



## **Waking Your Tiger**

**Guest: Dr. Peter Levine**

**Alex Howard:** Welcome, everyone, to this interview where I am really happy to be talking with Dr. Peter Levine. This is an interview that I've been really looking forward to doing, and I'm really grateful, Peter, for you making the time to do this so thank you very much.

I think many of you will be familiar with Dr. Levine's work, but just to give his professional background, Peter Levine Phd is the creator of somatic experiencing; a clinical method to resolve trauma symptoms.

He received his Phd in medical biophysics from the University of California in Berkeley and holds a doctorate in psychology from International University. He's worked in the field of stress and trauma for over 40 years, and I think I should say, has influenced the ideas of pretty much everyone else that we've been talking to as part of this conference.

Peter received the Lifetime Achievement Award from the United States Association for Body Psychotherapy in 2007.

He's the author of bestselling books, including *Waking the Tiger: Healing Trauma* and *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. His most recent book is *Trauma and Memory: Brain and Body in a Search for the Living Past*.

Peter, I think a helpful starting point would be just to give some context and some frame to this discussion. You've talked a lot about - and it's something that various people have spoken to as part of this conference - the freeze response, and how trauma is held in the body, or as you eloquently describe it in *Waking the Tiger*, how biology becomes pathology.

So could you just give a little bit of context of what that freeze response is in the context of trauma?

**Dr Peter Levine:** Well, there are active responses and passive responses, and our nervous systems were developed evolutionarily to be able to localize potential threats in the environment, to assess the threat and then to respond to the threat either by fighting or fleeing; that's the fight and flight response. That's very, very well known. But where responses are blocked and people are not able to carry out these active responses, the body freezes, it seizes up and it shuts down.

Now, when I first started to really study trauma back in the 60s, I was fortunate in a way because I didn't know that trauma was supposedly a brain disorder, a brain disease which was incurable and at best could be managed by drugs and changing one's thoughts. And so, fortunately, I wasn't constricted by that way of looking at things. And what I discovered is that trauma is something, of course, it involves the brain, but even more fundamentally it involves the body.

So, for example, when we experience a threat, our bodies tighten in readiness, these are things that our body does. And a very simple definition of trauma, in a way it's when these reactions occur, but they don't un-occur. They don't return to baseline. What another fundamental insight or fundamental part of my discovery was, that because trauma is something that happens in our bodies, again, we stiffen and we react readiness or we freeze and collapse and these are things that the body does to protect itself.

And that's important because there's no judgment here. It really is what the body does to help us to survive. And so it could be again, that we're bracing or freezing or even collapsing, like having this gut reaction of my gut just being twisted up and or waves and nausea and so forth and so those are the main responses.

And again, what happens in trauma is that we get stuck. We don't complete a response. So in a way, the nervous system is all dressed up for action, but there's nowhere to go. So it shuts down.

This is now, you know, it's this 800 pound gorilla here which is the Covid virus. And one of the reasons why that is so frightening is because, like I said a few minutes ago, is that our bodies are designed to respond actively to threat. But what if it's a threat we can't localize that, it could be coming from anywhere and everywhere. And also, at least in this country, we're getting a lot of misinformation and inconsistent information. So our bodies just don't know what to do. So the strain of that just collapses us. And we feel exhausted. We feel depressed. We're unable to think clearly because, again, our whole organism is in this shut down state.

So I've been doing a number of things that you can imagine, you know, because of the Coronavirus. And I think that's the thing that most people don't understand. Don't I also understand how to work with fear, because when we're stuck in fear, it just erodes our whole sense of goodness, of resilience, that was the title of the book, as you mentioned, *In an Unspoken Voice* but fortunately, the body has ways to reach at least this trauma.

**Alex Howard:** And I think that's an important piece, because sometimes this process, the body goes through shaking to release the trauma. When people don't understand what that is, it can be very confusing.

I can think of a recent case, actually, of someone fearing they had a serious neurological condition and even their physician feared that. And they had what was actually a healthy response to the body processes that maybe describe a little bit around that process.

**Dr Peter Levine:** So, again, when our bodies are charged up or shut down there are, and this came from observation in my early clients in the 60s, but also from studying animal behavior in the wild. After an animal has been threatened, very frequently you'll see it beginning to shake and tremble, sometimes gently, sometimes more fully. And what it's doing is it's discharging that stuck energy. And that's critical.

So in a sense, the bad news is that trauma is a fact of life. The good news is that trauma does not have to be a life sentence. But again, we have to understand what the body needs to do to come out of trauma. And often this kind of shaking and trembling and sensations, waves of intense sensations are frightening to the person that they're unaccustomed to. And so they stop it and by stopping it, they then prevent the body from restoring balance.

Again, we have to really appreciate that these reactions are things that the body does to return to regulation. You know, when I was writing *In an Unspoken Voice*, I consulted *Yi Ching*, which is a book of oracles, the Chinese book, it goes from 5000 years ago. But yet its wisdom is its current to today, as it ever has been. And when I was writing the book, I would use the *Yi Ching*, I would seek counsel. You do this by throwing different coins and then you have this wonderful big book and you go to the page where that corresponds to those three coin throws. And when I was writing the first chapter... Let me grab my book.

So the book of *Yi Ching* gave me this following hexagram: "When a man has learned within his heart what fear and trembling mean, he is safeguarded against any terror produced by outside influences". I'll read it again. It's really so profound and it really addresses the question that you're asking. Again, this is wisdom from, you know, forty five hundred years ago.

"When a man, when a man or woman, has learned within his or her heart what fear and trembling mean, he is safeguarded against any terror produced by outside influences".

So by being able to befriend these sensations, to be able to contact them but in a safe way, you know, you don't want the person just to go into something that's going to frighten them and then they'll shut down again. And this process I call titration.

So we work with a little piece of the experience at a time and a little piece and a little piece. If we work with it all at once the person could have a rebound reaction. That's a critical point here to bring to help a person, they have to befriend those very sensations that will take them back into health, that will resolve these trauma and stress pattern patterns.

You know, actually, you said about resolving trauma, you reminded me, because I said that using the same word, it's really more a matter of transforming trauma because these energies are very powerful. And as we contact them, they also open portals that are more normally thought about as spiritual type experiences, because this energy is so strong. But when we're able to contain it, when we're not exposed to it too much at a time, then it takes us to, sometimes very - you could almost say - ecstatic states.

Again, I want to make sure that doesn't seem like this is just something you say 'OK, well, I just do that', you know, we really need to have somebody to help guide us with those sensations. When I first wrote *Waking the Tiger*, I got a lot of letters from people that said, basically, 'thank you. I thought I was going crazy. I didn't realize that this was my body finding its way back to health'.

Just giving people this understanding could help many people to allow them to more fully open to and access and befriend these very, very powerful and important sensations. Important for our health and for our well-being.

**Alex Howard:** That process of learning to titrate and learning to change one's relationship to those sensations and those feelings, I think that can be quite challenging. Sometimes people develop, particularly if one has experienced trauma in such a way where they've learned to be harsh to themselves, they've learned to push themselves, they've learned that more is always better. So the way they try to work with it is almost part of the way that the trauma has been caused.

Could you say a bit about how to begin that process in a way that's actually supportive?

**Dr Peter Levine:** You know, people who are traumatized, they either do anything to avoid the trauma; to go nowhere near it, so that really then constricts their life force. Or they try to push through it and push through it and push through it. And neither of those sides really works.

We have to, again, as I was just saying, find a way, a method, which is really what traumatic experiencing is about, the contact of these sensations. One small amount at a time.

'Let me see if I have this here. No. Oh, yeah. Yeah.'

This is one of the greatest stories that ever was invented.

**Alex Howard:** A slinky, right?

**Dr Peter Levine:** I received my first one when I was about three or four years old and it's been with me ever since. So if we look at this as being the person's energy, so when we're in a relaxed and alert state, you know, our energy moves between these two states. We create a contraction and expansion and contraction and expansion.

So then if we're threatened, we release a lot of energy to help us survive by fighting or fleeing. So this energy gets really activated.

Then what can happen in that moment when we are overwhelmed with perceived more threat, is that all of that energy gets collapsed down. But the energy is still locked in here. But we're holding the energy down. So if we would release this energy all at once, it would be wildly oscillating and most people would be overwhelmed. And what would they do? They would then again shut down. So it's not going to be helpful to go from shutdown to hyperarousal, back to shutdown, back to hyperarousal.

What we need to do, again, using the tools, a lot has to do with specific types of body awareness, sensate awareness, is to open to these energies. One small amount at a time. And let that energy discharge. And again, titrating it, letting the energy discharge.

Each time allowing that gentle shaking or trembling or sometimes at the beginning, it's not just so gentle and then we're releasing that energy, but gradually.

So, again, one small amount at a time so that we've released all of the energy that got locked in our bodies but in a way that doesn't overwhelm us, doesn't doesn't lead to re-traumatization because that's obviously what we don't want to have happen.

**Alex Howard:** I think there's something also that's very important and what you're saying around, it's not an avoidance distraction, it's also not a sort of forcing through. But it is a being present to and processing and metabolizing of what's held in the body.

And what can sometimes happen is people can do, primarily talking only based therapies where there's lots and lots of talking, lots of words and lots of reflection and analysis. But in a way that's not really connected to what's actually held in the pot.

I wonder if you could just speak about how important that felt sense is in this work. It's not just a theoretical or intellectual understanding.

**Dr Peter Levine:** This is clearly something that goes on well below the mind and, you know, experiencing's in other approaches now.

This involves - but I call bottom up processing. So we have our thoughts that are up here, and they really have a very limited range of what they can do. And then we have our body sensations. But what we really want is to bring them together, but we need to start with the body sensations because we can talk to how the hens come back to roost or the cows come back from the meadow.

And, you know, and we can understand, we can know what trauma has happened to us. But because it's in the body, in what I call procedural memories or body memories, we have to access it in the body.

And then we're able to metabolize it, but just the thoughts and try to change the thoughts. I mean, look, I'm a fan of mindfulness and of cognitive behavioral approaches and so forth, especially cognitive processing. But if that's all you're doing, it's going to be limited to how deeply you can go in transforming the trauma.

**Alex Howard:** One of the things that I think allows people to begin to approach and work with what's held, is having a sense of emotional safety, like having a sense that it's okay. And I wonder what your thoughts are on what helps people to build that emotional safety?

**Dr Peter Levine:** That's a really good question. By the way, I want to call it relative safety rather than just safety, you know, because we're not ever really absolutely safe, but we can be safe enough. And of course, this is a vote in the therapeutic relationship by the presence of the therapists, and the therapists being present within themselves and then being present within their clients. And people pick that up. I mean, even very traumatized people picked that up. They realized, OK, this person is able to be with me.

**Alex Howard:** Almost particularly traumatized people might pick it up because they're more sensitive, right?

**Dr Peter Levine:** Yes, that's right. And also they're more sensitive if there's something that indicates that they're not safe with you. And sometimes it's a relatively minor thing, like we're distracted and we know we go off in our minds someplace, even if that's for a second or two, a traumatized person is very likely to pick that up and seize on it. So we really have to be, again, you can't be perfectly present. But to start with, you have to really get there to show up and really to listen.

And again, to develop basic tools for body awareness. So, for example, I might start with something that seems completely trivial, again, remember, for people who've been traumatized, the body has become the enemy. So even if there's a change in the body which is in a positive direction, they also may experience that as a threat. So, again, I start with something very, very simple, like, OK. So look at your hand. Your hand, you know, it's somewhat stretched out, it's a little bit curled. But what happens if you curl it like this and just look at it and then open it. To kind of be curious. OK. Here's my hand open. Here it's closing here. It's closed. Here it's opening. So you're looking at that.

Now, next step is to actually put your awareness in your hands. So feeling physically what it feels like now. And now. And now. And what it feels like now. And now and now.

So, again, this seems like a very trivial thing, but it's not because it's the way that we can help introduce people to body experiences that are relatively safe. Then I might take, depending on how the person responded to this, I say, well, you might just notice when you have your fist. Does it feel like there's some strength there? And then when your hand opens, does it feel like you're opening to receive something?

So I might again play with those different aspects of the physical closing and opening.

So, again, I call this body ego strengthening exercises. So I do work with grounding. With, you know, centering, which is literally our visceral center of gravity. And so, those are the kinds of things that can create some positive safety. Sometimes people say, well, there's absolutely nothing that feels safe at all. So then I might say something like this. OK, so if you're willing to humor and to go along with this, if you're willing to... where was I going with that?

**Alex Howard:** So you are talking about people who nothing feels safe.

**Dr Peter Levine:** OK, so then I might ask the person, 'I want you to think of the time today, in the last 24 hours, when you felt the most like yourself or the most like you would want yourself to feel or to be.' Or 'a time when you felt less anxious or less pain, even if it's the smallest amount or perhaps even a time when you felt even some positive feeling in your body'.

I call it the conflict free experience, because it's impossible to do this wrong, because there's always going to be some time when we felt less pain or less anxiety, even if it's the smallest amount of time.

So I do that and then say, 'hey, and now let's think about a time, a different time, the last two or three days when you felt most like yourself'. So when they come up with those, you know, those images, I'll have them shift back and forth between the image and the body sensations. So, again, that's something that's helping to create relative safety. You know, can befriend our bodies, that the body is not the enemy.

**Alex Howard:** I think that's a really important point, because I think one of the things that happens with trauma is people leave their bodies, they disconnect and go into their mind, into the past, into the future, into anxiety, whatever, whatever it may be.

It can feel terrifying sometimes for people to start. And even if someone's titrating and going gently, it's like there's years of stuff perhaps that's been rejected. And I wonder what helps people, I think sometimes it takes a certain amount of courage sometimes.

What have you noticed that helps people with those initial steps?

**Dr Peter Levine:** Yeah, you know, every time there's a shift in that direction, it's to celebrate it. You know, so as a therapist, the person might just get the smallest amount of this good feeling, or less bad feeling. And so then I might say, 'OK. That's really wonderful. You know that you've been able to go to where everything felt bad to even the smallest amount of goodness or hope'. That's important, you know, for traumatized, highly traumatized people.

This is a courageous journey. It really is. And again, I'll reinforce that when they come and they're able to even meet some of these sensations, even for, again, some for some moments, you know, again, I say, 'yes, I know that was scary. That was really scary. And you had the courage to do it'.

And, you know, the other thing is, you know, when people maybe they've had just trauma, trauma, trauma throughout their whole lives but somehow they got here to do the session, so they're doing something right. So I may also ask them, 'how do you think, what do you think helped you survive or move on in your life? And let's look at that and let's celebrate that'.

**Alex Howard:** How important is self-awareness in this? For example, having awareness to understand what's happening and why it's happening and sometimes perhaps that being part of changing one's reactivity in relationship to what's happening.

**Dr Peter Levine:** Well, again, self-awareness, there are many different kinds of self-awareness. You know, there is more of a mind, self awareness. Like people like Krishnamurti, you know, you really would work on the traps people have in their mind. And again, that's important.

But in terms of trauma, what's much more important, much more central is awareness of our bodily sensations, our introspective awareness. To notice our tensions or our opposite of tensions. To notice our positions in our body. To notice sensations from the autonomic nervous system like tingling, vibration. To really acquaint ourselves with the landscape of the body.

Although I use it in a different sense, Eugene Gendlin coined the term 'focusing' and it was we who were working with the body who said, yes, that's the right word. He called it 'the felt sense'. So it's the way of feeling. Both are raw physical sensations. And then also the feeling, envelope of those sensations, the contours of feeling that have to do with the body sensation. And really that's the kind of awareness that we have to help our clients cultivate in order to rebound from trauma.

Because just being aware of our thoughts is going to be limited to just talking about thoughts. It's also going to be limited, I mean, maybe it's good to have somebody there who's



listening to us because maybe we didn't get enough of that or hardly any of that when we were children. And if a person is highly mental, I don't try to take them to their bodies. I work with them where they're at. So I know, if they talk about a particular thought, I might at the right time say, 'OK, as you have that thought. Can you be curious about what's going on in your body at the same time as you're having this thought?'

So again, it's just gradually bringing them from awareness of their thoughts to bodily awareness.

**Alex Howard:** I think what also comes to my mind as you talk about that is, I remember when I first learned many years ago to meditate. One of my problems was I had very unrealistic expectations of what I thought should be happening because I'd read books and I'd heard teachers describe these states as no mind and blessed.

I remember one of my teachers once saying, you know, it's sort of like thoughts are like trains in the train station and the train comes in and we live in this sort of provincial town, you know, in the kind of Surrey Hills and there are a few trains an hour. I remember thinking, well, my mind is sort of like, you know, Kings Cross or Grand Central like, which was the thought you didn't want to look at. And when that was normalized to me a few years later, it was very helpful to realize that I wasn't failing, I wasn't doing anything wrong. That was just part of the learning.

And I think sometimes with trauma, people can have expectations that it's a little bit like the Hollywood version of trauma healing, you know, that sort of famous scene in Good Will Hunting, where it's like he suddenly has a big emotional release and then his life sort of fine on the other side.

I think it'd be helpful just to speak to what is a sort of normal - for want of a better word - what do people expect in the process of metabolizing and digesting trauma? What would happen to normalize their experience?

**Dr Peter Levine:** I think it depends on the type of trauma, you know, whether there's betrayal associated with the trauma and so forth. And so for many people, when they start to work, they feel worse because they're feeling. However, when, again, we can start to open to these feelings a little bit at a time, then things start to shift.

You know, if these are feelings that are kind of, when we're starting to work, their feelings are starting to come up or when the person has these feelings, you know, who knows? Decades ago. They've learned to dissociate from or numb from them or distance from them. So what happens is that when this feeling starts to push up, they push against those feelings. So then the feelings push up even more and so then they really have to push down.

There's an expression I don't really know where it comes from, maybe from AA; 'that which we resist, persists'. So the more we push, the more it pushes up. And then it feels like, if we ever let go, that we'll be completely overwhelmed. But that's because we've been fighting against it so long.

So, yes, it will often feel much worse but then when we are able to say, 'oh, my gosh, they will not destroy me, they will not kill me'. Even the fear won't paralyze me because I know how I can work with the fear and metabolized words, you use it to good turn. And so I don't have to either suppress it and resist there or dissociate from it.

**Alex Howard:** There's something about, when you say it feels worse, I think that that's often been my experience and also observation of others. But there's something in it that, in a very perverse way, also feels better, I think

**Dr Peter Levine:** Right. Exactly. It may feel bad, but it also, most people report, yes, it feels right. This is what I've been yearning to do.

**Alex Howard:** There's something about that intimacy of connection with one's self, which I think is very powerful.

**Dr Peter Levine:** Yes, exactly. You know, it's like coming home. Often when the person starts to connect with those sensations, I'll suggest the sentence for them to say and just notice what happens when they say that sentence.

So a sentence here could be, 'I'm coming home. I'm coming home'. And then again, just to notice the body sensations that are associated with those words. 'I'm coming home. It's been a long journey. And I'm coming home'.

So just to help them get words to conceptualize what they're experiencing, because that's again where words can be very helpful.

**Alex Howard:** Yes, there's also something that I think for me has been a very important contribution of your work, which is that, I think sometimes when people start to access and open up to their emotions, feelings can come up like, 'I can't face this, I don't have what it takes. I don't know how to do this'.

And there's something about when you spoke a bit earlier of the body's innate wisdom, the body and its not that we need to do it. We almost need to get out of the way and let something happen. I think that can be a relief for people.

And I think to get that experientially is different to getting it intellectually, but I still think it's helpful to get it intellectually.

**Dr Peter Levine:** Yeah, we don't know how to do this, you know, but actually the body does know how to do this. The wisdom of the body. And again, it has to be in a way where we're not overwhelmed, where we're not exposed to the full trauma all at once.

So, again, it's true, I, my ego doesn't know how to do this, but this deeper part of myself, the authentic self, the true self, the interceptive self, the embodied self knows exactly what to do. So we want to connect with that inner knowing, that inner wisdom helps the person connect to that. Because again, when the person is able to do that, even to just a small degree, they're no longer the victim but they're then slowly becoming the master of their sensations.

You know, one of your fellow countrymen, Bernard Shaw, said the best revenge is success. When we're successful with working with our body sensations, that's the victory. The victory over some of the horrible things that have happened to us and I don't want to diminish and make it sound like this is easy. It's not. I mean, because, you know, many people, many of us have had severe trauma and neglect and abuse throughout our lifetime.

But there is this part of us, I call it the flickering flame of the deep self. This flame that's never gone out, that's been there before trauma, that will be there after trauma. It's there. This vital part of our being and we can know that that is there and we can contact it whenever we need to.

**Alex Howard:** That's very beautiful. And I think that that's something that I think a lot of people that have experienced, even very severe trauma, will resonate with. That, even when it's sometimes very subtle and very faint something that's there, the very act of someone watching an interview like this or reaching out to a therapist, there must be some sort of flame of hope that it gives them that ability to do that.

**Dr Peter Levine:** That's right. That's right.

**Alex Howard:** It also strikes me that this process of loosening the grip, for want of better words, of the sort of egoic and the sort of conditioned responses to allow and open to the wisdom of the emotional body and the physical body. It also takes an element of surrender, there's a letting go, there's a loosening of one's grip that comes into that. And I wonder if you could speak a bit to that as well?

**Dr Peter Levine:** That is another really good question and it opens up a whole new area of inquiry. You know, surrender. What does surrender mean? So to me, surrender means being able to feel whatever it is we're feeling in the moment without judgment, and if we are judging it, to be nonjudgmental about our judging it.

You know, when people talk about surrender. I mean, many of the mystics, particularly the Sufi mystics, Hafiz and others, so much of their poetry is about surrendering and when we surrender to our sensations, that becomes kind of, in a way, the archetype to refuse to surrender to ourselves. Surrender to our being. To give us, to give thanks for life to surrender.

**Alex Howard:** And it's sometimes in our moments of greatest difficulty, that it's almost the only choice that we have left.

**Dr Peter Levine:** Yes, I would agree with you there. Again, the person has, in order to get to where they are right now, they've had to do things that have worked. But it's at a cost, sometimes a severe cost. So to then connect, you know, with the source, then you've opened up a whole new way of being the person.

**Alex Howard:** I'm mindful of time, but I'd love to just end with a little bit of touching on what the potential is. We talked and I think I felt it was important and I appreciate you giving some time to some of the real challenges and the difficulties of this journey.

But I think it's important to also say that it is, your significant body of work is also a key testimony to this, that it is also possible for people to heal.

**Dr Peter Levine:** Yes. Like I said, the bad news is trauma is a fact of life. The good news is it doesn't have to be a life sentence really.

Again, it's not easy, certainly not at the beginning. But when the person can begin to become more curious about their sensations and their feelings, again, that becomes the guide. We talk about people living up to our potential. Well, this is the opportunity, an opportunity to do exactly that. So I always am a little bit hesitant because, again, I want to honor how deeply we can be wounded. And we can be. Such is the human condition.

And especially when the people who are supposed to be loving us and protecting us are also the ones that are harming us. That causes such a lock in, because... I know I'm going off in a little bit of a different direction...

**Alex Howard:** No, follow the thread.

**Dr Peter Levine:** So when children feel threatened, you know, young children, they don't fight or flee, they can't. They attach. They attach to the caregiver, to the adult, hopefully the caregiver. But what happens if that supposed caregiver is also what's been traumatizing them and humiliating them and betraying them? That really causes a dilemma. And some of that has to be worked through more gradually within the relationship. The contextual relationship of being with a therapist to helping heal those ruptures.

Now, it's not that the relationship itself heals those wounds. Excuse me. There is a saying that goes something like this; 'you can't do it alone, but nobody can do it for you. Nobody can do it for you, but you can't do it alone'. We really need help. You know, and in that first chapter I was mentioning in *In An Unspoken Voice*, I talk about when I was hit by a car and was literally thrown in the air and then on the pavement. While we're waiting for the ambulance to occur, there was a woman that came by and she sat by my side and said, I'm a doctor, actually a pediatrician. I was thinking, that's exactly the specialty I need right now. And I said, yes, please, just stay with me. And she took my hand, put my hand in her hand, and as she did that, I could feel - because I was out of my body at that time, I was like, I was above my body looking down at my sprawled body on the road. And when she gave me that presence, I was able to use the tools and traumatic experience in which I developed over 40 years, but without her contact, I don't know if I would have been able to do it.

So we are both without tools, trauma rules. But we also need connection because our nervous systems are wired for connection.

**Alex Howard:** There's something very powerful about that. That story of you just needed a hand, just a hand to hold. It's very beautiful.

**Dr Peter Levine:** Exactly. And then I could use tools, you know, and by the time, you know, because my pulse rate was about 160 beats a minute. When the ambulance came, you know, they were taking my vital signs and I asked the woman, 'What are my vitals?'

And she said, 'I'm sorry. I can't give you that. I can only give that to the doctor'. I said, well, 'I am a doctor' and she says, 'what kind?' And she said, 'something's wrong with the machine, because it's giving me incorrect answers and incorrect readings'. I said, 'well, what are they?' She said 'well you're your pulse rate is seventy two. And your blood pressure is 120 over 70.'

**Alex Howard:** Wow. Wow. It's not possible.

**Dr Peter Levine:** She said, 'It's not possible', exactly. That's why she thought the machine was wrong. But again, I used the tools that I developed and taught to thousands of people. But I did it well in a way where I felt safe enough with which I felt enough holding, which I did from that woman's presence. So, I think she is listening to this interview.

**Alex Howard:** That's beautiful. Peter, the people that want to find out more about you and your work, I highly recommend your books. But perhaps a little bit about some of the other things that people can access.

**Dr Peter Levine:** Gladly, gladly. We have the training programs that are now in, I believe, forty two different countries. And you can get information about any training by going to the trauma healing Website. It's a [traumahealing.org](http://traumahealing.org).

And also, I have a website myself where, if I'm doing some public things, they are listed on there and that's [somaticexperiencing.com](http://somaticexperiencing.com) or again the trauma healing website, [traumahealing.org](http://traumahealing.org).

And you can find therapists in your area. And also training. And I run the risk of self promoting, I really recommend those training sessions. I think they're tremendously important no matter what other kinds of therapy you do.

And again, if you want to do some of that work, to find somebody in your area that you can work with, then see if it feels right to you, if they feel right to you.

**Alex Howard:** Fantastic. I'm really glad you could make this interview. Thank you so much. It's been really, really helpful, Peter. Thank you.

**Dr Peter Levine:** You're welcome.