PETER LEVINE

Somatic Interventions for Chronic Pain & Syndromes

Introduction to Somatic Experiencing®: Diane Poole Heller

Introduction to Diane and SE

Speaker 1: We're very excited this weekend to have Diane…

Diane: Thank you.

Speaker 1: …Poole Heller, who has been all of our teachers in Somatic Experiencing®. Diane lives in Colorado. She's been teaching Somatic Experiencing® internationally since the early 90's. She's pretty much an expert on working with trauma from lots of different points of view, but primarily from Somatic Experiencing®. She's worked with the victims of the Columbine tragedy. She's worked with people who were involved in the 9/11 experience in New York. She's also written a really wonderful book that's available back there, if you're interested, called, *Crash Course*. And it's all about working with auto accidents and using Somatic Experiencing® as a way of working with the traumatic imprints of those auto accident experiences. And it does a really good job of also talking about all the basics of SE™, which she's going to be doing more of tonight.

Diane: It's my favorite thing to do. I love to talk about Somatic Experiencing® and also sort of the **transformational process that can happen if we can manage to find a way to move through the traumatic landmines** of that, and come out the other side to find ourselves in a much more mature, bigger and more expanded… sort of **searching out the hidden gift** that sometimes seems pretty hidden in the beginning – not at all to minimize how difficult it is when we generally start out.

And I imagine most of you are not only doing your own process, but also working with many other people. So, there's this lovely ripple effect that we're all trying to contribute to to make things a little bit more manageable. By definition, trauma is somewhat unmanageable, especially at the beginning.

I really like this model. I sort of dove in and studied a whole bunch of them. And I imagine many of you have lots and lots of trainings behind you and have done all sorts of different things. And gotten curious about how this works from lots of different angles. And that was certainly true of me and my exploration, and I really felt, 10 years ago when I started looking into this – maybe it's longer than that now – that there wasn't that much available.

We're having kind of an explosion of information right now, which is really lovely in terms of **understanding how the brain works and physiology and a little bit more from a psychological point of view, how to be more effective to help people move through this challenging terrain.** So, it's an exciting time, lots of research and lots of energy and lots of things happening.

When I was looking into it 10 or 15 years ago, I was flying all over the country. I was trying to find somebody who knew something about trauma. Because, to me, **it's another whole dimension of experience beyond regular psychological issues, but it was being treated like**

regular psychological issues. And it felt to me back then that personally – and also in my practice – that people were doing a lot of unnecessary suffering. Certainly, there's necessary suffering. The human journey involves dealing with challenges and sometimes disappointing experiences – sometimes wonderful, joyful experiences – but it's definitely a difficult assignment to sign up for, however that happens. And I'd sort of gotten a little more comfortable with the necessary suffering, that there's something we can do with that. But **the unnecessary suffering, I have a real problem with. Especially when it's sometimes induced by our own way of understanding how to work with things.**

And so, I was like flying around the country, trying to talk to everybody who had the same curiosity. And would find a little piece here and a little piece there. And a lot of things I didn't think would really work that well and nothing was coming together in terms of a whole perspective. I just felt I was getting little appetizers of possibilities.

And then I finally ran into **Peter Levine** in – I think it was 89. And I was in a beginning training with him. And I think [in] the first four hours of a six-day training, I had this epiphany. You know how once in a while, you get one of those where you feel the universe rings a doorbell and says, "You should be here."

And what was so lovely about those first four hours was, I felt **in the description [he gave] of his perception about trauma, that he organized for me all the things I was having problems with, like why I didn't feel they worked very well. And then on the flip side of that, he was explaining things in such a way that the things I felt were working, it made sense to me why I felt they were working.**

And he also acknowledged that it was a very different dimension of experience: by definition, "overwhelming." By definition, "causing certain unique challenges" in terms of processing it ourselves in our own life and also working with clients. So, I had this flash when I was with him that I would be getting very involved, which has certainly been true. I've been teaching for him, like she said, since the early 90's and we keep learning more and more.

His main contribution… He also wrote a book called, *Waking the Tiger* – such a pretty book, isn't it? And it's again, written for the layperson, but it explains what happens physiologically. There's been a lot written about from a psychological point of view. This work really includes a psychological point of view, but I'd almost even say it tilts more towards physiology.

Sometimes I think it's **80% physiology, 20% psychology, but regardless of the percentage, adding the physiological piece – I think almost everybody's in shock about how much difference that makes and how much easier it is for people to move through really challenging material, regardless of what the event was, regardless of what tipped people into overwhelm.** And from our point of view, **deregulates the autonomic nervous system, which then greatly contributes to the very predictable symptoms that PTSD gives us.**

And that's one of the things that I feel is a really valuable addition to so much other really rich knowledge that we all have collected wherever we've collected it. The nice thing about this model, Somatic Experiencing®, is **it's highly integrable**. You can take these techniques… **It's a philosophy as well as a set of techniques. It's an empowerment-resiliency based philosophy, of how to move out of overwhelming helplessness, into empowerment**. Again,

[it's] very **practical in terms of clinical techniques, easy to learn and apply. It's elegantly simple and very complex.**

It has that paradox. It looks easy and then you try it, and it takes a little while to learn. That's definitely true, but it adds a whole dimension that once explained makes a lot of sense. And I like the biological perspective because I really think it works.

But the added benefit is, when you understand that something's biological, that it's natural, **anybody with a brain and a nervous system is going to respond to certain things exactly the same way**. And hopefully everybody coming to you, and everybody here has a brain and a nervous system to work with. And as long as that's the case, this will work. What I love about that is that it's inherent – **our capacity to move through is inherent. We're designed to move through difficult stuff**.

We're designed to be able to resolve it and digest it very much like digesting dinner. You try to trust that your body's going to do that. I hope that you're not sitting there thinking, I think I'll work on the salad. And five minutes later you think, I better start on the hamburger. And 20 minutes down, you're thinking, maybe I should start digesting the chocolate cake or whatever.

You don't really worry about it. You eat and your body assimilates what it needs for nourishment, it digests what it needs to digest, it eliminates what's not useful. And tomorrow you start the whole process all over again. **The nervous system and the brain [both] function that naturally with overwhelming experience as well**.

If you think about this part of brain activity – which I'll talk about somewhat in depth, a little bit later with what our time allows – and the nervous system are designed to digest experience, but just like if you overeat, like those of us who do the Thanksgiving or Christmas major intake, you don't always feel so great for a couple hours until that moves on. Same thing can happen. **[If] you get too much stimulus in your brain and nervous system related to a threat response, it shuts the whole thing down.**

The point being, **not every challenging event becomes traumatic. Not everything that you would think would become traumatic, becomes traumatic**. We're so resilient as human beings that many times we're confronted with something really difficult. Maybe **at that particular point in our life, we have a lot of really great support or we're feeling particularly strong and resilient just in terms of how we're feeling physically and emotionally.**

And you might move through something that was very difficult and not have any major negative impact from it. So, of course, not everything challenging becomes traumatic. **But when then something finally goes over the top** for any of us, it's too much, there is a "too much," **[where] our resilience is low, or maybe we've been ill or we've had financial stress, or there's just been too much happening, too close together. Then everything goes on "tilt." The nervous system deregulates; things shut down.**

And **thus, the digestion process that we can generally trust is no longer able to manage the amount of stimulus**. Freud talked about this ages ago – must be about 90 years ago now – about breaking the stimulus barrier. And with trauma or overwhelming life events, definitely you have the possibility of breaking the stimulus barrier. And then things don't work the way they were [intended] to be able to process things.

I want to explain to you the thumbnail sketch of what I mean by that so it's not just an idea. And then hopefully we can have a little bit of experience of how it feels in the body. **This is a model where emphasis is very much on the experiencing part of things. You can talk about it, and it'll make sense. It might be a little interesting, but really, it's just ideas until you feel it in your body and you kind of get a sense of how it works inside**. So, I'll probably do a few little experiential things to help you feel that. Did you have a question?

Audience: Yeah. You were talking about Somatic Experience In terms of trauma. And I just wondered, is it just for trauma or is it for a wide range of-

Diane: **Somatic Experiencing® is designed with an emphasis on working with overwhelming life events**. It's really a wonderful tool. I think, actually, everybody should have this one if they're working with trauma, ideally. But of course, you can use it for anything less difficult. It helps with all sorts of other things.

You can use it in groups, you can use it in relationship work. You can use it trying to decide if you want to leave your job or not. If that's not what you would consider traumatic – that level. But it's particularly a gift when you're dealing with overwhelm, because it helps smooth things through so much more.

Lecture

One of the things that happens – we're looking at the autonomic nervous system. And I want you to **think of autonomic as automatic**. This is the part of the nervous system that's in charge of involuntary function. So obviously, that would be like heart rate, sweating – which I imagine some of us are experiencing right now. *[referring to the hot conference room.]*

What else…? Breathing, which is of course voluntary and involuntary. Fortunately, you don't have to remind yourself to breathe every couple seconds. Usually, you just do. So, anything – appetite is autonomic, sexuality, sleeping – things that we naturally have a rhythm or a pacing of are under the dominion of the autonomic nervous system.

Now, when the autonomic nervous system actually goes out of balance – **if you think about tuning the radio. If you get it right on the station, things are clear, and it really works. And you can understand, and you can respond. [But if] you get that off a little bit – just like a hair – you start getting static or it starts breaking up. It's a good metaphor for the way the nervous system works.**

If you keep things exactly dialed in, regulation is a natural thing. You don't really have to think about it. You're not struggling to hear the music or the talk show or whatever – it's right there. What we're doing is **interfacing with someone in such a way that we can help their nervous system come back into balance. Once that happens, without much effort, it alleviates a lot of symptoms**.

It's a very efficient way to bring people back into a sense of emotional wellbeing and [helping them] physically have the capacity to rest. For those of you who are working with trauma or have it yourself, you know [it's] really easy to get sleep patterns disrupted – either wanting to sleep all the time or not sleep at all; the appetite can go either way – not wanting to eat at all or overeating to self soothe.

All those things start to happen when the nervous system deregulates**. [It's the] same thing with feeling chronically irritable, or angry, or feeling fearful most of the time. That's part of the nervous system being deregulated, as well as in the brain, having the threat response stuck on "on," not being able to come out of that fear response**. It'd be kind of like if your smoke alarm went off at home and you couldn't get it to turn off – this actually happened to me recently.

I was going all over the house. I have four smoke alarms and I couldn't figure out which one it was. So, the way they work, the sound wasn't that obvious. And it turned out none of them was a problem. It was some carbon monoxide thing. It was stuck in some plug somewhere. I bought this house, and I didn't even know I had one of those things. But I was about ready to start knocking things off the ceiling. It's such an annoying sound and there's not a thing you can do.

That happens in your brain. Maybe not the sound part, but where **that constant alerting is going on**. They actually have a word for it. **It's called brain kindling, which means, if you think about building a fire, there's constantly tissue paper being thrown on the fire of the alarm system in your body**. We're not designed to stay in high alert for long periods of time.

We're supposed to, ideally, respond to threat when it happens and then do whatever we need to do about it. And then come back into relaxation response. So, we're predominantly in a relaxation response internally and physiologically. **But with trauma, so often we get stuck in the threat response, and we're not able to make that shift back to the relaxation response.**

That's really one of the main things that Peter has contributed to the field of trauma. It's a huge contribution, really, in terms of **helping people come out of that over-kindled state, back into relaxation.** They really didn't know how to do that for years and years and years. **It used to be considered that once your whole body went into kindling, the only thing you could do would be to treat it with drugs to treat the symptoms that came out of that.** But you couldn't really shift the condition.

This model is really designed to shift the condition – I mean, some people might be on medications – but generally we can do **without any medication at all**. So that's reduced suffering a lot in the field of trauma. And it's so easy to add to other things you know. That's one of the really big advantages, too. There's so much, really good knowledge and resources out there now in terms of education.

But the physiological piece is a little bit newer. This is an oversimplification, but [our nervous system is] designed… the autonomic nervous system has two branches, the parasympathetic and the sympathetic. **The sympathetic branch of the nervous system is the accelerator. It's what gears us up to have a certain amount of energy** called the sympathetic.

And just like a thermostat, it'll hit a certain level of energy and then it'll kick in the parasympathetic to do a gentle discharge. **So, parasympathetic is sort of the calming part of the nervous system**, whereas the sympathetic is part of the getting the charge collected or getting the energy pumped up. Generally, we're just going through this natural wave that has a boundary to it, of charge discharge, charge discharge.

Now, when something strikes, some threat happens – I always draw lightning bolts just to represent some kind of event that's difficult. Then you get this sort of out of balance… It's

the sympathetic goes – you know, like [the old] Datsun 280-Z commercials, where you go from zero to 60 in three seconds or something. And that was supposed to be a good thing? Like, how often do you need to do that? But if you're robbing a bank or something, I suppose it's really an advantage.

But in your nervous system, this is not an advantage. This is not something you want to advertise as a good thing. Because you're going from zero to 60, it's like getting one of those arousal spikes. "WOOOOO!" **You get this flood of energy, your adrenals, your cortisol, your endocrine system, everything goes on "WOOOOO" and you kind of feel like, "woah."**

There are actually 1,700 little shifts and chemical changes and alterations that happen as soon as you respond to a threat. We'll have a quiz on that later. I have no idea what they all are, but that's a lot. We're going to pare it down to maybe seven tonight – so you can relax. But one of them is the quick activation of the sympathetic or likewise, the over activation of the parasympathetic.

And if you imagine getting this arousal spike, like too much "on" energy, what do you think you're going to feel? What are your clients going to feel? What's that person going to feel? You get agitated, for sure. What other kind of state might you find yourself in if you get this huge rush of energy?

Audience: Hyper.

Diane: Very hyper right. Hyper could get very anxious-

Audience: Paranoid.

Diane: I'm sorry?

Audience: Paranoid.

Diane: Paranoid. Yeah. You could have a lot of fear. Which would lead to that. Or also, likewise, you could be very angry because you have all that activation. It's an overload of activation. Now, it could also manifest physically. You could get a really rapid heart rate. You could get a really tight stomach. You could get physical symptoms as well. Now, **your nervous system can't just keep going up, up, up. And what it'll usually do is slam on the brakes. But then the same thing happens. It goes too far in the other direction**.

And if you think about… if this is too "on," what would too "off" look like if we've got a parasympathetic overcharge? Drained, dead, tired, depressed, perhaps. Shut down, dissociated, exactly. Now you can actually dissociate from either extreme, but it tends to happen more often from parasympathetic. Often it can be sort of a deadness, disconnected.

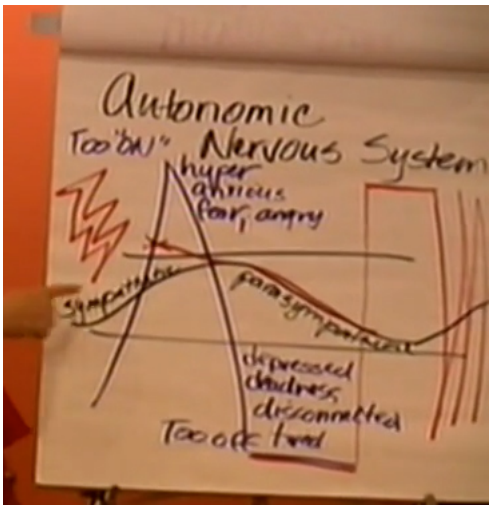
Sometimes people report feeling zombie-like, tired. Now, sometimes, a person will report symptoms a little bit more, like they're more commonly depressed than they are anxious, but these are polarized. **These are reciprocal states. So, if you lift the depression, a lot of times you'll find the anxiety. So, a lot of times they work together**. So, somebody might be predominantly reporting symptoms down here, or they might predominantly be reporting symptoms up here of too "on," or they might be doing a fast oscillation.

When the fast oscillation happens, you get weird things like temperature. You can be hot and cold at the same time. Everybody would like to be a little cold right now, I'm sure. But when you're doing a trauma session and somebody reports feeling very cold in their hands

and very hot in their core, the nervousness system is going, WOOOO. This is not a comfortable state.

Any of this dysregulation is very uncomfortable. Many of you have probably experienced it at some point in your life. **It's a little like getting thrown onto a roller coaster at the amusement park, not having bought the ticket and you can't get off.** You might be able to project an appearance of calm – because we also learn how to do that – but inside, you're going all over the place, and you can't stop it.

And clients and all of us as humans get really disturbed and upset when that's the situation. It's a disturbing experience. So, **we're trying to bring this over-activation of either parts of the nervous system back into balance, back into this range where you see the black line that's in balance.** Obviously, it makes more sense when we're watching someone physically or we're talking to them about what happened, we try to catch the over-activation here versus here.



It's easier to bring it into balance from here, just to go back into this pattern than it would be to try to do it from here. So, when I'm talking to someone about trauma, I'm not only listening to the storyline of it, like "this happened and this happened and this happened," but [I'm] also really **paying attention to what I'm noticing in terms of activation in the nervous system.**

Is a person flushing? Is their speech getting faster? Are they starting to feel strong emotion? Are they disconnecting? On the other hand, are they down here? And you're paying at least as much, if not more attention to where the nervous system's moving, than to the actual story of what happened. The other thing about asking somebody to repeat their story about the event, whatever the event is, is very often, the person starts here. But when they first get some of the arousal going, you're just kind of following the arousal pattern in the body, which sort of ingrains it deeper.

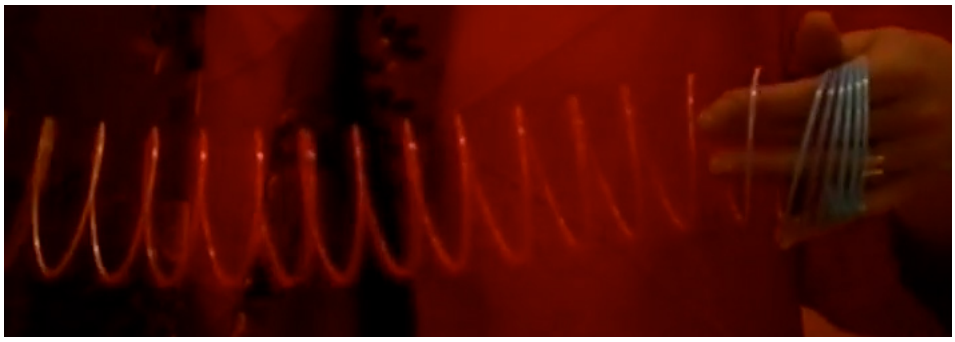
It's good to have people tell their stories out of order. Very often, when I'm listening to someone's event, whatever that might be – whether it's a natural disaster or whether it's something like 9/11 or whether it's violence or surgery or early trauma like abandonment, something like that – I'll ask them, **when is the first time they felt safe afterwards. So, I'll go**

from the beginning. They start to talk to me, and I'll go immediately to, when did they start to feel like things were working again?

Because first of all, **that's a resourcing question. That's a positive outcome question. And if I can help them feel it in the body, it'll tend to have a calming effect on the over-arousal. And then I might go back to, when was the first time you noticed something was wrong or something was off?** I might go back to the beginning, but… I'll use my slinky to show this.

If you think about trauma as a very compressed experience, highly activated. **I might start [with] "When did you first feel safe after?" and discharge a little bit of the activation here and then switch to the beginning and see what's going on there.** And by the time you get to the middle of where the highest impact of it was, like, say a car accident's pretty obvious. Usually, it's when you actually hit the other car.

But if you're talking about all the good help and support you got afterwards, or maybe the hospital care was really great. Something that sets an Oasis at the end – first of all, **a person gets the experience that there *was* an end** – that they're recovering and they're getting better. That's useful. And then maybe the very beginning, maybe they were on the way to their daughter's wedding… **by the time you get to the impact, and you've discharged both sides of this, it's not that hard to do the impact because you've already cleared the system of a lot of the fear and anger and anything else that might be left there.**



So, we're trying to get this to go into expansion out of compression. So again, you can see, we get this nice middle up and down instead of the mountains and the valleys. And then let things settle through the body. I'll show you how this works.

We could do a group exercise right now, actually. **One of the ways we calm the nervous system down is by finding resources that an individual relates to**. I wouldn't tell somebody what their resources are. I wouldn't say, "Go to the ocean and look over the sea" and all that because who knows, they might have been in a drowning experience in their background, in the ocean. How do I know?

Experiential Exercise

But what I usually do is ask this open-ended question, which I'll ask all of you to play with, if you'd like. You might want to put your notes down. You can close your eyes or not close your eyes. It's up to you. But just for a moment, first of all, feel your seat, let yourself arrive from the day, feel your seat, your back against the back of the chair, your seat against the seat, your feet against the floor.

Just check into your physical system, scan your body physically and notice what that's like, first of all, where do you feel the most in contact with the chair, for instance. And then I'd like you to **reflect on something that you find personally comforting or soothing or supportive.** Maybe it's the presence of your best friend or a family member you're very close to, or your children or your pets.

It could be a location. It could be the mountains or the ocean or a meadow full of flowers or a lake somewhere nearby. Just to tap into something. Or an activity like music or art or canoeing or taking walks in the park. Just to tap into something that you find personally comforting and soothing. And what I'd like you to do next, **once you identify that, is really feel what happens in your body.**

[Easel stand crashes loudly to the floor] Sorry you had your eyes closed when that went. That was not good. That wasn't really part of the exercise. That was the gremlins. That was a little gremlin. Sorry about that. You probably just experienced arousal spike in your nervous system. This was planned. This is what we *don't* want to do in a session, actually. This is [from] the "bad example" file. **So, we get to learn a little bit from a bad example file.**

So, **you might have noticed a physiological shift when that happened. That gives you a little information how your threat response works, right?** So, I apologize for that. That wasn't intentional. Close your eyes. And now, I'm going to scare the heck out of you. This is exactly what we try not to do, actually.

So back to where I was going with this... And you'll probably never trust me to close your eyes again. Just see if you can notice what you feel physically, when you go into your body, especially related to something comforting and soothing. And Avedon promises that... She-

Avedon: I'll hold it-

Diane: She's going to stand there and hold it for me until you open your eyes, at least.

So just notice what you feel, what might happen, in your experience, when you really just take a moment... I'm talking about a couple seconds. And **focus on what's comforting and soothing, or a peak experience, or something very joyful.** What do you notice feeling in your body? What happens? Anybody who care to share their experience with it? Give yourself a moment to go physical with it. Yes?

Audience: My breathing slows.

Diane: Your breathing starts to slow down. **And I imagine it gets a little deeper. Your body was saying that with your hand gesture. We switch to belly breathing, which is, again, a discharge mode.** It's one of the ways we discharge over-arousal. So, we know we're on the right track, right? Just by imagining whatever that might be – do you want to share what your resource was?

Audience: It was just being with somebody who's a close friend.

Diane: Yeah. Being with someone you feel really comfortable with moves you into this discharge. You're able to relax more, breathe more deeply. Yeah. Anybody else notice a shift? Sometimes, we get warmer, but I'm not sure that's possible right now.

Audience: It just felt juicier like-

Diane: Juicier.

Audience: Yeah.

Diane: Like liquid and-

Audience: Just I feel the fluids in my body moving.

Diane: Yeah. Less dry, more juicy. That's great. So, again, a sense of flow, right? Great. Anybody else? Yes?

Audience: Kind of a settling feeling.

Diane: Yeah.

Audience: My breathing just kind of settled.

Diane: Like everything starts to go into this middle place, right? **This will have a tendency to feel settled, or usually, there'll be a sense of well-being within this middle range. We call that the range of resiliency**. But there's a settling, like a collecting of oneself or settling, getting a little more grounded, maybe. Yeah. Anybody else have a shift that they're aware of? Henry?

Henry: I feel rightness with my body. So, everything is just right.

Diane: Everything is-

Henry: Feels strong. It's in the flow. It's natural. It's easy. And it's just very relaxing.

Diane: Yeah. Everything feels right. Sense of flow. Relaxing. You said, everything feels like it's where it's supposed to be-

Henry: Right.

Diane: … in terms of your body. Yeah. It's that kind of feeling, and to think that **we have this capacity to touch into those states, really. Just with a couple seconds of focus** – a specific focus, though. And that resourcing – we use the word as a noun and a verb – resourced states and resourcing, which, I made that one up, but it works. **To help a person shift in their nervous system to something that's calming, or soothing, or feels right. Or there's a sense of well-being that comes with it.**

So, if you will, just hang with me for a little bit and we'll go into another experiment here. I'd like you just for a moment, **from that resourced state, to think about something mildly irritating**. And again, notice what happens in your body. Whether that might be traffic, or someone being late to meet you for lunch, or the phone [won't quit] ringing or something – whatever that might be – I would like you to feel what happens in your body, if you shift your focus to something – for our purposes tonight, mildly irritating – and then back to the resource. Okay.

But before you go too far, just tell me what you notice when you shift to something mildly irritating. What do you notice happening in your body?

Audience: Tightening.

Diane: You get tight, starts to get constricted. Yeah. Just immediately, right? You just shift your focus and it's right there. Anything else?

Audience: My jaw just...

Diane: Jaw.

Audience: Bites.

Diane: Like clenches?

Audience: Yeah.

Diane: Yeah. We can hold a lot of activation in our jaws. That's one of the body's favorite places to hide activation. It just kind of clamps down. Yeah, exactly. Anybody else?

Audience: My heart starts pounding more loudly.

Diane: So, you get a faster heart rate. Yeah, exactly. Anything else? Yes?

Audience: My shoulders start to-

Diane: Start to creep up. You start to wear your shoulders as earrings. Yeah. That's a hyper-vigilance reaction. We all do that when we start to go into the threat response. Yeah, exactly. Yes?

Audience: Anxiety.

Diane: Yeah. And your stomach gets anxious, right? So again, **a few seconds focusing on something, even mildly disturbing, your body immediately responds to that**. Now, you might just think about related to whatever that was, whether it was the stomach or whether it was the shoulders, see if there's a resource that comes to you, your body might suggest to you, that specifically addresses that arousal.

It might be different than the first one we came up with. **Just see if you can feel whatever disturbance starts to happen and see if you could ask your body what would be comforting and soothing specifically to that.** And you might get an image. You might see a person. You might have a certain resource come up right out of your body awareness. Really, not [from] your mind so much. Really asking your body. Yes?

Audience: Were you meaning that about something that addresses what's happening in your mind or addresses like this? Or-

Diane: It could be either one. The actual jaw tension or the experience, whatever you were thinking of earlier, right? The irritation. What specific resource your body might want. It might be this one you did first, or it might be a new one. So just, I'm going to let yourself see if something else comes up. Yes?

Audience: If I picked up my cat, and just held the cat, and started to feel that nurturing from the cat. It would start to take the feeling away.

Diane: Yeah, exactly. So, it starts to shift back into more of a relaxed state, right? Anybody else able to... Yes?

Audience: Thinking about people who love me.

Diane: Thinking about people who love you. What a wonderful resource. And then, what do you notice?

Audience: Immediately, it's like, from the head down, I can feel just everything all the way. Yeah.

Diane: Like, "pshhhhh." Yeah. You immediately go into discharge, right? I mean, that's what I mean about our body being inherently designed, right? But we have to use the focus in a way that supports that design, and then it's an immediate response.

Your body doesn't go through the convoluted stuff that sometimes our mind goes through. It just relaxes or constricts. And then, there's different versions of that, but basically, relaxes or constricts, based on whatever our focus is. You don't have to think about it. It just does it. That's a great example. Anybody else? Yes?

Audience: **I had a really different...**

Diane: You might.

Audience: For the tightness in the jaw, **I just wanted to scream at somebody and pretend I was punching a tummy. Just get the energy out.**

Diane: Well, you see, that will take... Because we're talking about threat response, right? And what happens when we're threatened? What are our instinctive responses to threat? We've got basically three choices, right? Fight, fight, or freeze. And you went into fight.

So, if you just let your... Another part of this model that's really, really helpful is that we're just **focusing on completing any of the threat response elements**. I'm going to, in a few minutes, go through the details of threat response, break it down for you.

But one of them, of course, is going into the fight response. So, you might get that image. **Would you be willing for me to ask you a few questions and let you complete that for a moment?** Is that okay to do?

Mini Vignette

Audience: Okay.

Diane: If you were to just let yourself imagine the screaming and just hearing the sound inside your head, and the energy may be coming into your throat, however that might be, and the pounding... Maybe it's a particular person you have in mind, that very easily could be, right? And just let yourself, in this safe way – I mean, we're not suggesting you go out and actually do that, right? Because it might hurt you and we certainly wouldn't want that to happen, and we don't need to hurt yourself or anybody else. But just imagine in your mind's eye, like you're directing a movie or something, and see it play out, but stay connected to your body, the physical sensation.

This is a key part of this. You don't want to just visualize. It's really important to get the physical reaction. So just see what happens, if you're willing. What do you feel in your body if you let yourself finish that?

Audience: Well, I guess I've done that before.

Diane: Yeah. **How is it in the moment now, though? Really pay attention to any physical shift. If you allow yourself to complete your fight response**, maybe there's certain words…

Audience: More just like an opening up of… like a release of tension.

Diane: Like a release of tension in your neck and shoulders.

Audience: My neck, and shoulders, and jaw, and just-

Diane: And your shoulders-

Audience: …felt like a wave.

Diane: … can drop. Yeah. **Really let yourself feel that discharge. We don't want to stop there. Just really let yourself soak in that release that's happening in your neck and shoulders, which is the antidote to the hypervigilant**, the shoulders as earrings that you were talking about earlier, right? It's starting to reverse itself when you complete the fight response. And just notice what you feel as you just give it time to discharge.

Audience: **Yeah. I just start to feel this smile**.

Diane: Yeah. You just go into smiling, which I would guess is somewhat associated to some kind of well-being.

Audience: Mm-hmm (affirmative).

Diane: Is there a feeling that goes with that, that body smile?

Audience: Yeah, just kind of an opening.

Diane: An opening in your chest and expansion.

Audience: Mm-hmm (affirmative).

Diane: Right? So, [it's] very different than the held shoulders and the hypervigilance. We're looking at shifting those states. And that's a beautiful example, really, relatively simple that is, if we manage our focus, right?

Lecture Resumes

In a way, whether we're working with ourselves or with clients, **we're doing activation management**, right? We're not doing… **what happens so often in, sometimes, therapeutic settings is going from one scary thing to the next scary thing to the next scary thing. Guess what's going to happen in your body. It's going to get tighter, and tighter, and tighter. More and more. More shoulders up, right? More and more anxiety.**

If you can do the back and forth, go from something that's upsetting, to something that's resourcing, to something that's upsetting – your body's going into the charge and then discharging it, like breathing. Inhale, exhale. Charge, discharge, charge, discharge. And your body can work through anything like that. It just has to be small enough pieces that you don't overload the system.

So, you're just getting enough that you can charge, discharge, charge, just like breathing. You can't just inhale. Well, I mean, maybe we've tried it a few times. Doesn't work too well,

though. We need to inhale, exhale, inhale, exhale. That's the natural rhythm for the nervous system. **The nervous system knows how to process that way.**

If we're just activating, if we're only focusing on, well, this terrible thing... Like intake, right? A lot of times, the way people do intake is, "Tell me all the worst things that ever happened to you in the next half hour." By the time a person's done with intake, they're ready to go shoot themselves, or have a car accident, or dissociate, or something, right?

That's not generally the most wise thing to do, especially if the nervous system goes into deeper and deeper constriction, or more and more fear, or more and more anger like you were experiencing. **There's an alternative to that.**

You could do intake the same way you do a session where you introduce something challenging. And of course, it's telling you about what they're coming in for. **But then, the next question might be, well, who are the people that you really feel help you, support you, in your life, while you go through difficult times?** What are some of your resources that help you just rejuvenate when you're this stressed? And then, you can go back again, next question, and answer that, and calm down.

Next question might be, well, tell me something else that is bothering you. Next question might be, who and what activities do you find really help you feel better? Or whatever.

You can do the intake as the same dance, because that pendulation... **We call this pendulation between a resourced state and an activation,** something that's disturbing. We call it pendulating, or looping, but **you're all the time going back and forth between something that's charging up and something that's discharging.**

Now, the interesting thing is, because that's the way the nervous system processes experience, **if you manage that as a therapist in the beginning of a session, the person's own nervous system will kick in**, and usually... Depends on their level of resiliency because some people... It takes a while for them to feel resilient. **As soon as they get enough of that rhythm, the body will take it over**. And you pretty much are backing out of saying that much in the session.

And the person is charging, discharging, charging, discharging on their own because that's **a self-regulatory function of the autonomic nervous system. The body wants to go there anyway. This is our natural rhythm**. This is unnatural. This is where it doesn't feel good. It's like the opposite of the well-being that you were talking about, and where it will pick it up. That'll be something that I'll be able to show you over the weekend because we'll be doing enough work that way. I can point that out.

And it's really fun when you feel it in your own body. Your own body just starts to do it. And you're kind of going, "Gosh, this could just keep going on forever." And very often after a session, as long as somebody doesn't do anything too disturbing right after the session, which generally you don't want people doing... You don't want to go to the most highly conflictual relationship thing and take that on right after they do an SE™ session.

But they'll keep processing. **They'll just keep digesting whatever's in the emotional or physiological closets because the regulation is in balance enough to continue to do that**. Sessions in a way, you're kickstarting that process, and then the body takes it over because it's natural for the body to do this.

I hope, at least, you leave with one really main point is that we all are designed to be able to digest experience, including difficult experience. If we weren't... I mean, really, the species wouldn't have gotten this far... I mean, humans have a lot to deal with. It's not the easiest thing, sometimes. So...

Avedon: I think this is going to be okay.

Diane: Okay. Thank you. It'll behave until I ask you to close your eyes again. Okay. Let's see. Any other questions about that?

The Power of the Relational Field

Audience: I have a question. **My reaction was very similar. I wanted to do karate chops and kicks and everything. But as soon as I started thinking of that, it felt good for a quick second, and then I started feeling more anxious.**

Diane: Mm-hmm (affirmative).

Audience: It was-

Diane: Did you feel-like you sort of had to stop your fight response?

Audience: Yeah. I don't want to do that.

Diane: Because very often**, that's a physiological pattern, that maybe from childhood or maybe from an earlier trauma, it really wasn't affordable in real life**.

And if you would have gone into your fight response, it might have escalated the situation and made it worse for you. Your body's smart about that.

Audience: **But as you talked her through it, then I could do it.**

Diane: **It's contagious like that. Yeah.**

Audience: Yeah. It was good, that vicariously-

Diane: Exactly.

Audience: … I could allow myself to do this karate chop, right?

Diane: You could complete it.

Audience: Yeah.

Diane: And there's a good feeling that comes from just completing.

Audience: Yeah.

Diane: Right?

Audience: Yes, it is.

Diane: And **it helps you move, again, out of the threat response, the stuck threat response into a more fluid state.**

Audience: Yeah.

Lecture Resumes

Diane: Now, you think about completion. Let's just take a moment on completion. **Just think about how you don't like it, if you're out to dinner and somebody keeps interrupting you**. Maybe the waiter, or maybe the person you're with, every time you start to get halfway through a sentence, they jump in. How many people like that? Anybody like that? Most of us really don't like that. We eventually say something if it keeps happening, right?

Well, think about how much your body doesn't like it – big time doesn't like it – when you're trying to survive, you're in some life-threatening situation, and **something happens that interrupts you from completing a successful escape**, like a fight response or a flight response. That happens a lot.

I mean, think about a car accident, right? Your [body wants to] mobilize fight and flight, but you're strapped in with a seat belt. You're probably not going to get out of the car and beat up the other driver. I mean, I'm not suggesting that you would. **But you have all that mobilized energy and it has no place to go**. If you leave the scene of the crime, like you do a flight response, you're going to get in really big trouble, right?

Often, as humans, we're **socialized out of our fight and flight responses, because it's not [always] practical.** But the problem is the body doesn't get that. That's a mind thing, right? The body mobilizes for fight and flight. It's highly active, activated and active, and then you can't finish, right?

So, we're not suggesting that you do beat up the other driver when you have a car accident. Or you do flee the scene of the crime. **But you need to, just like we did in here, feel the energy and allow it to complete in a safe way, in a therapy session or an imagination, even on your own.**

All these skills are highly teachable to your clients as well. These are things they can do in between sessions that can help themselves quite a bit, as long as they understand how they work. In both Peter's and my book, we talk a lot about real practical things that people can do, that will lower the arousal they're trying to deal with in their nervous system.

So, there're a couple things that **help re-regulate the nervous system. One is taking small enough pieces of a traumatic event, taking just a tiny bit of it, and then helping it digest with resource.** So, you're resourcing. You're breaking things down into manageable pieces so a person can actually digest a piece before they go onto the next piece. And **you have to give them a little more time on that than most people realize.**

The body... When you're working physiologically, we're accessing mostly the reptilian brain, the brainstem. **The brainstem process is about at least seven times slower than the neocortex, which we're used to using**. Just even the quickness of my speech is much more neocortex than reptilian.

Now, **when I'm working with someone and I go reptilian, my speech slows down considerably, because otherwise, I can't stay connected to that part of the brain. And people need much more time to integrate something when you're working physiologically**. You have to make that adjustment.

The other thing that's interesting that I hope to show you – even in a vignette tonight – is that, **once you slow things down enough, and you get a little bit of this rhythm going with the nervous system, the body starts to take over an intrinsic kind of functioning**.

It starts to move on its own. **It starts to reorganize it on its own. It starts to do an internal body work process, aligning things that weren't aligned, and discharging things**, like you said, where your shoulders just naturally started to drop. And we call that intrinsic functioning.

One of the things we teach in the model is how to recognize that, and then get out of the way of it. Because **once somebody's innate healing's taking the front seat, you don't need to be doing anything else. You just want to give space and support, and your presence, or your help containing the person's experience, so that their own body's making self-corrective changes.**

And once that happens, you're right where you need to be. I mean, the person's body's taking over. It knows exactly how to do it. And **you're hopefully recognizing when to come in and when to leave it be.** Yes?

Audience: Did you say that the responses from the nervous system, like the unwinding, or the slowing down, or the speeding up, like the sympathetic nervous system is coming from the brainstem, and then... which is slower-

Diane: Well, it's a little more complicated-

Audience: Is that why it's needing space? I guess I wasn't-

Diane: The pace of the work-

Audience: You were saying something about the brainstem being slower than the neocortex and it needing space.

Diane: Yes. The brainstem process is about seven times slower than the neocortex. Just **for it to integrate information or integrate a shift, it needs more time and space by definition.** The neocortex is very speedy. But the back part of the neocortex is not so useful in helping a threat response relax. I'm going to show you a little bit about that.

It's one of the reasons humans have a little more difficulty going from threat response into relaxation. We tend to run a lot of stuff through our neocortex. We think about it. I mean, we've been taught to think and analyze from the time we started school pretty much, right?

It's just not the most helpful thing to shut your... **You can say, "I shouldn't really be afraid of this. I'm terrified of snakes, but that doesn't make any sense. I shouldn't be afraid of snakes." Well, bring a snake in here. I'm going to be on the ceiling, right?**

It doesn't matter, if I tell myself, "Well, this is silly." I mean, how many people get over a fear that way? "This is silly. I shouldn't be afraid." There it is – "Aa-ah!..." Right? It's a physiological trigger. You get an arousal spike, if there's something that you've paired with fear, right? **We're trying to show you an alternative way – that's probably much easier on you –to shift out of that reaction**.

The other thing I like about the biological understanding, that I like so much, is [that it] eradicates judgment. It's just that your body does certain things. It's designed do certain

things. It's the way you're designed. Everybody's designed the same way. And **judging yourself about it just doesn't really make any sense. That's a neocortex function, judging an instinctive process** that... I mean, it really becomes clear that it's irrelevant.

What I love about that is **you can really help people undercut that part of their dialogue, that negative self-talk**. Not only did you get beat up by the traumatic event, on top of that, sometimes, we get beat up by our own head about it, which certainly isn't particularly helpful. It doesn't add to a healing perspective.

Audience: And personally, when you say that, **one of the stumbling blocks often for folks is, whether or not to believe their experience intellectually. "Did it really happen?"** and all the ways that you could cancel it out. "So and so couldn't have done that," "Nobody- "

But if you can... I'm just going with what you're saying. You locate it in your body and the response, then it's a non... Not a nonissue, but maybe, **a way into working with that acceptance of the reality that something happened.**

Diane: Absolutely. That's a very good point. In case some of you didn't hear her, she's talking about how so often we try to figure it out, [inaudible] … in our mind. **"This is what happened to them. Who did what? How did it happen?"**

You can always be speculating. I mean, **you can spend a lot of energy speculating. And really, if you learn to track physiologically, your body really sorts out what happened**. And sometimes, you don't remember right at the beginning, but the nice thing about this work is **you can resolve the symptoms without even knowing the content**.

Because even if somebody chronically gets a tight stomach or chronically has headaches, they can move through that arousal pattern that will dislodge the underpinnings of that symptom, whether they remember the event or not.

If we call this a traumatic event, maybe it was an attack or something, and a person doesn't remember – because of course, when we get a really big arousal spike, we disconnect and don't remember. We fragment or we disassociate, and our memory's splotchy, or not making much sense, or not there at all. Could be amnesiac about it.

But **when you start to discharge the activation that holds the dissociation in place**, if you think about... I usually use little post-it notes. It's [as if the information about the event were written on several post-it notes, and **when those little post-it notes start to fall out], you start getting pieces of memory, that then start to naturally integrate as the activation level goes down.**

If the activation level is too high, it naturally disintegrates us or fragments us. As the activation level goes down, we naturally... I mean, it's not something we make ourselves do, or I could tell a client to do, or myself to do. It's just that that's one of the byproducts of calming the system down is these things start to come together, including memory.

Now**, the interesting thing about the reptilian brain, at least the way we understand it, is that, sometimes, it operates in "feels like,"** so you have to know that part. It loves metaphor. It feels "like," feels "as if," right?

So, like a dream image. I mean, I'm sure you've had this in your own experience, and with clients. **A person might dream about... I don't know, a grizzly bear and that represents,**

maybe a person that hurt them when they were a kid. There's a "feels-like" element. And what would be more severe in terms of false memory difficulties would be...

For instance, I had a student in one of my classes who was a really skilled social worker, a wonderful man, who was probably about 63 at the time. And **he was sure he'd had sexual abuse as a child. Didn't know who or how. It was kind of that thing, "Where, how...? But I know I've had something not right about that. I'm sure it's sexual abuse."**

And then he starts to go on this whole journey, like many people do. "Oh, it must have been this person, or maybe it was that person, or maybe..." And got really confused about it. **But when he finally did a session, and started track physiologically and really stayed with it, he got to the awareness that it was a medical procedure.**

He'd had something that had to be corrected, and that was violating enough. Of course, surgery is. That **it "felt like" being violated sexually, but it turned out to be medical.** Now, he sorted that out by the tracking in the body. He never would've figured that out in the mind, probably.

Because, sometimes, you get a "feels like," you need to understand that, sometimes, you're working with metaphor, and sometimes, you're working with actual experience. As you continue to track, though, **it generally becomes very clear what was and what wasn't**. Not always, but very often.

The body sorts it out. And when you have that sort of "body knowing," it seems to be much less confusing than the process where we "try to do it" when we're trying to think it through. So, I just **really encourage my clients not to do that.**

And I know you're going to have a biological need to know where the threat was, and who the threat was, and how... All that, but **the truth is, you don't know**. And **if we get your arousal level down enough, you're probably going to get a lot more reliable information than if you're trying to tell a story that you don't know [is even true].**

I have a great example of that. I had this wonderful young woman [as a client]. She was 37, and she came to me, and she had [many, many] symptoms. Oh, my goodness. Probably **one of the most symptomatic clients I've ever had.** She had osteoporosis, and she was only 37.

She had to ride her bike 35 miles every morning to deal with the anxiety she was feeling. She was an agoraphobic. She had a trust fund, so she never had to go out of the house. That was the bad thing, in a way, to be financially independent, because she could just support this "never doing anything, besides being inside the house, except for riding a bike." She was afraid of people. I mean, just tons of things. And **she knew something had happened to her as a kid, but had no idea what.**

So basically, **she went on this story-making thing, and she decided that she had been sexually abused by her father**. And she was terrified of her father. Every time she saw her father, she had a panic attack or anxiety. I'm going to make that very long story short. It turns out, **after we did the tracking, that she had been brutally attacked by two men on the way to school when she was seven. But they told her, of course, don't tell anybody, or this will happen or that'll happen, and I'll hurt your family** – all the threats.

So, every time she went to tell her father, because she really wanted to tell because he was her protector, she would get this anxiety. But by then, she'd forgotten the event. So,

the anxiety got associated with him, when it had nothing to do with him. By the time she got to me, she'd already divorced him and the family. And I said, "You know what? Maybe we shouldn't go all the way to divorce yet because we don't even know what happened. **Let's give ourselves some time."**

We gave ourselves six months to do the process, figure it out, and we found a completely different story. So, you just never know. Now of course, the flip side's true. Sometimes people have a sense of something and that's exactly what happened. **You just have to stay open until you know**. Okay. Yes?

Audience: **Would you say there's a difference physiologically between a single-event trauma than something that's more chronic, like maybe neglect, something harder to point to?**

Diane: There probably is a difference between chronic and acute post-traumatic stress. I think acute**... it's hard to say that as a general thing, because you could have one really horrible acute event that just completely discombobulates you, or you could have a gradual and chronic erosion that then becomes a really deep pattern.**

Sometimes, just generally speaking, **acute things are a little easier to move** because it's a one-time thing, and you don't have maybe as complete of a distrust of humanity or a distrust of whatever that chronic event was, where there are so many repeated you know, blocks, or pains, or fears, about the same type of thing. That's a little harder to digest later.

But of course, **if you had some gigantic one-time thing, that could shut things down pretty well too. It kind of depends on the amount, but I'd say in general, chronic is more stuck, because there's so much life experience reinforcing it.** For instance, like a fight response, if every time your fight response was activated, like you were going to stand up for yourself or were going to, you know, say "No, this isn't okay," or you were going to fight back, and you just got creamed every time that happened**...**

[Where] every time you mobilized, you got overwhelmed, when you mobilized, you got stopped. That's going to pretty much – it's going to take some work in therapy to help you shift that pattern back into being able to have a response and complete the fight response. That's a good, good point. Yes?

Audience: **When you are working with the trauma, do you start with the easier**? If there is such a thing.

Diane: Sometimes, **I might start with something that's a little bit more manageable and then move towards the tougher stuff. So yeah, do the looping so they get the experience that "I can move through something."** And then you can say, "Well, just like you moved through your fear of performance, we might be able to move through this, you know, difficult relationship, or car accident," or something like that. Yeah, because it gives you a point of reference.

What we're going to be looking at now is taking a little piece of content and seeing how it works to loop from resource to activation, then back to resource and activation. Activation, what I mean by that is anything that's over-arousal, like anything that could be a little challenging for a person. Anything that tends to put them a little bit out of balance, generally speaking.

Usually, **when you're going back and forth like this, to help with the digesting – the experience happens – what you'll notice is, instead of a recycling, the person's normal pattern with whatever it is they're talking about, something new will start to happen.** [There's] something about going back and forth so the integration, or the digestion, of the material starts to happen. They start to open up to a new way of relating to the experience. So, that's what will usually happen when you're working with re-regulating the nervous system.

Demonstration: Trauma Induced by Repetitive, Small Events

Diane: Thank you, Dee, for being willing to volunteer. And do you want to share with the group a little bit about what you were thinking about looking at or touching into?

Dee: I didn't know what I was going to say. I just volunteered because nobody else did. So that was the first thing. But there really is something. **It's not a big trauma; it's from having been stepped on when I would [speak up] through a good portion of my life, through schooling, through parents. Because at that [younger age, I had a more exuberant kind of nature, but couldn't find ways of saying what was welling up. I wanted to come out sometimes just exuberant, but a lot of times if I saw something negative or something that I just needed or wanted, I couldn't.** And I've had difficulty speaking sometimes when there's truth involved. I need the encouragement to speak… *[gets emotional]* Oh boy, when I say that… Yeah. If I don't get the encouragement… Wow. Right.

Diane: Yeah. [I think we got the general picture.]

Dee: We got there pretty fast.

Diane: Yeah. Yeah. And just notice, you're in the arousal now. It sneaks up on you, right?

Dee: Yeah.

Diane: So **that was an arousal spike**. Very clear. And let's just notice… you were talking about this wonderful exuberance that you experienced sometimes. And just for a moment, focus on the feeling of that – you don't have to say anything, just feel the feeling of it, this exuberant self of yours that feels like it just wants to expand and have support. **There's a smile that comes with it. Let yourself enjoy it.**

Dee: Yeah.

Diane: All the way into your cells and notice what happens in your body when you just have space and allow this exuberance for a moment. So, **we have the arousal spike, and now we're switching to resource**, because we're going to start to be able to calm things down a little. What happens in you when you just have this lovely space for this wonderful exuberance?

Dee: I hear applause.

Diane: Hear applause. We can do that for you too.

Dee: It's okay.

Diane: If you've got it inside your head, you don't need it outside.

Dee: No. Applause from this… when I smile, and then I hear applause like… more like, I like that. And that reinforces… it's a hearing thing.

Diane: Just notice that the sound of applause comes in. This is your own regulation. That's coming from your body, the sound of applause. And just notice again, how your body responds when the applause is there, coupled with your exuberance. Supported and appreciated and applauded.

Dee: And people are smiling. I'm smiling, I smile.

Diane: The image of the crowd. People are smiling and you're smiling. And **what's your experience physically?**

Dee: **Actually, I come down and I'm slowed, but I'm also concurrently excited, stimulated. Like there's, there's more. I'm not stopped. I'm able to move.**

Diane: Yeah. You went from being stopped and this is a very quick shift. You see how quick this was? Cause when you were describing it earlier, you kept saying, I felt pushed down, pushed down and already you're feeling this, "I can move." It's there. People are smiling. It's a very different experience.

Dee: Very.

Diane: And just again, soak that up. Just really feel it all through your body. All of your cells, just soaking up this appreciation and space for your exuberance now. And you notice the slowing down. But also, the building excitement and more life force, more aliveness.

Dee: It's close to the edge of flipping.

Diane: Yeah. And because there's a relationship, right? So, now we're going more towards the activation, which we need to do. **We need the activation as well as the release and the resource to continue to digest this history. It's okay that it touches back into activation.** That's again, the regulation it's going to keep going back and forth and it does it on its own. It just did.

Dee: It just did.

Diane: It just did. Right? So now we're probably noticing a little bit more of the activation. And if you want to say a little bit like what that feels like, that's fine. You can speak whenever you want to.

Dee: **I can't use my eyes very much**. I need to look down [and] away and they're, they're not exactly stuck. I don't feel like they're stuck. It's just that there's only one way to go if that makes sense to you. And I'm not really looking, I guess it's a way… that's why they don't feel stuck because I'm not using them anymore. I'm in that little animal mode of just waiting, not filled so much with fear. It's more like **I'm not here.**

Diane: Right**. Kind of a disconnection**.

Dee: Yeah, **but it feels kind of good to disconnect.**

Diane: Right.

Dee: It feels a lot good to disconnect.

Diane: Especially if connecting was not so safe.

Dee: Yeah.

Diane: Right? Yes.

Dee: Yes.

Diane: **You can disconnect or connect – whatever your body wants to do is just fine.**

Dee: It's funny. I started to feel the, the suppression again. And then **I immediately went into this wide open, but narrow space, if that makes sense to you… where I am disconnected, where nobody could squeeze me, get me.**

Diane: Right. **They can't get you. So, that's probably the pattern that you may have had over and over again. Where the exuberance comes up. It's not supported. You feel the suppression. And then your response to that is "I'm out of here. I don't like this. I'm going to disconnect."**

Dee: **And I can't leave physically**.

Diane: Right.

Dee: **So, I disconnect.**

Diane: You just take your awareness. **You disconnect from your awareness**.

Dee: Yes.

Diane: Right. Called dissociation. **That's a form of dissociation.**

Dee: Yes.

Diane: Yeah. So just notice that, and let's just see if whatever it was that was suppressing... You said you mentioned school and perhaps family sometimes were suppressing, **is there one of them you'd like to focus on right now?**

Dee: **I find myself avoiding that. I'm getting real… dispersed again.**

Diane: Whatever it was that was suppressing, okay…. Whatever it was, I'd like you to put it… like **ask your body this question. "How far away from you would you like that to be?"** We can take it all, and put it all the way on Mars, whatever was suppressing you. We can throw it as far away from you as you need it to be.

Dee: **Just outside those windows would be fine.**

Diane: So, whatever that is, let's just **put it outside those windows and freeze frame it.** Okay. And put it in cement, or ice cubes, or whatever you want to do. It doesn't matter. But **put it out there and notice how you feel in your body. Did you notice her breathing shift? She just went into her belly.**

Dee: **I feel a lot bigger.**

Diane: Yeah. And so, **from being small, you get bigger.**

Dee: Yeah. Right.

Diane: So how is it to be bigger?

Dee: Oh, it's just fine. It's absolutely fine. It was necessary to whatever that is. And I'm trying not to-

Diane: Doesn't matter.

Dee: …use old, you know, it just needs to be out there.

Diane: And **notice your arm now. You're pushing. Notice your arm. Just kind of, how does it feel to make that movement, like "Go away," or "Stay out there," or "Give me space," or whatever-**

Dee: Exactly.

Diane: … it means, whatever your words are.

Dee: **It means I can do this and not touch it.**

Diane: Yeah. So, **you have space for yourself.**

Dee: I have space.

Diane: Yeah.

Dee: Yes.

Diane: Yeah. And just notice **what happens in your physical experience when you have space.**

Dee: Oh, wow. "Shoooo." **And I find I can use my arms because when I get scrunched, my arms and legs, I tend… they tend to be thin anyway, I'm small boned, but they get like sticks, like a snowman that has the wooden sticks for arms. And I feel like I have no flesh on my arms and legs.**

Diane: Right.

Dee: So, I really can't move them

Diane: Right.

Dee: Much.

Diane: **They go into an immobility kind of place where you can't move**. But this feeling, **when this is out there-**

Dee: **Then I'm fleshed out and I feel more balanced. I have as much flesh on my arms and legs as I do in my whole core.**

Diane: And how are you feeling in terms of connection? Do you feel disconnected, or-?

Dee: No, **I'm very connected.**

Diane: You're very connected.

Dee: Yeah.

Diane: We just reversed the dissociation. **We dissociated the threat-**

Dee: Yes.

Diane: **… the suppressors and you get to stay, you see, so you get to come back, you get to come back and be here with us, which is just quite lovely.**

Dee: Yes.

Diane: Right? Yeah. And you feel fleshy and more real and more integrated, perhaps?

Dee: I… until you say that, and then I can begin to feel it switch again, a little.

Diane: Right. That's because remember it's going to... Yes. And, and your body naturally goes to… because **we're cleaning out the closets, so to speak, of the activation and until they're cleaned out, your body will naturally go back to digest the next piece. You're not losing ground. It's just, "What's next?"**

Dee: Yeah. I always figure that something, whatever it is, is almost pre-verbal for me, I mean it's long, long-

Diane: Like an "as long as you can remember" kind of feeling.

Dee: Yes. So, I can't really associate it with… it seems to me like I can't get a clear body person. It's more-

Diane: Amorphous.

Dee: … amorphous**. I can think of specific instances, but they sort of tie in with something bigger.**

Diane: Yeah. Yeah, I understand that. That makes sense.

Dee: Yeah.

Diane: That makes sense. And we notice that when you put it outside, then there's all this space for you to return to yourself.

Dee: Yes.

Diane: And your presence in the world and all of that.

Dee: Yeah.

Diane: And it feels safe enough for that to happen. Relatively safe enough. Because this is removed.

Dee: **I actually feel my mind working clearer**.

Diane: Right. More clarity too.

Dee: I mean, I don't… it's not… I'm not so preoccupied with my body when I'm get, when I'm getting scrunched. **I'm so preoccupied with my body that I can't think… much.**

Diane: **That's what happens with overwhelm. We start not being able to think. Yeah. And how are you feeling now?**

Dee: **A little scared.**

Diane: So, we notice a little fear, which would again be the activation showing up.

Dee: Yes.

Diane: Right, right. And I can see it in your eyes also.

Dee: Yes.

Diane: Yeah. And so, **we just then want to maybe perhaps find another resource**. One thing we could do is, if you were to imagine someone, anyone from any time in your life, or even

someone you imagine who would be **a competent, protective ally**, someone who would know how to support you or has known how to support you or help you protect you in some way… could be an animal or a person or-

Dee: All right.

Diane: Do you have someone that you've identified?

Dee: **It's an elephant.**

Diane: It's an elephant. Great.

Dee: It's big.

Diane: And where would you like the elephant? Like, right next to you or in front of you or behind you? Or?

Dee: About right there.

Diane: Right there. Okay. So, if we just have that elephant right there, again, just want you to notice what you feel in your body.

Dee: Very pleased.

Diane: Yeah. And it doesn't even matter. I mean, obviously there's not an elephant there, but **your association with that is protection, the experience of protection, or safety and some version of that. And it starts to resource you, and your activation level goes down** and you start to feel… perhaps… what? More wellbeing or what? What specifically?

Dee: I think **delighted, amused**.

Diane: Delighted and amused.

Dee: It's that stimulation again. So, it's "kind of tickled." You know?

Diane: So, what was scary starts to become fun?

Dee: Able to… I don't know if it's "laugh," exactly. There's… I guess it's just that amusement. **The human at ease.**

Diane: Yeah. More at more "at ease-ness." So, we could take this one step further just for fun, if you'd like. And we've got the suppressors who – and whatever that is – out there outside, right?

Dee: Yeah.

Diane: You've got your elephant here to protect you.

Dee: Yes.

Diane: **And I'm just wondering what your body would like to have happen to the suppressors, now that it might be safe enough to do whatever it is you want to do**. [It might want to] say something, or do something, or have the elephant do something. What would your body like to see or do?

Dee: I would like them to see this elephant in here. It's so big, they can't not see it. And I would like them to look in the window with curiosity and a little bit of longing to come in, but some fear that they don't, they're not sure that this is the place for them. That's what I would like.

Diane: Okay. And as you see that… *[laughter]* Great! what happens in your body when you see that situation?

Dee: **It's more delight.**

Diane: Yeah?

Dee: That I'm playing. Playing with.

Diane: Right. So, **it becomes a whole different kind of experience**.

Dee: Yes.

Diane: Yeah. So earlier, just to kind of go back to where we started, you… when you were first talking, you were talking about this kind of… you were using your arm this way, you know, this kind of suppression, your exuberance would come up, this lovely exuberance and then something in the environment, whatever it was, would start to do this *[gestures her hand downward]*. And I just wonder, **when you touch back into that, if your body has any other response to it right now? And again, we can put it out there or it could be wherever you want it to be.**

Dee: I can get a hint of it, but it's not as deep, because **the elephant's still in the room.**

Diane: Right. Well, **a lot of it's been discharged**. So, you notice that it doesn't have the same power. It doesn't have the same impact on you that it did when you started, since we've done the looping.

Dee: Right.

Diane: Does that seem true?

Dee: Yes.

Diane: Okay. It's a fainter version of what we started with.

Dee: Yes.

Diane: Because we're literally… like the slinky, right? We're taking activation out-

Dee: Yes.

Diane: … Each time we loop. So, when you go back to the original trigger, generally, it's not, it doesn't have some much activation in, it

Dee: Doesn't feel as strong.

Diane: And so, when you notice it this time, the kind of the hint of it, or the amount that's still there, what does your body want to do? If it could do anything, if it had all the choices in the world now, and as many elephants as you need, or… What would-?

Dee: I just need the one, just the one. The one is good. And the room with windows.

Diane: Right. And **what happens to the suppressing element that** you were describing in the beginning – now with your elephant and the windows?

Dee: It's still there to a degree. Whatever it is, is connected with… **I don't want it to go away entirely.**

Diane: Oh. Interesting

Dee: **Because somehow, it's connected with people I love**.

Diane: So, you'd like to keep the connection to the part of them that you love, which could stay intact. But perhaps, you might want to find your way through the suppression. To have a new response to the suppression. **But you can still keep the people you love and not have it be suppressing.**

Dee: **I have the sense that any of the suppressing was not done out of awfulness on their part, but some out of, "This is good for you."**

Diane: So, an idea of like, some kind of social training or something? I don't know. Some, some idea.

Dee: I think, I mean, I think there's dysfunction there somehow too, but I never have been able to blame. I don't want… don't know if I don't want to blame or I can't, which is why I like them just out there, but not gone.

Diane: Right. So, you can still stay connected, but **let's just see what your body wants to do with anything that's suppressing you in a way that you don't feel is useful to you**. That you feel is having-

Dee: Can you say that again…?

Diane: … that you feel is having a negative impact on you.

Dee: What my body wants to do?

Diane: What your body would want to do in relation to anything you feel is overdoing the suppression. For whatever reason – wouldn't even have to know what that is, but what would your body like to do? We know one thing it wanted to do was put it outside.

Dee: **It needs to talk. And it needs to talk to the whoever, whatever is out there. It needs to be able to say-**

Diane: **So, you could have your voice.**

Dee: I could have my voice, yes.

Diane: And maybe that's a sense of having your voice, or maybe there's actual words there that you want to speak. You can check.

Dee: **I'd like to say hi, but from a distance.**

Diane: Yeah. **And how is it to say hi?**

Dee: It's fun.

Diane: **And how is it to have your voice? And your exuberance?**

Dee: It gives all kinds of possibilities. It gives a wider range. **I have a bigger range. I don't know where I would go next or what I would think next. And that feels comfortable to me, that I don't have to have a plan about… if I'm not so afraid.**

Diane: It opens the space perhaps for more spontaneity.

Dee: Yes.

Diane: And more options.

Dee: More options. Yes.

Diane: And more room for you to-

Dee: Yes.

Diane: …explore

Dee: Perhaps. Yes. Yeah.

Diane: How does that feel? What happens in your body when you have this curious exploration?

Dee: Well, there's that excitement again.

Diane: There you go.

Dee: The curiosity, and the excitement, and the wonder.

Diane: So, **you reconnect with your wonder and amazement and curiosity.**

Dee: Yes.

Diane: Very nice. **Sounds like you're somewhat free of the suppression and you can still stay connected. They aren't mutually exclusive.**

Dee: **Yeah.**

Diane: Very nice. Does this feel like an okay place to land for right now?

Dee: Yes.

Diane: Okay.

Dee: Thank you.

Diane: You're welcome.

Diane: So, is it okay if we just **check in with the group a little bit?**

Dee: Yes.

Diane: Okay. You can hang out here with me if you'd like.

Dee: Yeah.

Diane: Okay. Does that give anybody a little bit of an idea how that works? It's much gentler and easier than a lot of other possibilities and it can go different directions. People sometimes [create] a fantasy, like the elephant. Sometimes it's more factual. Doesn't really matter because **you're not trying to recreate history. You're trying to bring the nervous system back into balance.** And however you get there is going to help.

Debriefing the Demonstration

Audience: It reminded me – when I was watching it – of **polarization.**

Diane: Yes.

Audience: And how, you know, how we have a threat, and we make a storm. Like I often use the monsters under the bed.

Diane: The monsters under the bed.

Audience: With children, or adults.

Diane: Right.

Audience: Because it seems silly to adults, but yet they can remember the monsters under the bed when they were younger. So, you know, do you want to turn the light on? You want to look under the bed? **If you don't look at it. It gets bigger. It's that going back and forth, bringing the two together. So, you have a "both/and."**

Diane: Right.

Audience: So, she didn't have to completely leave-

Diane: Right.

Audience: … the part that she was connected to with the perpetrator or the suppressor, but she could have that-

Diane: Right.

Audience: … and then bring this in too. And the looping helps integrate it and makes it possible so she can be more creative and have it work for her. So, she can have more of herself back. So, she… she's more complete and whole.

Diane: Exactly. **Because so often, especially as children, our response to this is to disconnect**. Because what else are we going to do? We can't overpower the other people. But we're trying to find a way in the session so the person can actually be present and whatever was disturbing can get digested or have less power. So, a person can actually stay with their fun, loving, curious, excitement. Any other comments or questions?

Audience: I have a question.

Diane: Sure.

Audience: **What if somebody wasn't as articulate about or in touch with her process?**

Diane: You have to teach people how to track physiologically. **There's sort of an educational process**. And for people who don't have more of a natural skill that way, sometimes you're menuing. Like, "You know, as you bring this topic up, you might notice that you feel a little irritated or feel…" say something like, "I am observing. I noticed that as soon as you…"

Well, I did in the beginning with her, I said, "I noticed, as soon as you talked about this, there was a big arousal spike. You're feeling a lot happening right now. Let's just shift focus into something that's more comforting and soothing." You might have to manage it a little more. I mean, her body went into picking up the rhythm of self-regulation very quickly. And as

people learn how to do it, that'll happen more and more. I mean, **you become less active as a therapist.**

The more SE™ sessions somebody does, because they're doing more of it on their own... And then you might just be adding a comment here or there if they get stuck. But that's what we hope will happen. That their more… their self-regulation is kicking in and guiding the session more and more as they get comfortable, but they have to learn it. It's not something we're really used to doing – tracking physiologically.

I mean, if you're walking down the street and you find a friend and you say, "Hi, how are you doing?" It wouldn't be likely that they'd say, "Well, I feel a little tight in my stomach. And I notice I'm doing some shallow breathing and I feel a little heat in the back of my neck and, you know… but I feel pretty expanded in my chest right now." I mean, you know, so **it's not the way we're used to processing**. So, you kind of have to help massage a person to their physiological awareness.

Yeah. And that's a whole process in itself. Some people – they're naturals. I mean, they walk in the first day and they're, they're amazing, you know. Other people, it takes a little while and that's kind of normal, really, because in a way, it's a new language.

Diane: He just wanted you to re-ask your question.

Audience: Oh, I'm sorry.

Audience: What if someone isn't as articulate and in touch with their body as this person was? Thank you.

Diane: Yes. Yeah.

Audience: Well also**, I'm aware of some clients – particularly kind of complex trauma clients – they don't have a clue about their body. They've been taught to totally shut out-**

Diane: Exactly.

Audience: …in any way. **Not only that, but I can imagine, if you ask them about tracking and they can't, that there's also a phenomenal amount of shame about that as well. So, I'm sort of wondering how this would apply to that?**

Diane: That's a very good question. **In tracking, you don't actually have to track through the body. If someone is highly dissociative because they have a very complex trauma or a combination of traumas, you can actually have them process from a dissociative point of view.** You can say, "Okay, so as you're disconnected…" You can resource them in their disconnected state and say, "If there could be someone who could be with you wherever you are, like if you're viewing this from the top of a nearby tree, or you're just feeling beside yourself…"

Try to help them get a sense of location where they are, other than their physical awareness, right? And then you can resource them there. **As soon as somebody's resourced enough, that their resiliency level is high enough and you're reducing activation, they will start to integrate and start to report things from inside the body.** But that may take a while, if their main way of staying safe is not to be there.

One of the things you saw me do with Dee, as soon as she disassociated, I removed the threat, so she didn't have to… **She was having to give herself space from the threat by leaving.** I had one client who had – I think it was a rape situation – I asked her that question, where she wanted the perpetrator and she said, I want this guy on the edge of the ever-expanding universe. So, getting further and further away. That's one of my favorite responses, actually, and that's diagnostic. That told me, "Okay, this was really…" of course I knew that, but this was really severe, and they need a lot of distance. She only needed the person to be outside the window.

That's a very different level of disconnection. So, if you have someone's who's highly traumatized, they're going to need a lot more space. But if you start putting what was disturbing away and freeze framing it, or putting it under water – whatever you need to do for them to feel like it's immobilized – **their defensive orienting responses start to get more available**.

Like for you, it was finding your voice, and also the pushing away with your arm – **you were working on boundary repair there and fight responses**. But it takes time. I don't have any preference for someone being in their body or out of their body. I look at it as a function of activation. **As soon as disconnection happens, you know there's a big arousal spike. Because we don't disconnect unless we're highly activated. To me, [that gives me the information to] know that I'm dealing with more activation.**

That means I have to slow the process down more. I would resource more. I would give distance, try to have the threat be further removed, anything to stack all the cards in the client's favor. So, their own functioning has enough safety and enough support to start working. I might even have somebody have an army of resources.

You have your elephant, and I was just checking to see if you wanted a whole bunch of elephants or just one? And she said, I don't need more than one, right? But your body was making that decision. Your body knew. And then she, just for a moment, started to get cognitive. Do you remember when she was trying to figure it out in her mind? It stops the whole process.

You just have to find a way to gently remind them, "Oh, let's see, **as you're thinking that thought – or whatever – let's just notice what's happening in your body**. You want to gently bring it back to body awareness, because **to get the arousal down the nervous system, you have to stay sensate focused**. You have to stay somatically focused. It works a lot better.

All of us will go cognitive, because it's what we do. We are so trained to do that, but when someone goes there, you're trying to shift it back as gently as possible. With someone highly dissociated, it takes a little more time, and you don't want to rush it, because the experience of being in the body usually has been so painful, that to go there would be like going into a really scary place.

It has to be safe enough for them to feel some comfort there and then let them go out and in and out and in. There's no preference for in or out, it's just trying to eventually discharge activation and increase resiliency. That's a very good question. Yes.

Audience: Yeah. I just want to thank you Dee, for just experimenting and **letting us all have a vicarious experience.**

Diane: **It's very contagious, yeah.**

Audience: [inaudible] But I did want to ask you about that piece. Because I don't think I've seen dissociation handled in such [inaudible] But you know, it's just like more activation in the system. I was wondering – it seemed like it was a pleasant experience [inaudible] and so **how was it for you to come out of that and have that process – to come out of that nice little safe-ish sort of not connected place?**

Dee: **Really fine, because I know that I can go there again if I want to. It's not like I lost it** and actually, I use some of that capability to dissociate. It sounds kind of funny in a way, but when I'm working with clients, I find myself getting really wide and nothing gets stuck in me. So, I'm not a specific person trying to do something with them, but I get like grains of sand and things don't get [crosstalk]

Diane: So, you're sort of permeable.

Dee: Yes, I've learned how to use… I haven't learned… it's just it's come to me that it's not an unhappy place to be.

Diane: **I wonder when you get large like that, like the grains of sand, if you feel disconnected?**

Dee: I feel disconnected from… **no, it's not disconnected.**

Diane: I didn't think so.

Dee: No**. It's just not connected to labels to judging to...**

Diane: You're not in your judgmental mind?

Dee: Not at all.

Diane: **Which I would say, actually, is you're more present**. In a real way and less constricted.

Dee: Possibly. I feel-

Diane: Expanded.

Dee: …impersonal.

Diane: But connected?

Dee: Yes. It usually helps that I have my hands on somebody too. Because I do massage.

Diane: Oh, okay.

Dee: Basically, it's a real nice way to stay connected.

Diane: **I just would invite the possibility that you're not dissociated in that state. You're just in an expanded state, which is different than being dissociated**.

Dee: It's very different. Exactly.

Diane: Because the way you're describing it, you don't feel at all dissociated, as you're talking about it.

Dee: But I feel like it comes from some of that same… my body. **It comes from my body they're like separate poles, I mean separate parts but some of the ingredients are the same**. Does that make sense to you? Yeah. **When I am disassociated, I'm very small**.

Diane: **Right. And in this, you're very big**.

Dee: Yes, same ingredients, same grains of sand sort of. Sorry, I'm good now. And it's not clear, it just becomes more clear as we speak.

Diane: I think Jordan was addressing the part in your little vignette where you were describing feeling disconnected as a pleasant feeling – which it generally is because you're not feeling any pain. You're not there to feel pain, right? So, most of us don't really complain about dissociation. There's an element that feels "not okay" sometimes because we don't feel present, but we're not feeling any pain, which is lovely.

That's the compassionate part of dissociation because it anesthetizes us, you know. So, we're designed to dissociate. This isn't a pathological thing; we're supposed to dissociate when arousal level gets too high. Everybody's designed to dissociate and you're not doing anything wrong. I mean you're supposed to; it's a good thing. **But naturally, after the threat's over, if you're kind of beside yourself, you're going to be doing Dick van Dykes over the Ottoman.**

You get accident prone and it's somewhat dangerous to stay dissociated, past when it's actually useful to you. So, in terms of integrating an experience, it's helpful to come back and just introduce enough of the scary experience that your awareness can stay connected to it as much as possible, **so you can integrate versus disintegrate**.

Now, when we moved the threat out there, you were able to actually come back. **And I think your question was, "She was feeling comfortable with the dissociated state. How was it for her to come back into being connected when the threat was out here?"** And you seemed to make that transition relatively comfortably but that's what I think Jordan's asking you.

Dee: I don't think I've ever left that dissociated person. It's just incorporated in me somehow. It's **like I'm not obliterating it. That's what I want**. It's still a friend.

Diane: So, you just have more options. You know how to dissociate, but you also were able to stay present with the suppressors, so to speak. Because they were far enough away, and you had space to come back.

Dee: Yes.

Diane: Yes.

Audience: **I'm wondering if you've worked with clients who have a hard time with the resource part.** Where there's so much internal paucity of resource that they have a hard time… I mean with the looping and you going back and forth and maybe you need lots of capacity for resourcing. So, I'm wondering if you've worked with clients like that and what other kinds of ways do you help them to access resource or imagine a resource?

Diane: Sometimes, when you're tracking with them, you have to point out little shifts. Sometimes it starts very small, like even that they start to relax a little bit, their breathing might change. [You might say,] "I just noticed when you talked about your brother who you're really close to, your breathing started to go all the way into your belly. Isn't that interesting?" And they might not be aware of that.

You're hunting, looking for a little bit here, a little bit there, until the person starts to get comfortable with it. Sometimes, resourcing will actually activate a client. Like because they start to relax – everything starts to relax – but if they have the experience of getting attacked when they're relaxed, like every time they were relaxing or daydreaming, they got kiboshed by somebody.

Then there'll be a pattern in their body that as soon as they relax, it triggers the threat response. "Ooh, you're relaxing. You know what happens next." I sometimes just reflect that, and I'll say, "You know, it's really interesting, every time you start to relax a little bit, this big arousal spike comes through. It's almost as if you couldn't afford to relax because anytime you did, it triggered danger. Danger was not far behind.

So, in your actual childhood, it was not safe enough to relax. **Now, perhaps your situation's different." And, very often, by the time you have the client, their life's a lot safer than it was** – not always. Sometimes you have a spousal abuse or something that's even worse, but most of the time – I'd say just go with most of the time for right now – their circumstances are safer, and **you have to help them make that distinction.**

Like how they are with their children versus maybe how their parents were with them. So, you start to make these distinctions so that they start to actually feel the safety of relaxing now. That can take some time. One of the things I do a lot, especially if somebody's had earlier chronic childhood abuse – which often speaks to that pattern you're addressing is… **we become encapsulated when there's enough trauma**.

Say it happened when their five, six, seven-year-old is sort of encapsulated in the traumatic experience. **The five, six, seven-year-old doesn't know** they're eight, nine, 10, 11, 12, 13, 14, 15, 16 17, 18, 19, 20, et cetera-Selves. It only knows 5, 6, 7. So I'll ask people, "Well **I wonder if your six-year-old ever got see who you grew up to be**. Here you are, you've got this job you feel pretty good about, and you're in a much more comfortable marriage than the original dynamics of your parents." – or whatever you can pick out of their life that's better – you're picking selectively.

"And I'm wondering if your six-year-old ever got a chance to notice that your life's a lot safer than it was when you were sort of trapped at home with this particular dynamic," that was maybe an alcoholic parent or whatever it might have been. And very often, just helping a person come out of that encapsulation of the six-year-old experience that they're still living every day, partly, you know part of their experience is still colored by that.

They start to actually be able to interact back and forth. It's a little bit like ego state work at this point. They start to be able to relax into that or the feelings of the six-year-old, and it's safe enough to start to have those feelings and let them move out. They're not just frozen in time.

That's just one example and there's so many ways. That's a big question and an important question. But sometimes it's just like, "Oh okay, relax a little bit and oh gosh, notice that arousal spike, there it is." Then a little later, "Oh and you notice you just relaxed a little bit more and there is that arousal spike." **Just bringing awareness to it will start to break the pattern up.**

In a way, this whole model is an awareness exercise, a sensate focus, inquiry, curiosity and awareness. If you could find a way for a person to be able to bring their awareness to

something more and more specifically, that in itself will start to loosen things up. Because, if you think about dissociation, the definition of that, in a sense, is removing your awareness from, right?

So, part of the challenge in doing trauma work – because trauma by definition is too much right? It's overwhelming helplessness or an overwhelming experience. **You're trying to chunk it down enough or resource it enough or slow it down enough.** Sometimes the resource is just slowing it down, or telling the story out of order, or focusing on the fact that you've already survived it.

The resource you can always count on, **because by the time the client gets to you, they've already done hard work of surviving, you can just keep pointing that out, if you can't find any other resource**. This is over – hopefully it is, they're not in the middle of something, right? So, there are different things you can do to help that along, but with some clients, that's very challenging. Good questions.

Audience: I have a similar question.

Diane: One more question and then we're going to take a break because I think people need one, but I'm happy to take a question.

Audience: I have the same question.

Diane: Okay.

Audience: Clients who... [crosstalk]

Diane: I already answered that one.

Audience: That is in response…

Diane: I'm just kidding.

Audience: **Is there a way to help them get that on a sensate level-**

Diane: Oh yeah.

Audience: **…that they are safe? Because I have a client who's been struggling with this. She can say it, she knows it-**

Diane: Well, a big part of what we're going to talk about tomorrow is **how to restore personal safety. Because of course with trauma, it's obliterating your sense of safety**. Sometimes, it's specific, if it's a car accident, to driving. Other times, it's specific to human beings because you had such a hard time with them when you were young. So, **personal safety is a huge antidote to the experience of trauma, by definition. That's a huge treatment goal**.

I always use the word, **"relative safety"** because the truth is, God forbid, we could have a tornado in the next three seconds and as humans we're in the position of being relatively safe and that's about it. But safety's a gigantic focus and I do a lot of exercises on that, which we will be going over in the next two days.

Like what we did here; we did two things. **One was removing the threat**. That increases a sense of safety so she could come back in her body and the suppressors, or whatever, were out there. The other**, I asked for a competent ally**, and she came up with the elephant. That's also having a competent protector, right? Sometimes, you have people who were

supposed to be protective but they kind of screwed it up. They were incompetent protectors.

We want to have competent protectors. **Sometimes, there wasn't anyone in their actual history who they can recall was a competent protector, so you have to construct one.** Like Mel Gibson in Braveheart or the giant green Hulk or whoever. One of my clients loves Zena the female warrior, whatever she does. Whatever represents [hero-like strength], because you're accessing someone bigger than history, and there does exist in the world people who know how to be protective. That's a real thing, there are people [like that].

The client may not have experienced too many of them when they were younger, but they do exist. They need to tap into that archetype, or that matrix, or that blueprint for health around protection. **And [they need to] have somebody else do it for them *first*, especially if they were little kids, because that's appropriate. The younger you are, the more you need a competent adult protector who's not you, right?**

Very often, after they experience that physiologically – because you have to get it in the body. People spend so much time in therapy talking to people about this, but they don't have any hookup for it. They don't have any receptors for it unless you **take it physiological**. **They have to be able to feel the physiological possibility and the relaxation, or the warmth, or the wellbeing that surges up when they feel that – literally get that in [their] cells.**

Like the saying, "feel it in your cells." When they drench their cells with it, then they can start seeing it in the world. Then they can start choosing people who actually have those capacities. **Before that, it doesn't exist**; it's not on their menu [of possibilities]. It's just not on there and talking about it doesn't seem to get it on the menu very well.

I've had clients [who've been told], "You know, you need a better support system." "Yeah? What's a support system?" They have to have the ability to get it. And once they can feel it physiologically, very shortly after that, it starts manifesting. Because it's kind of like if you say, "Don't look for Volkswagens or VW bugs" or something, and then you start seeing them everywhere. Maybe not now, but when I was a kid.

You have to get that focus back so that it can happen. But that's huge, I think, anytime you're dealing with trauma – **safety and resourcing and how to help the threat response calm down. A threat response isn't going to [turn] off unless a person feels safe enough – they have to perceive they're not in danger for their physiology to shift.**

Dee: I was aware when you were working with me that **you allowed time for me to experience what I was… I could have said, "an elephant," and if you'd quickly moved on to something else, I would've had a quick response, but it wouldn't have had time to read or integrate much.** I'm aware – somebody called it geological time, not mental time.

Diane: Reptilian time.

Dee: It takes time.

Diane: **It takes time. Time is a huge resource in this way of working.** Actually, this was a little bit of a fast working, because usually I do this probably half the speed I did this one. We were just kind of on a little faster flow. Because I try to match where the person is. But generally,

there are sessions where I'm only making a comment maybe every 60-120 seconds. Minutes go by before I even say anything.

But in terms of my saying much, I might be saying very, very little. **I'm just kind of keeping it going and trying not to get in the way. That's the biggest thing when you learn this model is you have to learn how to *not* do things versus do things** because it kind of flips it a little.

Lecture Resumes

I'll go over **one or two more fundamentals of working this way** – since we're kind of diving into physiology here – and talk about what happens in everybody's body – remember, everybody who has a nervous system and a brain – what happens in all of our bodies when we encounter a threat response? What happens in the threat response? For instance, if we heard a strange noise, like maybe a loud noise or something, and let's say it happened… **Say the easel falls over. Yeah, there you go.**

Close your eyes and remember the easel falling over. What's the first thing you notice happening in your body? Yeah, **Startle**. And if you hadn't quickly identified that it was not something really terrible, like this thing… The other thing that happens is, **at the same time you startle, you stop whatever you were doing**.

I imagine you opened your eyes, and you didn't follow my instruction to keep your eyes closed at that point. It's like, "Who cares what she said?" Which is the appropriate response. You want to stop. I mean if something scary was happening, and you're listening to me talk, this is the wrong idea, right? The first thing that's going to happen in a threat response is very predictable and everybody will do this.

These things almost happen so close together it's hard for me to separate them. **You have what is called an arrest response, where you stop whatever you're doing. You stop and almost simultaneously – I mean I don't even know how you would say which happens first – you're startling at almost exactly the same time**.

Now, we're going to go through the sequence of the threat response, but the problem is, if you don't get a chance to go through the whole sequence – I mean I'm going to do a shorter sequence than actually happens – but, if you don't go through it**, if you don't complete it, then it'll tend to get stuck at that particular part of the threat response. You won't be able to move through back to relaxation. It'll get in the way of you coming back out once the danger's passed.**

Okay. So, **there can be times when someone did not even get enough warning to startle. Now when do you think that would happen?**

Audience: **When they're sleeping.**

Diane: **Exactly. Anything that happens to you, like if you fall asleep at the wheel or you're a passenger and somebody has a car accident while you're asleep.** I had a client – actually a consultation with a therapist who had a client – who had someone who was camping and got attacked while camping. They were sleeping in the middle of this attack before they even had a chance to do anything. They stayed very highly activated, as you can imagine. Couldn't sleep – all that would make sense.

So, I said to her, **"What you have to do is set up a situation clinically where she has time to startle.** We've got to get the process started so she can go through a physiological sequence and hopefully complete it. So, what do you imagine she would do, or I would suggest to create a situation? **You can't do it the way it happened in history, you got to kind of make something up, but what would you do to make sure a person got enough warning?** So, they could at least startle.

Something like having the person imagine that they hear something like a person stepping on a twig and snapping the twig or whatever, so that they hear the noise, and **they wake up before it happened** and then as soon as she did that, what do you think the client did?

Immediately, without thinking, the body just went into the startle response. That completed the phase, so the whole thing could keep going then. It had some place to go. **If you just think that you have all that mobilized energy and it has no place to go.** So, you would want to have enough early warning with… your corrective experience here clinically, would be to just create some scenario. Again, it doesn't matter if that happened historically or not, because we're not trying to change history.

We can't change history. History happened. It's done already, right? We're trying to change the physiological disturbance *now*. That, we can have huge impact on. So, we're trying to drain the charge out of the system that didn't get a chance to discharge, or the fear out of the system so that it can come back to a sense of safety after it's been disturbed by being threatened. So, here, **you're kind of installing a warning.**

Now, the next step after you startle, what would be probably the next thing you might notice happening in a threat response? Like let's say, the sound was out there somewhere, what are we going to do?

Audience: **Orient.**

Diane: We're going to orient. We're probably not going to go look out that window, right? We're going to, if we think it's over here, we're going to go check it out, right? It's just like in real estate – location, location, location.

You need to know, "Where is it?" You need to locate threat. This is biologically very important for obvious reasons. **If you don't know where it is, it's harder to figure out what to do, right? So, we want to locate threat and basically answer the question, "Where is it?"**

Now, what do you imagine would happen if somebody's alerted? They've heard the sound, but they didn't really get a chance to locate it before something happened. Like maybe, I don't know, a baseball comes through the [window] and hits them in the head or something. They didn't get a chance to actually see the threat before they were in the middle of the impact of the event. What would a person then feel? What would they walk around feeling if that stage didn't get to complete?

Audience: Probably [inaudible].

Diane: Yeah, like you're like a sitting duck. You have no idea where it's going to come from. You can't locate it. **It just feels like no matter what you're doing, it could come from anywhere, because you never got a chance to identify direction**. Not meaning this pathologically, but

you could feel a little paranoid. I don't mean that as a diagnosis, I just mean that you would feel easily frightened.

Clinically, you need to find a way to help the person locate. After the fact, you usually know what happened. I mean, usually, say it was a baseball coming through the window, I, after the fact, would know I got hit on this side of my head. **But you'd want to change things where you slow it down, and you give the person time to orient**.

Like maybe you freeze-frame the baseball out there in the air somewhere 50 feet away, and you give me, if I was the client, plenty of time to orient. And the baseball's now frozen, so it's easy to look at it. **You need to have people look at their threats, because biologically this is a sequence. They have to locate.** If they didn't get a chance to locate, they're going to be at a disadvantage

Somebody might say to you, "Well, I never want to see that perpetrator's face again," or "I never want to see whatever again." That's not an acceptable answer for this model. But what you *can* do is go, "Well, you know what? Just put that person or that baseball as far away as you need it to be. Maybe it's only a pinpoint and you can't identify any features. You just see this dot, but you know where the dot is, or the speck, and look at the speck, because you have to get a look at it, so that they can move on. Make little eyeballs there.

Look at threat. The first time I saw Peter do this, I was stunned because someone who had been hit in the face with an arrow – somebody had made some kind of archery mistake. And he goes, "Look at the arrow," and I was in the audience going, "Oh, my God, is he crazy?" I wanted the run out of the room, and it didn't even happen to me. Then I understood later, as I learned the model more, that that's necessary. **She had to see it so that she could then go on to the next reaction.**

You must have them look at threat. You can make threat be at a distance. **It doesn't have to be looking at threat right here, because if it's too close, a person's going to get so focused on the threat they're not going to be able to feel their own physiology**. That's why it's usually a good idea to say, **"How far would your body like this threat to be?"** It could be five feet, or it could be on Mars or beyond. "Where do you want..." **It's really a body question, not a thinking question.** You want to say, "What's the body want?" You're kind of learning to be Barbara Walters of the body, a good interviewer of the body.

It's a whole different approach. **You really need to have the body in charge of the session**. Actually, that's true. Whoever's the client, their body is in charge of the session, over them and over me. **I'm trying to listen to their body and I'm trying to get them to listen to their body, or at least report to me what their body's saying**. The body is always, when it comes to threat, always broadcasting what it needs. It's either showing you through **movement or a shift in breathing or whatever physiologically, or the person can actually report what they're needing.**

Even if they can't articulate it, the body will show it. Once you start to get used to tracking activation and tracking physiological shifts, people's skin tones change, their pupils dilate, or their breathing shifts, or their leg starts to move when they start to go into a flight response, or they'll make these unconscious movements with their arms. I mean, **there are all sorts of things the body is communicating, even if it's nonverbal.**

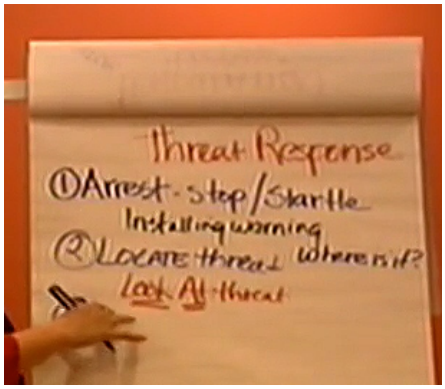
You're getting a lot of information once you train yourself to see what you're seeing. What does that mean?

Audience: Excuse me, Diane. Is this in your book?

Diane: Yes. Yes. I tried to write the book very completely that way. There are a couple things I'm going to teach you, though, that aren't in my book tomorrow, because it's new and I didn't know it when I wrote the book.

So where is it? It's very important to look at and locate threat. Now, once you locate it, what's going to happen? **You've got to figure out what it is and if it's even dangerous**. Because, actually, anytime there's a shift in the environment, anytime there's something new and unexpected, you'll go into an arousal. It may not be threatening. I mean, maybe the noise out there is a party going on and we decide, "Wow, that's cool, let's go party."

It's novelty, really. It should be called the novelty response, actually, because you don't really know it's a threat until you get back down here…



…to evaluating what the heck is it. It might be something we want to go do, [like a party], it might be a car backfiring and we don't really care. **We know it's not dangerous, it's not particularly fun, so we just go back to neutral. We go back into relaxation**, because who cares about a car backfiring, right?

We're going from, "Where is it?" to "What is it?" In a way, this would be best called **an evaluation phase,** like, "Is it fun? [Do we want] to go towards it? Is it neutral? We don't really care. Or is it dangerous?" And I'm going to follow the one about danger, because that's going to illustrate our point with trauma. **Once we decide it's dangerous**, what are our choices then?

Audience: **Fight, flight, or freeze**.

Diane: Fight, flight, or freeze. Remember, the reptilian brain is in charge of all the instinctive functions. All four Fs: Fight, Flight, Freeze, and …Reproduction. *[laughter]* I just want to see if you're still awake. You passed the test.

Audience: What about submit?

Diane: What?

Audience: What about submit?

Diane: Submitting?

Audience: That's one of those choices as well.

Audience: That's freeze.

Diane: Well, that would be a cousin to freezing. It would be a passive, more… possibly immobile. There are other ones. There are other reactions, actually – which I'm going to talk about a little bit, hopefully before we end tonight – with Stephen Porges' work that's related to social engagement.

Also, in women, when there's threat – this is again a big generalization, but hormonally, **generally, women will secrete a lot of oxytocin, which initiates bonding. A lot of times women will come together and cooperate during threat**. Again, not like men wouldn't, but there's strong female evidence for that. **Men get a big dump of testosterone, so they often get more active with fight, which is... They're our protectors, and they go into that function a little more**, again, generally speaking, but there are other versions.

Some people will go into communicating. I mean, if I'm getting a vibe and I'm walking down the street and somebody's stalking me or something, I might turn around and say something to them or challenge them back, which could be a version of fight response or could be kind of a negotiating. There are other variations on a theme, but traditionally, actually until very recently, it was pretty much defined as fight, flight, and freeze. There are also some other ones, of course.

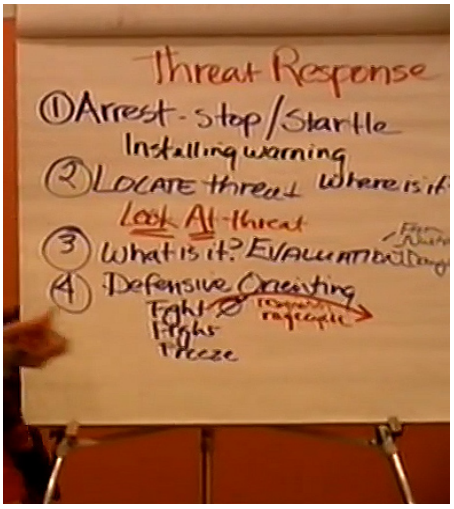
These are categories of what we call defensive orienting. Now, in Dee's work, when she was doing the demo, she was exhibiting defensive orienting when she wanted to push away, or she wanted to have the elephant there as a protector. It's more of a defensive stance.

But then **when she went into feeling this open, expansive, curious engagement, that's called exploratory orienting**. When we're not in our threat response, we're not defensive. We're open and engaged and curious and wanting to connect and be in life, like in the adventure of it. We know we're in a threat response when we move from defensively orienting towards something to a curious, exploring orientation. **That's another signal that we've come through the whole threat sequence.** Defensive orienting is generally… the ones we're talking about right now, is fight, flight, and freeze.

Now, **you can get stuck here in defensive orienting**. Say you start to mobilize for a fight response, much like you said, Jackie, earlier, and then you felt this collapse right next to it until you move through that. Sometimes our fight response has been blocked, and what are we going to run around feeling if our fight response didn't get a chance to complete?

You're probably either going to feel the shutting down of that, like resignation, or the recycling of it, like maybe being constantly angry or very easily angered – like in a rage cycle or something. Very often, you either get the resignation, because you're more in the part of it that's feeling the collapse or the blocking, or you're in the "it just can't seem to get done," you're just always angry. It can't seem to finish itself, so it could be like a rage cycle.

In the SE™ model, what are we going to do with either one of these to try to help – remember, if the whole thing is completion – try to get completion to happen so we can go from fight and not have this block here…



…and actually finish the response. Now, I actually asked that question in the working. It didn't necessarily go into exactly that, but that was what we were going for when I said, “Okay, the threat's out there, frozen out there. What does your body want to do in relationship if there was a conflict there?

Because she loved and was angry at the same people, the same group. We then had to work with, “Yeah, you can still stay loving, but what's the part of you that wants to do something in relationship to the part you were unhappy about?” Normally, that would trigger some kind of wanting to say no or... Well, you did actually say that. You said, "Give me space." You were trying to reclaim your voice and your space, which would be a completion of that – getting your voice back, getting your space back. **When there's completion, there's usually a big it's experience of relief or wellbeing or expansion,** which Dee also showed us.

Same thing with a flight response. If a flight response is blocked, like somebody couldn't really get away – maybe the only way they [could get] away was by dissociating – but they couldn't actually physically run out the door or run down the street or whatever. **The feeling that they're going to be carrying around if the flight response is blocked** – what would you imagine the feeling [would be?] What would you imagine that would be if the flight response didn't get a chance to complete?

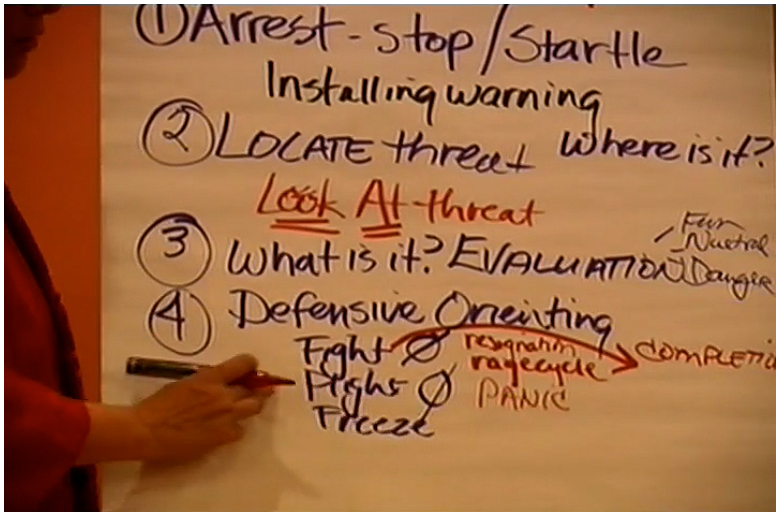
Audience: Trapped?

Diane: **Trapped and kind of a panicked anxiety. There's sort of a panic. Often, if people are having panic attacks, they really need to finish their flight responses**. Maybe as you're working, their legs start to twitch a little bit, or they mobilize, or they say, "Gosh, I just feel like I want to get out of here."

So, you go, "Okay. Let's have a fantasy about that. Let's just imagine…" They don't have to get out of their chair. They're not [actually] running around the room, but they just feel in their body what it would be like to organize their movement so that they could run in a safe place.

This is very important, to add the safe place, that they're [imagining] running in a place where they feel comfortable, whether it's the beach, or mountain trail, or the track – wherever it is, and that they have a safe destination to end at, so they're not running around in panic like a chicken with its head cut off. **You want to have them have a destination**

where they feel like they can arrive at their grandmother's house or arrive at their best friend's or their own home or wherever that is – just so there's a safe destination so you can run that panic out.



See, what happens is, **if one of these is stuck, a person will just bounce back and forth between the mobilization of the flight response, which is all that arousal, and then that gets stuck in panic, and it doesn't get a chance to sweep through the system. Completion is a really big word in this model.** Complete, complete, complete.

[You'll want to stay] with your awareness intact while you're actually meeting the threat and hopefully staying integrated enough that you can digest it. A lot of it is **being able to stay aware of whatever it is that's bothering you and not disconnecting. Anytime you disconnect, it'll repeat, because you didn't digest**. As soon as you disconnect, you're not digesting whatever that piece is. But that's challenging in trauma. Because there's so much fear, it causes us to disconnect.

Audience: So, if I keep sitting by an exit and leaving and leaving and leaving, even though I completed it, I would have another panic attack. So, it kept-

Diane: See, to do this, you would have to hook it up to the original arousal spike, whatever that was.

Audience: Okay.

Diane: Or your impression of it. Maybe you don't even know what it is, but you just think of it as a black blob. You may not know exactly what it is. But you **hook up to the original arousal spike and then you have to loop between that arousal and resource for it to start to digest**. Now, you're staying with, "Okay, it's scary, scary, scary. I'm still here, I'm still here, I'm still here." Could have been just that you were getting enough internal resiliency that you could stay with the process enough until it could go through, and you didn't disconnect.

See, panic and anxiety happen because they don't complete. You know how they feel. It's hard to complete them. It's not an easy task. But the anxiety gets all constricted and bound up, and it just keeps producing more anxiety, kind of like a stuck process. **If you can stay with the anxiety or even the experience of the anxiety, and it can just wash through your body, then it's over.**

We did this a lot with 9/11 – having people just go through their panic and letting the wave go all the way through their body and discharge. That wasn't actually a flight response, although we did some of those, too, but the actual just staying with the anxiety itself. Now, that takes a lot of skill.

Audience: Resilience.

Diane: But when the resilience is there, that's one way to move through panic attacks. Another thing with panic attacks – I had someone who'd had a lot of abuse in her history, and she had a lot of reenactment around Thanksgiving. She would tend to get suicidal at Thanksgiving. She was having panic attacks like, oh my, it was a lot. She probably had, I don't know, two a day or something. It was a lot, and these were big panic attacks. She was a professor at one of the Universities in Colorado. She could barely do her job. She was just going into panic so much.

I asked her, I said... **This is another way to work with it. I said, "What's the first physiological shift or clue or cue that you notice [right] before you're going to go into a panic attack?"** Because you don't just be fine [one minute] and then panic [the next]. There's a physiological sequence that happens.

She never answered my question. She did – not verbally – because as soon as I asked her that question, her eyes, kind of like on a cartoon, went out like a deer in the headlights, she got those exophthalmic eyes, like on cartoons. I said, "You don't have to answer the question. I got it. I got it."

We can do this exercise here as a group right now, because everybody has this element. I mean, maybe not as severe as her, but I said, "You showed me. Your eyes came forward, which is the body's position of fear. That is the deer in the headlights. That's looking at threat *[gestures eyes outward]* like that."

I said, "What I'd like you to do is just take a moment and let your eyes comfortably find little pillows in the eye socket or a little pool of water or something, just where **your eye can relax back in the eye socket**, and just let it fall back and just notice what happens in your body when you do that."

If anybody wants to try that now, you can. You might fall asleep at this time of day, but just to notice what happens physiologically if you just let... Immediately, I go into a deep relaxation for me, but just notice... This is, again, something you and your clients can do anytime. Just let yourself feel that falling back in the eye socket, resting on whatever image you like, a little pool water or a little pillow or I don't know aloe vera or whatever. Anybody notice a shift? What do you feel?

Audience: Completely relaxed.

Diane: Yeah. It just really deeply relaxes, because you're **out of that hyper-aroused focus**. Anybody else? Are most people feeling some version of relaxation? Yeah? Yeah, yeah? Okay. Good.

Now, just for the sake of the experiment, I want you just to let yourself, just for a moment, let your eyes come forward, intensely forward, and then back. I don't want you to do it for very long. Just touch forward. And notice what happens in your body, and then move your eyes back, and, again, notice what happens in your body when you have the intention of your eyes moving forward. What do you feel?

Audience: Contraction.

Diane: Contraction. Yeah. I mean immediately. My heart rate goes up a little bit. I get a little scared. I mean, nothing's changed – I'm just standing here. **But you could see how the actual body position, it's feeding into your threat response loop**. It's the way the brain is designed. When your eyes go forward, that signals your brain, "Oh, something's scary." So, you respond. You feel it.

But you can undo that, too, by putting your eyes back, especially if you have that pattern. When we did that, we did that back and forth. Just eyes front, eyes back, eyes front, eyes back. And, of course, giving it time so when the eyes went back, she discharged. She started to belly breathe, there were all those signals. We did that for 20 minutes. That's all I did in the session, like a broken record. Eyes forward, eyes back, discharge, integrate. Okay, let's do a little bit forward and back, forward and back. Her panic attacks went down to like two a week, which still was a problem, and she didn't get suicidal. We did another 45-minute thing on other stuff but, predominantly, I think what shifted that was the eye position.

It's amazing, when you can do these small things, because you're really dealing with – the brain's stuck. If you can get it unstuck, it's amazing what can happen, and it doesn't have to take that long, which, again, this unnecessary suffering thing… My soapbox about trying to eliminate as much as we can, as much as we know at this point in history, to eliminate more of the unnecessary stuff. It's fun that way, because people feel better. So, there are a lot of ways to do panic attacks, but sometimes an element is flight response.

Now, in fight or flight, you get so mobilized to fight or [flee] that you jam your system, because either the circumstance won't let you do either one of them – or both impulses come up at the same time and they cancel each other out. So, you will go into a freeze response. Usually, this is because there's more activation. It's a more highly activated situation.

Now, some people have freeze response patterned into their physiology, because like when they were little, they could never run away and they could never fight, so the only thing they could do was go to freeze. They got that patterning from repeated trauma where there really wasn't any other option. **It's like their brain X'ed out fight and fight, and so anytime there's an arousal spike, they immediately go to freeze.**

You are at such a disadvantage if that's your physiological pattern. **We need *all* of our defensive responses [in order] to be as relatively safe in the world as we can be**. We need the verbal ones, we need the action ones, we need the cognitive ones – we need all versions. We need to know how to glare and snarl and say "no" and "back off" and "screw you" and whatever else you want to say.

You don't have to be polite in trauma work. All our vocabulary is welcome in trauma work, especially those words. You need to be able to run, you need to be able to withdraw, you need to be able to disconnect. **You need to be able to do anything that's going to help you make it.**

Remember**, it doesn't matter how you survive. Biological success is survival**. It does not matter if you did it with great Fred Astaire grace or you did it awkwardly and said stupid things. It doesn't matter. Your only job biologically is to get through the situation, and **your**

clients need to understand that, because a lot of times they'll do this judgment thing after the fact.

The reptilian brain is really smart about survival. Really, really smart. It has eons of training. That's its specialty, but then the neocortex likes to come in and say, "You know, you should have said it this way," and "How come you didn't fight back more," and "How come... You could have run a little faster. I mean, my God, why didn't you wear your sneakers that day?" **You get this critique going on, which is completely irrelevant. You survived. You did it. What you did worked. That's the only thing**.

You have to point that out to people, because they'll start to judge their instincts. If your cognitive brain is saying you should run or you should fight, and your body decides to go immobile into a freeze response, I'm sorry, you're not moving. You could be going, "Run, run, run," and your body is stuck. It's like you can't do anything about that. It's trying to do the most efficient survival technique.

Now sometimes, like I said, **if people are only patterned to freeze, you need to work on that right away; that becomes a treatment priority**. I had a client, and this is a quick example. She was rear-ended the first time and there was nothing she could do. I mean, she was boxed in by traffic and the intersection was dangerous. Literally she saw it coming. She got a little bit of warning on it, but there was nowhere to go. She just had to let the impact happen.

Then, three weeks later, she was on this country road. No other traffic, no light. I mean, completely wide-open spaces. She saw this truck coming down the hill behind her, a garbage truck, and she could see that it was going too fast, and it was not going to be able to stop. She had all sorts of possibilities of movement. I mean, she could have honked her horn, she could have turned left, she could have pulled over. She had time.

But her body had X'ed out fight and flight, so she went into freeze. She couldn't do anything. Her body just went immobile. You have to work those reactions out of the body, so you get all these online again, because otherwise you're greatly compromised in life.

It's very important that people have access [to all of their threat responses]. Very often, if you're working a trauma – especially if they've been into freeze – you'll have to do something about flight and something about fight to get it back online. **Usually, it will come up organically in the session.** The person will first have a fight impulse and you complete that one. You do a little more work, and then often, maybe the next session or two sessions down the road or whatever, a flight response will come up related to the same threat.

Now, sometimes freeze is not a default position. **Sometimes, it's a jamming of fight and flight because there's too much arousal.** Sometimes your body just gets it, that going passive is going to save you more. I mean, if you're in a violent situation, a lot of times **if you go passive you get less injured than if you try to fight, because fighting stimulates the predator response, and it could get worse**. Your body is going to take a read on that and sometimes choose freeze out of a primary response.

Often, when you're coming out of a freeze response, there will be trembling and shaking. This is the natural way your body literally shakes off the bad experience. Unfortunately, so many people in our culture don't get that that's supposed to happen. Paramedics will show up and they'll say, "Oh, don't do that. Here's a blanket. Calm down."

[But] you *need* to do that. It's really important to **normalize that for your clients**. Say, "You know what? You might notice feeling cold. You might notice shaking and trembling. It's fine. It just feels weird because *you're not doing it*. It's an involuntary response." What people need to know and understand is that **that's literally the nervous system shaking out all that held mobilized energy in a very gentle way**.

If they just let the shaking and trembling happen, they'll feel much, much better. You usually have to normalize it, because when it starts to happen and all of a sudden you just start to shake, it feels weird because it's doing it to you. **You're not controlling it. Often, we're programmed that if we're not in control, we need to stop it.**

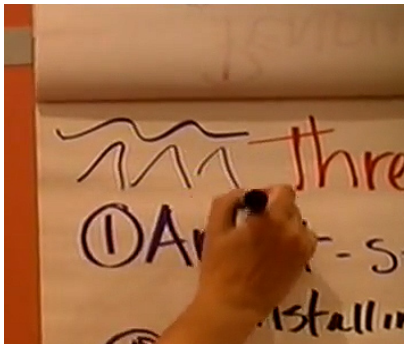
Even in the medical fields, they don't quite understand how important that trembling and shaking is. We're big into supporting trembling and shaking. Generally, that's a really good idea. **That would be another way to complete the freeze response**. Often, you'll also go through fight and flight to complete the freeze response.

Once all of this is completed, we go right back into, what's *supposed* to happen, [which] is a relaxation response and a return to what I talked about earlier, exploratory orienting. Going out of defensive orienting back into, "Wow, I'm alive. I'm in life. I'm interested in what's going on. Who are you? Let's talk." Or "I want to go play on the swings," or whatever it is.

Audience: I just wanted to ask does the trembling response ever get stuck?

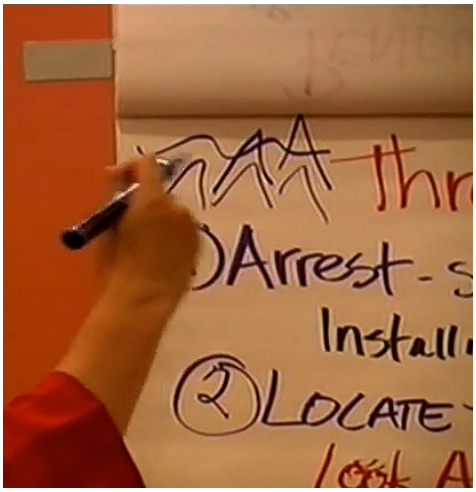
Diane: Now, sometimes. I've only had this happen once or twice. Sometimes what you'll notice **if people had a lot of activation in their life, they had a lot of... you know, many of us. They'll kind of jolt. It will be jolty instead of more of a wave-like trembly-shaky, almost like a little... Not epileptic exactly, but there's this strong thing**. It's like they have so much activation when it starts to happen, they get a blast.

So, you just hang in with them. That's fine. There's nothing wrong with that. It's just that you know you've got... Instead of having this, you're getting more of a jolt, jolt, jolt.



They just need to understand that their nervous system has been held in a brace response for a long time, and it's just starting to break that up and let things move through.

Now sometimes it can get increasingly... Like they get aroused by their own arousal spike. So, this one happens, and they get nervous about it, so then they go up and then they go up.



So, then they kind of move more toward [seizure-like discharges]. **What I've found is if I just stay with, "You know, that happens. That's okay. It gets a little easier as you discharge," but I kind of talk them through it**. Then they don't get activated by their own activation. It's unfortunate.

Activation is a self-propelling problem because you feel it, and then if you're not able to move it through like you do with the anxiety, it gets more. That can happen. **You just need to be able to find a way to help them relax with it, or pair it with a resource, or something that's soothing**. It's a little more challenging when that's the pattern, for sure. Does that make sense?

Audience: It's like when you're in an airplane and you watch the stewardess because you hear noise, or you feel a funny thing on a plane. You keep your eye on the stewardess to know-

Diane: Yeah, if she's putting on a parachute you get a little nervous, right?

Audience: Yeah, yeah.

Diane: "Everything's fine. I've got my parachute on." I actually forgot to do that. I'm going to have to remember that. I fly a lot. I've got to watch that stewardess.

There's another thing that happens after the relaxation response that's kind of fun. You can see this on the Discovery Channel animal [shows]. Actually, the way we designed the [SE™] model originally, Peter was studying animal behavior, because what he noticed in ethnology, the study of animal behavior, was that animals more fluidly went into threat.

They were in the prey and predator dynamics in the wild a lot. They're either getting lunch or being lunch. **He noticed that they were more readily able to go into a threat and then come back to what you might call Gray's mode or just back to eating.** They're alert, but then they're able to shift into regular everyday whatever – animal life – much more than humans.

He was studying how do they do that and what happens, and he noticed with animals is it's much easier for them to mobilize to threat and then run or fight it out. **They discharge the mobilized energy, or they shake it off**. If you notice an animal, like a dog that's crossing a highway, and it almost gets hit or something, it might go and lay down and go immobile and freeze.

But then, in its own biological time, it's going to very slowly orient a little with the eyes, maybe with the ears, just check. “Okay, I'm under a bush now, I'm kind of safe.” Then as soon as it orients a little – there's probably an internal body scan just to check and make sure nothing's hurt – and then, in its own time – and it may take a while – in its own time **it will start to shake from the head and the neck, through the shoulders, and down the back and through the haunches and through the feet, and then just gets up and runs away and starts playing again. It's like, “It's over.”**

Would it only be so easy for humans. We're trying to mimic that in the session. **Create the conditions for the animal nature in us to move through that sequence so we can come back to relaxation.** What animals do when they've had a successful escape is they... Have you ever seen that on [Discovery shows], what happens when they really know that they’re...? What do they do?

Audience: Pronking.

Diane: Yes. Yes, pronking. They do this big leap. It's like, wow. They've been running, they've been running through water. We have a tape of this that we show in the trainings, where they're running and running and running. They've been chased and all this other stuff. **Then they finally get it, that they're not going to get caught. And even though they're exhausted, they have the energy to do this exhilaration.** The word for it in animal studies is called pronking. We always joke at the trainings. "Have you pronked yet?"

Humans will go through the same thing. **When they complete each level of the threat response, they'll end up in this feeling of mastery and triumphancy, a very exaggerated big expansion of well-being.** That's ideally where we're trying to get people to get to after they've moved through some challenging event.

Because the body is designed to do that, you get people at the end of the session going, "This is kind of fun. I didn't know trauma could be fun. Wait a minute." You can actually get to this sense of wellbeing, because **we're designed to go there**. It's part of the design. We're trying to move towards this triumphancy feeling of pronking, which is an exhilaration.

Okay. We probably, with the last 20 minutes we could either do a little quick demo. I could show you a little bit about working somebody specifically with their threat response. If somebody had something they're a little bit nervous about, we could work with an element of that in 20 minutes, or I could... Would you like to do that?

Audience: I just have a question.

Diane: Sure. If you raise your hand, you could get in trouble, you know?

Audience: With the number two on [the flipchart], you asked us what that might look like for a person who didn't have an opportunity to locate the threat, which would be like paranoid?

Diane: Mm-hmm (affirmative).

Audience: So, for the number three, say someone's really young and they don't really... Maybe a young sexual incident, something where they didn't have that capacity to evaluate.

Diane: **You might encounter the confusion. You might have to help them sort out safe touch versus non-safe touch, for instance**.

Audience: So, you just paint a picture of that with the other things? How would you really go into that, or even-

Diane: Well, if there was a diffuse confusion, first of all that's a specific category of trauma. We go into all this extra stuff [in the SE™ trainings], but **when it's early trauma, very often there is diffusion and lack of integration** if there's been too much charge when you're really young. Often, you're dealing with diffuse confusion. **One of the things you do is introduce structure**.

Like, “Okay, now that you're 35 [years old] and this happened when you were six or two or one or something, let's just check out how it feels to you when you've been in a situation where there's been safe contact. What happens when you feel that in your body?” Then maybe there's been other times when something felt not quite right, or the physical contact felt a little off. I mean, there's nothing worse than a bad massage. Nothing better than a good one, and nothing worse than a bad one, [if] the touch is kind of off. “What's that like when it doesn't quite feel right?”

So, to help people start to make distinctions… and you're introducing structure into confusion, that would be specific to early trauma, but evaluation in general, what is it? Sometimes you don't know a threat is dangerous. Like [if] you see a dog and you think it's a friendly dog and all of a sudden you go up to it and it bites you. **There might be a confusion in evaluation**. Something that appeared to be friendly and then it wasn't.

You would just give somebody time to sort that out physiologically and cognitively. I say things like, "**Now that you know it is a threat, and we've put it far away**, now that you know, oh, that's the car that hit me; oh, that's the dog that bit me." I could make a poem here.

Then you're basically telling the physiology to alert. “Now that you know there was a gas leak in the house, and you didn't at the time – you just got sick – **what happens in your body**?” You're trying to get the body to go, "Oh, yeah. Threat," and then not stay there, but move through [the threat sequence] all the way to the relaxation or the pronk.

The biggest problem here is not that threat happens, especially if you survived, right? Not that threat happens, but that **people get stuck, and then their activation level goes up and their resiliency goes down**, and then they have a very uncomfortable experience – on and on and on. Really, what we're trying to do, is move people through whatever it was that was challenging. **And in the moving through, it's amazing the amount of wellbeing that comes back relatively quickly**.

That's the thing I think that Peter has really added to the field. I mean, there are all these other things out there. There are so many people doing very similar things now, too. This model has got Gestalt in it and NLP and neurophysiology and animal studies and it's a mix of a whole bunch of different things.

It pulls from all sorts of [models], but **the unique combination of how to make practical, clinical interventions that speed up this process and support somebody to move through it, I think is a very useful thing to throw in your toolbox** or your backpack with everything else you're using to help people move through trauma. It's a very gentle, empowering approach. Again, I think it reduces the unnecessary suffering a lot, which is why it has such a big vote for me. I think it's really invaluable. I mean, **going through it once is enough.**

Audience: Then with the arrest one – you might have mentioned it – but what does it look like for a person who didn't have a chance to startle?

Diane: Yeah. Remember I said the person who was attacked in a sleeping might hear a sound, like the person steps on a twig or something-

Audience: But I was meaning **something that would clue you into seeing that they didn't have a chance to startle?**

Diane: For you to know that as a clinician?

Audience: Right.

Diane: Oh. If it's something that happened in sleep**… the less warning there was, the more chance they didn't have a chance to do the beginning.**

Audience: All right.

Diane: The more caught off guard you are… Like rear-end accidents are big on that one. **You don't even have to know if they startled or not, but if you say, "Okay, now that we know the car hit you from behind,"** like maybe you had no clue. You were sitting there listening to the radio and all of a sudden, kaboom – this happens a lot." **Then you say, "Well, now I would like you to either look in your rear-view mirror or put that car as far away from you as you need it to be, and now turn around when you want to look at it."**

You'll either get the startle – you won't know ahead of time if they did or didn't startle – but you'll either get it and then it will move on to the fact that they're seeing it and locating it, or they'll just go right into locating it and then having a reaction and wanting to turn off the road or speed up or whatever.

The main thing is... It's not like you have to do one, two, three, four. You might be entering somebody's process and you're all the way to the fight response. They start with the fight response. That's okay. **You just want to keep completing whatever shows up**. It's not always like you get this first and then this... You might get this and then this *[indicating a reversal of order]*. So, it doesn't necessarily have to be a [sequential] formula, but what does help is if you have this orientation to complete, that you keep completing. Okay? Yes?

Audience: You know anything about bursting into tears?

Diane: I'm sorry. I couldn't hear you.

Audience: Bursting into tears.

Diane: Bursting into tears. What was the question?

Audience: What does that mean?

Diane: Oh, **bursting into tears is often an arousal spike**. So, you're just getting a sympathetic reaction of flooding. **The system is getting flooded, and one way it can show up is rage or tears**. Bursting into tears is when you're getting that arousal spike from whatever the situation was. Was there another part of that question, because I'm not sure I'm answering-?

Audience: There's often a calling out at the same time.

Diane: Calling out for help?

Audience: Yeah.

Diane: Uh-huh (affirmative).

Audience: Is that moving down?

Diane: Well, one thing you could do, as the person is calling out, is to **see if they can remember a time when they asked for help and they actually received it, or if they imagine getting just the right help – what would that be like, because maybe they didn't get help. What would that be like and what difference would it make?**

What would they feel in their body and what difference would it make if they can explore the possibility of getting just the right help, just the right attunement, just the right words, just the right contact? What difference would that make in their body, and then often the arousal level will start to go down. **It's called a corrective experience in my lingo. You're inserting the ideal scenario – and not saying that whatever actually happened didn't happen, but what difference it makes if they feel something more useful was available.** Does that make sense?

Audience: Yeah. In context, does it relate in any way to this?

Diane: Well, it may not. This is specific about the actual threat response. This may be an element of them not getting enough support. It might be a different part of the piece of work that needs to happen about support and enhancing resiliency. Not everything fits this. This is one element of the work you're doing. Again, you'd be increasing resiliency and decreasing activation if they start to feel the possibility of having appropriate support. Yes?

Audience: Just a clarification. If the person's telling you about a trauma that they went through, and they attempted fight or fight, but couldn't complete it because they were overpowered.

Diane: Right. That's often what happens.

Audience: Right.

Diane: Yeah.

Audience: In the completion aspect, with helping them to work through to completion, you would want them to imagine let's say being able to get away or being able to fight off or... So, **whatever the defensive orientation is, the completion is them imagining being able to take that action to completion and having success?**

Diane: Right. Exactly what we did with your example. Remember you said you had the image of wanting to pound and scream, and I just said, "Well, okay, let's just go with your body's suggestion." I mean, **her body came up with that. I didn't. It just did. If often will rise spontaneously like that**. "I just want to kick and scream. I don't even know who it is. I just want to..."

So, okay, **great. Let's do it in a way that doesn't hurt you, it doesn't hurt anybody else. Let's just let the energy move through**. Don't even have to get out of your chair and go hit a wall or a pillow, like we did in the seventies, that pillow abuse. You don't have to do any of that. She originally started with the raised shoulders and all that, just started to expand and relax just because she allowed it to move through. It's kind of amazing.

Audience: So, the body will even naturally do it? Or you can make suggestions?

Diane: Or you can orchestrate it. You can structure it. The reason it works is you're working with a biological reality that's primed. As soon as we get an arousal, we're primed to locate. We're going to keep looking until we find... See, **the problem is, if you don't locate, you'll start locating threat all over the place that isn't really there, because you have to locate**.

A therapist, not intending to, says something [like], "Gosh, that sounds like so and so." [And the client's reaction is often,] "Whoa, you're right." It's like, we'll make a false memory because your body is trying to locate. You need to help somebody finish that one. **It's really important, because [otherwise] it keeps getting activated and you're looking for it all the time, and then all of a sudden, you're projecting it on things that may not really actually be threatening. It causes a lot of unnecessary problems**. Yes?

Audience: When a client is doing a looping process-

Diane: A looping? Mm-hmm (affirmative).

Audience: Am I right assuming that you're trying to get them to stay within the range of resiliency?

Diane: Yes. Or just a hair out of it. Not too far out.

Audience: What are you looking for in terms of…when you're looking at their response. What are you looking for to make sure it doesn't go too far?

Diane: Well, sometimes it will, because you're in the [realm] of trauma. It's a high activation area. But if you know… the things that we teach over and over and over and over again in the SE™ training is how to break things into smaller pieces. So, if somebody gets into an arousal spike, you go, "Oh, you know what? Let's not go all the way to the impact. Let's go to the first… maybe when you just started to feel your wheels skid on the ice. Just a moment of that, and back to when you felt your car coming to a stop and finding the grip on the road again. **Just a little bit on the irritation, then back to resource. You're working the edge of the activation.**

Now, **when somebody's resiliency gets stronger, you can do very big pieces of work**. They can go into a major activation, and a little bit of resource, then they're ready to go to the next activation. As their capacity [increases]…You're basically doing autonomic nervous system aerobics, and just like muscles... It's true. It really is.

You can train your nervous system. It gets stronger and stronger and stronger, and very little can throw you eventually. It takes a lot. Like CIA agents and people like that. They train their nervous system not to get overly aroused in dangerous situations.

It was Jim Lair, he says, "I used to just focus on sports performance," but then he started governmental kinds of things and everything like that. He did this example of, he had these football players, these really big monstrous, hugely strong guys, and he said, "Okay." They were in training down there, and he said, "Okay, I just want you to run down the road." This was in Florida. "And touch the white picket fence, only about a quarter of a mile, and then come back to the office."

They were like, "A quarter mile? Run for a quarter mile? Sure." He goes, "Yeah. Yeah, yeah." As they're starting to leave, and he says, "Well, now the thing is, we're in Florida. Every once in a while, we get some snakes. So just be careful you don't trip over the snakes." And they're like, "Oh, okay." Then he goes, "Yeah. Okay. Fine go." Then he goes, "Oh, wait. Now, we do have swamps, too, and so sometimes we get these alligators, so just be careful because sometimes they'll snap at you, but just keep running. It'll be okay."

They're going, "Well, couldn't we just run down the road?" He goes, "No, no, no. I just want you to go and touch the picket fence." They're just finally leaving, and they're looking at each other like, "What is going on here?" Then he says, "Oh, one more thing. Every once in a while, you'll hear the bushes shake, and there's this wild boar. Now, *they're* the ones you really have to worry about, because they're really damaging. So, if you hear that, you'll really, really want to be careful of that."

They're going, "All right." So, they're running and they're into it and everything, and there's a preplanned camera guy that shakes the bushes and makes this growling sound, and they immediately freak out and run back to the office. Jim says, "So, did you touch the white picket fence?" They were like, "No."

Well, interestingly enough, about two weeks later, he did the exact same exercise with CIA agents. Same scenario. They got to the shaking bushes and **instead of running, they all crouched down and looked to locate, to see what it was, and they saw the cameraman**. And they just thought it was funny, so it was a whole different experience.

When our nervous systems are overtaxed, the amount of suffering every day that comes from that, **when you've got undigested overwhelm and undigested fear and rage leftover from fight and flight, you are suffering a lot**. Our clients. It's hard on us. But when we can find a way to get that resiliency in the nervous system and work it out, your life just gets so much bigger and much more fun and much less upsetting. Pretty much you get to, "If it's not life-threatening, who cares?"

Your ability to manage stimulus or a little bit of discomfort greatly gets enhanced. Some people start out with this much resiliency, like a hair. You, as a clinician – all of us as clinicians – **what we ideally need to know is that we do very tiny loops.**

We stay within that range of resiliency, and if you don't cross over the boundaries – or you don't very much – then their capacity gets bigger. It's like it starts to look like this.

The big trick to learning this model is **you have to start where the person is**. If they need to loop here, between this much resiliency, it's really tiny. **Many of you have been asking about the complicated cases. You have to do homeopathic SE**™. Really tiny, tiny, tiny, tiny bits. I mean, to the point where you're thinking, "Is anything happening?"

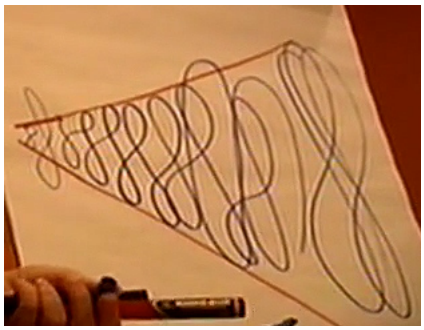
You need to stay within this range, because **if you were to go out of it, you lose all that ground**.

The person loses the trust in their body and in you as the practitioner and in the process, and then you have a lot of repair work to do. Every time you arc out of that, you're going two steps back.

But if you find the way to just keep staying within their range, that range grows exponentially.

You just keep going with where they are. It's your job... I mean, I consider it my job, to learn how to know what that is. Maybe I go out a little bit, but I get right back in there within something manageable, and **pretty soon this person is going through this transformative process they can't even believe**.

But you can't do this *[big loops]* here *[before they've developed a wider range of resilience].* If you do this here, you're going to completely overwhelm the system.



The system can't do it. There's not the container for it, there's not the resiliency for it, they don't know how to discharge. **When you get an over-activated nervous system, you literally lose your capacity to discharge the energy. Everything just starts to go into contain mode, where they're trying to hold all that in.**

The strategy in the body is just to contain. But then you're walking around with all this fear and arousal. What are you going to do with it? **What we're trying to do is interface with that and tap into it, and help it start to move the energy out by completing, by titrating, by resourcing, by the corrective experiences, by giving space with threat, whatever it takes for the body to start to learn how to discharge.**

Once you get the discharge going, it's much easier, then, to do bigger pieces. I mean, I've had people who have been through the training and maybe they're already assisting. What I can do with them in the first session, I'm doing stuff… it's gigantic.

I have a tape of somebody who's working four traumas at the same time, two car accidents, a violent assault, and a fall down the stairs. She's taking resources from one and bringing it into the other and looping here and there. She's dealing with a lot of charge in that session, but almost never, I mean, just [brief] moments of disconnecting. She's able to keep her awareness intact through the whole thing, because we're **keeping it in balance.**

She knows how to do that a bit because she's practiced, and I know how to do that because I've been doing it a long time, and so between the two of us, we're able to make that balance. You don't want to be afraid of the activation. You need the activation as much as you need the resource, because you have to tap into the held charge in order to be able to move it through.

We don't just resource. We don't just sit there and go, "Imagine the most wonderful this or the most wonderful that." **We want that to pair it to the actual event and what the difficulties were. We need the activation as much as we need the resource, but we need to loop them.** You don't want to just resource people and you don't want to just work with activation. The back and forth just gives you so much.

If that's all you play with is resourcing, adding resource to your sessions, and then also bring it into the body, the body focus is really important. **If you just do it on the image level or a thought level, you get maybe, I don't know, I'm making this up, but maybe only 10% of the value.** Because you're trying to work with physiology, it needs to be in sensation.

It needs to be sensate focused, and that takes a while for all of us to learn, because we're used to asking questions or talking in such a way that it promotes people to go into their emotional states or their cognitive states. Not that those are bad places to be, but for this particular thing, you'll get a lot more mileage to move somebody through a threat sequence physiologically if you stay in sensate focus.

It probably takes two or three years of practice to really get that languaging down to make sure you're not doing anything in the session that's going to divert somebody's attention away from their physiology, because you're learning a new language. It'd be like learning French. We try to put people through immersion, SE™ immersion in terms of how to do the languaging, and we do lots of coaching and give people feedback, [like] "Oh yeah, you just could say this slightly differently and the person will stay more in contact with their body." It's fun. Yes?

Audience: I have a question for you about children who have experienced trauma while they were in utero.

Diane: Yes.

Audience: Then after birth, as they start to grow, they're in this constant state of arousal.

Diane: Right. That's **global high intensity trauma**.

Audience: Is that something that this process can also build resilience with?

Diane: Uh-huh (affirmative). Yeah, **we work with in utero and early birth trauma as well**. Like I was mentioning before, it has that diffusion quality to it and not much structure and not many words, so there's a particular way [we work with that]. The first year of the training we [teach] the basic tools like I've been talking about tonight – the resourcing and the looping and the titrating or breaking things down into small pieces, the how-to, the nuts and bolts for the first year.

And your own regulation, because, you know what, we all need a little help with our own… most of us, to get solid [in] our own regulation. **The biggest gift you give to somebody if they're coming to you as a client is your own regulation, because they're imprinting off of it all the time. It's modeling in a very physical way.**

So, we work on that the first year. The second year we do categories of trauma, and the first one we spend a lot of time on is global high intensity. I just did three days on that in Boulder on how to do really young, early surgeries, fetal distress, all that. How to work specifically with that. But that's a big topic, so I can't give you a three-word answer on that, but, yes, definitely. In fact, global high intensity is so common that I always describe it in the trainings as it's like you're-

Audience: What is the word?

Diane: Global high intensity trauma.

Audience: Global high... Global high.

Diane: **It means the whole nervous system is just flooding at once**. It's a pretty uncomfortable state, and there's not much structure. It's like the feeling – when you're in it yourself – is that you're building your sandcastle too close to the water's edge, so you get all this nice

structure, and all of a sudden, the next wave comes in and then there's nothing. It all dissipates again. So, **structure keeps dissipating**.

It's a particularly complicated thing to work with, but so many of us have, whether we were born cesarean or whatever happened, often that's been troubling. The way in SE™ we try to teach people to work with this is it's like playing the piano. **You have one hand working on the early trauma, the global high intensity patterns, and then one hand working on maybe the more current trauma, like the car accident or the loss of a job or natural disaster, whatever it is.**

But you have to be aware to play both patterns at once, because this one's feeding this one all the time. The early trauma is infusing later experience all the time. That's a very important question and a very big topic, but, yes, the answer in short is yes. Yeah.

Okay. Well, I think we've burnt that on both sides. Hopefully that was kind of an appetizer of what's possible and a little bit of experience and fun to kind of just touch into, and hopefully you can take some tidbits from this and play with it a little bit if you'd like. For those of you that I'll see tomorrow, I'm looking forward to that. That'll be fun. We're going to focus in on sexual trauma and spiritual transformation and more on Somatic Experiencing®. Thank you.