



## Conscious Life presents

### How To Unfreeze Trauma

Guest - Dr Diane Poole Heller

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#### **[00:00:09] Alex Howard**

Welcome, everyone to this interview where I'm super-excited to be talking to Diane Poole Heller. And we're really talking about how we hold and support ourselves on our trauma healing journey. And when we have triggers and our own reactivity, when do we go into that? When do we need to step back and to hold that? It's a really interesting interview. I'm really happy for you to see this.

So let me give you a bit of Diane's background. Diane Poole Heller is an established expert in the field of adult attachment theory and models, trauma resolution and integrative healing techniques. She is a trainer, presenter and speaker, offering workshops, tele-seminars and educational materials on trauma, attachment models and their dynamics in childhood and adult relationships, as well as many other topics.

As a senior faculty member for SETI, she teaches Somatic Experiencing based on Peter Levine's groundbreaking work in the US and worldwide, including Denmark, Italy, Norway, Switzerland, Israel, Germany and Australia. Her book, *Crash Course*, a guidebook on how to resolve auto-accident trauma, is used as a resource for healing general trauma in the US and internationally. So firstly, Diane, welcome and thank you for joining me again.

#### **Dr Diane Poole Heller**

It's great to be with you. I always enjoy our conversations, Alex.

#### **Alex Howard**

Yeah, I do too. So we were just talking before we hit record and you were saying how when we experience trauma, particularly in childhood, we become frozen in time. And I really liked that neat description of what happens. I'd love you to unpack that a little bit.

#### **Dr Diane Poole Heller**

Okay. One of the things that I think is really interesting is how our body is trying to protect us. How our bodies.. our body, our psychology... All of us are trying to manage the unmanageable when we

have unresolved trauma. And I'm going to address this a little bit to childhood, but it's true as an adult, too.

### **[00:02:12]**

When something really terrifying happens, it could be anything from a car accident, a natural disaster, a breakup, some kind of assault. It could be anything, right, that overwhelms the nervous system. Then we start to physiologically constrict and then we hold ourselves in a really tight way. And then we can get chronic tension patterns, chronic pain patterns from doing that. That's one way the body reacts.

But in terms of time, it's like it stops the clock. And very often trauma gets frozen in time. Because at the time of trauma, we're designed to process trauma. Otherwise none of us would be around.

But if we're trying to process, especially as a little one, and there's no support, there's no empathetic other. There's no person there helping us unpack it. "I can see you're really scared, or I can see you're really feeling sad", or let me hug you while you're crying through this. That really helps us integrate at the time trauma happens, even though it's overwhelming, right?

When we don't have that... and very often trauma gets frozen when we don't have enough resources around it. I look at it... I have this funny metaphor of the donut, which is a very strange metaphor, but when you think about a donut, the core of the donut might be the traumatic event. The fleshy part... the yummy part of the donut would be the support that's around it. And sometimes, if you have really, really good support, even though something happened that was horrible, that will mitigate trauma staying stuck.

And then you can integrate it, move forward and digest it, and maybe even gain some wisdom from it or some resilience from it, like post-traumatic growth as you move through.

Some of us, many people walking around have not only the trauma event, the whole of the donut, but they also have nothing around it. No support around it. And that particular situation is often what we're seeing in our offices or we're seeing in our friends or our partners, where things just keep repeating. And maybe it keeps showing up in the relationship patterns that we'll talk about later.

But I want to talk a little bit about why that happens and why we're designed to have that happen. Because when something's super-overwhelmed, especially as children, but again it could be an adult, we tend to go amnesic too. We tend to forget, we disconnect, we dissociate. That's all to protect us from this very challenging event so that we can continue to function. We can continue to manage things the best we can.

But it's lurking behind the scenes, and that's why I know you're on the same page with this. It's so important to allow enough support to happen that some of these disowned memories or experiences can surface, but in a way that we can process them slowly enough and with enough support that they can integrate as we go, so to speak.

And that's why I think it's so important that we include physiology along with psychology and soulfulness and all other aspects of us. Our emotional selves. Our cognitive selves. It's really

important because the body is one of the most efficient ways to move trauma into more digestible pieces. If we know how to align with it somatically.

**[00:05:19]**

There's one other thing I wanted to mention, and I would love to hear from you, is the way we store memory. When we're storing just regular, everyday memory, and it's not too stressful, we actually access the hippocampus part of the brain. And the hippocampus does many things, but one of the things it specializes in is giving us episodic memory.

So you can tell, like, right now... I can tell I'm talking to you in the present time. It's now. I can remember, "Oh, I had whatever for breakfast. That's behind me and then later, I have a lunch appointment". So that I can tell the past, present, future very simply, very easily. I'm not confused about that.

I also know that I'm sitting at my house, in my office. I know where I am. So it's also about location. I know where I am, and I know where I am in time, but also in physical location.

Now, when you hit a trauma memory, which is a big arousal spike in the nervous system, or like an electrical charge almost going through you. It can either be an over-sympathetic response, like anger, rage, feeling electric in your body. Or it can be an over-activated combination of sympathetic-parasympathetic, where you just shut down and you just go into zombie-land. You just disconnect.

But the way trauma memory is stored, it goes to the anterior cingulate, and the anterior cingulate experiences everything as now. So when you hit a trauma memory, the gift that keeps on giving, you feel like you get transported back to age five, age ten, age two, age 16, age 35, whatever it is, and you feel like you're living it as if it's happening now.

Forget the hippocampus. That doesn't come into play at all, usually until you start processing and can regain your access to the hippocampus. But this anterior cingulate is saying... that's what a flashback is. Like "Oh, my God, I'm in this... I'm being assaulted again. I'm feeling the person attacking me, or I'm re-experiencing the car accident, or I'm re-experiencing the earthquake that I was exposed to".

And you can't, at those moments, easily distinguish between... That I'm in my office right now. I did experience an earthquake, and I had trouble with it for a while. You start to go to the earthquake memory. You forget you're in your office. You're reacting with that same threat response, that same intensity, that same terror, as if you were actually still in the earthquake.

So that's what I mean about frozen in time. Partly it's the way the brain functions around high arousal memory states. And we're very state-dependent. So if I import to the earthquake memory, for instance. Or maybe I was abandoned by someone really in a devastating way. Or I had sexual abuse in my history. Something like that.

When you import that donut part where you're bringing in the support as a therapist or as a friend or as a partner, you're bringing in the resources that weren't there originally, then it starts to shift how we're processing memory.

**[00:08:17]**

We start to regain access to episodic memory. Past, present, future. We start to feel like we have a future. One of the symptoms when we're frozen in time is futurelessness. I'm sure you've talked to people that say, "I feel like this horrible feeling is going to last forever. It's never going to go away. I'm going to feel this ocean of tears, this tsunami of sadness is never going to stop".

And now we know it will, when we move things through. But very often the experience is, because I'm in the anterior cingulate, this is forever. And just think about how devastating that is. But when we know how to work with it, we can move us through time and regain a sense of the future.

### **Alex Howard**

Diane, one of the things that I think is really interesting here is that we have our connection to our adult, resourceful self. And then we have the middle bit in the donut that we go into as we're starting to access and potentially work with healing that trauma.

And one of the things that I think can happen, and I think there are certain psychotherapeutic approaches, that perhaps in a way, unintentionally encourage this, is that we become very identified with that place where there is no future. It feels like it's going to last forever.

It strikes me that it's not always very helpful to try and heal the place by complete absorption in there and losing that ground. It's like we try to heal the trauma from the place of the trauma without that connection to that... to put it in other language... the adult self or the resourceful self.

So I'm interested in spatially, how we hold that place but don't get lost in that place. But also we have to go to that place. I feel like that wasn't a particularly articulate question, but I think you know what I mean.

### **Dr Diane Poole Heller**

No, I totally get what you mean. This is part and parcel of the whole challenge. So I feel, like, Somatic Experiencing. There's many models out there now that include a somatic focus, but I taught that for 35 years, so I have a deep knowledge there. So whichever one you're using is great.

But when we understand how to track when a person's hitting overwhelm. If you think there's a range of experience, a range of resiliency. And so we're trying to help people access their resiliency in the beginning. Like, "What helps you feel supported? How is it when you're sitting with me as we're talking about this. I'm going to be here. You're not alone this time. I'm with you. I'm happy to go wherever you need to go".

That in itself is a huge resource, whether... I'm talking to my partner in a connection, like a marriage or something. Or if I'm talking to my therapist. Or talking to a client. So you want to bring in things that are relaxing to help that constriction that we get into when we're stuck in time and stuck in trauma, to start to relax a little bit.

**[00:11:23]**

And now the thing is, as it relaxes, it will open up more trauma, right? Because you're defending against it by the constriction. So as it releases. Then you're going to get a little bit more... possibly. Maybe not even memory, but sensation or overwhelm or anxiety or panic or anger or whatever. And so then you have to make sure that you're touching into that.

But you keep regrouping around the resources somebody has access to. Maybe they love to be in nature or they love to dance. Or their heart just blasts open when they're with their kids and the kids are giggling or something. So you're trying to find things that start to help the nervous system become more balanced.

And because we're designed to process high intensity states... This is a very strong orientation that I have, is that you don't want... generally speaking, unless somebody's super-duper resilient... you don't want to drive straight into the trauma, but we still have to access it.

So you're working the edge of it, or you're doing a little bit of it, and then you're reminding them of the resource, or you're reminding them that you're with them. You're reminding them that they're here in your office or they're here in your living room. They're not five when this terrible thing happened.

And then in addition to that, really working with, especially if it's childhood states. You're finding out what age this thing happened. You don't have to go into a lot of detail about it. You just get a general idea of what was difficult. And then you try to bring resources that they really needed then into their experience.

It's an experiential kind of processing, so they can say, what difference... I know you didn't have a supportive person back then. I know that. Because otherwise if you don't acknowledge that, they're going to be saying, "Yeah, but they weren't there".

You can say, "What is it like if you bring your really incredibly supportive spouse back into when you were five? You didn't even know them then. But if you just bring their energy and that sense of support back to the time when you didn't have anything. You were just completely alone and abandoned and left to try to deal with something that was impossible to deal with".

And then their body starts to... as it feels it deeply, somatically... It starts to relax. It starts to feel a little less overwhelmed. And you can go in and out, like alternating between what I would call just resource states or corrective emotional experiences. But you want to find relevant ones. Ones that fit the scenario as much as you can.

And people's nervous systems can do that. And then once the nervous system gets more regulated, then you can do a little bit more. As somebody has done a lot of processing, or they have a pretty strong ability to go into trauma states and come back out and resource. You can do bigger pieces of the trauma and still stay regulated because we grow in our capacity.

So say your range of resiliency.. I think Dan Siegel calls it Window of Tolerance. Your range of resilience is like this. Let me see if I can... You want to grow it. You want that range of resiliency to

keep getting bigger so that even, okay, you're healing your history. But even stress doesn't stop with our history, right?

**[00:14:26]**

When stress or something difficult happens in our current life, because we're human beings, we bump into things all the time. Then you have this resiliency that's already... your nervous system has been trained to allow for more stress and still stay regulated.

So you mitigate against getting a recurring post-traumatic stress reaction. That's just one reason that it's good to go into your trauma history and learn how to work with it. But there's all sorts of other reasons. Because it's not lurking behind the scenes, ready to sneak out into your marriage or sneak out into your work relationships or sneak out, erupt in places that are really disturbing for you.

**Alex Howard**

Yeah. As you were talking, I was thinking of some of the nuance in this. I think sometimes people can feel that when they're doing a lot of their trauma healing work, that they start to feel they're becoming less resourceful in their life. Not more resourceful. It's like they're spending more time in the wounded, painful place.

And some of that time is that stuff shifting. And other times it feels like they're just getting stuck in those triggers and in those places. And what I'm hearing in what you're saying is the importance of actually developing those resources and developing that stable, reliable, adult self that can hold that place.

**Dr Diane Poole Heller**

I want to emphasize to everyone listening, too, that it's not just like... I mean, I could sit here and list, my favorite color is teal. You can tell, right?

**Alex Howard**

The way you say that between your top and the wall behind you.

**Dr Diane Poole Heller**

You like that color? You like what you're wearing?

**Alex Howard**

By the way, it was the cover of my last book, so I clearly like it as well. But there we are.

**Dr Diane Poole Heller**

It's so useful to not leave it just cognitive. Like somebody just listing - music, dance, nature, my dog, my kids.

**[00:16:23]**

"As you experience your kids giggling over there, playing out in the yard, and you're just, like, loving it. What happens in your body? How do you experience that? What do you notice? Your heart starts to open. Okay, great. What feelings start to come up? Oh, I start to feel really delighted".

The opposite could be true too. "The kids are yelling and screaming. I'm feeling really annoyed". But you want to have it as an embodied resource, not just a listed resource, right?

And then I mark them in my chart, if I'm in a therapist role. I put, like, R-plus, and I have the ones that somebody's already embodied. So once it's embodied, I can be three sessions down the road and go, "Hey, let's go back to when you had..." This one person kept talking about her happy belly.

Her belly would relax, and she called it the happy belly. So I would just go, "Hey, remember...", she's going through some arousal spike, another piece of the trauma. "Don't forget, you've got happy belly". And immediately she goes, "Oh, yeah. Thank you. I forgot about that. I feel happy belly. Okay, I've got that grounding in my belly, in my gut". The gut brain is important.

So you want to build your arsenal. That's that military term. You want to fulfill your toolkit with already embodied resources, and then you can use them all the way through the process of helping someone. But you want to stack them a bit in the beginning. You don't want to just go, "Okay, you had this horrible thing happen. Let's talk about this horrible thing".

You don't want them to enter into trauma-land with that because your chances of getting the person flooded or completely disconnected and dissociated are really high when you understand how the physiology actually works. Because the body's trying to protect them. It's like, "No, I'm not going there. We're not going to feel that terror again. Are you kidding? No way". So the body just changes it.

I just want to mention, this is an unusual thing. Well, I don't know if it's unusual exactly, but just to make a very strong point about how the body freezes things and remembers it and sometimes brings it up in an odd way. I had a client come to me, and she was beaten as a child a lot, and was caned on the back of her legs in a pretty brutal way. And when we were working with the resourcing and all of that.

But as we were touched into the trauma, that wound actually surfaced. She showed me her legs, and the bruising came in the session. I want people to understand that it can happen because it's a little surprising when it does. It doesn't happen very often. I mean, in my experience, I've had that happen maybe three times with people. And I've been doing this since 1987, so it's a long time.

But even physiologically that the body can recreate the wound from the time it was frozen in the trauma of being beaten like that. That's incredible. It's amazing. And it's actually called stigmata, but I don't like to use that word because people start to think about the other meanings.

**Alex Howard**

It's got other meanings, yeah.

**[00:19:19] Dr Diane Poole Heller**

Yeah, it has other meanings, but I don't mean that version of the meaning. I mean... I've had people spontaneously bleed. Trauma when it's stored. This is very uncommon because I remember I've seen it three times since '87. But that's just to make the point that your body remembers even if you don't remember.

And that's why it's so important to... whether you have a specific memory or not... you can just track the arousal. You don't even have to have the memory. Like, say, "I feel like something's disturbing to me, and this keeps happening in my marriage. Whenever my partner does this, I have this really strong reaction. I don't know where it's coming from".

It doesn't matter. Even if you're still working on the Sherlock Holmes aspect of it, solve the mystery. You don't even have to reclaim the actual memory, but you have to heal the body. So the nervous system is regulating. You're not having reactions to things that are causing pain in yourself. And maybe somebody you're trying to be intimate with, or just friends or kids or wherever you're having relationships. So that's another thing that I think is really important.

Moving through time. Maybe I should give a little bit of a clinical example.

**Alex Howard**

Yeah, that would be great.

**Dr Diane Poole Heller**

Yeah. Because I'm really dancing around being attachment-informed and trauma-informed in our knowledge of ourselves, but also working with other people.

I had a young woman come to me. She's probably in her thirties or something. Lovely, lovely lady here in Boulder. And she says, "I don't know what's going on. I am having panic attacks. I've never had panic attacks. I don't really have a trauma history. I'm fine. I came from a comfortable family. I'm good, but I don't know what to do. I have these panic attacks and they're happening more and more".

And I said to her eventually, when I got a little more information. But I said, "So what happened to you? Anything disturbing a year ago, a year and a half ago?".

The reason I say that is because very often we cope, cope, cope, cope, cope. And if we don't resolve what was disturbing us, it often shows up in a symptom a year to a year and a half later. And a lot of people aren't aware of that. So it's just nice to know that.

So I asked her, "Did anything difficult or stressful happen a year, to year and a half ago?". And she goes, "Oh, I can't remember. Oh, yeah". She had twin boys. "I took my twins with my sister and her kids, their cousins, to the reservoir to go swimming. And my one twin, I saw his head go under and it didn't come back up". I mean, you can imagine, right?

So her sister jumped in the water because she was in the process of changing her clothes and taking her contacts out. So she just saw a blur. But she couldn't get out of the tangle of her clothes



to jump in the water herself. So her sister did everything right. Got the kid. Brought them up to the surface. Kid, of course, is crying and screaming.. brings them to the beach.

**[00:22:05]**

She, as a mom, does everything right. She holds the kids. "Oh, honey, it's okay. You're okay. You're doing great". She regulates him. Kid goes back in the water. Plays with his cousins and his brother... has a great time the whole day.

And nobody did it for her, right? Nobody did it for her. So I said, "Well, you did the right thing for your kid, and he's fine. But what about you?".

And I said, "So right now, I want you to see... this is like a year ago. I want you to see your sons around the breakfast table and just see that they're both fine. You know, they're good. They had their bacon and eggs this morning. And just feel the last time you hugged him good night". Just get a reality of, her sons are okay, especially the one that had the near-drowning. And she did that.

And then we did some things with her. And then I just focused on moving through time, because this addresses the frozen in time piece. I said, "When you see your son's head go under, it stopped there". Her movie stopped there because she was, of course, absolutely terrified. So she never saw her son's head come up.

So I said, "Okay, you see your son's head go under. We now know your sister rescued him. We now know you held him and everything was fine. But you see your son's head go under. Now I want you, just incrementally.

We're going to go frame-by-frame to see the top of his head come out of the water. A little bit more of the head comes out of the water. The eyes come up out of the water. The whole face, and he's coughing, coming out of the water. You see your sister swoop him up by his waist, and she's holding him up".

And I just took her frame-by-frame from the head under the water, to the head coming up to the sister rescuing, to coming out of the water, to the beach, into her lap where she was. So I just filled in that piece of time.

Well, of course, that meant everything. Her threat response went, "Oh, phew". But she never had the "Oh, phew". Because in her memory, because of the frozen in time. She was in anterior cingulate, even though she didn't even... Sometimes you have flashbacks and you see that image. She wasn't seeing the image. She was just feeling the panic. So you can just have whatever manifests, right.

But as soon as we just simply moved her through time and she got to remember holding him and seeing his head come up, she was fine. She never had a panic attack again. It was a one session deal. That's all she needed. She was fine. Now, not every session is a one session deal. Usually not.

**[00:24:31] Alex Howard**

But it shows the power of when something's stuck, when it unsticks. And also, what I think is really interesting, what you're saying here is the power of the innate capacity we have to heal. But we have to create the circumstance that then allows that to happen.

**Dr Diane Poole Heller**

Right. That's why I think it's really important to understand what our psychology does, what our physiology does, when it's managing high intensity states, right? And so because I understood frozen in time, it came to me.

If I didn't know that, I wouldn't have thought to do the intervention of just simply moving her incrementally through time. I needed to know that. So this is why I think these little tidbits are helpful to us. Because she might just get on medication for panic attacks, which would be not a good idea. It would probably work for a while, but it wouldn't be...

**Alex Howard**

But it's managing the symptom, rather than managing the issue. But also, as you're talking now, what comes into my mind is... So I'm thinking about a group of people on the trauma healing journey who have got some substantial childhood trauma work that they're doing. And that I think it goes back a bit of building out my question from a bit earlier around.

Sometimes people can feel they've become less resourceful, not more resourceful. And I want to add to that that I think particularly if we have those achiever patterns. We can think the fastest way through my trauma is to make my whole life about healing my trauma. And every time we get a trigger, we're working with that and we're in that place.

And it strikes me that in what you're saying here. That, of course, if we don't have that grounding in now. And particularly as I think, you know, some of my background of working with people with complex chronic illnesses. That sometimes a lot of the scaffolding of someone's daily life starts to fall away. So they're not going to, for example, work. They're not necessarily taking care of children.

And so their whole life can become their healing work. In a way, what I observe sometimes is that when they do that. There's something very stabilizing and very grounding about the activities and busyness of daily life, which actually can make us more resourceful as we then meet those wounded, traumatized places. But I'm interested in your thoughts around that.

**Dr Diane Poole Heller**

I think having the structure of work or the structure of being a mom or dad is really helpful. Now, there are times that people get so overloaded, they have to abandon that for a short... I would say usually, ideally a short period of time.

But trauma that just pops up and floods us, can usurp our sense of functioning. Very often this usurping happens when there's a major life change. If you have a strong trauma history and haven't dealt with it. Like, if you move or get married or get divorced or get a new job or have a child or

have a car accident, it will open the door. The impact of the stress of that will open the doors to unresolved...

**[00:27:32]**

I've talked to attorneys about this. Like, why, when they have a car accident, do people have all their memories of sexual abuse come up? It's part of the way we package and store memory that's high arousal.

If you think about it like the nervous system doesn't really care what the event was. And your nervous system is not going, "Okay, now I'm working on the arousal of the car accident. Now I'm working on the arousal of the assault. Now I'm working on the arousal of my divorce". Your nervous system just reads arousal. So if you think about Harrod's department store, since we're talking to England, right.

**Alex Howard**

Funnily enough, I was there on Sunday with the kids. Not spending much money because we can't afford much there, but took the kids for Christmas lights.

**Dr Diane Poole Heller**

Oh, my goodness. Yeah, I love that store. I lived in England for a while. I got a scholarship from college to spend a year in England. And I was an art major as well as a business major. And then eventually psychology, and I did photography. So I have these great pictures, these unusual pictures from London. Someday we'll talk about that.

**Alex Howard**

Yeah we must and before you continue your story, to contextualize. Harrods is an independent... it's massive, but it's a very high-end, massive department store in London, which is very famous.

**Dr Diane Poole Heller**

Yeah, it's just an amazing experience. If you go to London, you have to go to Harrods. But I'm just thinking of the levels. Level one is, I don't know, I'm making this up now... You know it is jewelry, and level two is women's boots and women's clothing. And then level three is men's accessories and then furniture. Whatever it is.

If you think of it, your nervous system stores things by intensity. So the lower intensity might be on level one, then another intensity, another intensity, and another intensity. Trauma intensity is going to be all stored in the same intensity.

That's why sometimes you're working on sexual abuse with somebody and all of a sudden they start to have a pull to a car accident they had. And you're like, "Where did that come from?". Because you're in the same intensity. Like seeks like.

**[00:29:31]**

So that's one of the reasons it's challenging. Usually for most people, you want to keep them focused on one of those things, right? So they don't get all of their high intensity stuff flooding in at once.

But when that starts to happen, people will become overidentified with the trauma experience. And so it's really important that we keep going from high intensity to low intensity to middle intensity to high intensity.

You're trying to help them reestablish their range of experience and also find a way out of the high intensity, so their whole life doesn't become about that. Their whole identity doesn't become locked in about that.

And it's easy for that to happen. Because if you are living with enough high intensity experiences, then you're just bouncing from the car accident to the sexual assault to the natural disaster to the... you know... you're just doing that. That's why it's so important to have embodied resources, to have a slow pace. The body...

I can't remember the resource on this. I read it, and so who knows if it's true? But it said that physiological processing time is almost seven times longer than cognitive processing. So even if that's half true. I can't find the source on it. I remember reading it. Peter Levine goes, "Why don't you find that? That's really good." I don't know. I read too much.

Just if you think when you're starting to process to help the body come out of a trauma response, you need to give it lots of space and time. Now, very often, as I'm helping somebody just really feel and move into physiological time, I might, depending on them...

Sometimes talking is distracting, and sometimes if they hear my voice... I might usually have their eyes closed... They feel that I'm there. Because sometimes if they close their eyes, they feel like they go into no man's land, right? No one's there.

So depending on the person, I may slowly just go, "Yep, you're doing fine. Yep, just talk when you feel like talking, but you don't need to talk. No pressure to talk". I mean, I'll just have this soothing, slow... You can tell I talk fast normally when I'm talking like this, but I go at a completely different rhythm when I'm in trauma time and in physiological time.

So you want to make sure you give people enough time, because just even by talking as fast as you and I both talk. Our normal pace would knock you out of physiological processing, possibly.

### **Alex Howard**

Diane, what do you see as the difference between somebody in a place where they're emotionally processing trauma. They're in the eye of it, and that's where they need to be to let it move, and someone that's just triggered and reactivated? Where's the place where healing is happening? And where's the place where the pattern is just being retriggered and actually not necessarily moving?

**[00:32:20] Dr Diane Poole Heller**

I'll give you a client example, because I think those are really helpful. I had a gentleman. I really liked this guy, but he was the most angry person I had ever worked with. I used to work in this high-rise, and when he walked in the front door... I'm not that sensitive, but I could feel it. I could feel his rage eight floors above. "Oh David's here".

He gave me permission to use his name. I wrote about him in my *Crash Course* book because it was about a really serious car accident. But he was so angry at this other driver. And just as an aside, the accident was actually his fault. But we never really went there.

**Alex Howard**

So it was David's fault, was it? Ok.

**Dr Diane Poole Heller**

We're not going to the fact that he actually caused the accident. But oh, well, whatever. Because he went out in the wrong lane and his car flipped. And it was one of those really scary things.

But he was so mad at this guy that every single session, he would come in, and it would just be another way to kill this guy. "I'm going to chop him up with a buzz saw", and it would just be this rage, you know.

So about the third time, I said, "Hey, David. Do you feel like, as we go through these rage experiences that you're integrating anything?". And I find that's really interesting. People can answer that question. And he thought about it. And he goes "No". And I said, "Huh, that's interesting".

So I just do curiosity. I just become like, "Hmmm...". Like, what's that guy? He's some detective that was always acting dumb. I forget his name. But anyway...

**Alex Howard**

It's a powerful tool, yeah. Particularly with someone that's angry because they want someone to push against.

**Dr Diane Poole Heller**

You don't want it coming at you, right? So I said "That's really interesting, because I can see there's this endless sense of rage. And, of course, what you went through, I totally understand. But what I've noticed is sometimes when we stay stuck on one emotion, whatever it is..."

"There's something underneath it. That it's easier to feel the surface emotion. Whether it's sadness or anger, whatever, but there's something underneath it that we're not feeling, that it's protecting us from. Or it's the surface emotion. It's what I would call the secondary emotion, not the primary emotion. It's the reactive emotion".

**[00:34:25]**

And I said, "Since this is so dominant for you, I'm just curious. I mean, when you tell me that you had this collision and then your car flipped and landed and the battery acids on your legs, and, I mean, all this stuff happened. I would be terrified. I would be... Oh, my God, I would be so scared".

And he goes, "Oh, no, no, no. I don't feel fear". And he was like the classic... I don't know if this is a good reference for the UK... but Marlboro man. He was actually a rancher and he raised organic beef.

### **Alex Howard**

Right, the cigarette ads. Yeah, I know the one.

### **Dr Diane Poole Heller**

Yeah. So he's definitely the All American cowboy. And he hung out with other cowboys, and they would have brawls on the weekends. They had that whole lifestyle, right? Drink and beat people up and beat each other up. I don't know, it was just a rage fest really.

Then he goes, "I don't do fear", because that really didn't fit the Marlboro man image. And I said, "Okay, good to know". And I said, but just maybe something to consider.

The next session, he comes in and he's really sheepish. He's like this. He's like, "Well, er, yeah, I realized I'm scared". So as soon as we got to that, everything changed. He was allowed to feel the vulnerability. He was allowed to experience the fear.

And he could also see that it moved through. Because, remember, people have this feeling, "If I go into that terror, it's never going to stop". But he found out it does change and does process, and you get to the other side of it.

He eventually ended up not hanging out with the cowboys anymore, and he became a deacon of his church. He became compassionate, service-oriented. He ended up getting married. He had kids. I saw him at a festival because he was marketing his organic meat. And he was like, "Oh, my life's completely different". And it's just the transformative power we have as human beings.

One way I like to think about this, this actually comes from an insight from Gurdjieff, and I can't remember the exact quote, so I'm just going to say what it meant to me. He said, "The best time to do spiritual work is when the world is in great turmoil". And I'm like, "Okay, like now, right?".

I thought, "What does he mean by that?". What I took it to mean was the same energy. If you think of compression in a spring, like a really tight spring. The same energy that's pushing for constriction and for high arousal states and traumatic reactions and trauma identity and all that, that's pushing into this constriction.

That same energy, if you learn to tap into it and relax it just bit by bit by bit, a little bit, a little bit, a little bit, and it starts to get more flexible and eventually starts to expand. That same energy is what fuels the transformation.

**[00:37:18]**

I think one of the useful things about trauma, which is going to be a really weird thing to say, is that when we learn how to align with it properly, it fuels this transformative process. This creative process. This sense of resiliency. And there's a hidden gift in trauma.

Not that you want to go look for any more than you've already got. And I'm not suggesting that, but when we learn to align, that's the whole... I don't want to say trick, but that's the whole challenge. How do we align with that really intense, terrible, scary, angry, yucky, feel awful, disconnected space that's fueled by high intensity.

But how do we take that intensity and gradually shift it so it's fueling this transformation, post-traumatic growth experience, which we all have... I believe most of us, I think, can never say everything for everything.

But there is this potential, I think, for all of us to move into this highly transformative process. When you think about people that have trauma histories, like Viktor Frankl. I mean, I know lots of people. And they actually have gone through the transformative process. They never go back to normal.

People go, "I want to go back to normal". I said, "You're never gonna go back to normal". Because they become so much bigger than who they were when they had the thing hit them. Whatever it was, and disconnect, or stuck in rage or stuck in a trauma identity. When that shifts, they become these giant people.

I have this gentleman. I just saw him yesterday. He was born to a young teenage mother, and she had no idea what to do. So she basically put him in a Catholic foster care thing, which was a really bad experience for him. He felt suicidal. It was really a strong experience for him. But now he's done so much transformative work. He's just this beautiful... He was always a beautiful human being, but he's really experiencing the beauty of his human beingness.

He's now consulting social workers on foster care for kids, like, what kids experience in that situation. He now has a great relationship with his wife. He's gotten really close with his daughter. And all of that was usurped by the trauma till a couple... I've been seeing him for a really long time, but maybe if you go back five years. He was so stuck in the trauma focus that he didn't have a sense of himself.

He was really just enduring his marriage. I mean, his wife hung in there, thank goodness, but now they have this really clearly, truly intimate, connected relationship. So he's healed his attachment injury, which happened from being abandoned, and then also the trauma of that experience.

### **Alex Howard**

Beautiful. I think people often have no idea what they're truly capable of. And particularly when all that trauma is tying up our resources. When we free that up, it's like suddenly our real capacity gets unlocked.

**[00:40:11]**

There's someone that's watching this, Diane, that is looking for the next step. Maybe they've been going into those places, getting a bit overwhelmed, getting stuck, or trying to develop that more resourceful place. You mentioned some things earlier that I think were helpful. But maybe a couple of practical steps before we come to how people can find out more about you and your work.

**Dr Diane Poole Heller**

Well, I'm a therapist, so I'm going to be biased in that direction, but I really think having somebody that's attachment-informed and trauma-informed to go with you on the journey is huge.

Because just as you go to dentists for dental work, cardiologists for heart problems, I think having somebody that can be there, really be present and hold whatever arises in our experience. Even if it's really difficult or something we're shamed about. We can really talk freely and openly with, I think that's a huge gift.

And on the other side, being a therapist or being that person that's in that spot. I feel it's a huge privilege to go on that journey with someone. It's beautiful because I'm actually holding the knowing that they're going to come out the other side. I'm holding the knowing that there's some...

I don't know how it's going to happen, but I know it's going to happen... That they're going to move through this transformative process and just find out parts of themselves that astonish them. So I know that, having been through this journey with so many people, I know that's going to happen if they hang in there.

But they don't know that. And I don't say that in the beginning because it's not going to make any sense to them. They're going to be like, "You don't understand me. You don't get it that I'm enlocked in this place".

So I start wherever somebody is, and then I just keep going through the window, through the front door, down the chimney, up through the basement, anywhere I can do it to find resources they relate to. And sometimes that takes a while. Somebody's really locked in and they're in that anterior cingulate and they're in the traumas happening now. And it never really stopped. It takes a while.

I had this one person. I remember this so distinctly. I was in a live training, three day live training. And she was one of the students in the training... a therapist, and she was locked in the threat response. She felt everybody in the room was unsafe. Kind of like a paranoia feeling that you have when you're in a threat response. That the world's not safe.

Her body wasn't safe. And she didn't want to go to her body because it's terrifying in there. It's electric. She's going to electrocute in her own body from the over-arousal.

So we started working with this. I just say, "Well, don't look at people. Just look out the window or look wherever your eyes want to go. I mean, if it dislikes a certain color somebody's wearing, just focus on the color to forget the person's face. Just look wherever".



**[00:42:52]**

I just was doing whatever I could to get her to orient a little bit. Because when you're in threat, you collapse your visual field. If you think about if there's a snake in the room, you want to be like, looking at the snake and see where you want to go and get the other way, right?

So your visual field narrows. I was just trying to work with just that, expanding her visual field a little bit. "Let's look at the ceiling. Wherever your eyes want to go. It's fine." And we started to help her relax, and then we went through other things.

But eventually she actually stood up and she said, "I feel completely different". She's looking around and she goes, "All these people look so nice, and they're smiling and they look so friendly, and I feel they're here to support me".

She goes, "I don't know what happened". It's like she moved to a different planet. And I said, "Oh, yeah, while you were processing we had all those other people, those bad people move. We brought new people in".

Because for her, they were brand new people. They weren't the same people. And it was just a matter of like 10 minutes because I just was doing a little demonstration on how this works.

I think it's helpful for people to know when you're stuck in a trauma response, you're living in a particular perception of reality that's very strong, feels extremely real. Probably was started by something real, or related to something real. Or maybe it could be a perceived thing, that didn't actually happen, but it could be that you saw it on TV or something.

But when you shift physiologically, psychologically, and that threat response calms down... Your whole life, how you see relationships, how you see yourself, how you see the world, everything changes. And it can happen like that. Relatively quickly.

When somebody understands who's with you, that can take you through and get you to complete the threat response and move out of it. To experience yourself as a resilient, more open, vulnerable, connected, being able to have intimacy with your partner, like the gentleman I was talking about.

I believe there's a very strong marriage between attachment and trauma. I know we've talked about this a lot. But I think being informed in both of those bodies of knowledge, and especially including the body, along with everything else that you know.

Body awareness can go with any other model, it can integrate with any model. I think it is just invaluable and very efficient. And what I love about it is it mitigates suffering. We're all committed to reducing suffering. For me, these are the ingredients that really help, in my experience clinically. But also personally, to reduce unnecessary suffering. And let's go for that.

### **Alex Howard**

Sounds good. Diane, people would like to find out more about you and your work. What's the best place to go and what is some of what they can find?

**[00:45:37] Dr Diane Poole Heller**

Okay, we have a website called [traumasolutions.com](http://traumasolutions.com). If you forget that, it also funnels into it if you just use my name - [dianepooleheller.com](http://dianepooleheller.com). My English background, I was a Poole. On that website you'll see all sorts of different offerings.

But we also have a [free attachment quiz](#) that you can take anytime you want. This gives you a point of exploration and some more information about attachment styles. It's free. You can take it as many times as you want. You can have your clients take it, your spouse take it, your kids. Whoever you want to take it, can take it.

But when you take it, I always tell people to take it from the vantage point of one relationship at a time. Don't be thinking about mom and then thinking about dad or your partner in the mix. It won't give you really as accurate results. Think of one relationship at a time and then take it again if you want to take it about somebody else.

And then you want to take it thinking about your behavior or your reactions on not your best day, maybe you're a little sick or a little tired. That'll show you a little bit more your default position in terms of attachment injury a little bit more accurately. So those are two things about that.

And then also there, we have in January. We're starting an Attachment Mastery Program, which really goes into the origins of how attachment injury sets up. We also have different programs throughout the year on topics related to attachment. The first one would be how that original relational imprint gets set up in whatever happened in childhood.

Often it's parenting styles. But it can also be, you were born into extreme poverty or racism or war zone. And that's going to impact how you feel about being open and connected. So we want to be looking at all of that as realistically as possible.

And then we're looking at the Neurobiology of Relationships later on. And we're also looking at the most challenging attachment pattern that is disorganized because it's really a combination of trauma and how we react to that relationally. So we're doing that in the fall. It's called Healing Dual Wounds - the attachment wound and the trauma wound. And we just did that course, and people really loved it.

And so it's just a way to... How do you navigate through the really complicated, complex PTSD challenges that so many of us face personally, or if we're in our coaching practice or our therapy practice, or just our partnerships with whoever we are connected to deeply.

So we're trying to make this very practical. I'm super-strong on interventions and exercises and ways to access resources, so it's very practical. And we just try to fill your toolbox with as many tools as we can possibly have you be aware of. And then you can pick the ones that you think work the best for you. Or work the best for a particular client. But you have a lot of choices, which I like.

**Alex Howard**

That's awesome, Diane, thank you so much. I really enjoyed our conversation. I really appreciate your time.

**Dr Diane Poole Heller**

Great to see you, Alex. Take care and enjoy Harrods.