank you. There's so much I want to dive into there. I would love to actually understand, though, in that moment -- first of all, I love that her name was

Grace. Sums up the whole experience. But oftentimes these healings, or realizations, epiphanies, and surrender, right? -- kind of just the surrendering of what it is that we want -- they often take a long time. What's happening in that moment, when someone from your team is going in there, into that room. Is there a laying on of hands? Is there not? What's happening there that catalyzes -- it sounds like things are catalyzed through this, whatever magic, if you will, and this mystery of the encounter. And it's something that I've experienced firsthand on both sides of the bedside -- both as the doctor and the patient -- that is critically missing in the deeper healing work. So can you take us into that room? It could be with Grace. It could be, you know, with other children or other families as well. But what's going on there?

Shay: Yeah, absolutely. So the way we work, we work in a team, usually three to six practitioners at a time. We work collaboratively. In the hospital, we go usually in a smaller team, like three of us. And the most important piece is a holding of a presencing. So we're all people that are interdisciplinary. We're cross trained. We're folks that I like to say have shamanic tendencies. [laughs] So we have an understanding and an ability of sort of how to navigate between different realms. So everyone on our team has that capacity. And then they're trained in all sorts of things -- everything from acupuncture to bodywork to energy modalities. Most of them have years and years of many different bodies of work and study in the healing arts, essentially.

And so we go in collaboratively, knowing that we're going to draw upon one another's strengths and that ultimately, all that we're going to do is be utterly present, fully alive and awake with that child and with that family as they are right now. And whatever they present to us in that moment, that's the work, because we are going to listen from every ounce of our being, from the core level of who each of us is and knows ourselves to be, to that inner intelligence that's in that child or that's in that parent, that's in that family.

And essentially, our entire role as a team is to listen with every little bit of our capacity. And so that's not just listening with our ears. It's taking in information on every single level, with our heart primarily, but through every orifice of our being, through our energetic body, through our mental body, physical, emotional, psychological, psychic, spiritual. Like every little aspect of self is trying to manifest an opening and an awakening, right? An opening and awakening to what is happening right here, right now. And how do I/we support it.

And then what's beautiful is, when you have a team of people that are actually fully embodying that level of presence and deep listening, that then the inner intelligence from that child, from that family -- the inner intelligence that already knows how to heal -- it just starts to guide and direct. So again, we actually aren't really doing anything. We're in an undoing. We're in a state of just following. You know, you move into the river and the river shows you where she wants to take you.

And so collectively we hold and we look. You know, we'll presence off of one another. We'll look at each other, we'll check in, we'll see, we'll connect. And then it becomes a dance. We move together, we work with the child, then they might add something to the conversation. The parent might add something to the conversation. There's this dynamic fluid exchange that's constantly unfolding, and then that process -- it's literally a process, because the intelligence is leading us through it -- that will guide us ultimately to an outcome. And often it is a piece of the story within that child that is searching for transformation. Right? Because ultimately the fundamental nature of healing itself is transformation. In order to heal, something must

change. Something needs to move and shift and transform. That's the essence of it.

So at some point we'll reach kind of a, I don't know, like a cataclysm or a point where the child just says -- their inner intelligence essentially communicates, and this is often very nonverbal, so it's not like it's always in language. And often we're working with people who don't have the capacity for language at that moment in time. So it can definitely be expressed nonverbally. But there's an impulse -- an impulse for a transformative shift. And when that moment arises, we follow that. We presence with it and then we actually support it. We support that transformative edge, and we support it energetically, emotionally, physically. We might move our bodies into relationship with it. And then, foo! You know, at some point, that piece that needed to find freedom and break free -- like whew -- open and energetically release, it does its own thing. It does its own thing. We don't have to do anything. It's much more like a midwife who's supporting an intelligence and a process that already has its own deep understanding of exactly how to be born. So our role is exclusively in that kind of midwifery, shepherding role where we just say, Ah! And there it goes, you know? And there it goes.

Cynthia: Beautiful. It's incredible. I was getting a sense, as you were talking -- you were very embodied -- and I was getting a sense of what it might look like in these sterile hospital rooms with this team of -- well, are you all women? Is your team all women?

Shay: It's not all women, no.

Cynthia: Ok, females and males almost like dancing and communicating in nonverbal ways, and outside the door is hospital business as usual. I love it. I love it. And it gives me hope that these kinds of healings are happening and have been happening, you know, sort of hidden in plain sight for decades now. So that's beautiful. Thank you for opening that up and sharing.

Shay: It's actually very funny, to your point. What often happens is like a nurse or a doctor -- someone -- they'll knock, they'll peek in, they'll see what we're doing, and then they'll often close the door. [laughter] They'll be like, "Well something's happening in there. I'm going to come back later." It's a very funny thing. We put a little sign on the door so that they know something's happening, but even if they open it, they're like, "Oh yeah, I think I'll come back. I think I'll come back." [laughter]

Cynthia: And the communication between you and the other healers is also largely nonverbal, energetic. Is that right?

Shay: Yeah. Sometimes we'll use words, for sure, but the depth of the communication is energetic and nonverbal, because we're going into spaces that are really beyond language. So at times, language is actually a very insufficient tool. Right? There are spaces in which we are quite limited by the language that we have constructed. So a nonverbal presencing and energetic formation is actually a much better form of communication.

Cynthia: Beautiful. What strikes me also is that I know from my very skeptical and analytical mind, it is helpful to have these studies where we now can measure the electromagnetic field of the heart going out seven to eight feet from each of us. And that is just the measurable energies, right? There are many more subtle energies beyond that. So, we are literally in each other's fields, and we are touching even when we are not

physically form-to-form touching. What I am appreciating from your share is the “integrative touch for kids” -- touch is beyond touch and listening is beyond listening with the ears.

It is really full-bodied energy sort of communion, if you will. But we wrap it in this language that other people can really grasp, which is beautiful. You mentioned that the people on your team have these shamanic tendencies, and I am curious to learn a little bit about you, your journey. At what point -- maybe you were a young child -- did you come into your sense that maybe you are a healer? Maybe before that, it was that you wanted the right to heal, or maybe even before that, that you cared about the suffering or the existence of another being. What were some of those formative experiences for you?

Shay: Yeah. Well, I guess I will answer that in two ways. First of all, I do not actually see myself as a healer. I see myself as someone who loves to support a healing process. So, I love being engaged in supporting someone through a healing journey. So that is like my role and that is actually my heart, love, and passion. My own kind of presencing and awakening into this dimension and into a capacity to be able to work beyond the physical and into the spiritual domains and dimensions -- I feel this was totally gifted to me from my own birth.

When I was being born and coming into the world in this life, I had a near-death experience. There were a number of things that happened that you could say kind of went wrong during my birth. I almost died. And in almost dying, I connected with that other side. The whatever ineffable -- I want to say that which is the great mystery, right? So it imprinted on me in my physical little infant body a deep knowing and remembering. A literal remembering of what is beyond this physical self. And so, for most of us when we come in, that veil is pretty thick, right? So that veil sort of drops. For me, the veil was breached in that moment. And in that happening, it imprinted something on me so that I could never not know that for the rest of this life. I could never not know whatever name you want to give the great mystery, and it anchored something in me. So as a child, I remember at five years old having the kind of experiences that I have heard and read about, like shamans talking about where I went way out into the astral body.

I did all sorts of navigational journeys and tours because, somehow, I think that was just imprinted in me. Honestly, the way I look at it, it is no different from how some people come into this life and they are supposed to be mathematicians. Their mind just functions beautifully in that dimension. Or another person comes in and they are supposed to be a musician. They just have a gift there. I think I came in and I came in with these imprints and I came in with this knowledge because I was supposed to be in the healing arts. Right? I don't really look at it any differently than any other inherent capacity. I feel like I was given that in my raw materials because it is like that “great force” that protects and provides everything that is life said, “Yeah, this is the area. This is where you are supposed to go. This is your body of work. So we are going to give you what you need to do this body of work.”

So, yeah, that is how it emerged in me. It was really from the beginning.

Cynthia: I had never thought about some of the traumas associated with birth as being like a near-death experience and a potential opening. That is incredibly powerful. So, you are a young child. You are still in this world, right? I mean, you are growing up, going through the stages of childhood and adolescence. When you are having experiences of expanded consciousness -- I don't want to put words in your mouth -- is that when you became embodied because it grounded you? Because a lot of other children and

teenagers are not having these experiences. Was your family container aware of this? What was their response? I guess I would love to know some of that.

Shay: Yeah. Well thank goodness it was a little bit in my lineage. I had a grandmother who had similar experiences, similar tendencies. She saved me, honestly, because she was a beautiful woman in how she held it. She was the leader of her community Christian church at their Sunday school for like 40 years. She carried this one side of her life that was as a Christian and a leader in that community. And then she also led seances and had this whole other dimension of who she was. She was totally okay with that. She was totally okay with her ability to see and access and communicate with beings beyond this realm. She never saw it as crazy. She was grounded in it. She was just like, "This is life. I am all of these things. I am a mother. I lead this group at church. I have my private group where we do different kinds of spiritual things." She owned every part of who she was without shame or fear or confusion.

Thank goodness she modeled that for me. She showed me that I could be all of those things too. And that it was okay. Like I love science. I was pre-med. I thought I was going to be a physician. I went to UCLA, I got my master's in public health. There is a strong academic part of me. I love to learn. I respect Western medicine. I care deeply for the knowledge that we have been able to construct in that field. I also have a whole other body of knowledge that I recognize as being equally valuable and important. My role, I think, is one in which I have an opportunity to be a bridge and to say there is a way in which this can all come together.

We don't have to exclude one dimension of our being. We can be holistic, meaning we can have a mystical side and a spiritual side and a revelatory side. We can also have science and learning and foundations of knowing in this physical world through randomized, controlled clinical trials, et cetera. You don't have to have one without the other. We don't have to be afraid, right? There is a way in which we just work together. To me, it is an embodiment of the polarities. It is an embodiment of yin and yang. It is a whole reality. And so, my work is grounded in listening to how we create that fullness for our patients and the people that we serve and in our own hearts and lives? How do we keep that wholeness in a way my grandmother seemed to know, that we can be whole beings? We don't have to hide parts of ourselves.

Cynthia: Yeah, it sounds like your grandmother did not just provide this container for you and serve as a teacher for you. She was a mentor, someone that you could model, right? I think that is so critical for anybody on the path of awakening and healing for themselves, for the collective, and for the planet. We need these guides to not just teach us the right concepts, the skills, and all that. But how do we develop? How do we live? How do we move in this world? I think when you and I connected before this call, what gave me so much hope was, was this "both-and" life and work that you not just created, but have been living. Like we can talk about the language of touch releasing oxytocin and these other feel-good hormones and reducing stress hormones like cortisol and how that opens up healing. Then go into this very interesting literal dance of how to support the healing and get out of the way of each person's individual healing. It's incredible. And it's really inspiring. So thank you for that.

Were there other teachers or mentors? I know you mentioned the children and the families you worked with, and your grandmother. Were there other teachers or guides who revealed themselves along the path?

Shay: Yes. I mean, so many. I think one of my most important teachers in the healing arts

is a man who passed away recently. His name is Raymond Castellino. He worked in pre- and perinatal psychology and did a lot of birth work and trauma work with infants and young children. Certainly, his work was and remains critically important to me and my understanding of how you can practice as a healer. He was a great healer for me, and he had many teachers. There are lineages of learning and teaching. So he has been critically important.

My most honest and authentic answer to "Who are my teachers?" is everyone. Every patient I've ever worked with, every person in my entire life. But if we're going to just narrow it down to the children and families I've worked with, every single one of them is my teacher. To give you a quick example of that, a little boy I worked with who had Trisomy 18 -- I met him when he was 7 months old and worked with him until he was 14 months old, when he died. He taught me everything I needed to know about how to work with family systems. Because he was in this little body and he was dying and he was okay. He was actually really okay. But his sister was not okay. And his mother was not okay. And I saw that.

He showed me, like, "You work with my sister, too. You work with my mother, too. Because they're actually the ones-- they're going to go on, to live with this for the rest of their lives. And I'm gonna go. I'm not here very long. I came here for a particular experience and I'm leaving. And they're staying." And then I realized, Ah! It was the teaching. I worked with his sister because he told me I should, essentially. And I worked with his mother.

So how did that play out? When I went to his funeral, his sister came up to me and for two minutes just held and hugged me in total silence. Because I helped her to move through something because he taught me to. And his mother, maybe 10 years after he died, wrote me a letter, saying how the work we did together changed her whole life, and she went into the healing arts, and she was doing her own healing, she was helping others, she was volunteering, she was doing all of these things. But how did I know to help them? I knew to help them because he told me. He showed me, you know? I swear, like, I do nothing. [laughter] I do nothing! I am nothing. I am just listening. Like, that's it! So you know, the teacher is that baby. The teacher is that mom. The teacher is his sister. They're the teachers.

And so if I can hold that in my consciousness with full awareness, that essentially I'm just following and listening and they're leading, then really remarkable things happen. Because there is an inner intelligence in each being that actually knows exactly what it needs for healing and transformation. And so, to the best of my ability, I follow that within myself, and I follow it within others.

And when I fail, I fail and I get up and I say, "Okay, dust yourself off, try again." You know? That's literally my way. No guilt, no shame. Okay, I made a mistake. Get up, try again. And so, it is a discipline too, right? There is a discipline to saying no matter what, I show up. And when I make a mistake, I get up again and I show up again. In these healing arts, I think, there is a depth of practice that is incredibly resilient. Incredibly resilient. It says, "No matter what, I keep pointing myself back towards that, which is exactly where I want to be." Right? And that to me is the fullness of the great mystery. It is a pointing back towards "That," whatever name you give to it, it is pointing back towards "That." Yup. That is right. That is where I want to be. And so, it's a return -- a return to the depth of all consciousness, all awareness that's embedded inside each one of us.

For me, the other lesson is that we sometimes forget or pretend -- and I will use the word

"God" here, just to give a name -- to think, "'That' only lives here or there or there." I think that is utterly wrong. I think whatever "That" is, the great mystery, it lives everywhere, in all beings at all times in full presence and full conscious awareness. All we have to do is show up and be with exactly what is, as it is right now. Every child, every patient, every parent, every doctor, every nurse, every friend, every family member, every colleague, every being everywhere is "That." So, if I can just try with great humility and great awareness -- and I know so little -- to remember, "Oh yeah, that's the truth."

If I can just for a second hold with my consciousness, "That is right. You are 'That,' too," then something softens and there is a real potential for something beautiful to emerge. We are talking about the subtle today because we are on an Awakin Call. When I talk to physicians in the hospital, I don't sound like this. I bring a different voice. I bring a different language. But we are in a particular group here today where I feel it is imperative or a necessity to say, "Okay, in the realm of the subtle, what does this actually look like? What does this sound like?" Because I think that is largely who is showing up to listen to this conversation today. But yeah, if I am talking to a neurologist or a neonatologist, I am going to talk about this very differently. I have different ways that I language these things under different conditions.

Cynthia: I would actually encourage you to push that boundary a little bit each time. As much as that space can hold, because I think that's where things are really exciting -- when there is this coming together at these boundaries. A lot of transformation happens right there.

I would love to explore something that you touched on -- you were talking about resilience. So often right now, whether it is with the families of these children, whether it is the children themselves and the healer, the healthcare professionals, and the healers -- I am using the word "healer" because, although you say you are doing nothing, you are really embodying, as I understand it, the true healer who is this portal through which some universal healing forces are moving. But for lack of a better term, I will say "healer." [laughter] There is a lot of burnout, and there are also a lot of healers and doctors, healthcare professionals, and caretakers who are getting sick. Right?

Shay: Yeah.

Cynthia: So what I have heard from you and learned from you is, first off, I love the importance of working as a team, right? So there is a lot more support going in the horizontal direction. And then the other piece you were talking about was just each child, each family member is a teacher. So you are receiving, but you are not doing it from your own will. You are receiving. So that in itself also can buoy you, right? Like it's not a burnout thing. It's kind of resilience, it's the opposite. Those are incredible teachings for me.

What happens, I mean, you are a human being, and there's incredible grief, and you are seeing this -- this is your work. How do you experience grief? What do you do with that? What does your team do anything? Is there a debriefing or a sort of an energetic release? And this term we often say is, "Who's holding the space? Who's holding the grief?" And yet, if we hold it, we internalize it, we absorb it. So what's happening there? How do you experience grief?

Shay: I love that. So I have come to change my language. Sometimes I still fall back into the old language. But I've come to change my language from "holding" to "presencing."



Because, I think, holding you kind of feel like you have to -- so what I have been working with more recently is, it's not a holding of the grief, but a presencing with. And that allows more spaciousness. And I will give you a direct example of a few things that you just embedded in your question.

So how do I avoid burnout, right? How does our team avoid burnout? So you captured one of the essences of it, which is that we are a team. So we do a debrief. We do turn to each other. We do share our sorrows. We do -- whatever needs to be released, we process that together. So there is a processing -- there is a group witnessed, coherent processing that's very consciously done and is really genuinely supportive of one another's process. So that's critically important.

And then there's this other piece, which is when I go into a room. So I can give you a very direct story. There was a child we worked with -- he had cancer, and I knew he was going to die, and he was right in the last, like, three days of his life. I was walking into that room in the hospital, and I knew it. I knew we were at the end and I knew his mother was going to be in agony. And so what did I do before I opened that hospital door? I took my whole being and went to that place that I know -- where I was taken when I had that near-death experience as an infant -- and I went there. So you go wherever you know the greatest alignment to source. You go there, however you know that in your being, and we all know it in some ways, right? And many of us have had direct experiences just like I am describing. And so you go there. So I went there.

So when I walked into that room, I was in -- as much as I knew how to be -- I was in a place of full capacity, full love, full presence, full compassion. So when that mother ran to me and grabbed me and literally just sobbed, sobbed, hugging me and shaking, and sobbing and sobbing and sobbing because her son is dying, my whole being could just hold it with love in doing that. And in doing that, why am I doing that? Why? It's a very important question. Why am I doing that? I am doing that because it reminds her -- the intelligence in me that's flowing through me, that's holding that place of compassion and love reminds her cells, her body, her being, her spirit, that there is something bigger than this. That her son's death is not totalizing. That even though in this moment it is so compressed because in that lived experience, she is in the agony of that compressed state of the physical self and the suffering and death and loss of the physical self -- can I hold her in that fully, in that place of agony and of grief, and at the same time, through my energy system and through my body and my connection to the divine, can I also cellularly communicate to her, "There is something more than this?"

And I don't have to say it in words, because again, I am not the teacher. Like the essence is just flowing through me to give her something that might support her right here and now. And so in that, it creates a beautiful spaciousness for her to have that suffering, for her to tremble, for her to cry, for her to hold me. And somehow I am holding that, but I am also holding something else simultaneously, and that's the ultimate resilience. You want resilience in healing? It comes from Source. Resilience is rooted in Source.

So when, in the hospital, they give nurses and doctors goodie bags, I am like, "Yeah, you can keep your goodie bag. [laughter]. We are going to go deeper than that to help people." Because it's really superficial, right? Like people who are working in these dimensions -- physicians, they are extraordinarily beautiful human beings who are trying so hard to help people. So we need to honor them, like really honor them, and show them that there are things you can do. Simple, through meditation, through breathing techniques. Simple. It's not even fancy. And that starts to build an inner resilience.

The resilience doesn't come from the outside, it comes from the inside. And so we build that, we build that, we build that, so that we can sustain.

And then when we start to feel, if we start to feel any edge of like, "This is too much for me," then we resource to that team. Then we resource to Source. We just layer it back. We layer it back. Because you cannot give what you do not have to give. So you must know your edges. You must know, "I need resource right now." And on our team, if we go in, and let's say we hit -- I mean, we see horrible things. I don't even want to tell you things we see. We see the worst child abuse cases. We see you name it, we have seen it. Horrific, right? So sometimes you walk into that, and a member of the team is like, "You know what? Right now, too much." And so we support them, then you walk out of that room.

Like, we are not some kind of crazy hero. We are also very much aligned with "we take care of and support each other." We work to our capacity on any given day. And that's enough. And that there's great teaching in that. Like, we all are in this embodied self. We must honor this embodied self. We need to know when we need to say "no."

There was a study I read years ago about people who are the most deeply compassionate who do not burn out. Like, you know, they are incredible in this service space that we are talking about here today. And I read this years ago and it never left me. The people who seem to have the greatest capacity to do service work for years and years and years -- what was the common thread that they found in this like social science study? They had good boundaries. They knew how to say "no." They knew how to say, "Enough, not today." We must know how to do that. You cannot sustain in this kind of work. You cannot give endlessly. That is not sustainable and it's very ineffective, and actually dangerous. And it's also, in my view, highly egoic. Because it says, "Oh my self is so important. I have to, no one else can do it." Baloney, baloney. There are other people who can do it. You are not that important. Just go back, restore, realign, and when you are ready, show up and give again. And that's it, it's a non-egoic state. This has nothing to do with you. It's not about your specialness. It's not about your greatness. It's about showing up for some other force, some other intelligence that needs to manifest in a being in order that they can have their experience of transformation. That's it. Like, you're out of it, you know? And to me, that's the beautiful way. It's like, "Oh yeah, I am actually just a listener. I am actually just showing up." It's sweet. It's sweet. [laughter]

Cynthia: Yes, one question that I love -- and I've been in private practice now doing deep consultations for people with a lot of chronic, complex conditions -- that I had learned from one of my teachers was to ask that question, "Is this mine to do?" If someone says, "Can you take me as a patient?" I usually feel like I'm kind of maxed out anyways, so now I just say, "A: Is this mine to do? And B: Is this mine to do right now?" which is really simple. And the answer is usually very clear. So it also releases that sense of guilt, right? That, oh my God, we just said no to that person, and it's really much more of a surrender. So thank you for underscoring that.

I'm just noting the time. We're coming close to the time of the Q and A. So first off, I want to say also, that Integrative Touch for Kids -- I don't want to call it an organization, because it's a community, it's like ServiceSpace, it's like an ecosystem, it has its own ripples, it's decentralized, and it's growing, it grows organically. It's incredible just to know what's sort of spinning. And spinning is not the right word, but growing, and has its own momentum so that it doesn't take

energy and it's just doing its own thing. I don't want to underscore and leave out the community aspect of that work. But I would love to know some stories, or maybe even one, of what one might be deemed to be a miraculous healing or radical remission in some of the work. Because I know so much of it is holding -- or rather, not holding but presencing with families and children right at that edge right at the transition. What of the other dimension of the work you do?

Shay Beider: Yea, so in terms of a story where there was a strong and powerful transformation, one example comes to mind: there was a young woman, she was an athlete, and she got extraordinarily ill and her lungs just were not functioning well. Medically, she was in the ICU for a month and they just could not get her respiratory rate into a reasonable range. And so they were struggling. Medically, they were really struggling to try to figure out how to stabilize her breathing, essentially. And we were invited in because, again, we usually get invited into the hardest cases where they're kind of stuck. That's where we get prioritized. It's like, when nothing else is working, they say, "Bring in that team that -- we don't know what they do -- but it works. So just bring them in." So that's when we get called in. We went in, and again, it's just everything I've been saying. It was a listening. It was a presencing. It was a following of her inner intelligence. It was her system and her body and her being showing us what she needed. And when we did that, and when we do that, things change. So in that process of being fully present, fully awake and aware with that inner intelligence following its lead to its own natural conclusion, things transformed. So in her body, what occurred was a very radical transformation. Her respiratory rate decreased dramatically, got into a safe range, and literally, when we left the room, the physician chased us down the hall and said, "What did you do? We've been trying to do that for a month. How did you do that? Like, you went in, and you walked out and her respiratory rate is where it needs to be. What, what did you do?" And that's where it gets hard, because we didn't do anything. [laughter] It's a not doing; it's a following. So we have so many moments like that where we didn't do anything. We just presenced, we witnessed, we followed, we supported, we loved. Yes, sometimes we touched. Sometimes we touched without our hands. I feel we have really limited our idea of touch by thinking it has to do with this [hands patting her cheeks]. Our heart can touch. We don't have to use our hands or any part of what we think of as our physical body or extremities to touch. You can touch with your heart. You can touch with your consciousness.

So yes, to go back to your earlier question, too, my description and understanding of touch goes far beyond what we think of as the physical body touching another physical body. So yes, sometimes we do that, but sometimes we do it in other ways, right?

So that's a story. And I can think of many stories like that. Another young woman came in. She'd gotten some kind of an intestinal, they don't know what exactly, a parasite, something from travel. And she was in agony, 10 out of 10 pain score for days. Literally, writhing in her bed. Her intestines were causing her so much pain. It was awful. This poor child was screaming. It was just awful. And so again, we get called in, cause it's 10 out of 10, we're giving her every pain medication, everything we know, and it's not touching it. Like, it's not touching it. And usually when that's the case, it's just because there's something underneath it that hasn't been seen or witnessed or understood. And with her, when we went in, there was a whole other story in that body that needed to be revealed. I'm not going to share it because of her privacy, but there was a whole other story that needed to be revealed. And once it revealed itself to us and we witnessed it and presenced it and held that with her and supported her in it and accompanied her in her agony and allowed that

suffering to be present and full and alive and didn't chase it away or try to hide it or control or demean it, [exhalation] something softened and her pain dropped. It dropped to, I think it was a one at the end. She went from a 10 out of 10 to a one. It just left. And so again, I want to say, there's nothing special, actually. It was her body. It was her intelligence. And she had the capacity to do that. And so do you, So does every other being on the planet, we have inherently the capacity within us to heal. She owned that, not us. We weren't magical healers who came in and did something. She had within her, that intelligence and that knowledge and the capacity, we supported it, that's it. So there's also a really important understanding of every single being, every single being has that capacity to heal. And so, there's a way in which when you trust that, very often they do.

Cynthia: I would say more than supporting it -- because most of the time we can't see it -- what you're really doing is you're reflecting back to them so that they can see that for themselves. Thank you so much. I have a lot of other questions, but I'm going to turn it over to Ameeta and the listeners for some Q and A. And before we go into that, I'd love to just have a very, very brief silence just to presence with everything that's been shared and so generously offered. So thank you. Ameeta, over to you.

Ameeta Martin: Wow. I don't even know how to start, I'm just so blown away. And as someone also within the medical field, I really love how you talk about how every single person has that inner intelligence to heal. And basically how, in my own interpretation, how you just allow themselves to get out of their own way in order to bring their own intelligence into their own healing. And it was just really, really powerful. My main question is, you talk so much about working collaboratively as a team and you have three to six of these practitioners that have these shamanic tendencies, as you said, and that kind of cultivation and that depth that all these team members have and that they bring with them to be able to listen so deeply and to be so present with these children and their families. My big question is, we would all love to bring your love and your team and your treatment into much larger scale and into all hospitals. But I think it is rare and amazing to find these deeply cultivated teams to listen so deeply and to be so present with these children and their families. So how can you take this program that you've built there and then build it more to scale to be able to bring this system in this material world, where people aren't encouraged to develop these shamanic tendencies? How can your healing team work to scale beyond this initial really gifted team?

Shay: Yeah. I love that. And that's something that we're actually dedicating ourselves to right now and into this coming year. I want to start teaching this approach that we use, which kind of emerged through me. Right now we're calling it Integrative Touch. This therapeutic approach is actually very defined. It has a whole process to it, and I have taught all the members of our team. We continue to grow and evolve it together.

I want to start teaching this work. I think there are people all over the world who have the inherent capacity to do healing work and to be active and effective in this field, just like there are good musicians and mathematicians. So I want to find those people and I want to work together and do trainings and classes in this method, this Integrative Touch Therapy. What we're doing now is we're building the curriculum around that. Our goal is, in 2022, to start to launch those courses, to pick carefully, to find individuals who have an inherent capacity for this type of work and then to train them, to start to build teams of individuals.

We do this work not only in the hospital, we do this in palliative care clinics, too. We have our own community clinic that is just open to the public. We do this for people of all ages, not just children. For example, we worked with a woman recently who had lost three major people in her life within a year: her partner, her mother, and her brother all died, one after another. There was tremendous trauma and grief and loss that needed to be processed. So we do this therapeutic technique in the community as well, and so it has the potential and capacity for multiple ways of being offered. We want to teach more people so that more people can experience Integrative Touch in a variety of different settings.

I think it's going to take time to cultivate the skill, to hone the skill, development, and the acquisition of the people who want to do that. But I think over time, we could build teams of people that really understand this body of work deeply and who could be incredibly powerful and effective in their delivery in a variety of different settings, including hospital work.

So that's my hope. That's the way I can see it through so far -- to teach it and create a learning community where there's a way in which people can collectively support one another in the development of these skill sets.

The other thing I want to say, and I think it's very important to say, is my philosophy in these healing arts is that you are forever a student. So I will forever position myself as a student in this work. Up until my dying breath, I will be a student of this work. So it's important to have a community of other students where we're learning together as we grow and evolve. So that's why I'm wanting to create service communities of individuals who are wanting to practice this kind of work and support others in it.

Ameeta: Well, thank you. We have a fair number of questions. You obviously touched a lot of people with this conversation. Swaraj asked, "How can healing touch help a child with ADD or ADHD in an ordinary life setting, not necessarily in a hospital setting? How do you work with helping children in an everyday setting?"

Shay: Beautiful. First things first, it's a process of inquiry. This therapeutic approach is entirely a process of inquiry. So the first thing I would do with any child with ADHD is ask this first question: how is that serving them? So what we're seeing, what we're labeling, what we're manifesting as ADHD, what we're identifying with that name, wouldn't be manifesting if it weren't in service of that child in some way. When I go to work collectively on that child, the next question I'm going to ask that child is: what's the intelligence that's manifesting that right now? I can promise you there is an intelligence that's manifesting it, nothing manifests without some intelligent design. So that's where I start. Asking questions: what is that needing? What is that revealing? How is that helping? What is the purpose?

So you start there and then you begin to peel back the layers. That's the inception point: what is the intelligence? Why is that there? How is that manifesting? And then as you go further and further and further and further in, you also recognize that there are energetic patterns to illness. Every illness -- what we deem as illness -- has an energetic pattern. And so ADHD has an energetic pattern. So then you can also, as a team on a bit higher level practice, you can start to work with the energetic pattern of that, which at times can have a lot of disorganization in it. You can start to hone a pattern of organization, an intelligence, an energetic intelligence that's organizing to that

framework of that energetic pattern.

What's so beautiful about healing work is, if you cultivate an awareness of something that's really strong and coherent, a really coherent energetic field -- extraordinarily coherent -- then that child's energy, which might be acting in kind of distracted and disorganized ways (again, for a reason, which you first want to identify the reason), but secondarily now, we're just wanting them to cohere a little bit. Perhaps you start to cohere yourself. So that's also the beauty of the team is the whole team can start to cohere their intelligence and their organizational kind of internal state of being. Naturally, that child who feels an experience of disorganization will start to recognize a state of organization and the other beings that are surrounding them and they will start to relax. So, number one for a parent who has a child with what's being called ADHD is to organize yourself internally and find coherence in you -- through meditation, through breath work, through sitting in nature, through reflection, through poetry, et cetera. Whatever gets you there, find coherence in you because ultimately, that child will start to notice and their system will attune to your system. Something in them will potentially begin to gradually organize little by little.

So there are many ways in, but that's one way in, and I like that way. I like teaching that way because it's powerful. And it gives you -- the parent -- also something you yourself can do. You can focus on internally creating a coherent -- an inner coherence -- inside of you.

Ameeta: That's really beautiful. Thank you. Martha from Seattle had a couple of questions. How has COVID time affected your practice? And what do you record in your chart notes? How do you describe what you do?

Shay: Well, I'll start with the chart notes. Honestly, I use my Western mind there and so I go really simple. I go almost mechanistic because it goes into the medical record. I don't put in the shamanic tendencies. I put in what I can of the physical, the practical. I use the other side of my brain typically for chart notes. But one day, maybe, we'll create a world where it would be more appropriate to enter into a medical record some of these other ways of being and knowing, but I'm not certain we're quite there yet.

In terms of Covid, it changed everything for us because we had to go to tele-health. We actually had to stop in-person visits in the hospital for quite some time because in the early stages, in particular, we needed not to be physically present. What we did is, we still treated the same children. We just did it like this. We did it through a computer and we still had our team model. We still had our group coherence. We still could accompany children, young adults, and adults through silence. We did what we do, but we did it like this, through a computer. And honestly it was marvelous. It was marvelous to see the limitations that we give to the space-time continuum, that actually, even with those, there are so many ways we can open it up more and more, and it allowed us to serve. We're serving children right now in Canada. And in Cambodia, we served children and suddenly it gave us a broader landscape. We had an article that came out in the Washington Post and families from all over the world started contacting us. And next thing we knew we were supporting children in all different countries.

So there's a beauty to this, too. And that has been our primary focus through Covid. But we're excited. We're going to open our community clinic again in the next couple of months and we're excited to bring that back online.

Ameeta: So in one of the descriptions of your work, it actually says “Integrative Touch for Kids is where high-tech and high-touch meet.” So is the high-tech piece, being able to do this by telehealth as well?

Shay: And to be able to do it in medical settings. I’ve been asked by physicians to write up our protocol and I switch into the other part of my brain and I write a protocol that’s suitable for neonatologists in an intensive care unit. And so it’s an embracing of all of the forms of medicine. I fully embrace and our organization fully embraces the value of Western medicine. We don’t need to diminish that in any way. It’s simply that we’re also bringing in all these bodies of knowledge from world medicine, from traditions that go back thousands of years that are equally potent and valuable and important.

And we’re saying there’s mutual agency here and these can and should co-exist collaboratively. So it’s that meeting of the minds that I think will ultimately create our greatest healing potential. I think it gives us the most freedom because, if I have a massive car accident, I want to be able to have a surgeon there to help me through it, right? But I also want the members of my team there to help me through it because they will have an understanding of what my soul is going through as well as what my physical body is going through. And so I don’t want to give up one for the other. I want all of that to come together. It’s very important.

Ameeta: Thank you. Ferva asks, “First of all, it was such a privilege to hear these stories and to know that a team like this exists with such an expanded consciousness of what constitutes touch and how to facilitate healing. She really wanted to thank you for realizing your unique divine calling and sharing such beautiful stories. But she wants to know -- and I do as well -- what is the bird that you’re wearing symbolize?”

Shay: So this is a raven. In old traditions, animals are a very important part of the healing arts. And for me, the raven is one of my most important symbols. And so this rests on my heart because it helps me to remember my true nature. The raven is the symbol of the capacity to go into the darkness, to go into total darkness and to hold the light anyway. And I feel like that’s been one of my duties in this lifetime, to go into the greatest darkness, the most intense suffering, and in that place of darkness, in that place of total darkness, to be able to hold the light. And so this helps me to remember that and it’s an inner knowing of a part of who I am that I never want to lose touch with. So it helps me to presence that within myself.

Ameeta: I love that. Another question that’s been asked is, “Does this kind of deep healing work lend itself to abuse or misuse in America’s hospital systems if we really broaden its use? And, if so, are there safety mechanisms that can be employed to protect both the care receivers as well as the practices themselves?”

Shay: Yes. Oh, I love that. That’s a brilliant question. And I think one of my life missions has been to design this in a way that I feel like has as many safety mechanisms in place as possible because it is very powerful work. So you want to mitigate that kind of risk that the person is discussing here. So to me, how you mitigate it is in multiple ways. The team-based approach actually really helps to mitigate it because you have other people who are looking at you to see, “Is what Shay doing appropriate right now?” And we create an environment where we can call each other on things. Like if something didn’t feel right, we can speak up. So there’s a way in which the team creates a safety net because other members of

the team are also able to say if something feels good or not good. And in the midst of a session, if something doesn't feel good, we ask that the member of the team who's feeling that to speak up and to say it right then and there because we don't want to leave anything hidden like that.

So I think the team is actually a very important component of the safety net. So working in groups. I think the other really important safety net is a non-identification with us as the healer. So a continual remembrance of the truth: that it is the person that we're working with, that it is their intelligence that is creating the healing experience, that they are primary. We are secondary and tertiary, et cetera. Like they are primary.

So there is no guru here. I am not a guru. No one on our team is. If we're going to give that label to someone, it would be given to the child or the recipient. They are the centerpiece. That also means at any time, they can say no, they can say, "Stop." They can say, "Too much." They can say, "I want to take a break." They define the direction of the session.

And so we put these very simple rules in place. Because they're the safety checks. They're the mechanism of protection so that this work can be done skillfully and deeply, but without a sense of arrogance. Because to me, the sword that kills any effective opportunity for real healing is the sword of arrogance and ego. The minute somebody thinks, "Oh, I'm special healer person. I can do this for you," you just killed an opportunity for any real healing and transformation to occur because this kind of work does not live within that space. So you actually need to consciously design the system of how you train the team and how you do the work to be like a sword to that ego so that you're constantly coming from a place of humility and service. You're constantly embedding your position underneath the position of the child or the recipient, so that they are always primary and you are always in that position of support underneath that primary intelligence. And so I think those things, which I'm just literally designing into our way of executing this therapeutic style, they're really important to hold exactly what the listener is referring to, which is a deep safety, a deep sense of safety.

Ameeta: That makes a lot of sense. The team approach really does provide that ultimate safety. One question that we're seeing repeatedly is, "How can people get involved in volunteering with your work and or helping in different parts of the county?"

Shay: Oh, that's so lovely. So if they go to our website, [www.integrative touch.org](http://www.integrative touch.org), you can send us an email. There's a contact form from there and just share that you're interested in volunteering and we have all sorts of opportunities now through our telehealth program. There's a number of ways that you can volunteer from anywhere in the world. And actually in saying that, I just want to take a moment to say, "Thank you so much to Nipun," for inviting me to have this conversation because I so deeply honor the work that ServiceSpace is doing in the world and the volunteerism and the foundation of everything that has created this organization, and for him to invite me in and to allow me to even answer that question of how people could support Integrative Touch for Kids. I just want to first really thank and acknowledge Nipun for being so generous to invite me to even have this dialogue today.

Ameeta: Well, we're thrilled to have you with us and to share all your beautiful insights. And I'd so like to express my personal gratitude to you, Shay, for bringing in and talking about just your special healing touch, which can be, like you said, a touch in many different ways -- just heart-to-heart and consciousness-to-consciousness, and how



you've helped so many children and families who have been suffering so greatly.

And now I'd like to invite Cynthia back in to share her final reflections and some words of closing that she might have.

Cynthia: Thank you. And I did want to just mention that besides being a longtime ServiceSpace volunteer, Ameeta is a pediatric cardiologist in Lincoln, Nebraska, and has had more than 30 years of firsthand experience with children living with these very serious challenges.

So I thought we would close with a reading of an excerpt from the Prayer of Maimonides. Maimonides was a great 12th century Jewish doctor, philosopher, and mystic. And Shay, what your being and your service have really evoked for me is one particular passage from Maimonides' prayer. And I thought I would close our time together by reading it twice and then going straight into a minute of silence. So, his words:

"In the sufferer, let me see only the human being. Illumine my mind that it recognizes what presents itself and that it may comprehend what is absent or hidden. Let it not fail to see what is visible, but do not permit it to arrogate to itself the power to see what cannot be seen, for delicate and indefinite are the bounds of the great art of caring for the lives and health of all creatures."

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