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When the Body Loses Its Beat:

Continuum, Self-Regulation and the Pathways Out of Shutdown

A two-evening online workshop with

Dr Amber Elizabeth Gray

Zoom Webinar
22 & 23 February 2027, Monday & Tuesday
Times:
6:00 pm – 9:00 pm, London UK
1:00 pm – 4:00 pm, New York, USA

CPD hours: 6

Location: Online streaming only
(all our webinar tickets now include complimentary access to a video recorded version for 1 year or 3 years, depending on the ticket type)

A client sits very still. She cannot share her history without shutting down. Her breath seems to stop. Her shoulders collapse.

Shutdown is not simply stillness. It is an ancient survival strategy that protects us by reducing movement, visibility and demand when a fuller response is not possible.

Working with this kind of shutdown asks something of the therapist before it asks for any intervention. Co-regulation is not possible without self-regulation. When a therapist's own pace, breath or attention becomes organised around urgency, the encounter may inadvertently add pressure to a system already protecting itself through withdrawal. This is not a preliminary to the clinical work. It is a clinical capacity in its own right - one that can be noticed, practised and cultivated.

Continuum, developed by Emilie Conrad and taught internationally by Dr Amber Elizabeth Gray, uses breath, sound, sensation and exploratory movement to cultivate this capacity - the ability to slow down, oscillate attention between inner sensation and outer presence, and register movement at a level clinical training rarely asks us to notice. Over two evenings, the workshop moves from this embodied groundwork to an exploration of the clinical significance of micro-movement in understanding shutdown, pacing and therapeutic presence. Participants will develop a clinically meaningful framework for noticing and reflecting on these subtle processes, while more specialised work involving direct micro-movement intervention is most responsibly learned through live, in-person training.

Continuum differs from prescribed somatic exercises in offering no fixed sequence to follow and no version of a movement to get right; there is no target posture and nothing to demonstrate. Breath, sound and simple tones are used instead to loosen habitual patterns of holding, allowing the body's own responses to become the material of the practice. Oscillation of attention - one of its central skills - is the practice of letting awareness move between different qualities of experience, rather than holding it rigidly in one place: sensation and thought, stillness and micro-movement, one part of the body and another. Because the movement involved can be vanishingly small, often no more than a shift in breath or a ripple through tissue, the practice remains accessible regardless of mobility, flexibility or prior movement experience.

Why Shutdown Is Easily Misread

Stillness in the therapy room rarely announces its own meaning. It may be rest. It may be watchfulness - a client scanning quietly for signs that it is safe to continue. It may be compliance: agreement offered because disagreement no longer feels available. It may be a kind of dissociation, a mind that has moved some distance from the body describing it. Or it may be closer to immobilisation, in which movement itself, however small, has become difficult to access at all.

None of this can be read reliably from posture, and Amber's teaching does not pretend otherwise. The task the workshop sets is not to decode stillness correctly on sight, but to hold several possibilities open at once - and to notice how quickly a therapist's own need for a legible answer can foreclose that openness, turning a client's ambiguous quiet into a premature clinical conclusion.

How Therapists Become Organised Around Shutdown

Faced with a client who has gone quiet, a therapist rarely stays neutral for long. Silence gets filled before it has finished doing its work. Another question follows, or another interpretation, in the hope that words will accomplish what the body has not yet done. Some therapists work to generate feeling - warmth, memory, affect - and read its appearance as evidence that something is happening. Compliance can be mistaken for engagement, relief for repair. Others become excessively tentative, withdrawing from contact for fear of causing harm, or perform a calm they do not privately feel, hoping it will be absorbed rather than noticed as effort. At other times, a first flicker of visible movement may be taken as evidence that the work is progressing - when its meaning may remain uncertain.

These are understandable responses when the therapist's own system becomes organised around producing movement or progress - while shutdown does not yield to the therapist's timetable.

What Changes When We Learn to Notice Less

This training does not ask therapists to do more in the room. If anything, it asks for less: less filling of silence, less urgency to produce visible change, less certainty about what stillness means.

Participants often find that what shifts first is timing rather than technique - a growing ability to resist filling silence before it has finished its work, and to distinguish a client's receptivity from mere passivity, two states that can look identical from outside. Shifts in breath, rhythm or muscle tone begin to register as information worth holding rather than signals demanding immediate interpretation. Therapists also become more able to notice their own bodily urgency - the quickened breath, the impulse to intervene - as clinical information in its own right, and to remain close to a client's stillness without needing it to resolve into movement.

Evening One — Continuum as Self-Regulation and Clinical Capacity

This experiential evening works directly with the practices from which Continuum is built: slowing down, oscillating attention, inviting organic, fluid movement through sound and breath, and developing sensitivity to micro-movement within one's own body. These practices are approached as foundational to therapeutic presence, rather than as an optional self-care adjunct to be fitted around the "real" clinical work.

Learning objectives

- Understand self-regulation as a clinical capacity that precedes and makes possible co-regulation with clients
- Experience introductory Continuum practices involving breath, sound and slowed attention
- Develop sensitivity to micro-movement and subtle shifts within one's own embodied experience
- Explore oscillation of attention — between inner sensation and outer presence — as a way of sustaining therapeutic presence
- Consider how a therapist's own pace and embodied state shape what becomes possible in the therapeutic field

Evening Two — Micro-Movement, Shutdown and Clinical Presence

Building on the first evening's practice, this case-based evening turns to what micro-movement can mean clinically. Drawing on cases from Amber's clinical and human rights work - including a survivor of political violence for whom Continuum practice proved pivotal, and a case in which micro-movement became a bridge out of shutdown - the evening examines how shutdown may present through breath, rhythm and stillness; how barely perceptible movement may mark the beginning of a shift; and how attention to these subtle phenomena can inform clinical assessment and therapeutic presence. It is taught as clinical understanding, not as training in direct micro-movement intervention; the boundary between the two, and why it matters, is addressed explicitly.

Rather than presenting these cases as demonstrations of technique, Amber will use them to make her own clinical attention visible: what she noticed that might easily have passed unremarked, how she paced the work, and how her own embodied state shaped what became possible for the client. Participants will consider

how small changes accumulated meaning over time - and where her observation of micro-movement ended and more specialised intervention, dependent on live, in-person training, began.

Learning objectives

- Recognise how shutdown may present through breath, rhythm and stillness, and how very small movement may signal a shift from it, without treating these phenomena as a code to be decoded
- Consider case material from Amber's clinical and human rights work illustrating Continuum-informed responses to shutdown and chronic overwhelm
- Notice when their own urgency, questions or need for visible change enter the therapeutic field
- Recognise and remain therapeutically present with smaller increments of change than clinical training often prepares us to expect
- Recognise that co-regulation does not mean producing calm, and consider how choice can be preserved when a client's available movement is extremely limited
- Understand what can responsibly be taught online, and where this work requires live, in-person training

Taken together, the two evenings invite participants to work at two inseparable levels: cultivating the embodied steadiness from which co-regulation becomes possible, and sharpening the clinical attention needed to remain with shutdown without forcing it into movement or meaning. Participants will leave not with a new technique to apply, but with more finely tuned attention to their own urgency, the client's smallest shifts, and the relational conditions in which choice, rhythm and movement may begin to return.

If you work with clients whose relationship to the story is accompanied by shutdown — whether they struggle to tell it at all or can recount it without feeling safely present in the body that lived it — this training offers a rare opportunity to learn from one of the field's most experienced practitioners at precisely that clinical edge. Join Dr Amber Elizabeth Gray for two evenings that may change not only how you understand shutdown, but what you notice in yourself when the room goes quiet.

There is no known commercial support for this program.

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