Peter Levine on Freedom from Pain

--by Tami Simon, syndicated from soundstrue.com, May 26, 2018

Tami Simon: You're listening to *Insights at the Edge*. Today I speak with Peter Levine and Maggie Phillips. Maggie Phillips is a licensed psychologist and currently serves as director at the California Institute of Clinical Hypnosis. She has authored numerous papers and articles as well as the books *Finding the Energy to Heal: How EMDR, Hypnosis, TFT, Imagery, and Body-Focused Therapy Can Help Restore Mindbody Health* and *Reversing Chronic Pain: A 10-Point All-Natural Plan for Lasting Relief*.

Peter Levine has spent 45 years studying and treating stress and trauma; is the developer of somatic experiencing, a naturalistic approach to healing trauma; and has practiced and taught at treatment centers, hospitals, and pain clinics throughout the world. With Sounds True, Peter Levine and Maggie Phillips have released a new book and an accompanying CD called *Freedom from Pain: Discover Your Body's Power to Overcome Physical Pain*.

In this episode of *Insights at the Edge,* Peter, Maggie, and I spoke about the prevalence of chronic pain in modern society and how physical pain may relate to past trauma. We also talked about the stages that pain sufferers commonly experience, and we talked about bracing patterns and a subsequent progression into what they refer to as the "pain trap." Peter and Maggie explained the concept of self-regulation in dealing with physical pain and shared real world examples of its effectiveness. Finally, they discussed the primary keys to solving what they call the "puzzle of pain." Here's my very helpful conversation with Peter Levine and Maggie Phillips.

In reading your book *Freedom From Pain,* one of the things I discovered was how many people are actually in chronic pain, and it made me think of all the people I interact with during the day and questioning how many of them might actually be in pain. The grumpiness that I sometimes sense in people—maybe they're suffering from back pain or something like that. So how prevalent is chronic pain in our society today?

Peter Levine: To give you an idea of the scope of the problem, more people are suffering from chronic pain than from diabetes, cancer, and heart disease combined. So if you're going through your day at a checkout line, at an [car] mechanics—and some of the people that are your coworkers, your colleagues, that you know—a significant proportion of those people are suffering, usually silently, from chronic pain. And unfortunately, most doctors don't really have much education or an understanding of where to refer people who are seeking help from chronic pain.

So every day we're meeting—a fair percentage of the people that we come into contact with are suffering from chronic pain.

TS: Now, you talk about chronic pain as a puzzle, "the puzzle of pain," that it's not easy to understand as we might think. Can you help me understand that? Why is chronic pain so puzzling?

Maggie Phillips: Well, I would say that chronic pain is puzzling because it's so complex. There's no one source of pain. In fact, there are multiple factors that contribute to it. So we look at chronic pain from the standpoint of trauma because in our clinical practice, [our] combined practice over many

years, we have found that [when] people are not responding to the usual treatments, it's almost always because they have some type of unresolved trauma that is being held in the body.

And so the key, what we found really works for people, is to help identify the source of trauma, to help them find ways to release it for themselves that are safe and comfortable and helps them to expand their body experience. We've been very successful [in helping] those people move out of pain, or at least to a place where it's manageable and they can live a good life.

TS: Help me understand how physical pain relates to past trauma. That's not obvious to me.

PL: Well first, I want to add one other thing: pain in itself becomes traumatic. And anybody who's suffered from chronic pain of any kind is also experiencing trauma. But in trauma, what happens is our body stiffens to protect ourselves. Our shoulders get tight, our back stiffens, or alternatively, we collapse in helpless defeat. Trauma is something that happens in the body. And tension is one of the main causes of pain, one of the main consequences of trauma.

So the body has become locked in a protective encasement to protect itself from an external threat, from an emotional conflict, which is terrible. Then that tension that gets locked in our body actually generates the pain, and then the pain generates further bracing because we brace against the pain. And that bracing causes further pain, further trauma, more pain. So it's a feedback loop. You could say it's a positive feedback loop with negative consequences. So that trauma leads to pain, the pain leads to trauma, pain leads to fear, and fear leads to more bracing, which leads to more trauma.

There are many ways in which the trauma could have arisen in the first place. Often people—sometimes when they've had a relatively minor car accident—somebody comes and hits them from behind—the body is thrown into a state of paralyzed bracing because at that moment, you don't know how serious that impact is. So your body is protecting yourself from being splattered. And we forget how to undo that. As a matter of fact, after an accident, we get a lot of adrenaline, so we feel really high, we feel really good, and we go on not even resting, and then we maybe find it difficult to sleep that night. Then, over the next few days, the pain starts to lock in.

So this is one of the very, very common causes of pain, but it's not necessarily, or even likely, [due] to an actual physical injury. The minor impacts are generally not due to any injury to the spine or any injury to the soft tissue, but to the bracing pattern. All trauma involves the bracing pattern. So in this program, we help people learn to identify in their bodies those bracing patterns so that they can undo them. You can say that trauma is something that happens in the body and the mind—the body and the brain and the mind—that doesn't unhappen. And so in this series, in this program, we help people to learn to release those bracing patterns and to not stiffen against the pain—therefore not causing the pain to recycle.

MP: I want to address what you said, Tami, about it being counterintuitive. It's not obvious, and that's true of many people that we see. Generally, people will come in many months, and sometimes years, after the accident or injury that really might have started the pain problem. So they don't—what they're involved with is what's going on with them now. And stress, of course, makes anything or everything worse. It can exacerbate any kind of medical condition.

So lots of times they're thinking, "Well, I must have had trouble with repetitive injury at work. Maybe that's why my shoulder's hurting—it's that I've been doing more computing than usual. And yet I

don't understand. I've gone to all of the doctors. I'm doing everything they've told me to do, and I'm not getting better. And the doctors don't understand either. They don't know what to make of why I'm not recovering." That would be a situation where we would start talking to the person about the role of trauma. We might not even use that word, but we might say, "Let's talk about this part of your body." If it's a shoulder injury or a shoulder pain that the person has: "Let's talk about as far back as you can remember any type of injury that happened to your shoulder." It's in more of a conversational way [that] we will usually help people uncover the earlier sources of the injury.

As Peter was saying, anytime there's an injury or a threat, the threat, of course, is one of danger, but because we're animals, the threat is to our survival. That's how the body experiences it. The body can't discriminate between, "Oh, well, I'm not really hurt in this accident because I can still move. I can still walk around, so I must be OK." The body is going to feel the impact as a threat, and then, as Peter was saying, is going to respond with complex bracing patterns. When those are held in the body and not released over time—and then, of course, we encounter other stresses, so it's not just maybe one trauma; it may be cumulative trauma that's built up over time. The good news about what we're doing is that it doesn't really matter how many traumas or when the trauma started. It's really about working with the person's body experience to the point where they can experience release and relief.

PL: Yes. Exactly. So they are perpetuating the pain cycle unconsciously. And as people become aware of that pattern, then they're able to release it. Also—and there's considerable research on this—that people who have early trauma and abuse, trauma issues, are much more likely to develop pain later in life. So that's one of the reasons that make it complicated: because it can come in any number of different directions. But the key is: the final common pathway is in the body, and how the body braces against what was originally a threat, but now becomes bracing against itself. It's, again, recycling and reactivating that stress and maintaining it as chronic pain.

TS: Let's talk a little bit more about the bracing pattern because I'm imagining that most people can relate to that. That's something that they can feel to some degree inside of themselves, how they brace themselves in different situations. So why do we brace ourselves? I mean, I get it in terms of a car accident because I don't want to get hurt. But it sounds like what you're describing is a response that happens in all kinds of traumatic situations.

MP: Yes, that's right. For example, if you take, as Peter was saying, early childhood trauma. Let's just go with physical, emotional, or sexual abuse, or some combination of all three. What happens is that in our young bodies, we don't have enough cognition to be able to mitigate what's going on or to understand it. So we're just thrown into these primitive states where we have what we can think of as reflexive responses, where there's no thinking mind involved.

So if we're being hit or assaulted or threatened in some cases, then what will happen is that the body just automatically, reflexively responds. And it responds by bracing, because that is just the way animals [of all kinds] respond. They're going to form this kind of constriction as a way of protection. As one of my clients was saying the other day, it's like a coat of armor. And it's their [sense of] "I know I'm trying to protect myself, but this time I don't really have anything to protect myself from. I have a good life, I've lowered my stress, I'm using the tools that I've learned from you. So why do I keep protecting myself, keep bracing?"

And that's where the second level of bracing comes in, if you want to look at it that way—which is that after a while, we get so frightened of what comes up inside of us, when we're reminded of a danger or

threat, that we react, again, protectively and reflexively. So again, we're not thinking about, "Well, there's really no danger here." We're just reacting. So we initially brace against what we perceive as being real danger and what the body certainly identifies that way. And then later on, it's self-perpetuating, because the person becomes scared of their inner experience or the constriction and pain in their body, and so they'll brace again.

PL: So let me give an example with an emotion. Let's just say somebody was molested, abused as a child. The natural response is that of the anger. And so when the anger may begin to arise, even before the person is consciously aware of it, they push the anger down because of the fear of the anger, the fear that they might hurt themselves or hurt somebody because that's what anger is. It's about the impulse to strike out. So they push down on the anger. But then what happens, of course, is the anger pushes up even more, and then the person pushes down on the anger, and how do we do that? Again, we do that with our muscles. So whether it's the bracing pattern or whether it's emotions, such as anger or fear or sorrow that we're frightened about, we brace against those equally.

So again, it doesn't matter whether it's emotional or physical. The net response is to brace, is to suppress and hold and check. And the more we do that, the more it pushes, and the more we resist, what we resist persists. Again, this is perpetuating the pain, and again, the pain is perpetuating more fear, and more fear is perpetuating more tension or more collapse and more pain, and on and on and on.

The key is in breaking this cycle whenever we can, so even if something has been chronic for years and it comes from very early trauma, still, through the tools and awareness that we've developed through the program, people learn to touch into these sensations, to touch into these feelings and befriend them, really, not to suppress them, not to be overwhelmed with them, not to mindlessly express it, but to touch them, to become more in tune with our natural instincts. And this is what frees us, ultimately, from it, and it's what the last chapter of the book [and] CD are about. It's about coming back to wholeness, which is really, in a way, the surprising gift that trauma does give us—because when we're able to transform it, we are gifted with things we wouldn't have access to had we not had these challenges to deal with in our lives.

TS: Now, there are many things you're saying here that I think are quite radical. I'm just going to start with the first layer, which is that our physical chronic pain is not necessarily just physical. I know someone, for example, who has very, very bad chronic back pain. His approach is to, you know, get different kinds of injections, etc. I don't think he's looking at early trauma in his life as an aspect of what might be going on with his back pain. He thinks it's a physical problem.

MP: Let me just give you an example, maybe, of one of the people we talk about in the book, a client that we talk about in the book. This is a man who had 27 knee surgeries before he even came in for treatment. And he, before that, had been very physically fit. In fact, he was a fitness trainer. He was certified in that. And then later on, he drove a truck as a manager, supervising people in the field to install air-conditioning devices. He had two car accidents while he was driving in that job. But the problem started when he, at the age of 18, had a terrible motorcycle accident and almost lost one of his legs.

He convinced the doctor not to take it off. And that was where the multiple surgeries came in. They tried to repair his leg, but when I saw him, he wasn't talking about that experience at all. It took two or three sessions before I could even find out that there was this important event that was back in his

youth. This was 30 or 40 years later, when he had had already two knee replacements. Both of them had failed. He came in because he had absolutely unbearable pain. And it was the first time in all those 27 procedures he had been able to manage his pain somehow. A lot of it was heavy, heavy narcotics. But it wasn't working because—and I was able to explain this to him later—because of how much trauma you've had, your dissociative protection, the walls that protect you from feeling everything that's happening in your body, have broken down. They can no longer protect you.

So once we started exploring—and of course, you have to do this very carefully with somebody who has multiple traumas. And to be honest with you, that is most of us—have more than one traumatic event in our lives. It's pretty rare if we don't. That includes physical, but as Peter was saying, emotional, psychological, sometimes spiritual—there are many, many different kinds of trauma. We also look at everyday trauma that keeps getting repeated for people. He had some of that. He had some childhood abuse that he had not told anyone about, and that came to light. Also, his mother, who had MS, had died when he was about nine years old, and that loss was very heavy for him.

So as we were able to explore these different kinds of experiences and helped him find where they were stored in his body, but also—and this is very important—we don't just help people get in touch with trauma. That would be overwhelming and retraumatizing. The last thing anybody needs in chronic pain is more trauma. So what we want to do is touch into the trauma as it's held in the body today and at the same time find resources in the body that can heal the trauma as it's being held. But it's helping the body experience expand so that, as Peter was saying, ultimately it's that sense of wholeness, when we're able to claim and experience and feel all our experience at the same time. That's how we find wholeness. So it has to be resources that help the person recover and rebound from the trauma. At the same time, they're also touching into these wounds from the past.

PL: And getting back to the question that you asked, Tami, some people, they have back problems, and of course they think there's something physically wrong with their back. For example, they may go to see an orthopedic surgeon, and they may look at the X-rays or the MRIs or the CT scans, and the doctor says, "Well, look. We can see where this problem is coming from." And that is a possibility. But some studies were done where people who had identical radiographic findings—so in other words, the two backs look exactly the same—one person was in severe pain, and the other person had no pain at all. Why is that? Well, again, these are the things we address in this program.

There are times when you have to have surgery. You know—when the legs are going numb, you've gone past where other methods can help, most likely. So it's important to be working with a physician as well as working psychologically or working with the body to enlist its own healing responses. So you do want to, of course, have advice from a physician. But again, at the same time, I think people—very often, the doctor says, "Look, do you see the X-rays? Your back is a mess." Then [the idea] that that is *the* cause becomes locked into the person's mind. Unfortunately, many times, when surgeries are done when it wasn't really necessary, it actually leads to more pain.

So in the program, we do try to help lead people through these questions, to be able to ask questions of the physicians, and to get second, maybe sometimes even third, opinions to separate what the possibilities are. Because when you're in pain, people will do almost anything to get out of pain. And if surgery is suggested, maybe the person will go right to surgery when there really is breathing room to explore other possibilities, such as what we describe in the program.

TS: Now Peter, you said something very interesting. You said two different people with the same basic X-rays—one could be in pain, and one could not be in pain. How do you explain that?

PL: Well, again, we don't know all the reasons for that, but it's very likely—but I don't believe studies were done specifically on this hypothesis—that the people with the higher pain are the ones who have the greater trauma histories or the greater bracing patterns. But again, remember the bracing pattern, no matter what causes it, it causes more pain. So again, there are certain indications where surgery is absolutely necessary. But my experience, and those of many orthopedic surgeons that I have spoken to—really feel that that is a minority of the people who see them for pain. So we try to get a dialogue, an effective dialogue, a positive dialogue between physicians and patients.

TS: It sounds like that's the place where the pain is made worse. It's amplified because of this bracing pattern. And Maggie, you were talking about how in the somatic experiencing method that you and Peter teach, there's a way to interrupt this pattern right here in the present. So talk to me about that. How do we do that?

MP: Right, OK. Let me give you an example, and then I'll talk from that. You mentioned back pain, and it's so common, so I'll use that as an example. Working with a—I think he's probably about 38 years old now—and he has had back surgery before he worked with me. The reason he got in touch with me is because the back surgery made him worse. Basically, it caused more pain, and of course, Peter and I know, more bracing. And I'll get to that in a moment. So that's why he said, "I need help. I don't understand what is going on. Other people that have had this same surgery and went to the same physical therapist that I did, they're doing fine. Why is it that I am struggling like this?" After talking to him, I assured him that he was not malingering. It wasn't all in his head. In fact, there were probably some very good reasons as to why he wasn't recovering—and that we needed to look at them together so we could help him recover from those.

Well, as we begin to work together, it turns out that what he did after the surgery was that he braced against the pain and the fear of the surgery itself in ways that other people don't always brace. Now, why is that? This is where we had to get a little bit creative and help him be willing. The main word that Peter and I use is "curious." We try to help people develop curiosity about what could explain this. It doesn't mean that something is wrong with me. It means that maybe something is right with me, that my body is simply trying to help me in ways that I don't recognize, and it can be sometimes that the mind is fighting back against what the body is trying to do.

So that was true in his case. What he would do is sort of beat himself up internally that he wasn't working hard enough in physical therapy, or he wasn't exercising enough; he was getting lazy. He had this kind of inner critical pattern that went on that really further kept him bracing against himself. So he began to recognize—as we unfolded some of this—that his body was tense when he would have these onslaughts of criticism or when he would push himself further. He happened to be a surfer, and he was a competitive surfer before all of this started happening. So he was used to pushing his body, and he didn't recognize that now, when he pushes after he's been traumatized by the surgery as well as the injury before that, that he's getting a third layer of bracing and constriction. And so what he's learning to do now is to recognize it.

So part of our approach really is a mindful one. That is, we train people how to get curious about their experience, how to accept it, and how to connect with it. So he has learned some of those skills, and now, when he gets scared, he goes back to his surgeon. The last time this happened, he called me up in

a panic and said, “The surgeon told me I might need more surgery, and maybe I should just go ahead and do that because maybe I’m just not progressing enough.” I said, “OK, wait a minute. Stop right now, and tell me what’s happening inside you as you tell me about your visit to the surgeon.”

And he was able, because he’d learned the skills and been practicing them, he was able to say, “Wow. I’m just really tight, really tense. I feel like I’m really wound up tight, and also I have this pain.” And he not only had pain in the core of his body, which is sometimes related to internal fear, then he also had the increase of fear in his back—fear and therefore pain in his back, just from talking about the visit to the surgeon. So as he was able to recognize that, he’s learned some ways of breathing, which we include in the program. Just focusing on his breath in a very neutral way, he was able to slow down and calm down. After about two minutes, he said, “You know, I think that was just my fear working against me.”

He said, “I know it’s not a good idea for me to think about having another surgery. I need to do a lot more homework and a lot more work on myself before I make those kinds of decisions.” So that’s just an example of how you can work with somebody who’s going through that kind of bracing, double-bracing, triple-bracing, pain trap that we then can help them out of by learning to work with their body in a different way.

PL: And in this pain trap, self-blame is a hook. What we try to do, and I think we have done, is really help people understand that this is not due to a mental weakness, that there are reasons for that, and that as they can identify what the reasons are and work with them, then they get freedom from the pain. So what we do is—people who are in chronic pain are in the pain trap. What we try to do is help them find where they are trapped and then help them find ways to find the exit from that trap.

TS: It seems that part of the trap is that when you’re feeling terrible in your body, the last place you want to go is to your body. You don’t want to pay attention to your body; you want to escape from it. So how do you help people cross that divide?

PL: Well, Maggie was talking about curiosity. You know the expression about curiosity and the cat, right? At least in Kansas, they say that. “Let the cat [come] to realization of its own highest potential.” As we get people to be curious, truly to be able to explore these things, that in itself reduces the fear and a lot of the tension because a lot of the fear is the kind of “Oh my God,” the kind of catastrophic thinking. So as people are able to explore and find the roots of the problem and to deal with them, well, then that’s when the pain reduces or even resolves.

MP: And we also find it helpful to explain sometimes what’s going on in the body in terms of animal behavior because it helps them normalize what’s happening. So most people have had pets, for example. Even if they haven’t been lucky enough to be in the wilds of Africa and to see animals in their habitats, they’ve seen their pets become threatened.

So we talk about it in terms of “Have you ever seen your dog or cat stiffen up at times when maybe you didn’t understand what was going on?” And they stop everything—the animal stops everything. They’re completely frozen, completely still. And it takes them a while before they can ascertain that it’s a garbage truck, or that whatever it is they’re responding to isn’t really life-threatening. Then they will move automatically, and the key there is “move.” They will move their bodies through and past the fear and the bracing to the other side of that. As Peter was saying, they’re free at that point.

So most people can understand that, and we tell them, "Well, and that's what's going on sometimes in you" and that your main enemy may be fear, and at a primitive level, just like my dog is afraid that she may get completely overwhelmed by a garbage truck, the fear is—at the deepest level—is that I won't survive. Something is so terrible that it will kill me, or it will ruin me and overwhelm me and destroy me. And so once we can help people understand where those really deep survival fears come from, and they are curious about their bodies and how their bodies can help them through this, then we can get them into a place of more hope—because I think that's where the hope comes from.

PL: And you know, animals are doing things all the time to relieve tension and stress. Dogs, cats—the way they stretch, the way they yawn. What they're doing, essentially, is dissolving the stress that may have occurred in a threatening situation, such as being frightened by a loud sound. And again, they go through the whole day regulating their level of tension through stretching and through other similar kinds of movements, gentle shaking and trembling, and again, people don't know that this is actually helping them come back into equilibrium, come back into inner balance. They fight against it. And guiding people through this, they get to say, "Oh my gosh, the thing that I was frightened about is exactly the thing that's making the tension and the pain disappear."

TS: Now, you introduce a term in the *Freedom from Pain* approach that I think is really interesting: the term "self-regulation." And in the book, it states, "Self-regulation is the cornerstone of our approach." So can you explain to me what you mean?

PL: What goes up will come down. Animals are threatened on a routine basis in the wild. A predator is always stalking prey, and prey is always trying to get away from a predator to not be eaten. And what happens is after an encounter—well, in a successful encounter—the prey animal, let's say a rabbit, runs away and escapes from the coyote. But another thing is possible, and you see this, for example, with an opossum, because the opossum doesn't really have the speed to escape, so what it does is it "plays opossum."

Well, it's not playing opossum. It's a profound physiological response that actually inhibits the aggression and the eating behavior of a predator. So in other words, instead of running, this charge, this energy, this arousal, it goes into this shock response, this immobility response. But the nervous system is still supercharged. It's sort of like our brake and our accelerator. Our accelerator is going on at a hundred miles an hour, and we have the brake put on at the same time, so it keeps us paralyzed.

But underneath the stillness of the coyote, of the opossum, underneath this stillness is this tremendous arousal of the fight-flight fear, sympathetic adrenal response. And so the animal has an innate ability—and so do we because really, ultimately, we are animals—to discharge that aroused state and to bring us back to equilibrium so that we don't take that into the next day or even to the next moment. So we always go back to neutral; we always go back to balance. This is built in; it's innate. That's what self-regulation is about. And, as I said before, many people have learned to not trust that. We help people learn to re-gather trust for these mechanisms, which will take them back into healing.

MP: Right. And the example I gave earlier about the young man with the back problem—one of the things that he learned to do was to regulate not only his fear, but also the kinds of movements that he was doing. I asked him to show me some of the movements. For example, you learn a lot by asking someone, "Well, have you been given exercises for recovering from this surgery?" or whatever they're

dealing with. I asked him to show me what are some of the exercises, "Show me one exercise that you usually do."

And he showed me, and he was moving so quickly, and with jerky motions, that I knew there was no way that the exercise was really doing him much of any good because he wasn't really connected to his body experience. So I helped him learn. I said, "Let's see if we can find a feeling of balance in your body as you're doing the exercise, even if you just do one little part of it. Let's find out what difference it makes." So I had him slow down his movement and make it very intentional instead of like a reflex, like being afraid to touch a hot stove, and you draw back quickly. That was the kind of movement he was making.

As he slowed down, and we added in some breathing, and some rhythmic breathing, that helped the movement become more smooth and easy. After about two or three minutes, he says, "I haven't felt like this in months." He says, "I certainly haven't felt like this since the surgery." I said, "Well, what are you learning right now that may explain that?" He said, "Well, I can see I am not connected with my body. I'm not working with my body at all. I'm not even in my body." So that's what we found that a lot of people need help with is the simple practice—and it's an early exercise in our program—of reclaiming and reinhabiting our body.

TS: Have you ever encountered people who were in such dire chronic pain that you couldn't help them at all—that they were beyond help?

PL: I can't think of any that were beyond help. No. I mean, in over 40 years, there have been cases where a surgery had to be done. Even when surgery is necessary, you still can help reduce the pain somewhat and also help increase their recovery after the surgery. But especially when there wasn't a tissue damage site, not everybody is completely free of pain, but I can't think of anybody that was in such pain that they weren't able to get some significant relief.

MP: Yes. I would agree. First of all, I just categorically don't believe that anyone is beyond help. They can always learn something from what we are offering them. Why? Because it makes sense to them once they understand what's going on. And understanding what's going on, as we've been explaining in this interview, gives them a sense of empowerment. It gives them a sense of choice. So, they may decide to go on with the surgery with the understanding that they can use the tools that we're teaching to help them recover from it if that's what the best choice is for them.

Now, there are a couple of people that I have found very difficult to work with. That's a different issue. There are some people who really, I believe, have had attachment or relational trauma very early, so their problem is they can't trust anyone to help them. They want desperately to believe that someone can give them some tools that will really make a difference or that somebody cares enough about them that they want to try to help them out of pain. But for their own good reasons, in being traumatized and abused, it's very hard for them to persist long enough against the fear that they have about trusting you, that you're not going to be one more person that lets them down or manipulates or exploits them in some way.

And so when we get into cases like that, it's much more complex. But I don't ever believe that anyone is beyond help, and it's very important, I believe, to keep trying to repair the relationship that you're forming with the person at the same time you are offering them tools. You can't just be a mechanic.

Neither Peter nor I believe in that at all. We put as much thought and care into the relationship as we do into the tools we're teaching.

PL: And we've tried to convey some of that feeling in the program itself. So even though obviously we're not seeing each person individually, we try to convey that kind of openness and invitation to people because, like we said at the beginning, people with early trauma can tend to have higher instances of chronic pain. And these are people who have not been understood, or not been cared about, or [have] people who have given up on them in the past. Obviously, this doesn't in any way substitute for individual therapy, but it certainly can be a very helpful adjunct. It can be something that both clients and therapists can use to help continue the therapy outside of the individual session work.

TS: Now, I'm going to take this just a little bit further because I have personally known people who have really suffered from chronic pain, and I'm imagining one of those people listening to our conversation and feeling, "You know, I just feel like my situation is hopeless. I've tried for so long, and now a book-and-CD is going to help me? A series of exercises are going to help me? I just don't buy it. I'm just in pain." What would you say to such a person?

PL: Well, helplessness is a characteristic of trauma. And so when we help people begin to—and we have a chapter on depression—to move out of helplessness and depression, then, you know, it's kind of like, "OK, if it's a cloudy, rainy day, there's nothing you can do, if you want sun, except to wait for it to change." And so we have this mood of resignation and depression.

Well, actually, if we can do something that can change the depression, then the light on the problem will be different. Now, look, I don't think anyone who has had chronic pain doesn't at some time feel, myself included, "I'm never going to get better. This is going to go on forever." It's a normal part of the process. But again, if we can help people deal with the resignation, then they have a brighter light to shine on the problem and on the tools that might be able to help them. Now, some of the tools—and we're very clear about this—won't work for you.

But we have given, hopefully, a number of tools that—at least some of them will work for most people. Hopefully, something will work for everybody. The only thing we could say is, "Look, we hope you give this a try. Of course, it's not a guarantee." And it's something that—in our total 80 years of clinical experience, we've found that these kinds of tools are helpful. And we sincerely believe that they will be helpful as we present them here, not for every single person, as much as everybody would want, but I think that most people can get something out of the program.

MP: Yes. I tell people that my job is to help them find at least one tool that they haven't been able to find or to use successfully before that really makes a significant difference in their pain. And I take that really seriously as a challenge with each person that I work with. And that's our challenge with people who are going to consider the *Freedom from Pain* program—is that we believe that we have put together the best of our thinking, the best result of 80 years of combined clinical practice of things that have worked with people that have never had hope before in many cases. We teach people to try something once. The very first possibility and invitation is "Are you willing to try this one tool to see if it can make a difference?" And if it doesn't, move on, because there are at least probably 40 more tools in this program, and one of them is going to work for you.

So it really is a question of helping people feel empowered and also teaching people that a lot of this is about choice. The choice is not about being in pain. That's not what we're saying. We've had a lot of people that have had terrible things happen to them, and it's amazing that they're still alive. Their suffering is overwhelming, and we have great empathy with that. However, it is a question of choice about what they are willing to try, about what they're willing to experiment with. And on the basis of those experiments, we are able to learn, as they learn, what happens as they encounter the tool or work with the tool, and then we can modify it. We can modify it so that the tool begins to work in a more and more effective way.

And so really, we're not telling people that we're miracle workers. Far from it. We're just saying we believe in the tools, and we believe in the method, and we want you to find one thing that will work for you.

TS: Now, Peter, you said something very interesting: that hopelessness, depression is actually part—is intrinsic to the trauma experience. Can you explain that?

PL: Yes. Well, look at the opossum. The opossum goes in this immobility response where it's motionless. Then when the coyote goes off and goes away, it comes out of this and goes off to finish its day. Now, humans go into this immobility response, but we sometimes find it more difficult to come out of it. And the experience of this immobility response is of helplessness. It is of helplessness.

So as people learn to actually complete this and to come back into life, then the helplessness is reduced. So helplessness, you could say, is a psychological component or a psychological aspect of the biological immobility response, which we share with all mammals. Actually, we share it even with many insects. This is a very powerful survival response.

But if we get stuck in it, we don't come out of it. Instead of perceiving that we feel immobile and that that's a physical thing in the body and that it can change, we tend to psychologize it as feeling helpless. When we can change the physiology, then the psychology will follow.

MP: Just another word about this is that I think most people are familiar with "fight, flight, and freeze." They know that these are the three survival responses that we have inherited as animals on this earth. One of the things that we do is to educate them as to which symptoms, so to speak, are connected to each of those incompleted or thwarted responses. In other words, unlike the animals in the wild, we can't keep running and running and running away from a danger. I mean, how do you run away from a car accident if you're involved in it? You can't. How do you run away from somebody who's trying to abuse you? Fight back? You can't complete the fight response because of the same kinds of issues. But freeze—like Peter was saying about the opossum—that is the only avenue that's left open to human beings in many cases.

And so we educate people about this, and we tell them that if you've been in the freeze response for a long time, and it's been held in your body as this huge constriction and immobility, then you are going to go into a state of collapse and frozenness at the emotional level that takes the form of depression. At the physical level, it can take the form of massive constriction that creates terrible pain that you don't get relief from. So I think that education is really, really important for people to understand that.

PL: Yes. Because out of education comes self-compassion because when you see that there's a reason, you first of all have more compassion—there's less self-blame, and second, it gives you a clear pathway or some pathways to explore to come out of this and to return to reregulate, to find our inner balance again.

TS: We started by talking about the puzzle of pain and how it's a lot more complicated than somebody might think at first. It's not just, "I'm in physical pain, and I need someone to fix my body." I think this conversation has helped underscore, highlight, and show the complexity of the puzzle of pain. So here, as we're coming to a conclusion, if you had to summarize what you think the keys are to solving this puzzle for an individual, if you could just give them a small key ring of the most important keys to solving the puzzle of pain, what would be the keys on that key ring?

PL: First would be that one size doesn't fit all. The tools that work with one person may not work with another. And to be open to explore different possibilities.

MP: The second key might be healing through the body, that we understand that you've disconnected from your body—for good reason—as an attempt to regulate the suffering you've had that just feels unbearable. And yet, the challenge is to find out how a connection with your body can make all the difference, can bring you into contact with resources that you've never found before.

PL: And that there are tools that can help us befriend, re-friend, our bodies and begin to come out of the pattern, the body patterns, the tension patterns that are actually generating a significant portion of the pain, if not the entire pain.

TS: Wonderful. Maggie Phillips and Peter Levine summarizing solving the puzzle of pain with three keys. Thank you so much for that terrific summary and mostly for the important work you're doing and for the program you've put together: *Freedom from Pain: Discover Your Body's Power to Overcome Physical Pain*. It's a book and a CD of guided practices, a self-guided program that people can work with in their own way to overcome physical pain. Thank you both so much.

PL: By the way, thank you, Tami, for [helping] us until we finally did it.

TS: Wonderful. That was a great conversation. Peter Levine has also created a series of audio programs with Sounds True on *Sexual Healing: Transforming the Sacred Wound,* and a program for guiding your children through trauma called *It Won't Hurt Forever*. He's also written a book that also has an accompanying CD, *Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body*.