

Instructor's Manual

for

RESOLVING TRAUMA IN PSYCHOTHERAPY: A SOMATIC APPROACH

with

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psychotherapy.net

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with Peter A. Levine, PhD

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW

Consider playing the sessions all the way through at once, rather than hitting the pause button frequently, so viewers can appreciate the way they flow together. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What are viewers' impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Suggestions for Further Readings and Websites** prior to viewing. You can also schedule the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

6. CONDUCT BODY-ORIENTED EXERCISES

The following exercises are meant to develop participants' awareness of the body and its sensations, or felt sense. The *felt sense* can be described as the experience of being in a body that perceives all the

nuances created by its environment. Therapists' ability to contact their own felt sense is critical to recognizing and tracking physiological states and changes in their clients.

As the facilitator, you can provide the following guidelines to participants so they can take themselves through these body-oriented exercises either on their own or in the room with you.

Develop awareness of body sensations: Work in a dyad, with one person being the client and another person being the therapist. As the therapist, ask the client how she is feeling. The initial response is likely to be somewhat general, such as “pretty good,” “anxious,” or “so-so.” Then guide the client to tune inward and describe the bodily sensations associated with how she is feeling--for example, ask, “What sensation in your body tells you that you are feeling this way?” Ask other questions to guide her in deepening awareness, such as, “What words would you use to describe your bodily sensations?” If they have a hard time coming up with a description, feel free to suggest words to them such as dense, heavy, fluid, achy, energized, full, buzzy, warm, light, etc.

Experience the rhythm of pendulation: This exercise can be done alone or in a dyad with one person facilitating the other. Pick a place in your body that feels the most comfortable, most relaxed, or warmest, and focus on it for a while. Then pick a place in your body that feels the least comfortable, tensest, or coldest. Slowly start shifting your attention back and forth between one place and the other. Stay with this process for a few minutes and observe what happens with your body.

This same exercise can be done by recollecting a time in the recent past where you felt most like yourself. As you think of that time, notice what your bodily experience is. Just shift back and forth rhythmically, like a pendulum, between your image or memory and the current sensations in your body. Pay attention to your own rhythm and notice what happens in your body.

No sensations is there forever: Recall an experience in which you felt mildly uncomfortable. It could be a recent event such as being stuck in a traffic jam, or an unpleasant interaction with another person. As you

recall this event, pay attention to what you are experiencing in your felt sense. Sit with the experience for a while and focus on the physical sensations until they begin to shift. Notice the rhythms of contraction and expansion.

The purpose of this exercise is to demonstrate that all sensations, whether good or bad, eventually change if you contact them long enough. As you stay with an unpleasant sensation, it may get worse at first, but eventually it will get better in a cycle of expansion and contraction.

Create a sense of safety with your clients: Group the participants into dyads, with one person playing the role of the client and one person playing the therapist. At the end of the exercise, have the partners switch roles.

Begin with the client introducing himself and his presenting issue to the therapist; the client may present with a real issue, or discuss some concern in the format of a role-play. As the client speaks, have the therapist sit cross-legged and cross-armed. After a couple of minutes, have the therapist change her posture to sit in the chair slumped with legs open. For the final segment, have the therapist sit upright and relaxed, with legs in a neutral position.

At the end of the exercise, bring all the participants together and ask clients to report their feelings, sensations and thoughts during each of the different postures. How did the various postures impact the client? Which ones were more conducive to creating a sense of safety, or a sense of trust vis-à-vis the therapist? Which ones were more unsettling?

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that

conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

PRIVACY AND CONFIDENTIALITY

Because this video contains actual therapy sessions, please take care to protect the privacy and confidentiality of the client who has courageously shared his personal life with us.

Levine's Approach to Trauma Resolution

Somatic Experiencing® is a body-oriented therapy designed to treat trauma and PTSD patients. Levine's approach concentrates on our instinctual biology and physiology—what happens in our bodies when we're exposed to extreme threat. At the core of the approach is the assumption that trauma and PTSD symptoms are most often the result of the nervous system being overwhelmed by the intensity and speed of a violent and threatening event, which may be a single incident or involve chronic exposure. The nervous system simply cannot process the experience and gets “stuck” in two possible patterns: hyper-arousal (fight or flight response), or immobility response. When the stuck energy does not get released, the traumatized person may experience all kinds of symptoms—not only the classic symptoms of PTSD such as flashbacks and nightmares, but also physical symptoms, including chronic pain, stiffness, or tension in different parts of the body.

Because of the neurological impact of trauma, Peter Levine states that resolving trauma must first happen at the physiological level before the person can begin to process emotions or thoughts about the event. One reason for this is that a traumatized person's ability to read people's emotions is compromised, making it difficult for them to interact at an emotional level, or even benefit from the empathy of a therapist, until they have regained some self-regulation in their nervous system.

Somatic Experiencing® focuses on facilitating this re-regulation of the nervous system by guiding clients to become aware of and experience their bodily sensations. Levine asserts that a traumatic event triggers self-protective mechanisms in the body, such as attempting to orient toward the source of the threat to identify it and at the same time wanting to run away from it to protect oneself. However, the trauma, such as a car accident, attack, or in the case on this video, an IED explosion, interrupts the completion of these self-protective mechanisms, leading to a destabilization of the nervous system. By using various body-oriented techniques that encourage the client to

very slowly complete these self-defensive orienting responses, Levine enables the client to regain pleasure in his body, reach various stages of relaxation, and allow for progressive gentle releases of energy that induce a greater self-regulation of the nervous system. As you will see in this video, sensations of goodness are triggered in the client's body, which in turn allows him to re-connect with the outside world, regain a sense of independence in his life and reach stages where he can process the trauma at an emotional and cognitive level.

PETER LEVINE DESCRIBES NINE BUILDING BLOCKS TO HIS APPROACH.

1. Create an environment of relative safety: A therapy room that promotes feelings of calm and the therapist's ability to stay centered, present and calm are critical, but other details can make a big difference, such as the way a therapist sits or positions himself relative to the client. The objective of the therapist is to assume a neutral, accepting stance, not just at the emotional and cognitive level, but at the body level as well.

2. Support initial exploration and comfort with bodily sensations: Because a trauma survivor views his body as the enemy, it is critical to help him make friends with it again through the experiencing of positive sensations.

3. Pendulation: This technique encourages coming into contact with an intrinsic rhythm in our bodies which alternates between states of relative contraction and expansion. Trauma survivors are more likely to react with fear to their contractions and try to stop them, which only results in intensifying them, thus leading to more fear. Levine's objective is to help the client experience this rhythm so he can learn through his body that the contraction is always followed by an expansion. This awareness gives him a tool that can help him relax.

4. Restore active defensive responses: Our bodies react instinctively to danger by trying to protect us. When the traumatic event happens, these protective responses are thwarted, leading to the nervous system

becoming overwhelmed and “collapsing.” The completion of these protective reflexes is key to enabling normalization of the traumatized body.

5. Titration: When working with trauma, it is critical to work with one sensation or feeling at a time, so as to avoid overwhelming the nervous system further. This is key in effective trauma therapy, because the client’s nervous system cannot distinguish between the original trauma and being overwhelmed by the re-experiencing of the trauma.

6. Uncoupling fear from immobility: The immobility response is engaged when the fight-or-flight response does not resolve a situation. The body collapses and becomes frozen, and these sensations are perpetuated by the continuing fear. The purpose of this step is to help the client experience the physical sensations of immobility in the absence of fear, subsequently enabling the immobility to dissolve.

7. Encouraging the discharge of energy: The discharge of the energy accumulated during the traumatic event happens through various reactions such as shaking, trembling, vibrating, or changes in temperature or breathing. This usually happens in cycles, and allows hyper-arousal states to be brought down to equilibrium.

8. Restore equilibrium and balance through self-regulation: The cyclical discharges of energy help reset the nervous system. Clients are calmer, experience a greater sense of goodness or hope, and feel more empowered to regulate themselves.

9. Reorient to the here-and-now: The ability of a traumatized person to engage with their environment increases as their nervous system regulates. By encouraging this orientation to the environment, the therapist gives to the traumatized person a sense of coming alive to the outside world.

Reaction Paper for Classes and Training

Video: *Resolving Trauma in Psychotherapy: A Somatic Approach*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be concise. Do not provide a full synopsis of the video. This is meant to be a brief paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Somatic Experiencing® and working with trauma? What stands out in how Levine works?
2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.
4. **How I would do it differently:** What might you have done differently than Levine in the therapy sessions in the video? Be specific in what different approaches, strategies and techniques you might have applied.
5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?

Related Websites, Videos, and Further Readings

WEB RESOURCES

Psychotherapy.net interview with Peter Levine

www.psychotherapy.net

The Foundation for Human Enrichment

www.traumahealing.com

Somatic Experiencing® network

www.somaticexperiencing.com

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Mind-Body Therapy (Psychotherapy with the Experts Series)

Explaining PTSD: Lessons for Mental Health Professionals

The Counting Method: A Treatment Technique for PTSD

PTSD and Veterans: A Conversation with Dr. Frank Ochberg

Trauma and the Body: A Psychodramatic Approach

BOOKS

Levine, P. (1997). *Waking the tiger: healing trauma: The innate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.

Levine, P. (2005). *Healing trauma: A pioneering program for restoring the wisdom of your body*. Boulder, CO: Sounds True.

Levine, P. & Kline, M. (2007). *Trauma through a child's eyes: Awakening the ordinary miracle of healing*. Berkeley, CA: North Atlantic Books.

Levine P. & Kline, M. (2008). *Trauma-proofing your kids: A parents'*

guide for instilling confidence, joy and resilience. Berkeley, CA; North Atlantic Books.

Scaer, R. (2005). *The trauma spectrum: Hidden wounds and human resiliency.* New York, NY: W.W. Norton & Company, Inc.

Scaer, R. (2001). *The body bears the burden: Trauma, dissociation, and disease, Second Ed.* Binghamton, NY: Haworth Medical Press.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION

- 1. Trauma Model:** What do you think of Peter Levine's model of trauma? How is this different from other ways you think about trauma? What do you think of Levine's emphasis on addressing the physiological aspects of trauma prior to working with the emotional and cognitive aspects? Levine talks about how traumatized patients are not able to connect empathically with the therapist. Think of times in your practice when you have encountered clients who have been in that situation. How have you approached trauma work with these clients?

NINE BUILDING BLOCKS

- 2. Polyvagal Theory:** What are your thoughts about the three stages described in the Polyvagal Theory? Which types of trauma or personality are, in your opinion, more associated with the fight-or-flight response vs. the immobilization response? Levine talks about the importance of tracking which steps the client is in. What are the signs you would be looking for in a client at each of these steps?
- 3. Nine Building Blocks:** What do you think of the nine building blocks Levine describes as being the foundation of the Somatic Experiencing® approach? Which ones are clear to you? Which ones do you find confusing or disagree with? Have you already been using some of these techniques in your practice? What have been the results or challenges?

SESSION ONE

- 4. Safe Environment:** How do you see Levine establishing a safe environment for the client in this first session? What specific interventions or aspects of his style do you think

increase the safety here? What do you do to create a sense of safety with your clients who have a history of trauma? Can you describe an instance where you wished you had done a better job at creating that sense of safety? What might you do differently if you could revisit that session?

5. **Dependency:** What do you think of the importance Levine places on not creating dependency between a trauma patient and the therapist? Does this seem more significant for traumatized clients rather than for other types of clients? Why or why not? In this video, how does Levine reduce the likelihood of creating dependency between Ray and himself?
6. **Working with the Body:** What are your reactions when you see Levine work with pendulation and breathing? Can you imagine working with the body in this way and being as directive as he is in facilitating somatic work? How would you apply some of these techniques to your practice and way of working? Can you think of clients you've worked with for whom these techniques would have been helpful?
7. **Pacing:** How do you experience the pacing of this session? Does it feel too slow or too fast? What challenges would you experience maintaining such pacing? Can you imagine conducting a whole session without talking about the trauma and its associated emotions?

SESSION TWO

8. **Body Awareness:** What specific differences do you notice between sessions one and two in terms of Ray's demeanor, body awareness, state of relaxation? To what do you attribute this difference?
9. **Pendulation:** What are some of the different ways you see Levine encourage Ray to experience the rhythm in his body? How do you see this being helpful? Is there anything about this aspect of Levine's work that does not fit for you? Describe any ways you think you might apply Levine's concept of pendulation differently with your own clients.

SESSION THREE

- 10. Memories:** Do you agree with Levine's assertion that Ray's positive memories of the fire and his grandfather are not an expression of denial but rather a result of working through the trauma at a physiological level? Why or why not? How do you figure out whether clients' past memories are relevant to a current therapeutic issue or are a sign of avoidance? How do you utilize positive memories in your own work with traumatized clients?
- 11. Spreading Through the Body:** Levine describes the movement of Ray's twitches throughout his whole body as a positive sign. Why do you think that is the case? What do you think is happening to Ray's body to cause this spreading? How much do you incorporate the body in your own work with clients?

SESSION FOUR

- 12. Guilt:** What do you think of Levine's suggested ritual for writing notes to help Ray deal with guilt? How else would you have worked with Ray around his survivor's guilt? What other creative homework assignments have you used to help clients deal with difficult feelings that come up in therapy?
- 13. Touch:** Levine uses touch to encourage further relaxation. What are your thoughts about the use of touch in talk therapy? Do you use touch at all with your clients? What positive or negative experiences have you had with touch? Can you think of times where touch could have been beneficial to your clients? How do you see yourself using touch in the future?

SESSION FIVE

- 14. Therapeutic Alliance:** How would you describe the therapeutic alliance between Levine and Ray? How do you see it evolve over the five sessions? What do you notice about Levine and the way he works with Ray that affects the quality of the alliance?
- 15. Therapist Persona:** Levine appears to assume the role of a wise, compassionate elder or mentor. How would you describe your persona as a therapist? How can you convey

confidence and be a soothing presence to your client if you do not have a lot of experience working with trauma?

- 16. Metaphors:** Levine uses two exercises--the ball and pill metaphors--as a way to allow Ray to experience in his body his tension and his rage. Do they seem helpful to you? Talk about what you think was and was not effective about these exercises here. Would you feel comfortable leading your clients through similar exercises? What are some other exercises that might be appropriate in this situation?

DISCUSSIONS

- 17. Working with the Body:** What resistances do you experience in working with the body with trauma patients? What are your concerns or fears? What are some ways you could address these concerns and move beyond your fears?
- 18. Personal Reaction:** What do you think about the effectiveness of Somatic Experiencing® as it is demonstrated in this case? Do you see yourself working in this way with trauma patients? What are some techniques demonstrated here that you would start with? What aspects of Somatic Experiencing® would you be uncomfortable with at this stage of your practice?

Complete Transcript of Resolving Trauma in Psychotherapy: A Somatic Approach

SESSION ONE

Ray was a radio operator on patrol in Iraq when two Improvised Explosive Devices in close proximity went off, launching him into the air. He remembers waking up in a hospital two weeks later. Ray has been diagnosed with severe PTSD and Traumatic Brain Injury. He suffers from Tourette-like convulsions, headaches, chronic pain, vertigo, nightmares and tinnitus. Ray was brought by a student to a group case consultation that Peter was leading.

Levine Commentary: Ray's is a fairly complicated case because of the nature of the trauma, because of how intensely, how quickly it happened before he was really able to respond. So when the explosion first occurred, his eyes and head and neck would try—again, this is an innate mechanism, an innate reflex—to orient towards the source of the threat. Normally, when we locate the source of the threat, then we also turn away and try to find a way to escape from the threat. However, it happened so fast that even before his eyes and head and neck could really turn, he was blasted up in the air and pounded by having another blast go off, and again, the body being just so confused at what it's supposed to do. And that's why we have to work first at the physical level. And so what I help him do is really stretch out these sensations, moment by moment by moment, of how his neck wants to turn. And when he becomes aware of his body, he feels a tension in his neck. And by helping him stretch this out and uncouple the overcoupling, he begins to be able to release some of the activation and, as we described in the various steps, begins to experience some degree of equilibrium and calm.

Before working with a trauma survivor—and I don't like the term "trauma victim," because trauma is a fact of life, so hopefully we go from trauma survivor to thriver. But before I work with them, I take a fairly careful history. And not only do I look for the types of traumas

they've had, when they've had these traumas, but I try to get an overall assessment of their resilience—their capacity to deal with what has happened to them. And with some people where they've had neglect and abuse throughout their childhood, we really first have to help them develop some kind of sense of stability before we can begin to do the trauma work. With Ray, I was convinced from his history that he did have the resilience—even though this was a tremendously, tremendously difficult trauma—that he did have that capacity from his early childhood to have this sense of okay-ness and goodness and resilience.

SESSION 1 DECEMBER 12, 2008 LOS ANGELES, CALIFORNIA

Levine Commentary: *The overall task in the first session is to begin to get Ray interested in his internal body sensations. And Ray is a warrior type. Warriors don't generally take time to notice what's going on inside their bodies, what they're sensing and what they're feeling. So I have to develop enough of an alliance with him so that he's willing at least to go along with me. And later Ray says, "At first I thought this was a bunch of junk, this was just crazy. But I went along with it." And that's sort of what I hope to get with a new client, especially a client who's not used to being in touch with their bodies. And once Ray gets this, he really just starts to move.*

At the beginning of the first session, what I want to do is create an environment of relative safety with my own centeredness, my own calmness, my own sense of balance. What I'm doing is I'm helping to create the possibility that there is hope, that there is some way out of Ray's symptoms, a way out of his nightmares, a way out of his pain. And this is really important. But if that's all I do, then I've failed. Because as soon as I help to get some sense of relative safety, what I want to do is then to empower the client to begin to reference their own sensations, to be able to ride them through, and to come to a place of greater equilibrium and peace. That way they don't become overly dependent on me, which would very often trigger feelings of resentment and not wanting to continue the work, because they find themselves getting more and more dependent. And people who have been independent, really, that's one of the great

things that's taken away from them in trauma. So the quicker I can help the person establish at least some capacity for their own self-regulation, the better the treatment is going to go.

Levine: So...why don't you tell me in your own words, what kind of help do you think you need, what you've been struggling with?

Ray: Ahh, I'd say the biggest thing I've been struggling with would probably be PTSD, dealing with just really large crowds.

Levine: Dealing with?

Ray: Large crowds.

Levine: Large crowds, how's it here? We've got large, we've got a whole mob here, our own personal crowd.

Ray: It's all right.

Levine: What?

Ray: It's all right, I guess.

Levine: It's all right?

Levine: Well, why don't we check it out? We got some pretty shady-looking characters, I think. Shall we just check it out a little bit, see what they look like?

Ray: How's everybody doing?

Levine: Yeah, yeah, anyhow, they came here for one purpose and one purpose only—to support you.

Ray: Thank you.

Audience: Thank you.

Levine: So, what it says here is that the main event, at least that's triggered these symptoms, is an explosion?

Ray: How'd you get all this?

Levine: I have my sources.

Ray: How'd you find out?

Levine: Well, listen, I ask for a little bit of background.

Ray: Oh, all right.

Levine: And what kind of symptoms are you having?

Ray: In the beginning... This happened on June 18th of this year, and in the beginning, I had to kind of teach myself to walk, talk and think again. And, every day I guess has been getting a little better, kind of. Now, mostly, I'm dealing with the sensitivity to bright lights.

Levine: Ah, yes, yeah, yeah.

Ray: Lack of concentration. Headaches.

Levine: Now, you said that you learned to walk, talk and think again? How'd you do that?

Ray: I just fought for a lot of things.

Levine: You fought for a lot of things?

Ray: Everybody told me I would just push things too much. I just fought for everything that I wanted 'cause, because I wanted to... I don't like it when people take care of me. I can't stand that. So I mean...

Levine: You wanted your independence?

Ray: Exactly, I wanted my independence back. And I didn't, you know, I don't like the idea of being a burden to somebody. So, so, I just... I fought for my walking, and then, my talking. I knew my talking was eventually going to come on, because my parents came, when I got back down to San Diego, and I figured it was just going to come with time. And really the thinking just kind of came on its own, just slowly everyday.

Levine: So you're aware of that healing process going on?

Ray: Mm-hmm. They put me on all of these medications for my headaches, but I've just come at peace with time. It's just really... It's just going to work its time.

Levine: Time is important—it's not the whole thing, for sure. Now, what kind of medications are you on?

Ray: Uh-oh...

Levine: Do you remember?

Ray: Uh, they got me on, like, six or seven.

Levine: And does that help?

Ray: Sometimes. Sometimes. It also takes away my nightmares.

Levine: It takes?

Ray: My nightmares.

Levine: It takes them away, you say?

Ray: Yeah. Sometimes.

Levine: Ah, Sometimes

Ray: Sometimes. Not all the time.

Levine: Right, and can you tell me a little about what your nightmares are about? Is it a single nightmare or is it a different nightmare?

Ray: Sometimes it's just about the night that I got blown up, and other times it's just about us get attacked at our FOB.

Levine: At what?

Ray: At our FOB—Forward Operating Base.

Levine: Yeah. Yeah.

Ray: And it differentiates sometimes.

Levine: Yeah, hard to be prepared for something like that, huh?

Ray: Well, it sucks, at night, really, ahh... Let's see, it sucks when it comes time to sleep, and the fear of actually going to sleep and having a nightmare is really what it kind of works out to. So, I mean...

Levine: Do you usually wake up when you have the nightmare?

Ray: I've done it a couple of times, but usually I just sleep through it. But I mean, but when it happens I don't usually feel well rested.

Levine: Yeah, yeah.

Ray: My body feels all worked up.

Levine: Yeah. What happened with the explosion? Were you in a vehicle?

Ray: I was walking.

Levine: You were walking?

Ray: Walking.

Levine: On patrol, or?

Ray: Mm-hmm.

Levine: Then there was an explosion, a mine or a grenade, an improvised?

Ray: It was actually two IEDs.

Levine: Uh-huh. What do you remember about that? What do you remember about...?

Ray: What do I remember about that night?

Levine: Yeah.

Ray: Well, actually our patrol actually started mid-afternoon and since our base got attacked that day, they kept us out there a little longer. And it was coming towards... And we started walking near the bazaar, which is a marketplace. And as we were walking, as we turned downhill, I don't know, just two IEDs... one IED went off, which, which I'd say I was about like maybe, 15 meters away. And then the second one went off, and I think I was closer to that one. I don't really remember.

Levine: Do you remember the sound?

Ray: A loud boom.

Levine: A loud boom, and then what? Were you blown into the air, or...?

Ray: Now, here's the thing about that one, is I've lost a part of my memory because I was what is known as the radio operator for our squad. So from the point where I was standing when the IEDs went off, to the point where I was sending in my reports back to base, are two different spots. I don't know how I got there. It's not in my memory.

Levine: But you, but you were sending back the report after the explosion?

Ray: Yeah, after the explosions. And it's in a different spot. I don't know how I got there or not—whether I was thrown, or whether I ran, I don't know.

Levine: But you remember being on the, being on the...

Ray: The radio?

Levine: The radio.

Ray: Yes, I do. And then really, after I sent in my reports, we were waiting for QRF, and then that's about... And then I remember waking up in a hospital. Now, I'm guessing that was the next day. I really don't know how long it was.

Levine: All a blur.

***Levine Commentary:** You can see that Ray's memory of the event is extremely fragmented. And so in addition to the overcoupling of his muscles in his attempt to orient and to defend against this blast, there's also dissociation. And so one of the ways that I work with dissociation is by helping him move through in a temporal sequence. And doing this, you see, makes a big difference in the dissociative component. When that is addressed, then one tends to move again toward the arousal states. And then we work to bring the arousal states to equilibrium.*

Levine: And you were in hospital for how long?

Ray: Which one?

Levine: Well, the first one. You were in several?

Ray: The first one I was in was Camp Bastion. I think it was four or five days, and then, and then they moved me to, I think it was Germany.

Levine: To Landstuhl?

Ray: Yeah. At Landstuhl. And, and in there, I think I was there for at least three, three or four days, four or five days.

Levine: And you were treated for...

Ray: For my head.

Levine: For head injury.

Ray: Head injury. And from there I went to Washington. I forgot what that hospital's called, though, but... And then I spent, I think it's just a night, and then they shipped me off to San Diego. And then I was there for, I think, four months. Four months, something like that.

***Levine Commentary:** In this next part of the session, I begin to bring Ray into his bodily sensations. Traumatized people come to view their bodies as the enemy. Any sensation in the body becomes a harbinger, a trigger for the overwhelming helplessness and terror and shock that they experienced. So you have to gradually bring the people to their body sensations. I know I said this before, but I reiterate that if you do it too fast, then the person can easily become overwhelmed. So what we need to do is to introduce the person to body sensations that are at least going away from less anxious, that are moving towards being pleasurable. And the way I know when the person is experiencing something that's less anxious, or a little bit more pleasurable, or even pleasurable, is that I'm able to track their facial expression, their posture of their body, as well as their color changes. And using this information, I'm able to then say, "Ah. Okay. Now what do you notice in your body?" So I take them into the body in a phase where they're starting to expand, not necessarily when they're contracting. And this starts to give the possibility that they can contact their body sensations, the difficult sensations, without being overwhelmed.*

Levine: The involuntary movements you make with your head and neck, like this, when did that begin?

Ray: I want to say, like, a month and a half after the blast.

Levine: Now I'm going to give you an idea, and we'll see where we can go with it, okay?

Ray: Okay.

Levine: The movements that you're making are the kind of movements that your body would have made if there was an explosion. And what it's doing is it's kind of repeating those movements, over and over again, sort of like it got stuck there. Okay? And what I'd like to do

is see if I can give you some tools, so that you can begin to... You ever have taffy? Toffee?

Ray: Yes, I have.

Levine: I used to love the saltwater taffy you get back East. But you know if you take the taffy, and you pull it, it breaks, right? But if you hold onto it and just pull it slightly, like this, you can just stretch it all the way out. I'd like to see if we can get you some tools so you can stretch this out so that these reactions are a little softer. You see, these reactions are a part of a healthy mechanism to discharge some of the shock that got locked into your body with those explosions, right? But the thing is to do it in a way that it's very, so it's very, so that it releases, so that it doesn't just keep going around. So here's what we're going to do to start. I want you to try to become aware of the movement, even before it happens. Just before it happens. You know, if you have a glowing ember and you blow on it, and it ignites into a flame. I want you to try to become aware of what's happening, what you're feeling in your body, just before that happens. It's not easy. It's not easy. But just as we're sitting and talking here....

Ray: Okay.

Levine: Just then, I don't know if you were aware of it, but that movement was a little bit softer. Instead of being like this, it was more like that. Okay? Okay. So, the more we can do to stretch that out, to soften it, I think you'll begin to... That's it. Here's what I'm going to have you do now. I'm going to have you very slowly, very gently, opening and closing your mouth, just the smallest amount. And then come back a little bit. And then go just to where you feel a little resistance...

Levine Commentary: *In this session, I begin to introduce Ray to pendulation. As I explained before, pendulation is the intrinsic rhythm between contraction and expansion. I see Ray's jaw really tightening up, and so I bring his attention to that, but in a way that he will begin to experience pendulation. So I have him open his mouth just a little bit—expansion—close it—contraction. And very very slowly, he begins to get the feeling, "Oh, okay, my jaw is clenched down, but now it can open a little bit." And I don't have him open too quickly, because then the*

jaw will just actually contract again, will close down again. So when he gets this rhythm—like this, OK—again, some of the energy that’s locked in his jaw starts to discharge through his body, and he gets a feeling a pleasurable sensations. And this gives him motivation to continue.

Ray: Say that again.

Levine: I know it seems a little bit crazy, but humor me. You’re going to open your jaw, just a little teeny bit, and just when you feel some resistance, then don’t push the resistance and then just let your mouth close, just a little bit and then open it. As soon as you feel that resistance then come back again. As you do that, that will trigger those movements probably, but it will also give you a chance to feel what is going on just before those jerks, okay?

Ray: All right.

Levine: So let’s just, let’s just do that together, okay? Mm-hmm. Did you feel what happened that time?

Ray: It was just a tingling sensation in my body.

Levine: Exactly! Really good, you’ve made the first step there.

Levine Commentary: *You will notice how slowly I’m working with Ray. This is, again, so important because I don’t want to overwhelm him. And it’s like I’m peeling an onion layer by layer. You don’t slice into the onion, you just peel it one layer at a time. And each time you peel a layer—well, this is about titration, right? And we release just a little bit of energy, that Alka-Seltzer fizzle, there’s a settling to a sense of equilibrium and goodness, and then he can trust going to the next stage, to the next layer of the onion peel. I pay particular attention to the signs that Ray is beginning to relax, that he’s beginning to let go. The spontaneous breathing, the increase in warmth in his fingers. And then Ray begins to pick up on this himself and we are starting to move.*

Levine: Okay? Okay. Let’s try again. Just a little bit, opening. And then closing, a little bit. That’s it, just go up. Just a little bit before that. And close a little bit. And open a little bit. That’s it. That’s it! What did you

feel just before that? Just before that happened?

Ray: A weird tingling feeling.

Levine: That weird tingling feeling, okay. And where do you feel the tingling?

Ray: I don't know, just kind of starts, like in my entire body.

Levine: Okay, okay. Keep on this, okay? That's it. Stay with it. That's it. That's it. That's it. That's it. Wonderful. You got in under the radar that time. Did you feel that?

Ray: It was a little less relaxed, or, harsh.

Levine: Harsh, exactly. Exactly. And if it goes full bore, that's okay, just let it be, just rest a little bit. And then we'll just go back to those easy, easy movements. Okay?

Levine Commentary: *At this point I'm grounding Ray in the positive sensations. When he does touch into the negative sensations, I want to do this only for a short period of time, but first I want him to just touch into it, and then return back into the positive sensations. This is a way of preventing the person from diving too quickly into the traumatic material.*

Levine: Noticing your fingers are a little bit warmer?

Ray: Mm-hmm.

Levine: And your jaw, your face and your neck are quite a bit more relaxed. And your breath is a little more free, a little easier. Do you feel that?

Ray: I feel kind of relaxed.

Levine: Kind of relaxed?

Ray: Not so nervous about the crowd.

Levine: Well, that's... But I think it's even more fundamental than that, where I think you're just more relaxed. I'm going to ask you to say this sentence. Don't try to make sense out of it, or even think if it's true or not. I just want you to say it and notice when you say the words

what happens inside your body.

Ray: Okay.

Levine: I give myself this gift...

Ray: I give myself this gift...

Levine: Of pleasant relaxation.

Ray: Of pleasant...

Levine: Relaxation.

Ray: Relaxation.

Levine Commentary: *I want to help anchor Ray with some words that lets him know that it's okay for him to feel these pleasant sensations, to be able to remind himself about that. Because when you've been traumatized, everything you experience is negative, and you have to kind of remind yourself when you do feel positive sensations, "Hey, this is okay." I want to make sure that he has some tools to bring the richness of these kinds of experiences into his life more and more.*

Levine: I give myself this gift.

Ray: I give myself this gift.

Levine: Of pleasant relaxation.

Ray: Of pleasant relaxation.

Levine: Ah-ha. So what's going on in your body right now?

Ray: I don't know, a little more relaxation, just kind of letting things go.

Levine: Yes. Exactly.

Levine: Now. We'll do something a little bit different. So, you lived in San Diego?

Ray: Yes.

Levine: Okay. So, you know, sometimes on a foggy night, when the boats are coming in—the coast guard boats and other boats—they make the foghorn sounds, and it makes a sound, something like this:

Vooooooooohh..... And I'm gonna let all the air go out, and then once all the air is out, I'm just going wait for the breath to come in.

Vooooohhhhhhhh. And the idea is to vibrate it so that it's like the sound is coming down here from your belly—I mean, of course it's coming from your throat—but to really vibrate it.

Ray: To feel it in your stomach?

Levine: Exactly. Feel it. Okay? Let's do it. We'll do it together, okay?

Ray: All right.

Ray & Levine: Vooooohhhhhhhh.

Levine: Beautiful. Let the breath come in...

***Levine Commentary:** In trauma, you literally—and figuratively—but you literally get the wind knocked out of you. And what happens is people then start to go into a gasping pattern. And this actually recreates the anxiety state. So it's important to be able to allow the breath to come all the way out, and I do that with the sound, which also vibrates from this important center in his body. The key in establishing the healthy respiratory rhythm is in the exhalation, that the exhalation can be full, not in the inhalation.*

Ray & Levine: Vooooohhhhhhhh.

Ray & Levine: Vooooohhhhhhhh.

Levine: And just rest. Feel your body.

Ray: Feels kind of tingly.

Levine: Tingly?

Ray: Tingly.

Levine: Unpleasant or pleasant?

Ray: It feels very nice.

Levine: It feels?

Ray: Very nice?

Levine: Very nice.

Ray: Very nice tingling.

Levine: You went from the electric shock to a nice tingling.

Ray: Uh-huh.

Levine: Yeah. I mean, you can see it was a nice tingling—your face had a relaxed smile.

Levine: All right. Shall we go on?

Ray: Sure.

Levine: Good.

Ray: Please.

Levine: You catch on very fast. You're a very bright person.

Ray: Thank you.

Levine: I mean, hey, you're learning a lot about what's going on inside you. I mean a lot.

Again. Vooooooooohhhhh.

Ray & Levine: Vooowaaaaooooowaaaaooohhh.

Levine: And let the breath come in on its own.

Ray & Levine: Voowaaaaawooowooowwwwwwoooooohhhhh.

Levine: And rest. That's it! Wonderful!

Ray: Felt very interesting.

Levine: Interesting in what way?

Ray: I don't know. It just kind of makes my body feel good.

Levine: Feel good, okay.

Ray: I feel kind of like... I feel like my legs start to relax, and it just kind of goes up.

Levine: Fantastic. When you're feeling this way, the more you feel this way, the less of the symptoms you've been having, including the nightmares. In general, I mean, it doesn't go just necessarily that way. It goes more like this, but the deeper you can allow this relaxation, that's going to allow your psyche to heal.

Ray: Mm-hmm. All right.

Levine: Let's go on. Let's go on a little bit more, okay? This is fun, huh?

Ray: It is. I like it. I like it a lot. I actually like this a lot. It's very relaxing. It's good body... in touch with your body...

Levine: It's... that's right. It's in touch with your body, and in a sense, what happens when you're exposed to something that you've been exposed to, I mean, you're in a war zone, and then having an explosion, it's almost like you get jolted right out of your body. You know, it's almost like, you know, a part of you, —your spirit or something—just gets blown. So what we're doing is calling it back into your body. The parts that got... shattered. Okay.

Ray & Levine: Vooowaaaaooooowaaaaoohhh.

Vooowaaaaawooowooowwwwwwoooooohhhh.

Levine: And also follow my finger with your eyes.

Ray & Levine: Vowwwooowaaaahh.

Levine: And rest.

Ray: I feel it in my hands.

Levine: What are you feeling?

Ray: Just a relaxation. To where I feel I can stretch my hands all the way out.

Levine: And feel that, feel your hands stretching out, stretching slowly, and feel the stretch. Yeah. Just really feel the stretch.

Ray: I'm not as tense.

Levine: Not as tense. I know, your arms were so, so tense. But again, giving yourself that gift of pleasurable relaxation.

Nice. That's it. Just feel those little movements. Not just in your fingers and your hands, but here in your neck. Nice, gentle movements. It's not the jerk.

Ray: It feels more relaxed.

Levine: Yeah, you are. You are. Nice.

Ray: It feels good to be relaxed.

Levine: Yeah, no kidding. No shit, man.

Ray: Well, I mean, it's like, I don't know, it's like a total relaxation kind of feeling.

Levine: Yeah. That's a pretty good description.

Even now those convulsions are so much softer.

Ray: I don't feel it as hard.

Levine: That's right, it's just gentle and it's just a little one. It really shows how you can change that.

Ray: I agree.

Levine: And let's just look around again, just check things out here.

It's an interesting space, isn't it?

Ray: It actually is. I like it.

Levine: Yeah, me too. It's very special.

***Levine Commentary:** In closing a session, I always have clients orient in the here and now, because they open up a lot in the session, and it's important, it's essential that they are able to ground in here-and-now presence. Ray is doing this spontaneously and I basically just reinforce it.*

Levine: How do things look out here?

Ray: Focused.

Levine: Focused? Yeah. Enjoy that. Because you've really been struggling with focus.

Ray: I really have. Because it... I try not to focus on things too much, because it usually brings on a headache.

Levine: That's a different kind of focus, I think. This is a focus of, you're being present, being here. Yeah. So. I think that's enough for today. Thank you for your service.

Ray: You're welcome. Welcome. I've been thinking about going one more time.

Levine: You've been thinking of what?

Ray: I've been thinking about going one more time.

Levine: Not so fast. You're not going until you do your healing. I know you want to be with your buddies.

Ray: Mm-hmm.

Levine: But you got to take the time out.

Ray: I do?

Levine: You got to.

Ray: Thank you very much, I appreciate it. Thank you. And thank everyone.

SESSION TWO

SESSION 2: DECEMBER 20, 2008 SAN DIEGO, CALIFORNIA

***Levine Commentary:** In this session, I expand the work to different kinds of sensations and different body parts. We started with the jaw in Session One, and now I go also to his head, neck, spine, and shoulders, all part of the orienting and defensive responses. And each time we do that, he's discharging more and more of that trapped energy and coming to a deeper, more settled place of relaxation and regulation. So here you see that Ray is experiencing a whole spectrum of sensations, not just tension or relaxation and tingling, but he's experiencing different qualities of warmth, different feelings of spaciousness in his body. And I'm using different techniques in combination. I don't dwell on one very long. So that way he doesn't latch onto that. So for example, I work with the jaw, and then I may work with the sound and with the breath, and then I work with the eyes and the orienting of the head, neck and shoulders. And so gradually, these disparate parts, these disparate sensations and movements start to come together in that coherent whole, in a more coherent whole. And when this happens, the person is beginning to*

experience the qualities and essence of flow.

Levine: First, I wanted to check in and see how you've been doing.

Ray: Hanging in there. He had actually put me, he didn't put me on oxycontin, he put me on oxycodone.

Levine: Oxycodone, uh-huh.

Ray: Which I actually didn't like at all. It made me drunk without even drinking.

Levine: Yeah, and that was for the pain of the headaches?

Ray: Yes, it was.

Levine: Okay, and then you saw the neurologist about the tics, and he says that there was no... And he gave you an EEG, and said that there was no organic cause?

Ray: Nothing... Everything was normal in the EEG, so he said that he had no idea why I was twitching. He said it was possible Tourette Syndrome, or some other excuse that he gave me for not really knowing. So I just asked him if he could treat me, and he said, "Well, there's no way of knowing how," so I was like, "Oh, well, wonderful."

Levine: Well, so I think we should go on, if you like.

Ray: All right. Yes. Please.

Levine: And see what else we can get—what more we can do there, okay?

Ray: All right, awesome.

Levine: Okay. Good. Good.

Ray: As you were talking, I've been noticing, kind of trying to recognize my body the way that you told me to.

Levine: Mm-hmm. Great.

Ray: Just get kind of relaxed.

Levine: It's not even a matter of trying to get relaxed. But exactly what you said, kind of tuning into your body.

Ray: Right now, I can feel my feet kind of tingling.

Levine: Ah-ha. And is that a pleasant tingling, or is it a not so pleasant tingling?

Ray: Actually, it's pretty good, cause they're starting to get warm.

Levine: Great.

Ray: I feel, I feel the heat off my arms and my hands.

Levine: Again, is that pleasant?

Ray: It's a very, going from cold to warm. It's a very nice feeling.

Levine: And again, I want to remind you that that happened, like, within just a minute, really even seconds.

Levine Commentary: *The pleasant tingling moving into the pleasant sensation of warmth is an indication of balance within the autonomic nervous system. And this is really what's at the core of autonomic self-regulation. Now, most therapists think of regulation as controlling emotions, but this is something different. It's about the dynamic regulation that occurs within the autonomic nervous system, which gives rise to an inherent emotional self-regulation. And therapists can see this, can monitor this, through changes in breathing, skin color, and particularly by the reporting of the sensations by the clients.*

Ray: So, I just figured the only, best way to really help myself is for me to try and practice what you taught me, and showed me how to do.

Levine: That's right, that's right, yeah, that's exactly it. And, and thinking about that's exactly how your training was to go into battle, right? You were trained by these people at, you know, boot camp and then, but when it really came to doing it, that was going to be your job, right?

Ray: Yes it was.

Levine: You had to get it all internalized, so it became like second nature, and—there, that's it. Did you feel that relaxation?

Ray: Just feels good to let go of the bad energy, at some points. It's like, I'm feeling a tingling feeling in my knee now.

Levine: Wonderful. And again, just meeting that with curiosity. “Ha, that’s interesting.” And even if you get to feel something that feels uncomfortable, you know, same kind of thing. “That’s interesting, I wonder what happens next?”

Ray: I do. Well actually, I know. My calf is starting to tingle now.

Levine: On both sides or on one side?

Ray: Oh, just on my right side.

Levine: Ah-ha. And again, is it a pleasant sensation?

Ray: It’s very nice.

Levine: Also very nice.

Ray: A very nice sensation. Kind of feels like my body is trying to heat itself right now.

Levine: Wonderful. Wonderful.

Ray: I can feel the heat in my chest, and... kind of flowing, flowing through.

Kind of feel it in my left calf now.

Levine: So it’s spreading through your left side? Wonderful.

***Levine Commentary:** We’ll skip ahead a few minutes where I’m having Ray orient to the here and now. And in my home-like environment, he sees some pictures that remind him of affiliation and family. And I’m just supporting his desire for that kind of social engagement.*

Levine: It’s a decorative, but what is it actually that you’re seeing? What makes its impression on you?

Ray: It just seems like a place of peace, a place of peace and a sense of mind.

Levine: A sense of?

Ray: A sense of mind. Everything that you have in here, if you concentrate on it, it kind of like... You can put your mind at ease and just look at the different colors.

Levine: Wonderful. Wonderful. So just taking in those colors right now, and bringing them inside of you to meet that feeling of relaxation and warmth.

Ray: I'm just kind of... Looking at the fireplace kind of makes me a little warmer. I think of warmth when I look at that.

Levine: Yes, for sure. Yeah, feeling the warmth. And just noticing how, where your eyes want to go, and how they want to draw in the different colors.

Ray: I just keep on going to that picture right there.

Levine: Which one?

Ray: On the bookshelf. With those... It looks like two kids, I don't know.

Levine: Oh, yes, yes.

Ray: The feeling that I get of it, I get out of it, teamwork, and kind of love as a brother and sister, at the same time.

Levine: Wow, what a beautiful image.

Levine Commentary: *This is helping him transition from preparing for war, being in war, and then returning home for the familial intimacy. And so many soldiers bring the war back with them. If they don't resolve the war experiences, then they bring that kind of violence back into the home, and it makes relating to their spouse and their children almost impossible. And so this is a really important part in helping him make that transition from the kill-or-be-killed to love-and-be-loved.*

Levine: So, feeling your fingers, that's right.

Ray: I'm feeling the stretch.

Levine: Good. Now I want you to feel the stretch, and remember nothing can stretch forever, so then feel it come back a little bit. And then stretching, take up all the time...

Ray: I just want them to relax and open up.

Levine: So feeling the opening. And them coming back into a ball.

And then opening again. Just play with that.

Ray: It's an interesting feeling to be actually somewhat entwined with your body.

Levine: Yeah.

Ray: To kind of know what exactly it's feeling or it's trying to show you.

Levine: That's right. You've got it. The body tells its story. The body has its reasons, which reason cannot reason.

Ray: I've been trying to seek the answer why I'm twitching.

Levine: Well, again, we're going to be with your body about this. Let's do this. Remember the exercise we were doing with your jaw? Opening your jaw a little bit. And that's right, and then, there you go. You see how the breath came in spontaneously right away. So continue to play with that.

Ray: It's just kind of amazing. On how kind of things come into place.

Levine: Yeah, yeah.

Ray: I'm kind of feeling my head, the back part of my head.

Levine: And what does it feel like?

Ray: Feels, uh, feels a little tight.

Levine: Okay, so, as you open and close, feel the tightness here, and just use the tightness to guide the opening and closing now.

Ray: Tingling sensation in my hands.

Levine: So, as you become aware of that, there's a releasing of the tension? And then a tingling in your hands?

Ray: Feels good.

Levine: Wonderful. Great. Now. We're going to go on and do something a little bit different.

Ray: Okay.

Levine: Now, I want you to just look at my finger, and I just want you to follow my fingers, okay? My finger.

Nice. Nice, and just feel your body.

Ray: Just more relaxed.

Levine: More relaxed?

Ray: More relaxed than when we first started.

Levine: Mm-hmm.

Ray: Kind of feel my spine.

Levine: You feel your spine more?

Ray: I feel my spine

Levine: Excellent. Excellent. So, really feeling your spine.

Ray: Kind of, as it moves, as I breathe in and breathe out.

Levine: Feel that, that's wonderful. Feel that breathing moving into your spine.

Levine: Nice.

Ray: I feel my shoulders relax.

Levine: Mm-hmm.

Ray: Not as hard, on my jaw.

Levine: That's right. Exactly. Good.

Ray: Relaxing, easing my jaw.

Levine: Mm-hmm.

Let's go back out to the jaw again.

Ray: My body's moving with the breathing.

Levine Commentary: *In the next few minutes we're going to be focusing on different states of body temperature. In general, hot and cold represent extreme body states. Warmth and coolness represent more balanced autonomic states. So we want to be able to see a shift from the hot-cold to the warm-cool. Now, as Ray experiences that, he experiences some other very interesting sensations. He feels a sensation that's sort of like a cool breeze blowing through him. And this is the kind of sensation that I've seen described in various shamanic healing rituals that I've had*

the privilege to partake in different parts of the world. And when that happens, you know that the person really has come back to their sense of goodness and wholeness.

Ray: It's kind of, it's kind of starting to go, from my feet, kind of both feet? Upwards towards my knees.

Levine: Okay, is that a coolness? Or a coldness?

Ray: It's a coolness.

Levine: It's a coolness. Is it pleasant, or something?

Ray: Oh, it feels very nice, kind of going from warm, to cool.

Levine: Exactly. Exactly. That's right. Which is different than cold, right? That kind of icy cold. So again, feeling that coolness. Sometimes maybe even like a breeze. And again, just noticing... yep, that's it. You caught yourself there, Ray.

Mmm. Nice movement in your shoulders. That's it, that's right. So you see, instead of just being in the neck, now there's getting a nice gentle shaking into your shoulders.

Ray: Feels good to be able to kind of spread it throughout my body.

Levine: Exactly. That's the idea: to spread it through your body. You have got it.

Levine Commentary: *Ray is now beginning to describe experience of the sensations moving through his body and moving outward. This sensation, this quality of energy movement, is, again, a clear indication of regulation and balance. So instead of being trapped in his shoulders, his neck and his shoulders, they're starting to move out through his shoulders into his arms, and down into his legs. This is something that is to be encouraged.*

Ray: Kind of feel a tinglingness in my hand.

Levine: Yeah, again, just playing with those movements.

Ray: Feel kind of the warmth on the inside of the hand, and the

coolness on the outside.

Levine: Interesting. Warmth on the inside, coolness on the outside. And just feeling that difference—the warmth on the inside, and the coolness on the outside. Feeling that rhythm.

Ray: Mm-hmm.

Levine: That's right, and just again, those little movements with your shoulders, that's spreading out.

Ray: I can feel it's kind of spreading to my knee. Left knee.

Levine: The coolness?

Ray: Ah...

Levine: The shaking?

Ray: The shaking.

Levine: Really? Wonderful, wonderful. Ah, yes. That's right. Yeah.

Ray: I guess I can kind of feel it's trying to shake. But I think it's just giving me that tingling feeling.

Levine: Ah-ha, okay, but just getting that sense of the tingly, and just kind of on that edge of beginning to shake.

Yeah, just slowly do those movements. Wonderful, just noticing how your fingers and your hands want to move. Yeah. They're really making a dance.

Ray: It's just interesting to me, that it's like, when I kind of close my hands, not like a tight fist, but they just want to kind of come out straight.

Levine: Exactly. That's that rhythm. Contraction. Expansion.

Ray: It just wants to let go.

Levine: And feel that, just wanting to let go, and letting go. Yeah.

Levine: Mm-hmm. Good.

Levine: Wow. Your neck was not able to look over that far so easily before. Can you feel how much looser your neck is? It started to strain when you got to about 45 degrees.

Ray: It was actually hurting.

Levine: When?

Ray: Well, when I would try, turn my head further than where you are.

Levine: And when you just did it now? Was there pain?

Ray: No. Just completely relaxed.

Levine: Wow.

Ray: Just kind of moves with the rhythm of the breathing.

Levine: Yes!

Ray: Just kind of let go.

Levine: Where do you see yourself, in front of you, as you look in front of you, as you look ahead in time in your life?

Ray: I just see a bright future. For, I definitely, a definite time for just healing myself.

Levine: For healing?

Ray: For healing myself. To just realize what needs to happen, as far as my recovery and my future.

Levine: Well, if you look at that bright future. Okay?

Ray: Mm-hmm.

Levine: And let's say that that bright future is a ten, on the scale of one to ten. Okay? And when you first came back, let's just say you were at a one. Where are you at right now, between one, when you first came back from Iraq, and where that bright future is? Where would you say you are on that scale?

Ray: I would say at about a four.

Levine: A four?

Ray: A four.

Levine: Okay. Okay. Now can you imagine, that you could now be at a 4.25?

Ray: Mm-hmm.

Levine: Can you look ahead and see yourself as 4.25?

Ray: I really can.

Levine: Okay. How about 4.5?

Ray: I would, I would kind of think of myself if, actually not if, but when I, when my body heals more and more I could see myself getting to a six, a five and a six, seven.

Levine: Okay, so feel this a five, and a six, and a seven.

Ray: I can feel my jaw.

Levine: And how does it feel?

Ray: Feels like a tightening, but a strengthening right here.

Levine: Ah, a strengthening. Interesting. Interesting.

Ray: Now my hands starting to loosen up again.

Levine: Great, so again, feeling those rhythms, right? Tightening, loosening, contracting, expansion. Always shifting. One thing and the other. And even when it's stuck, when it feels stuck, it's only stuck for that moment.

Ray: I can feel the top of my brain kind of moving.

Levine: Oh, really? Oh, this is very important.

Ray: It feels very nice, actually.

Levine: Right, very important.

Levine Commentary: *In working with hundreds and hundreds of people who have experienced high-impact accidents such as car crashes. That when they experience, it's as though their brain is starting to move inside their skull—that's telling me that there's a dissolving in that deep shock reaction in the head and in the skull, and maybe even in the brain.*

Levine: So feeling the inside of your brain moving. Feeling your brain actually moving inside of your skull.

Ray: It's like weird, it's like... It's very interesting. It's like the left top part of my brain is trying to move left and it's like the right part of my

brain is trying to move right. Just kind of like, a tingling sensation, on the top part.

Levine: Yeah. Just be with that. Be with that.

Ray: It feels very nice. I like it.

Levine: Great. Well, you have a wonderful day today.

Ray: I will.

Levine: And we'll set up a time for tomorrow.

Ray: Awesome. Excellent. That would be wonderful.

Levine: No problem.

Ray: I would actually, honestly, love to continue doing this as much as I can.

Levine: Well, we're going to try to find a way to do that.

Ray: That would be wonderful, I'll try and make it as much as I can. That'd be awesome. I appreciate everything you're doing for me. I appreciate it and helping me realize...

Levine: It's my pleasure. It's the least that we can do, who benefit from your courage and your bravery. Your sacrifice.

Ray: Thank you very much. I appreciate it. It means a lot to me. Thank you. Thank you.

SESSION THREE

SESSION 3: DECEMBER 21, 2008 SAN DIEGO, CALIFORNIA

***Levine Commentary:** In this session, I continue to work in the way I was working with Ray in the previous session. And what's happening here that's new is that the twitches, instead of being localized, are spread out more into the rest of the body. And Ray, I think recognizes that this is a positive thing, but he's concerned. And I reassure him that it is okay. And generally that's the case—when the twitching spreads out, then it's generally an indication that it's going to move into a deeper resolution.*

Now, of course, if the symptoms are now abating, then of course it's reinforcing that. And if it gets into a pattern where the discharges continue to be more and more convulsive, then you have to have concern about changing the strategy of work in some way.

Levine: Tell me a little bit how you've been doing.

Ray: I've been all right. I mean, I've seen an improvement, actually pretty good.

Levine: Okay, and what did you notice this time?

Ray: Well, I'm not really sure if this is much improvement, but personally I think it is. It's, it's not really too much in my neck anymore. It's kind of, I'll twitch with my entire body. I'm not sure if that, that's a plus or a minus, but I find it just easier on my head.

Levine: Yeah. Well, I think, I think it's a plus. I think it's a plus, and again, what's probably going to happen, and we'll see, is that this will probably go on for a while, and then this will start to get softer. So let's just see.

Ray: I hope so. I look forward to it. I do.

Levine: Yeah, because again, you know, you think about it, what's your body going to do in that fraction of a second? What's it going to do? It's just, it just, you know, pulls away to try to protect itself. And of course, it can't protect itself because it's a bomb that's exploding right near you, and that throws you up in the air. But anyhow, let's just see, see what happens, okay? So how did you sleep?

Ray: I didn't sleep too bad. I actually, since Friday actually, I haven't been sleeping on the, I haven't been using the Seroquel.

Levine: Oh, really?

Ray: And I've got about, like, four or five hours of sleep.

Levine: So. Let's just focus on the hands for a little bit here, okay? Let's just slow it down.

Ray: When I, when I came in here, they're actually kind of on the cooler side. But now it's nice and warm.

Levine: Nice and warm.

Ray: Nice and warm.

Levine: And also I just want you to notice as you're moving your hands, that the jerking has slowed down. Actually it stopped.

Ray: I feel a tingling in my arms. I can feel it in my leg.

Levine: Pleasant tingling. Okay, good. Let's, let's go back to the "vooh" sound, okay? And again, vibrating it right down this, this part here, your belly, right into your... Voooooooooooooh.

Ray: Voooooooooooooooooh.

Levine: Let the air all the way out, and let the breath come in. Voooooooooooooooooooooh.

Ray: Voooooooooooooooooooooh.

Levine: Let the breath all the way in. Voooooooooooooooooooooh.

Ray: Voooooooooooooooooooooh.

Levine: And just rest it. And just sit with it. Yeah. Nice easy breath.

Ray: Kind of fuzzy feeling in my stomach.

Levine: Fuzzy feeling.

Ray: Fuzzy feeling. Kind of, from the rumbling.

Levine: Do you feel the rumbling?

Ray: I do. I do.

Levine: And the fuzzy feeling is like...?

Ray: How do I explain it? I don't know how to explain this. It's kind of similar to the tingling, I guess.

Levine: Okay. That's what you could do when you guys have a drink, they take a drink and you can go, "Voooooooooh." Get that fuzzy feeling.

Ray: I feel my chest, very warm. My feet and my calves are starting to get cold.

Levine: Cold?

Ray: I don't know. Not really like freezing cold.

Levine: Okay. But again, just notice it.

Ray: Cooler.

Levine: Cooler. But just notice that. And even if it does get cold.

Ray: It's weird. Yesterday at the, the full body twitching, I was in a way more, more vicious.

Levine: More vicious?

Ray: It was strong.

Levine: Stronger, yeah.

Ray: I think it's gone, gone down tremendously. But at least from yesterday, it feels that way.

Levine: Feel that it's less, less strong, less, vicious is the word you used?

Ray: Vicious. It's, I guess, less, less vibration in my entire body, or not as strong of a vibration. I feel it's trying to get out, with the direction it's kind of moving now.

Levine: Out the legs.

Ray: I think it's trying to... balance it out.

Levine: Yeah.

Ray: Throughout the entire body.

Levine: Yeah.

Ray: So I, I think it'll go away soon.

Levine: I suspect you're right.

Ray: I think it will, or at least, or at least get less active.

Levine: Yeah, yeah.

Ray: I can feel my spine again.

Levine: Mm-hmm. You feel the breath in the spine also?

Ray: Moves with the spine.

Levine: Moves with the spine, yes. Wonderful. Yes, feel the movements of your head. Just let your head make that movement. Let

it go where it wants to go.

Ray: My eyes get heavy.

Levine: And your eyes get heavy, yes. So when you look that way, what do you begin to notice?

Ray: Vibrance. The... vibrant color.

Levine: Vibrant color.

Ray: I can feel my head, the heat.

Levine: The heat coming up to your head? And does it feel like it's moving out of your head, or does it feel like it gets stuck in your head?

Ray: It's, it's there, I can feel the heat on my shoulders... coming from my head.

Levine: Ah, so the heat is going down.

***Levine Commentary:** When Ray reports the heat in his head, what's important is to have him become aware of whether heat is stuck there or whether it's starting to move out from the head into different parts of his body. Now, if it was stuck in his head, there are several things that I might do. One thing is that I might have him find an area where there's less heat and to shift his awareness back and forth between the heat in the head and the area of the body where there's less heat, or I might go back to working with the orienting of the defensive responses by working with his eyes and his head and his neck. So usually there are different possibilities at each stage. I'm just mentioning a couple right now.*

Ray: Well, I mean, it's like, it feels like it's going up toward my head but then it like, it comes out.

Levine: Ah, it expands out.

Ray: Expands. And it's... I can feel it on my shoulders.

Levine: And what do you feel on your shoulders?

Ray: I feel a warmth. Very soothing.

Levine: Very soothing, very pleasant.

Ray: Feel...

Levine: Soothing.

Ray: Kind of like I could relax my shoulders more.

Levine: Ah, good. And kind of maybe, as you feel your shoulders relaxing in the warmth of the shoulders, maybe the picture of the fire.

Ray: I can smell the wood.

Levine: You smell the wood?

Ray: I smell the wood.

Levine: Hmm. Without trying to remember anything, do you have some association, some memory of the smell of the fresh wood? Remind you of anything?

Ray: Reminds me of when my grandpa was alive. We, at his house, and he'd always let us cut fresh wood for the fire.

Levine: Oh, wow.

Ray: And then we'd put it in the fire, let it go and, and everybody'd sit there, kind of talking, talk of good times.

Levine Commentary: Ray is slowly venturing into positive memories from his childhood. Now, he's also doing it in a way which is fluid, and... Sometimes, though, therapists, when they would see this, they would think, "Oh, okay, the person's avoiding the trauma memories." But really, this is the result of being able to work with the trauma memories at the physical level, and now we're starting to free up these feelings of goodness, of warmth, of being with his family. And this is a little bit like what happens in Marcel Proust's iconic novel, *Remembrance of Things Past*, where the male protagonist is taking a little taste of a pastry, a madeleine dipped in tea, and as soon as it touches his tongue, all of a sudden he's transported back to the streets and the sounds and the smells from his childhood. And that's the kind of freedom that Ray is starting to experience. In other words, he's not afraid to go back and look at his memories, because the trauma memories are now largely depotentiated, defanged, and what's left are these pleasurable, drifting-back-and-forth remembering and remembrances—the pictures and images of goodness and of hearth.

Levine: Yeah. Talk of good times and, and seeing the wood burn that you cut. And smelling the fresh smell of the wood that's just been cut. Was it nice to be with your grandfather?

Ray: Very nice.

Levine: Yeah.

Ray: I loved him....

Levine: He treated you real special.

Ray: Me and my, me and my brother. I think, me and my brother were the, at the time, we were the youngest, and then my cousin came into the picture. It was very nice.

Levine: Very nice. It's interesting how your memories are going to these nice memories. And it's also giving us some indication that they're not all going to the trauma. They're just drifting to times of enjoyment, of happiness, of warmth.

Ray: Feel kind of tightness in the elbows.

Levine: Tightness in the elbows. Okay, as you feel the tightness, that's right. See the way it wants to make that movement? Just let it make that movement. Just let it make that movement. Really slowly, making that movement, and just noticing what happens now.

Ray: It feels better with just every pump.

Levine: Yeah. With each pump it feels easier, looser.

Ray: Mm-hmm.

Levine: Hmm?

Ray: Not as...

Levine: Tight?

Ray: Strong right now.

Levine: What's not as strong? The...

Ray: The twitches, too much anymore.

Levine: That's right, they soften. Again, all of this stuff, like when the

arms get stiff again, this is what happens. You know, when you try to protect yourself from something that you can't protect yourself, your whole body just goes like that. And instead of it being stuck, you find the movement that's inside the stuck-ness that takes you to more freedom, more easiness. More settling or relaxation. Yeah.

Ray: It's not tight anymore.

Levine: Huh?

Ray: It's not tight anymore.

Levine: It's not tight. Yeah. It, you know, you let it pass, you allow it to pass. And this too shall pass.

Ray: I look forward to, I can see it, every day, yeah.

Levine: Yeah. As you look ahead every day...

Ray: Gets better.

Levine: So look ahead tomorrow. Look ahead the end of the week. It's right around Christmas-time. Hmm? What do you see?

Ray: Not much twitching anymore.

Levine: Interesting. Good. Well, I think we'll call it a day for today, huh?

Ray: Okay. All right.

Levine: And just, just take your time to come back.

SESSION FOUR

SESSION 4: DECEMBER 22, 2008 SAN DIEGO, CALIFORNIA

Levine Commentary: Ray is beginning now more to explore the emotional level, emotional world. And this generally comes from the bottom-up processing, from the physical and from the autonomic, from the sensorimotor, to the emotional. And this then brings up a complex mixture of emotions and cognitions: survivor's guilt. Of course, this is very common—soldiers returning because they've left, some of their comrades have died, and they left their brothers and their sisters—the

words he uses—still there, and he wants to go back because he feels this terrible guilt of abandoning them. And so I suggest a possible solution to him. I support this, and I support his exploring of this, and give him a possible way that he can begin to, through ritual, resolve this survivor's guilt complex. And that's when I suggest to him writing letters, maybe every day, to those comrades who have died, those comrades who are still there, and to tell them his thoughts and his feelings about them, his caring about them, or, if he's angry, to express in writing some of the anger he may have. So he's able to open to a whole spectrum of feelings and emotions. Then I bring him back into physical sensations, and we see how quickly and how deeply he's able to access the sensations, and to come to a deeper and deeper sense of relaxation and of equilibrium and goodness. As the relaxation and flow deepens, this is the antidote—this is what will really cause the convulsions, the twitching, to dissipate and to resolve.

Ray: I don't know. I'm just in a happy mood.

Levine: Uh-huh.

Ray: I don't know, it just feels good to be happy, kind of, for once.

Levine: Wow.

Ray: So.

Levine: Yeah.

Ray: You know, I'm not too happy often, so.

Levine: Yeah.

Ray: I guess just because I kind of think on the sad side of things, which I really shouldn't. It's not the best of ideas.

Levine: Well, you know, I mean, to just continually be thinking negative thoughts isn't helpful, but also at the same time, just trying to avoid them completely can be just as much of a problem in your well-being.... So, how about your, how about dreams? How've the dreams been?

Ray: Lately they've been pretty gnarly. In a bad way.

Levine: Tell me.

Ray: Well, when I, when I usually, my nightmares just like of killing, or invading, really. I don't know, it's kind of, I was kind of trying to think if really all those dreams are is just me just battling with myself.

Levine: Do you want to tell me what some of the dreams were?

Ray: Let's see, well, last night I had the dream was I was in Afghanistan and we were walking on patrol when, walking on patrol, and we started walking back to our patrol base. And when we got there, it's like, I don't know, it's like we came under attack. And then it's like, we became like, slowly outnumbered. I don't know, it was just like, a huge invasion.

Levine: Like being trapped?

Ray: I think I dream about that though, because we used to hear it all the time on the radio.

Levine: So what happens when you mention a dream? When you tell me the dream, what goes on in your body?

Ray: Really, I just kind of try, I know I probably shouldn't, but I just try to push those feelings aside.

Levine: Well, maybe this is something to not push aside, is what I'm wondering. Just what we talked about a few minutes ago. You don't want to get into self-pity. At the same time, you know, you've been through very difficult experiences. And need to find some way to begin to put them in the past. Because when they're coming in the form of nightmares, they're not really in the past, right? It's sort of like, it's... it's still happening.

Ray: That was the biggest thing that kind of worried me the most, because I do sometimes get the feeling that I just, I don't want to let go.

Levine: Yeah.

Ray: And sometimes I feel that that's where kind of my nightmares come from. It's like my body's trying to get rid of it, but I'm not letting it, kind of.

Levine: Well, let's experiment with that a little bit, okay? So let's just

start with the sentence, “I don’t want to let it go. I don’t want to let those pictures go, those memories go.” Just notice what happens if you say those words. “I don’t want to let those pictures go, I don’t want to let those memories go.”

Ray: I don’t want to let those pictures go.

Levine: And.... What might be the next words? Just kind of let your, just let the words come out of your mouth.

Ray: Really...

Levine: I don’t want to let go of those...

Ray: I don’t... I mean, sometimes I really do feel I don’t want to let go at all. I really don’t want to let go of those dreams. Or not really the dreams, but the thoughts.

Levine: Because if you let go of them, what? What is it that you don’t want to lose?

Ray: I’m just afraid of forgetting everybody that I went with and lost.

Levine: Yeah. That’s right. That’s right.

Ray: I guess the fear of losing people that I went to combat with, that have passed away. And just losing, just losing, losing the thought.

Levine: Right. It’s a way of honoring them, huh? You don’t want to give that up. Yeah.

Ray: Not at all. I wouldn’t give it up for anything.

Levine: That’s right.

Ray: But sometimes I feel that, in a way, that hinders me, kind of keeps my mind in....

Levine: Well, let’s see if there’s a way that we can find where you don’t have to let that remembrance go. Does that seem like something that seems reasonable or possible?

Ray: It does. I mean, I would prefer that more than anything.

Levine: Yeah. So I think maybe a way to find to honor them, perhaps that could be the form of some kind of a ritual that you do consciously. And, and I don’t know if this is, if this is true for you,

but this is just kind of an idea that I had. You know, I was really taken by how you were struck by that picture. And you said something about, you know, that brothers and sisters. And those people are your brothers and your sisters. And maybe you could make some kind of a, you know, a place on your, on your table or desk where you put that card to represent your brothers and sisters that didn't return. And maybe every day to write something to them, you know, to just get a paper and just write a few words, or more if you want, and then maybe have a little box there....

Ray: Okay.

Levine: And put them in that box. As like a treasure. These are people that you treasure and that you honor.

Ray: Don't sound too bad at all. Sounds pretty nice.

Levine: Yeah. I think it's worth a try.

Ray: Anything's worth, honestly worth a try, to really help me out.

Levine: Yeah.

Ray: Well, I mean, I'll go for it. Sounds good.

Levine: Good. So let's go with that idea, okay? Now, let's just go in and see a little bit what's going on in your body right now.

Ray: Actually, as you were kind of talking, I could feel my, my left foot, my feet kind of go cool.

Levine: Aha.

Ray: As well as my left calf. It started kind of traveling up, and like I feel it in my knee.

Levine: And that's the pleasant kind of coolness?

Ray: Oh, yes. Feels very nice.

Levine: Okay, so that's fantastic. Like, it's like, you just go right there, you go to your body and it's right there. And this is the thing you don't have to give up. This is the thing you want to really invite into your life.

Ray: I'm actually, it really is. I mean, I would honestly love to continue

this for a very long time.

Levine: Yeah.

Ray: I mean, as weird as it sounds, it's like I wouldn't mind doing this before I go to sleep, you know. Relax and become at peace with your body.

Levine: I think that's a really good idea.

Ray: Being able to do that and have a peaceful sleep like that.

Levine: Yeah. So, so let's see what happens today. Let's just see what happens now as the coolness starts to spread up your legs.

Ray: My feet are getting warm again.

Levine: And your feet are getting warm. Really quickly, too, huh? Remember the first time up in LA, it took like, about 45 minutes to get to this, just to touch to this place? Maybe even more, 50 minutes.

Ray: I remember.

Levine: Right?

Ray: I remember.

Levine: And then yesterday it took about, what, about 20 minutes, half an hour?

Ray: Mm-hmm.

Levine: And here it took about, what? About...

Ray: Couple minutes.

Levine: Yeah.

Ray: It's honestly amazing how much the body retains. Honestly, it was really after the session kind of made me realize to just pay attention, pay more attention to my body's needs, and my body's wants.

Levine: Yeah.

Ray: Is really, honestly, when I fully came in peace with it. Kind of what it's doing. I just, I don't try and fight it anymore, you know. It's like, if it wants to move...

Levine: That's right.

Ray: Just let it move.

Levine: Exactly.

Levine Commentary: *You can see that his body is no longer his enemy, that it's become his invaluable ally in feeling these wonderful sensations of pleasure, of warmth and of flow. He's now experiencing a much more coherent flow, and the sense of coherence, again, is the antidote which will eventually dissolve the physical sensations of pain and of the twitching and convulsing.*

Levine: So let's just take some time now to go inside and to notice whatever the sensations, feelings, pictures, thoughts, and then just mention them and we'll see where they go. We're just going to walk down the river together.

Ray: I feel my head again.

Levine: And what about your head?

Ray: This part. My back part of my head is kind of tense, but the top part of my head is tingling.

Levine: Okay. So feeling the tingling. And let's just see if we can coax, or invite, some of the tingling to just kind of move back down the back of your head into the back of your, back of your skull and back of your neck. That's right, that's it. And you notice those little teeny movements that your head is making? So let your head and your neck make those little movements, just, just exactly the way they want to do. See if that helps move the tingling, distribute the tingling.

Ray: It's like, I can feel it, actually, slowly moving the tingling. Feel it kind of more towards the center and kind of traveling itself backwards.

Levine: Yeah. That's it. That's moving it, first the right, then the left shoulder.

Ray: Just... kind of weird. But it's a good feeling.

Levine: Yeah.

Ray: To just let the body go.

Ray: I notice my left arm is doing a lot of the twitching.

Levine: Right. Those kind of movements. Again, they're gentle twitching, right? They're gentle twitching.

Ray: I can feel the tingling in my fingers. My jaw is starting to loosen up.

Levine: Good. Well, let's go and play with those movements again with the jaw, okay? Good. Stay with it. What just happened there? Something, something new seemed to happen.

Ray: It was weird. It's like I feel it in my eyes.

Levine: Yeah, what it is exactly? What is it that you're feeling in your eyes?

Ray: It's not really a tingling.

Levine: But something like a tingling, or?

Ray: Something like a tingling. My eyelids are kind of heavy.

Levine: Okay. Let them get heavier and heavier.

Ray: I've never felt that before.

Levine: Not felt what before?

Ray: My eyelids are very heavy.

Levine Commentary: Ray now describes the sensation of tingling in his eyes. And you maybe think, "Okay, well, the eyes don't tingle," but yes, they do. The eyes are part of the body, and the tingling is now going into all of the nooks and crannies of his body, and awakening them out of the numbness. That kind of sensation is a little bit like when you've been sitting on... crossing your legs or something, or lying on your shoulder, and you wake up and your hands are really numb, but then as they start to awaken, you feel a tingling, and then you feel your hands coming back. So it's like these different dissociated parts of his body are collecting, are coming back together, and coming into awakening, and into enlivening.

Levine: Yeah, yeah. And it's a pleasant heaviness, yeah?

Ray: Oh, it is. Kind of feels like I'm ready to sleep.

Levine: Yeah. And when you feel that, and you can let that take you into sleep, I think that you'll find that your sleep is much more restorative.

Levine: That's right. Feeling the little movements of your hand, in your left hand.

Ray: It's weird, it seems like my hand has like decided to take on the twitching.

Levine: That's right. You mean instead of your...

Ray: Instead of my jaw

Levine: Yeah. Well, it's sharing it. And the more of your body that you can allow to share it, then it will just kind of fade into the, the rhythm of the relaxation, of the coolness, of the warmth, of the breath and the breath moving the spine, all of that. Yeah. And just, again, noticing how much easier your breath is right now, after that shaking and trembling in your arms and your shoulders.

Ray: How my eyes feel so heavy.

Levine: I know. I know. Well, feel the heaviness. And just notice what happens when you try to open them and when you try to open them that they even get heavier.

Ray: They do. They do.

Levine: It's an interesting experience, isn't it? So just feel like the more you try to open them, the heavier they get, and the deeper they get. And the deeper, and deeper, and deeper you go into that state of relaxation, of pleasure, of enjoyment, of happiness.

Ray: It does feel very good.

Levine: That's right, just take all the time you want, all the time you need. To feel the deep relaxation.

Ray: It's, it's, it's... different. Different from yesterday.

Levine: Different from?

Ray: From yesterday.

Levine: In what way is it different?

Ray: I just, it feels like I'm more relaxed.

Levine: Yeah. I think that's right. I think your capacity each time is getting much, much greater.

Ray: It's very weird. Kind of have a hard time trying to open your eyelids.

Levine: Opening your eyelids is highly overrated.

Ray: Uh-huh.

Levine: This is a time to just go into that deep relaxation... What I'm going to have you do is very gently, very gently bring your knees a little bit closer together, and then let them go. Just a teeny, teeny bit, like you did with your jaw. Just bring them a little bit together, and then just let them fall back. And then just come back a little bit together, that's it, a little bit more, just a little bit more, very nice, and then just let them come apart, like the beating wings of a butterfly.

***Levine Commentary:** So Ray now is experiencing the tingling in the lower part of his body. And I have him move gently, sort of like the way a butterfly moves the wings, his legs just gently opening and closing them, just a little bit, to encourage the sensation, to encourage the awakening in his legs. And this is the kind of phenomenon that was described by the Austrian psychiatrist Wilhelm Reich, and it has to do with the armoring dissolving, and the sensations, again, of aliveness, of flow, returning.*

Levine: Uh-huh. That's it.

Ray: I feel a strength kind of build up.

Levine: A strength. In your legs?

Ray: Mm-hmm.

Levine: And describe the quality of the strength.

Ray: It feels just like when I pull in, it feels like... Excuse me. If, pull in, it feels like it's getting stronger. And then it's, when I let go it's like, it just relaxes itself.

Levine: Yeah.

Ray: My left side of my jaw feels kind of tight.

Levine: Left side of your jaw?

Ray: Yes.

Levine: So let's, again, make those opening movements and then let it close a little bit, come to where it starts to be resisting, and then closing.

Ray: It's weird. It seems like everything's kind of trying to come out now.

Levine: Everything's trying to come out in what way? Say more about that.

Ray: Seems like the twitching is really trying to come out.

Levine: Yeah.

Ray: And I feel it... Really... Excuse me.

Levine: Enjoy the yawn. Ahh.

Ray: It feels, it feels amazing in doing...

Levine: And again, like your jaw, just do that again, very slowly, let your hands come out like that. That's it. Just do that a few times nice and slowly, easy, and come back.

Levine: Now I want to do something, if that's okay with you. I'm going to move a little bit behind you and I'm just going to put my hand on your head and do some movements with your head. Is that okay?

Ray: That's fine.

Levine: Okay. You just don't have to do anything. Just let me move around here. Very nice.

Levine: And just noticing how that helicopter noise doesn't startle you at all.

Ray: Not anymore.

Levine: No.

Levine Commentary: *So when I'm working with Ray's head and neck, I'm looking for glitches, and I work with those glitches until there's the*

fluid movement. And what I'm looking for is the full fluid arc, so that I know that his orientational capacity has been fully restored, that there's not an area where he's still expecting that explosion or still behaving in his body as though that explosion is happening. And generally, when you do that, people get, again, a very deep sense of relaxation and equilibrium. Now, this is something that therapists need to be trained in and to be coached in before they can do it. It's not something to just try, you know, without proper training and experience. And I know many therapists are averse to touch, and I think that's unfortunate, because the use of directed touch for a specific reason can be extremely powerful in helping people to re-own their bodies and to re-own their energy and their power. Now, of course you have to be careful that a therapeutic relationship and an alliance has already been built up before you do something like that. And if you're working with somebody who has been traumatized by touch, who has been raped or molested, then the use of touch has to be used in a very sparing way. Sometimes it's just touching the person's arm, to have them differentiate between appropriate touch and inappropriate touch. And I only attempt this after several sessions and after I'm sure that there's a therapeutic alliance that's been built, and that the person is able to differentiate different kinds of touch—appropriate touch, touch to help them become more aware of a part of their body, and touch that's inappropriate. And usually when I start to touch, I will only touch in a very safe part of the body, and just for a few moments. And I'll perhaps ask the person, "Okay, when you feel my hand here, what is my hand saying to you? What is my hand telling to you?"

Levine: Good. Good. Put my hand right here. Okay. What are you noticing, Ray? Excuse me.

Ray: My body's... It's like my head, my neck and my spine are breathing. It's like they're all in a rhythm.

Levine: Yeah.

Ray: Just kind of trying to follow that.

Levine: That's it. Just follow that rhythm.

Levine: How're you doing, Ray?

Ray: Feel good.

Levine: Good. Well, let's call it a day for today.

Ray: All right.

Levine: Just take things slowly, don't just jump up and do the Irish jig, here. Look around a little bit. Take some time to look around.

SESSION FIVE

SESSION 5: MARCH 4, 2009 BIG SUR, CALIFORNIA - ESALEN INSTITUTE

By February, Ray reported a 90% drop in convulsions, improved sleep and fewer nightmares. Peter invited Ray to attend a personal growth workshop he leads at Esalen Institute in Big Sur, California. It gave Ray the opportunity to engage in life beyond trauma. It would also give Peter a chance to work again with Ray on his headaches and chronic pain, which, although improved, were still a problem.

Levine Commentary: I'm now beginning to work with Ray with these deep emotional states, particularly the ones revolving around survivor's guilt. From my work with Vietnam Vets in the '70s, I'm all too well aware of the grip that survivor's guilt has on people and how debilitating it is. And we couldn't work with this before because we have to work with it at the emotional and meaning level, and until now we hadn't really resolved enough of the shock reaction physically through the work with the body, with the awareness and the work with the body. Now he's able to begin to address that. You'll also notice how much more intimate I am with Ray, and it took the four previous sessions, and also the group context, to be able to get to that point. And I think that's one of the things that also touches him, and touches him to be able to touch in and move into his deep feelings of vulnerability and of loss.

I also do several exercises where he learns, I help him learn, what he does to himself when he tightens his body, the way he tightens up against his rage, the way he bottles his rage, the way he won't allow his deep energy to be expressed in this emotional way. And through these exercises, you'll see that Ray really opens up to the deep wound and the vulnerability

-- the emotional vulnerability -- that he couldn't experience on the battlefield. As a matter of fact, he asked me is it okay that he's feeling depression, that he's not feeling anything? And I respond, "Ray, when you're in the battlefield, you're not supposed to feel anything. That's how you survived." And you can see he has this tremendous relief, and that's when this emotional outpouring comes about his losses, and his vulnerability to life.

Levine: So Ray, what would you like to have happen?

Ray: Well, I feel pretty good right now, so...

Levine: Well, how about we continue to enjoy that?

Ray: I feel hyper, but at the same time I kind of want to dial it down, so I can spread it out throughout the day.

Levine: Yeah, this is important. I think this is really the next step. Because that hyperness, at least it's now, like, under control. You have a big enough container for it. It's not like you're in constant PTSD. Here's the idea. Here's going to be a ball of energy here. All right? And your job is to squeeze this ball of energy into this teeny, teeny, teeny ball. But the thing about this ball of energy is that as you push against it, as you push against it, it pushes back, so the smaller it is, the more it pushes back. So you need more and more force to push it as you go down.

Levine Commentary: *This is another exercise that I use to have him get in contact with what he does with his body—muscularly, emotionally, energetically. And I have him compress this ball of energy, which is really his life energy—it's his rage, but at a deeper level it's his life energy. And I have him compress this ball until it gets so compressed, and the more he pushes to compress it, the more it pushes back against him, which is what's going on in his muscles. And so he pushes and pushes and pushes, and then slowly releases. And this gets him the sense that he can slowly contain and release his rage and reconnect with his life energy.*

Levine: Let's work with this little task here. And again, you got the

idea. It's this ball of energy. What color do you think it is?

Ray: Blue.

Levine: Oh. Okay, it's blue.

Ray: Blue sounds like a good color.

Levine: All right, okay, so it's blue, and the color may change as you compress it. And again, start to compress it, it pushes against you. And you have to push even harder... And that's right, sometimes it will push you back and the arms will open, exactly. That's right.

And good, notice if it changes color at all.

Ray: Red.

Levine: It's red now, okay. There you go. Just feel your fingers. Feel your hand. That's it. And your breath. And your spine. That's right. Just feel how your breath goes into your spine. Yeah. There you go.

Ray: My hands feel shaky.

Levine: Feel shaky? Yeah. Let them shake. Just let them shake. And let the shaking spread. There you go. That's it. That's it. Yeah. Mm-hmm. That's it. That's it.

Ray: Mostly it's my right hand.

Levine: Yeah, yeah. I can see. Okay. As you feel that trembling, I'm going to ask you just to say these words and just to notice what happens inside of you—the sensations, thoughts, pictures or memory, whatever. Just feeling the vibration, the shaking, the trembling. I just want you to say: "I'm alive."

Ray: I'm alive.

Levine: "I'm alive and I'm here."

Ray: I'm alive and I'm here.

Levine Commentary: I have him do this to feel the aliveness. In my mind, trauma isn't resolved until the client can feel that they're alive, alive to the depth of their being. And this is what I call the vitality affect.

Ray: I'm alive.

Levine: "I'm alive and I'm here."

Ray: I'm alive and I'm here.

Levine: "I survived."

Ray: I survived.

Levine: "Not everyone did."

Ray: Not everyone did.

Levine: "And I'm here."

Ray: And I'm here.

Levine: "And I'm alive."

Ray: And I'm alive.

Levine: And just sense in your body. Notice any thoughts.

Ray: Don't feel like shaking anymore.

Levine: The shaking's gone? And what do you notice? Mm-hmm.

Ray: Rage.

Levine: Rage?

Ray: Sorrow.

Levine: Sorrow. Yeah.

Ray: Agony

Levine: So you're just going...

Ray: Pain.

Levine: We'll just sit with that together, huh?

That's right. That's it. Just noticing that. That's really important I think. Really significant.

Ray: I'd say the rage...

Levine: Hmm?

Ray: The rage kind of came from what I saw.

Levine Commentary: *After being able to deal with the way he's physicalized his rage, now he has more access to those feelings, and we're able to begin to explore where the rage is from. And we're able to explore that cognitively and emotionally, in a way that he can make a meaning out of his experience in war.*

Levine: Yes, yes, that's true. And where in your body do you feel the rage?

Ray: In my arms.

Levine: Ah-ha.

Ray: But also in my chest.

Levine: Okay. And does the rage have a color? No? And what's your sense of what the rage would want to do? What could it want to do?

Ray: Lash out.

Levine: Lash out. Uh-huh. Feeling your fingers again.

Ray: They feel tight.

Levine: And where do you feel tight?

Ray: In the joints.

Levine: The joints. Mm-hmm. Feel a little bit trembling?

Ray: Kind of.

Levine: Hmm?

Ray: A little.

Levine: A little bit of the trembling. Okay. I'd like to do a little exercise with you if you're willing.

Ray: Okay.

Levine: Okay. This is a fantasy, and if you... And you don't have to do it. In any part you can say, "I'm not going to do it." But if you follow the fantasy, different feelings and sensations will arise. The idea is just to be aware of them, okay?

Ray: Okay.

Levine: So here I'm going to do, I'm going to give you this big pill, like a big vitamin pill or something like that. But it's really big. It's like this. I'll give you that. Okay. And you're going to swallow... Here's some glass of water here. You're going to swallow this pill. Remember, it's not easy, so. Yeah, you'll need half a glass of water.

You got it down? Yeah. Okay, now I'm going to tell you what that pill is.

That pill, you know, it's like one of these James Bond things, this really high-tech thing. What it is, is it's a time bomb. It's ready to explode. But it's timed on your breath. So it's going to go off on the tenth breath.

***Levine Commentary:** This is another way that I use to work with the rage, by using the image of a ticking bomb. And most people who have rage have the terror, really, of exploding. And because of that terror, they suppress the rage even more. So with this exercise he gets the sense of being able to explode and that he's not destroyed or anybody else is not destroyed. It's a way of working with the rage in a more symbolic level.*

Levine: So, you've already taken two breaths. And you can try to hold your breath. Three. Remember when it explodes, it's going to explode and your job is to follow it. Four.

Ray: I'm starting to feel shaky in my head.

Levine: You feel shaky in your head, stay with it. Stay with it. Stay with it. Five. Six. Seven.

Ray: It feels like I want to cough.

Levine: Oh, that's okay.

Levine: Eight. Nine. That's right. You can try to hold it. But you're going to have to take that breath. Stay with it, stay with it. Ten. Close your eyes. Just go into the explosion. And just take all the time you need. And if you need me I'm right here.

Ray: I can see that night playing back in my head.

Levine: You can see that night playing back in your head. Yeah. Yeah.

And you're here. And you have all those skills and abilities. Mm-hmm. What happens when it replays?

Ray: It hurts.

Levine: Physically?

Ray: Yeah.

Levine: Where do you feel it?

Ray: All over.

Levine: And what's the pain like? How would you describe the sensation of the pain?

Ray: Kind of numbing.

Levine: Numbing? It's like numbing. And when you feel the numbing and also feel your hands, I want you to notice what part of your body feels the most numb, and what part feels the least numb.

Ray: I'd say my throat... feels the most numb.

Levine: Feels the most numb, uh-huh. And where does it feel the least numb?

Ray: My hands.

Levine: Okay. So I want you just in your awareness now, to shift back and forth between your hands and your throat. Where it's the least numb, maybe it's even some other sensation, and the sensation in your throat, the numbness—or whatever that changes to.

How about any picture? Is there any picture or is it color or things there with your eyes closed or open? What do you notice?

Ray: Shiny.

Levine: Shiny. There's a shiny quality. Interesting. Interesting. Looks like some of the numbness is leaving your feet. Looks less frozen. Yeah. Okay. Good. Good. Now, I want you to slowly, at your own pace, to begin to come back into the room, Ray. Hi. Tell me what happened in the fantasy when the bomb went off.

Ray: Memories.

Levine: The memories started coming back, huh? And how was that for you?

Ray: It sucked.

Levine: Yeah. Lot of bad things. I want you to just make some contact.

Levine Commentary: *You might think I would want to keep Ray in this deep state for a longer period of time, and especially with a person who hasn't had experience with these kinds of altered states of consciousness or non-ordinary realities, it's important to just touch into it until they can feel more comfortable with it.*

Levine: And go back when you need to.

Levine: How you doing?

Ray: I'm all right.

Levine: Okay. I'd like to do something else with you if you're willing to try this, okay?

Ray: Okay.

Levine: I'd like to work with some of this energy that's bound up in your body—this rage kind of energy. It's important that we work with it in a safe way, okay?

Ray: Okay.

Levine: So, what you have to do is completely obey whatever I say.

Ray: Okay.

Levine: So, if I say stop, or if I say do it, you know, something differently... then you, you don't, you can sit down. If we're going to do the exercise, you have to follow what I say. So what we're going to do is I'm going to have you stand up, and I'd like to get a couple of strong men. And what they're going to do is that they're going to try to hold your arm back a little bit. And you're going to push out with all your energy, okay? Not all at once, but build up to it.

Levine Commentary: *What I'm doing here now is working with the full intensity of the rage. Before it was somewhat in a symbolic way, and he*

was working with how he stops his rage. Now I'm allowing to... setting up a situation where he can really be contained—the people who are kind of holding his arms and allowing him to put all of his energy. And with a person who has the kind of armoring that Ray has, this is really important. It's not important that he get the rage out, that he scream the rage, that he beat up on pillows. What's really important here is that he gets that sense that people can help him contain his rage, and that as he expresses, the rage then goes into feelings of energy and aliveness. And please, this is not something to do unless you've had training and unless you've experienced that yourself, because something like that could get out of hand. So yeah, I think I've said enough. Get some training to do things like that.

Levine: So, here's the idea: to direct the rage into this pillow, okay? And they're going keep you safe so that your rage is contained. That's their job, is to help you contain your rage. Here we go. You want to push into here with your fist. So you can really use your strength, Ray. And feel your feet on the ground. Really let your rage come right into here. And to know, together, we can all handle it. I want you to let a little sound out your throat. Ahhhhhhhahaaaahaah. A little sound, Ray. Ahaaaahaah.

Ray & Levine: Haaawwhaaaw.

Levine: That's it.

Levine: That's it. Somebody stand by my foot. Just rest. Just rest. Feel your body. You guys just keep your arms there gently, there.

How you doing, Ray?

Ray: Good, I feel shaky though.

Levine: A little shaky?

Ray: Feels good.

Levine: Feels good? The shaking. That's energy.

Ray: At the same time, I'm kind of scared.

Levine: Yes.

Levine: Yes, It's very scary.

Ray: What's it feel like, to let it go?

Levine: I'm sorry? To?

Ray: I kind of have the feeling to let it go.

Levine: To let it go, that's right. To let some of the rage go.

Does it feel like there's some more you want to do with that, Ray?
Or...? What's your sense?

Ray: A little more. A little more.

Levine: A little more? Okay. Good.

Let's take a rest here.

What are you noticing? What are you feeling in your fingers and hands?

Ray: Strength.

Levine: Strength. Yeah.

Ray: My rage really doesn't feel as strong as it was.

Levine: Mmm. Good. Good.

Levine: How do things look?

Ray: Colorful.

Levine: Colorful. Hmm. Yeah. All right. I want to share something with you. When I was a kid I lived on my grandfather's farm and he would get the New Yorker magazine and I would go through it, you know. And I just loved to see the pictures and.... And there was one advertisement—there were two advertisements that were in almost every addition and, that fascinated me. One was this picture of this really big guy and... scrubby beard, swarthy guy, and the caption is "tough enough to be soft." An advertisement for piston rings. Figure that? So, what do you think, Ray, what's the next step here?

Ray: I guess express.

Levine: Express, yeah. I'm gonna do one more little exercise with you, okay? I'm going to move over to that side. And what I'm going to do is

I'm going to press on your shoulders. And your job is to press back up against me.

Levine: And release.

***Levine Commentary:** I press on his shoulders because they're burdening him like an ox in yoke, so I'm taking over what he's already doing to himself. Paradoxically, this allows him to let go.*

Levine: How does that feel?

Ray: Feels good.

Levine: Yeah.

Ray: Way to release, kind of.

Levine: Right. Another way to release that rage.

Levine: I'm going to do one more thing with you, okay? I'm going to put my hands on your head. I'm going to give you a little bit of pressure. It's not going to be a whole lot of pressure, but you tell me if it's too much or if you want more, okay? I want to work again with that, the effect the blast had on your head, okay?

Ray: Okay.

Levine: That's it. And do the same thing you're doing with your shoulders, but do it with your mind. Just have your mind push my hand out. There you go. That's it. Yeah. There. There.

Levine: How you doing?

Ray: Good.

Levine: What are you noticing?

Ray: Images.

Levine: Pictures? Do you want to mention them? You don't have to.

Ray: I don't mind.

Levine: What?

Ray: I don't mind.

Levine: Okay.

Ray: The image that I'm having.... was of June 18th, the day I got blown up. It's kind of like replaying the whole day.

Levine: Replaying the whole thing, uh-huh. Are you getting piece by piece by piece, is it like in slow motion, or is it kind of like in one...?

Ray: It's kind of like fast-forward until it gets to...

Levine: Kind of fast-forwards until...

Ray: The blast.

Levine: Until it gets to the what? The blast? And then what happens after the blast?

Ray: It kind of slows down.

Levine: Okay. Good. Good.

Ray: And every once... It's like I'm trying to figure out what parts are missing.

Levine: Don't worry about that. Don't worry about that. That will take care of itself. Do, do that again? Put some pressure on your head again? Okay.

Levine: I'm just going to follow your head. That's it. There you go. Okay. Mm-hmm.

Ray: I noticed shaking that time.

Levine: Some shaking, and where was the shaking?

Ray: In my breath.

Levine: In your breath. Uh-huh. Can you hear the ocean? How does that sound?

Ray: I want to be in it.

Levine: Mm-hmm. Imagine yourself in the ocean. Only imagine—this is not the kind of ocean you can be in. Just imagine yourself in the ocean.

Ray: It kind of brings up pain.

Levine: Brings up pain? Physical pain or emotional pain?

Ray: Emotional.

Levine: Uh-huh. Do you want to say anything about that?

Ray: I guess it's.... I know what it's like to feel helpless. Knowing that you can't save anybody. I know what's it like to watch somebody die right in front of your eyes, knowing that there's nothing that you can do. I know what it's like to feel helpless. I saw one of my best friends die, right in front of my eyes, blown up in a Humvee. But I guess through it all, all this pain that I've felt, I remember, so clearly, when I went to boot camp, we had a drill instructor. I considered this guy kind of crazy. I remember he was, at the time I thought this guy was crazy, but yet he was one of my greatest teachers. He always told us he was a cook for his MOS, which is a job that he does because he likes to fry recruits. He was, you guys remember when the war in Iraq broke out at first, and that girl ended up getting captured? Does anybody know her name?

Levine: Jessica, Jessica something. Jessica Lynch.

Ray: His team was the one who went in there and grabbed her and brought her out. So I thought he was crazy from that point on. But the one thing I remember him saying to me that I, that with all these deaths that I've seen and, I've.... He said, that when it was your time, it was your time. And at first I thought that was a crazy thing to say. Because I had decided that I would decide when I go, that nobody, that my death would not be preordained. That it was my choice. But as time went on, I noticed that, no matter how much you try—and I'm not religious either—I just come to realize that that saying is very true. When it is your time, it is your time. I guess in a way he helped me that day that he told me that, but at the same time, it hurt at the same time. Because I never really got to feel the full extent of the pain.

Levine: No, no you can't do it then.

Ray: It's really hard for me to really stay in that type of state. To continue to think about the losses that we've had, the pain we've had to deal with, the troubles. It's hard to stay in that type of state for me because I'm a happy person in nature. And it's, it sucks to be down and I know what it feels like.

Is that bad?

Levine: Is what bad?

Ray: To not be able to go into that depressive state?

Levine: Well, you know, like I said, when you're in the theater, in the battle theater, you don't want to feel anything, you just want to do whatever it takes to stay alive, and to help your comrades stay alive. You don't want to feel. But then, when you come out and everything is about feeling, intimate relationships are about feeling, so how to make that shift when you're hyper-trained to not feel? It's a survival necessity to not feel and now it's a survival necessity of the self to be able to feel. I think that's something that happens slowly, and it goes through stages. There's a woman named Elizabeth Kübler-Ross. I recommend her book to you. What's it called? *The Stages of... Dying? Death and Dying*. *Death and Dying*. And there are these stages in grief and loss. Sometimes you're numb, sometimes you're depressed, sometimes you're enraged, sometimes you're just in grief and sorrow and crying. And you know, you've seen a lot of loss. It's difficult. You have to be a warrior to do that. It's not for sissies. So you've had two hero's journeys—one in the battlefield, and the other one now in the inner battlefield.

How ya doing?

Ray: Hmm.

Levine: Yeah.

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