

Michael Picucci's Interview with Peter A. Levine

Author of *Waking the Tiger: Healing Trauma*

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Michael Picucci (MP): I've been around psychotherapeutic healing and trauma recovery for a good number of years. When I came across your work, it really felt captivating and revolutionary for me. I don't want to put you in an awkward position with this question, but I'm curious - Do you get that kind of reaction often?

Peter Levine (PL): You know, I hadn't even really thought about it in that way until you asked the question. Yeah, I think I have got that comment from a number of people. And some people actually even surprise me. You know, it's the funniest thing. Having developed it over such a period of time, over 30 years, you're just doing something and you don't really think about the context so much. When I was doing this work, as you know, there wasn't even a definition of trauma or PTSD, as we know about it today. That's relatively recent, only about 20 years old, if that. I think the thing that was most revolutionary if I think back (but again, to me it made common sense, so I didn't really think of it as revolutionary) is the idea that animals in the wild are subject to constant predation and that they... I mean, obviously, if they didn't have mechanisms to return their nervous systems from threat arousal to equilibrium, they wouldn't survive in the wild. So, there has to be a deeply innate mechanism that's there to bring us back from the brink of insanity, the brink of fear and experience of threat to balance. And if that's the case, and it appears to be the case - I mean, I basically studied everything that was written on animal behavior related predator-prey behavior... By the way, can I take a side on this?

MP: Sure.

PL: When I was at UC Berkley in the early 70's, this idea was really churning in me. I would go to the library, and I would get literally anything I could find. I would sit in the stacks and just trace books and references. I remember that as a wonderful time of my life, of living with books. I would occasionally get an article or book, and I would then have plenty of time with it. But then it would get recalled, and I would let it go and get the next book. Then the same thing would happen. Just recently, a couple months ago, in San Diego I met a woman named Mary Mane. She is probably the preeminent researcher now in attachment work with animals. She was a student of Mary Ainsworth. A really lovely, solid woman. We started to talk at breakfast one day, and it turns out that she was the other person! In order to understand maternal attachment, she was going over all this ethology literature, as was I. So, we were developing those ideas at the same time. It was such a wonderful and somehow reassuring experience to realize that we were both looking at what we think of as strictly human issues, trauma and attachment, and that we were both driven to study instinctual functions in animals.

MP: So, back to the original question about 'Do you get my kind of reaction about your work being captivating and revolutionary often?' I think your answer is 'Yes.'

PL: Yes, and I get all kinds of other responses, too. Although I must say that in the last few years, it's really quite rare that I get something that's dismissible or negative in any way... In the beginning, a lot of people including our publisher said, "Well, this is about animals. How can that apply to humans?"

MP: So, I think you already answered my next question, which was going to be... Operating in the body-oriented practitioner world, especially since I've come across you, I hear of people who have known about you for years and years. So, it makes me ask, when did you get started, and what first inspired you?

PL: Who's to really say what the inspiration was? There were two tracks. One was the story of Nancy in the book, which was in 1969. You know that story.

MP: Yes.

PL: There was another one, which was before that. The two of them really merged along with the animal research. It must have been about 1965 or 66, and I had just met someone who was in that same class that I was teaching at the Santa Barbara Graduate Institute, Judith Weaver. My friend, Jack, dragged me to San Francisco to go to this one or two day workshop conducted by Charlotte Selvers. She was one of the first people to bring sensory awareness, body awareness to the United States; she actually just turned 100. This was an experiential workshop she was doing. Again, I had just come from the Midwest. There was no such thing as the growth movement. There was no such thing as bodywork. At the time, there may have been 4 or 5 rolfers in the known universe. There were no other body-workers. In this workshop, we spent hour after hour walking around, being aware of our walking, being aware of every part of our bodies, picking up a rock, feeling a rock, feeling the weight and texture, picking up another rock, picking up a piece of wood, looking at the wood, ... This just went on and on and on. Suzuki Roshi was there, the head Zen monk at Tassajara. I asked one of the monks, 'How are you doing with this?' I was completely befuddled. The monk said, "I'm getting a terrible headache." This woman just drove us. And then at the end of the day, we were asked to lie down on the floor and feel our breath. The most remarkable thing happened. I became aware of my muscles breathing with my breath. It was like my whole body was breathing, and I had never had an experience like that before. I remember feeling different for several days. About a year or two after that, I was asked to teach a course called Contemporary Natural Science, given primarily from the Zoology department. There was a laboratory part in which I was asked to set up a physiological laboratory for monitoring bodily physiological responses. I thought, 'I wonder if I can actually measure what I had experienced that year before in Charlotte Selvers workshop.' So, I asked for a volunteer, and this lovely young, fiery red haired undergraduate student volunteered. She would come in and I would connect what's called an anemograph, and I was able to record her breathing and heart rate. I also put electrodes on different muscles. Obviously muscles couldn't breath, but I wanted to see if there was some tensing and letting go that was synchronized with the breathing, and therefore felt like they were breathing. When I first set her up, I could find no such relation. I was getting frustrated, and so was she. Then one time, I was doing some relaxation with her, and she flipped into what we now call a

trance or an altered state. And Boom, all of a sudden I started seeing the synchrony between the actual breathing and the electrical activity in the muscles in the foot and in other parts of the body. So, I then became interested in what these rhythms reflect in terms of well-being. Later, after my experience with Nancy, and soon after my doctoral work, I was asked to be a consultant for NASA. This was for the first space shuttle flight, which of course hadn't yet gone up. There was a real big problem. When the astronauts would go into zero gravity, when they go into orbit, they would very frequently get sick. It's called Zero-G Sickness, or enuresis; they would basically get nauseous and throw up. It was more than just an unpleasant situation, because it actually could get dangerous. It could get in the machinery and affect other people. So, there was a project to somehow monitor when it was about to happen before it happened, and then train these people to do something. They were trying biofeedback and different drugs. I noticed that the astronauts that actually were able to do well, that didn't get sick or were able to stop themselves from getting sick were people who had a response somewhat similar to the woman who I measured those years earlier. I had also done some measurements with people I worked with who were traumatized. When they would resolve the trauma, you could see that their body would go into this full-body breathing. So, a picture started to really form. There's another important part that shouldn't be left out. I took a leave of absence when I discovered the Esalen Institute, and there were people doing things like Charlotte Selvers, Fritz Brogue, Ida Rolf, and so forth. Also around that time I got into Reichian therapy. This stuff was just completely mind blowing to me. Burney Gunther had a book "Sensory Awakening: Going Below your Mind." I was also very much taken by Reich's work.

MP: As am I.

PL: I think that Wilhelm Reich is a person who has been tragically lost in most people's awareness.

MP: Yes.

PL: I've asked audiences of body therapists at big conferences, "How many people know Wilhelm Reich?" To my chagrin, an increasingly smaller and smaller minority raises their hands. This is a man whose work has really been important on all of the cutting edge things that are going on in society today. He's a root of it. Also around the time of Nancy, I started studying with Ida Rolf. So, I got the privilege to look at bodies and to touch bodies. Now, I didn't really do rolfing that much afterwards. I did it for a while. But I got two tremendous gifts for Ida Rolf. First, I started to really see a body as it is. She wouldn't let you give a theory about what you saw. You'd have to actually see what you saw. And she was very big on relationships of one part of the body to the other. Then when I started to palpate muscles, I found that some muscles were like rock iron tight... more like a car tire. If you push a car tire, it pushes your finger right out. Other muscles were like mush, or were woody. They didn't respond at all. I later met a woman, Lilla Moore Johnson, who had devised a whole theory on that. And then the body-dynamics people later incorporated that in a different way. I then came back to the stuff that I had observed with animals, and I said, "Oh my God- This is what happens when an animal is

being chased full out." Its muscles are going at the maximum amount that they can, and then in a fraction of a second the animal collapses. So, you have a mixture of muscles that are frozen in stiff terror, braced in fear, and other muscles that have collapsed in sheer terror. So, all these pictures started come together, a kaleidoscope. The picture just got bigger and bigger and more complex, of course. The remarkable thing, I think, is that even with this complexity, I found certain very basic principles to hold true. The first one, which I mentioned at the beginning, is that as animals ourselves, human beings have this innate ability to rebound from extreme experiences and threat given appropriate guidance.

MP: Yes.

PL: And that this could be learned relatively easily and quickly. People can get from being very debilitated, dysfunctional, sick, whatever term you're using, to not only get rid of their symptoms, but to really come alive.

MP: Can we take all of that, and let me ask the next question. I think this begins to bring it all together in a new way. Here's a quote from your book: "As we begin the healing process, we use what is known as the felt sense, or internal body sensations. These sensations serve as a portal through which we find the symptoms, or reflections, of trauma. In directing our attention to these internal body sensations, attacking the trauma head on, we can unbind and free the energies that have been held in check."

PL: Did I say "attacking the trauma head on?"

MP: Actually, you did. I was a little surprised at the wording.

PL: You're kidding! My God, I contradicted myself there. I can't believe it. So, in other words, we're not doing it head on really, we're doing it through the felt sense. That's the difference. Thank you! That has to be changed for the next version. That's humorous.

MP: So, taking the theory into account, how do you come to that awareness that you could engage it in that way?

PL: Yes, that goes back to all the things I've been talking to you about. I started then to say, "What is this?" What is it that let's you know that you feel better? I became very interested in what was called motor learning at that time, and emotion theory, which went back into the early 1800's. How is it that you know what you know when you say "I feel good about this" or "I feel bad about this?" or "I'm scared?" How the heck do you know that? I actually coined the term around that time as "registered experience." There's Eugene Gendlin's book "Focusing," which again is a book that everyone should read. He actually had been working on this in a philosophical way and had written some really fabulous stuff. I think his really great stuff were things that were written in papers, and I gradually got some of his papers. This really confirmed for me that I was on the right track here. But I'm not sure exactly how I made that connection between what animals go through without apparent awareness, in the sense that humans have it. Although I do

believe animals are sentient. This is kind of the vehicle that allows us to do what animals do instinctually. This refined sense is the tool that allows us to be able to do what animals do. You see, I think our minds have gotten in the way of this happening naturally - our over-socialized, over-developed, over-frontalized mind. It's the felt sense that allows the mind to work in concert with the instincts. So, it's our link between our "highest" and "lowest," that is to say between our most elaborate function and our most instinctual function. As I started to work more methodically with asking questions about people's inner experience, I started to learn about that landscape, and particularly about that landscape, when it had to do with responses to overwhelm, to threat, to trauma. And gradually I started to develop a lexicon, because... How do you ask people questions about that, that doesn't get them out of the experience? That was really one of the most difficult parts, thinking of how to ask them this kind of question.

MP: And you have developed a beautiful lexicon. But going back, speaking of lexicon and use of words, so where you had said, "Attacking the trauma head-on," you would probably have wanted to say or would change that today to something like what?

PL: Embracing, contacting...

MP: Engaging at the periphery...

PL: Engaging at the periphery, contacting it, joining with it in a titrated way.

MP: You also articulate how frozen energy in the body, in the central nervous system, is renegotiated in the body moving one from activation to resilience. It dawned on me that another way of saying what you are saying is that, "We are using the power of love or spirit to transform." When you talk about resource energy in somatic experiencing, it seems we are also talking about the energy of love or spirit. Would you care to comment on that at all?

PL: Usually in the past I've kind of tried to stay out of here, but now at my advancing age into 60... If you think about how traumatized people are, not just in terms of shock trauma but in terms of their whole development, and what percentage of the human race has been deeply traumatized, I think just looking at sexual attacks alone in childhood, I believe the conservative estimates are something like one out of four people in the world. And it doesn't seem to really vary that much with socio-economic status. So, when we look at how things are going on in the world, you can say, "My god, how crappy it is." But at the same time or on the other hand you say, "God, it's a miracle that we're doing as well as we're doing given the amount of traumatization, neglect, poor parenting, inadequate parenting that most all of us have received."

MP: So, the energy of spirit or love...

PL: Yes, the energy of spirit or love - getting back to that. Empirically, when I work with people, most people come to that. I don't say anything about it. If they have that belief, I am glad of that, because that's going to be a resource for them generally. This is one of

the things that really caught my attention as I started to work with many, many more clients is how consistently people would experience something that we would talk about as spirituality. I mean, it could be more in a Tao or Zen sense of their being in the now and the now being eternal. Or it could be that they felt held by a golden light or in the arms of Christ. If they're Jewish they have some kind of a Jewish thing. Although, I actually found many people would have experiences from other religions as much as from their own religion. This is the thing that I think Stan Grof also started to notice in the psychedelic experiences.

MP: So, you don't necessarily talk about the energy of spirit or love being a resource or in the resource, but one could notice that themselves. As I do...

PL: Yes, that's right. I mean, I don't think it's my role to... Sometimes I'll ask a person, especially somebody who's really struggling in a very difficult situation. I ask them what their beliefs are about spirituality or religion or God or if they have any particular beliefs about that. I also preface that with 'If I'm not prying;' 'I don't want you to even answer this question unless feels like you want to answer this question.' Of course, at the same time, for some people religion actually has turned out to be almost the opposite of resource.

When you work with trauma in this way, it's almost universal, it's certainly more yes than nay, that people do report these kinds of experiences and that they are deeply resourcing. Then sometimes if you ask the person, "Here you are now. If you would have been here before this particular trauma..." (because usually people come after a particular breakdown to see me at least) "...and your life was just going to go on, or what happened, happened and here you are now. Would you have chosen to have the accident happen or the event happen? Or would you have chosen to not have it?" Almost one hundred percent of the people say they would have chosen it to happen, because of the richness of what's happened in their emotional and personal and spiritual life. So, it's almost ridiculous to deny it. It's certainly counter-therapeutic to deny it.

MP: If we could just shift for a minute to something we were discussing just prior to the interview, the addiction field. It appears to me, Peter, that both you and I are of the same philosophy that addictions are self-medication for residual trauma and distress in the body. Do you agree that with the current abilities we have to address trauma calls for a re-education and transformation of the way we treat people with addictions?

PL: Absolutely, yes. Certainly people that are in distress tend to gravitate towards certain substances. A lot of times people actually pick a substance, and they're in the right category. So, if they are anxiety driven, they will tend to go for alcohol or for narcotics. If it's depression, they'll tend to go for stimulants. Of course, unfortunately, these are not good medications for either. So, I am really struck by how people tend to self-medicate themselves, try to self-medicate themselves and how, of course, it makes things worse. Also, about how reliant our culture has become on medication, whether it's addictive or whether it's called substance abuse or whether it's prescribed medication. You know, I was very much caught by the irony. There was a program on the drug that a lot of young people are using...

MP: Ecstasy.

PL: Ecstasy, which is MDMA from a long, long time ago. They were interviewing these kids on why they took this drug, what they got out of it. They mostly said that they could talk to people easier, they felt better about themselves, and they weren't shy and inhibited. Some of them spoke about feeling love, but by and large people reported what is called "social anxiety." It alleviated that. This is the irony: After that program, or as part of that program, the commercial break was... Guess what for.

MP: Prozac.

PL: Paxil. They showed the same situation of an adult being at a party and being uncomfortable and not being able to talk to somebody and then says, "Here, take this."

MP: Yes, incredible contradictions.

PL: And I'm sure that the people that did this had no idea that they... or maybe they did and just laughed at it. This is the dilemma. But don't get me wrong - I am not against medications. I, quite frankly, think that medications have made a tremendous contribution. I mean, almost miraculously to the degree that antibiotics did. But like antibiotics, they can wind up causing more problems if you don't really use them in the right way, or in an ecological way. I think that's been the case with these medications. They've been used to cure people of their trauma or their depression or their anxiety, and of course it doesn't do that. Maybe a medicine will come that will do that. I mean, people should keep trying.

But really, the way things are right now is that most of these medications suppress or, in some way, support the person so that there's the possibility that their therapy can be much more effective. Some people really need that support. So, think of it as a resource, but as a temporary one. It's not a long-term solution. I've heard some group has the expression, "Pills without skills don't do anything." It may even be an addiction or recovery community. But it's a good saying. I think as a culture we are so overly dependent. I've seen advertisements that say, "Your wife left you six months ago, your still feeling blue. Do we have the pill for you!" That was Prozac. Nothing like, "Maybe you're stuck there. Maybe you need some help to work this through. And maybe this isn't just your wife. Maybe this is a pattern that goes back into your childhood that we could productively work on together."

MP: Shifting back to Somatic Experiencing for a minute. As you know, I completed your training several years ago. I'm was very impressed that I signed up for a three-year intensive training program at fifty-five years old. I've been around and done a lot already. But more than that, I was surprised when I went to the training and there were so many other seasoned practitioners in the room. Normally training programs attract the inexperienced practitioner that's just getting started in the profession. You are attracting old-timers that have been through and seen it all.

PL: Actually. That's true, that's something that I've noticed much more in the last 5 or 10 years. Certainly the last 5 years. Both in the states, in Europe and other countries, that we're getting much more people who are the seasoned clinicians. I'm very glad about that. And people who grew up in kind of a similar mold that I did in some ways. That's been really kind of fun and amusing.

MP: Yeah, it was very exciting for me to be sitting with and doing exercises with practitioners who had been through the 80's and had studied character structure, had done the "child within and younger self" kind of work, all the experiential therapies, the cathartic work and the body work. It's like, we've all done it all, and we find ourselves in this room studying this now, and are all quite taken with it actually. Is there any way that you can account for that appeal?

PL: Part of it is just a maturing. And then books and articles that I or other people have written. Then just gradually, evolution... I mean, generally things don't start at the conservative center. They start by people who are more out, as it were, in the so-called 'fringe,' which in a way is too bad, but that is how it is. Those are people who are more likely to go for something, anything! So, they would come to take the S.E. class, but they would also take all kinds of stuff to me that would be more or less nonsense. However, when many of these people then would work with other people or who were therapists, and the therapist would say, "Wow, what is this you're doing? I've been able to move through something that I didn't even know was here!" So, gradually it emerges. Another thing, quite frankly, is I think there is a cultural zeitgeist in the world. There is this movement now about the body being central in the therapy of trauma, and the body being central in psychotherapy, even, that really has turned a corner. Also what I think has been a really important thing is EMDR. EMDR, because of several different things... All of a sudden they made tens of thousands of psychologists aware that there was a body, and that there were other ways to work with trauma than not working with it or tying people down to a chair and making these poor Vietnam vets watch 'Platoon.' Then spokes people like Bessel van der Kolk speaking to large numbers of people. So, I think many of these of these things have really converged to where now many people ... I mean, I think it's just an evolutionary time. It takes that time for it to get out and ...

MP: Which actually leads me into the next question I was thinking of. On our website, we quote an NIH Director, Esther Sternburg. She's an MD, and has a new book called "The Balance Within." It's an excellent book. One of the things she's saying is that "we must focus on the minute connection between each part, and at the same time looking outward to the emotions and beyond." Now, she's writing this book to physicians with a lot of good, grounded research.

PL: Wow.

MP: Now, you of course are already doing this work. There's also a fast growing discipline of psychoneuroimmunology. And this website that we're interviewing for is all about reducing human suffering through felt senses of the body. So, it seems a new

paradigm of healing from the inside out is coming of age. And this is an NIH Director that I quoted from.

PL: Really?

MP: Do you perceive yourself or us as shape-shifters in some larger evolutionary process? Do you think in those ways at all?

PL: I think that, as you said and as I said before, there's a wave that's crashing on the shore here. Some of us have been on that wave for a few decades, and some have just got on the wave. But it's the wave that's happening. I think these things are irreversible at this time. They're helped on by all kinds of things. I think one of the things that may actually be one of the greatest helpers is the HMOs.

MP: Yes.

PL: Because medical care has gotten so poor overall with this. It hasn't solved the problems. And it couldn't have even if it was the best system of free enterprise and democracy, because it's still not dealing with the root problems. I think because it's taken things to such an absurd extreme that people are now more and more open. And in a sense they themselves are, because they need something that's dealing with all the chronic symptoms, the things that could have been prevented. In order to survive they have to look at prevention. There's a study that recently came out of CDC by Filletti. Basically, they show that the main healthcare burdens that we have are either directly caused by trauma, the effects of trauma - like suicide, depression, anxiety, self-destructive behaviors, alcoholism and so forth... I mean, the correlations are vast. They are as high as 20 times the non-traumatized population. Even the main killers of what are considered to be strictly medical diseases like diabetes, cancer and heart disease. That's what really makes things change. I think so many of these things are conspiring in this wave that has crashed upon the shores of change.

MP: In all of that, you founded or originated The Foundation for Human Enrichment.

PL: Yes, that was basically to be a structure for training people and professionals. But also for getting the work out to a larger population, because people have to become empowered. That's one of the principals of Somatic Experiencing. You get the client empowered as quickly as you can so they're not overly dependent on you. You also want information out to as many people as you can so that they can help prevent traumatization in themselves, in their family, in their children, in other people by knowing what to do. A lot of people have studied Red Cross first-aid. We need just as many people to study this kind of emotional first-aid. That's one of the reasons that I've really been devoting a lot of my time and efforts and energies to getting material out through the media. That's why I did the tape series, the Sounds True six-tape series, "Healing Trauma." And I just released less than a month ago a two-tape series called "It Won't Hurt Forever: Guiding a Child Through Trauma."

MP: I remember when you first told me about that, I heard great excitement in your voice. What is the enthusiasm about?

PL: I'm still enthusiastic about it, and that's a miracle for me. If I'm still enthusiastic after I've put something out, that's really gone beyond the pale. Usually, at best, I don't even want to hear it. I still feel very strongly about it, and I've gotten all kinds of feedback from people. I recommended it to the group I was teaching in Washington DC at the Networker conference, and I said, "Now, this is not for seriously traumatized, sexually abused children' and so forth and so on. This is for the more ordinary trauma that parents can help their children with." And this woman got up and she said, "I'm sorry, I disagree. I've just used it with one of my deeply sexually traumatized children, and I've had just miraculous results." Of course, that's in the hand of a therapist. This is one of the things that I've also been saying for thirty years, again not using the word 'trauma'- that it's not just sexual abuse, it's not only molestation or sexual attacks that traumatize people. That's probably a significant but not even the major proportion of ways people get traumatized. They get traumatized by getting in accidents, automobile accidents and other accidents. They get traumatized by medical procedures, surgeries and other invasive medical procedures. Natural disasters. It's really the significant majority of people who are in someway under the spell of trauma. And they're limited in some way from living fully, because of these traumas. They may not have the clinical symptoms of PTSD as of the DSM manual, but they are traumatized. Their lives have been in some ways restricted or limited, and they're more vulnerable to later traumatization. So, getting this information out and trying to get it into hospitals so that they don't unnecessarily traumatize children, infants, and adults as well. Because just the knowledge itself can prevent a lot of trauma.

MP: Yes. I know the foundation is doing trainings, and you are doing a lot of talks around the world. Is there anything else on the horizon in terms of the foundation getting the word out or sharing?

PL: We're actually doing a big project in the hospitals in the Denver/Boulder area in May. I'm doing it with a neurologist who has been very closely associated with SE and just published a book called "The Body Bears the Burden" about these people that for me was the majority of my practice. They have an automobile accident, and sometimes it's like a 10 or 15 miles an hour fender bender. And they're lives come apart. You know, their doctors, of course, don't know what to do. They're frustrated. And the insurance companies think that they're just trying to collect on their insurance. It's very unfortunate what happens. But these people, the majority of them anyway, are very very traumatized by these events. Of course, many of them have had histories. Still, all of sudden people just fall apart and have all of these bodily symptoms, and nobody knows what is the cause of it. So, we want to get information like that out to not only change the treatment, but hopefully to change the whole insurance and legal system so it doesn't have to be adversarial.

MP: Yes.

PL: So, these people can get the treatment that they need - and then that will, of course, save billions of dollars in the long and short run. But there's the fear... if we say people have PTSD, we don't want them to have another thing that they can file a disability claim for. You know?

MP: I do know.

PL: So, we have a lot of education. That's what we're trying to do.

MP: So, you've had some heady experiences in this time of doing this work - between NASA, working with the space shuttle people and teaching trauma around the world. Have these been among your most rewarding experiences? Or is there anything else that you'd like to share with us when thinking of a real rewarding experience being involved in this process?

PL: Well, thank you. I think that some of the most rewarding are just being with people, clients that I work with and seeing them transform. Nothing can really beat that. There's another interest that I didn't mention. After I started to develop this method, I said, "Wait a minute... pain, injury, suffering, misfortune... that's been around since the beginning of recorded history." It's on the cave paintings, the early literature, and god knows where else - massively by the time of Greek civilization. I thought, 'Well, people have had to deal with this forever! They must have discovered some of the similar things that I've discovered.' So, I became very interested in what certain native healers, sometimes called 'shaman healers,' do throughout the world to deal with what might be similar things based on the organism's intrinsic ability to right itself. For several years, I had an opportunity to work with the Hopi Guidance Center in Arizona, and then to be with other indigenous people in different parts of the world - South America, and a little bit in Northern Scandinavia, in Lapland. At first, my search was to corroborate that they saw things in similar ways - part in curiosity, part egoistic. I think what I learned is... Well, that's true - they do see things similarly. People in the remote areas of the Amazon have heard the term 'trauma.' I mean, they use their own word. In South America, the term 'sistus' is used, which means fright paralysis. That's trauma. They've heard the English word, they know the Spanish or Portuguese word. They know trauma, and many of them talk about treating trauma by their different models. Instead of "dissociated" parts, they're going to try to find the parts of the soul that had severed and induce them back into the body of their patient. The other thing that came strongly to me was that by and large these people don't see it in terms of an individual. They see it in terms of the group. So, if an individual is traumatized, the group is traumatized. And for the individual to heal, the group has to heal. In our society, there's so much fragmentation and everybody's autonomous. Everybody has his or her own car. Being in Southern California right now, it just amazes me! I'm on the highway, and there's almost not a single car that has more than one person in it. So, we're so atomized, so split off from each another. When someone's traumatized, we're OK... Send them to a doctor, but we're not really able to stay patient and supportive very long. I think one of the things these people have taught me is that to heal trauma, we have to re-establish community. In reestablishing community, our whole models of healing will change. Our whole existence will change.

There have certainly been great advantages to being individualistic, but there's been a tremendous downside to that as well. So, I'm very much inspired by how some of these native people truly live that... walk that talk. They don't judge people. They support people. They hold the space for them to participate in some of the rituals so that they can heal. It's because they don't distinguish them. They don't say 'Well, you're the sick one. We're the well ones. We'll tolerate you're being here.'" They don't really have that barrier.

MP: Having said that, I'll make my last question off of it before you make your closing comments. This is also sharing with you the sentence in your book that I love the most, and there were a lot of them. But the one that I loved the most that jumped out at me was the sentence that said, "Transformation is the process of changing something in relation to its polar opposite." That is such a clear and succinct sentence about a word that many of us don't really understand - transformation. It makes me think back to what you were just saying about the community healing versus the individuality. Do you have any thoughts about polar opposites there and the possible transformation, as we're moving along?

PL: That's really humorous, because that was sort of one thing that I still wanted to add.

MP: Oh, great.

PL: Yeah, it's actually pendulation. You asked me of the things that I've discovered that have really made a difference in people's lives, and certainly the concept of pendulation is one. It's related, as you know, to the two-vortex system and so forth. Obviously, this is nothing new. This has got to be as ancient as can be, which again is a relief. If something works, you can expect it to have been around a long time. When I was able to track people's inner experience, I found that no matter where they were if they could then really be aware of the sensations, then the sensations would move them ahead in time. They would get unstuck. Basically, trauma is about being stuck. And when they found that even how bad they felt, that they would go to an opposite experience... and it's not that they felt bad, and now they're feeling good. No matter what they're feeling, this will change. It's not just that you go to an opposite experience, but you're always going to an opposite experience. You're either coming or going to or from an opposite experience. That experience of being able to pendulate I think gives people... (and this is one of the ways we have the spiritual entrance, and I'll speak about the other one) is that you now know that 'this too shall pass.' That's what impermanence, I think, is all about, the Buddhist or Taoist idea of impermanence. It's not that you can't take your possessions with you when you die, so you might as well give them to somebody, you know? But that literally what we're experiencing is only transitory no matter what it is. There's this basic polarity, which is the same thing that allows the animals I'm convinced to not be traumatized. It's this going back and forth that gives us this feeling of freedom. Because in not being bound to either of them...

MP: So, going back and forth between the opposites without judgment.

PL: That's right. Simply observing the experience. This is, I think, somewhat similar to what Wilhelm Reich talked about with expansion and contraction - being the basic pulsation of life from the ameba to the human being.

MP: Yes.

PL: But again, we tend to sometimes not see the allusive obvious. The one other thing, to go back to the spiritual heart of this, is that the energy of trauma... and it is an energy. It's the energy that allows a gazelle to escape from a cheetah at 65 miles an hour. It's the energy that allows a 100-pound woman to lift the car off of her child, and pull the child out from underneath the car. That's the energy that's there to defend and protect us, to save our lives. That energy is also the energy that is spoken of in the east as the Kundalini energy, the energy that many of these spiritual practices set out to raise. The thing is, if you've been traumatized, that energy has already been tapped. You don't have to do a meditation or breathing techniques to raise it. You simply then have to complete the process.

MP: Would I be correct in saying that it's already been trapped and frozen?

PL: And frozen - that's right. But it's there!

MP: Yes.

PL: It's there, and it's always been there.

MP: And it's accessible.

PL: And it's accessible. I think that has something to do with really understanding the spiritual part of it.

MP: That's great. Is there anything else you wanted to say?

PL: Nope.

MP: Thank you for being our first interviewed guest on theinstitute.org.