

Shrink Rap Radio #263, September 16, 2010
An Intuitive Approach to Treating Trauma
David Van Nuys, Ph.D., aka “Dr. Dave”
Interviews Sage Breslin, Ph.D.

(Transcribed from www.ShrinkRapRadio.com by Renata Sielecki)

Exerpt: So I started to think about the idea of sending somebody back through time to a very traumatic event and although I was physically in the room with them as they were telling the story, it's as if that connection to the trauma didn't relinquish. So I started to think about other form of therapies I'd done with people and I started to think about my intuitive training. And I asked one of the folks that I'd been working with for quite some time who was recovering from sexual trauma if she'd be willing to allow me to go back through time with her.

Dr. Dave: That was the voice of my guest, Dr. Sage Breslin, speaking about the way she incorporates intuition into her work with patients suffering from post traumatic stress syndrome. Sage Breslin, Ph.D, is a licensed California psychologist and consultant with nearly two decades of diverse experience. She did her doctoral work at Northwestern University and went on to do postdoctoral study at Harvard. She reports that she has lived and worked in all regions of the United States and in Europe, developing an appreciation for many cultures, languages, faiths and personal and professional styles. Dr. Breslin works both with individuals and consults to corporate executives. Her individual work has frequently focused on trauma recovery.

As a consultant, Dr. Breslin works primarily with corporate executives and high security government personnel. She has provided forensic evaluation, assessment, debriefing and consultation to all branches of the Armed Services, as well as to employees of other security organizations. While trained analytically, Dr. Breslin reports that she now infuses traditional training with contemporary innovative techniques for a powerful transformational approach. Dr. Breslin has also taught at both college and graduate

school levels for nearly a decade. She also speaks on such diverse issues as domestic violence, sexual trauma, integrative medicine, intuition, stress management, women's issues, infertility and eating disorders. She says her real passion, though, lies in the transformation journeys that she leads in the United States and Mexico through her Beyond Insight program. Dr. Breslin has also published numerous articles and has a book entitled *Lovers and Survivors: Living With and Loving a Sexual Abuse Survivor*. And she has authored inspirational chapters in a number of the *Chicken Soup for the Soul* series. Beyond this, she has both authored and edited over three dozen courses for the Zur Institute, providing online continuing education courses for clinicians worldwide.

Now, here's the interview.

Dr. Dave: Dr. Sage Breslin, welcome to Shrink Rap Radio.

Dr. Sage Breslin: Thank you.

Dr. Dave: Well, I'm very happy to have this opportunity to meet with you and to discuss your work. You and I have only one degree of separation in as much as I guess you've been working with Ofer Zur and his online CE program, continuing education program for professionals, the Zur Institute. And I gather you've created courses of your own, as well as editorial assistance on many others. And, as you probably know, I've got two courses of my own in his catalog.

Breslin: I do. In fact I have a course on Positive Psychology that you created that I'm halfway through and I'm just delighted with the quality and content that you've been providing. So I'm happy to be having this conversation with you today.

Dr. Dave: Oh, excellent. Well, I think maybe you and I will want to have a conversation after this [laughs]. Apart from the interview, I'd like to know more about what you're doing there and maybe there might be ways that you can help me get more course content up there since I've been slow to add more courses.

Breslin: Happy to.

Dr. Dave: Okay, so I'm very interested in the work that you've been doing. Now, you got your doctoral degree at Northwestern University. What was that in?

Breslin: I did that in counselling psychology. I think there are a lot of folks who know what clinical psychology is but probably fewer, at least fewer on the West Coast, that know what counselling psychology is.

Dr. Dave: Well, do you want to say a word about what it is?

Breslin: Sure. In clinical psychology the general rule of thumb is to evaluate the patient and determine what it is that needs to be taken away from the patient in order to help them function better or feel better. And in counselling psychology we actually believe that most problems come from something called "illness of fit" between the person and the environment. And often times it really only takes morphing the environment or creating new circumstances for the clients to feel much better. Certainly there are some caveats and some diagnostic categories that probably wouldn't be suitable for counselling psychology--when there are organic brain issues or medication requirements. But in many of the circumstances where people seek out counselling, they are really best addressed by counselling psychologists.

Dr. Dave: Okay, and then after you finished up your Ph.D, I gather sometime afterwards--I don't know if it was immediately afterward or some time went by--you enrolled in some sort of special program at Harvard. Maybe you can tell us what that was about.

Breslin: Yeah. I had been compiling interventions and techniques on my own to improve the level and variety in my work. And what I determined was that some of the interventions that I'd been using, there were other people who were also using them. And at the time,

which was about eight years ago, Harvard Medical Center had a wonderful program for mind/body training with Herb Benson at the helm and I had a great opportunity to go to Harvard Medical Center, to their institute there and complete the certification in mind/body medicine. And I love my plaque. [laughs] It's wonderful. But I also discovered that what I was doing was a little bit more cutting edge and broader than even what they were offering there. So it was an interesting experience. It was very validating in many different ways. And I learned probably much more about the history of what I was doing. It was a great experience, though.

Dr. Dave: Yes, and Herbert Benson certainly is a familiar name to me as the person who, I guess, was inspired initially by all the rave reports that were coming out about Transcendental Meditation and so...

Breslin: Yes.

Dr. Dave: ...he sort of stripped it down to its basics and gave people the mantra of "one" to focus on. And really, I think that launched a whole wave of research on meditation that's still ongoing today with lots of very interesting findings in relation to brain correlates, and so on. So I gather after that program, it sort of put your career on a rather interesting trajectory over nearly 20 years, starting out as a rather traditional therapist and over time morphing into what might be called a medical or psychological intuitive.

Breslin: Correct.

Dr. Dave: Okay. Well, why don't you take us through that evolution to get us started.

Breslin: Sure. Well, lots of people ask me, "What does the word 'intuitive' mean?" They have a sense it means being able to read people better than others, or what have you. And I actually break the word down for them and just pronounce it "into it." It's when you train your skills to get "into it" or get into somebody's...I guess, a

psychologist maybe would say get into their psyche. Sometimes I get into their story. Mostly, I just have learned to get into their energy and--without sounding incredibly woo-woo--you know, I was just one of those lucky people who was born with a certain set of skills. My parents had those skills and my grandparents have those skills. My brother has a modified version of those skills.

And, over time, what happened was I felt like it was more out of control. Like, too much information all the time. And I finally decided that what I most wanted to do was to learn how to control these skills and be able to use intuition in a way that it was helpful. And not just helpful to me but helpful to the clients I was seeing, helpful to the people around me. So I trained as a medical intuitive. I worked as a medical intuitive for two years after a five year training with two different masters in the field. Both had different skill sets and so I got a really nice, broad opportunity and education to develop all of my senses and I still functioned as a very traditional psychologist at the time. And it did probably take me another five years to utilize my intuition in the course of treating patients and in the course of therapy.

And I do provide something called intuitive psychotherapy. There are other people who do it. When I provide it, I don't do that unless that's exactly what the client wants. I do some intuitive consultation when asked. Mostly missing persons. And I try to follow my intuition in the course of therapy when treating people when it can allow them to overcome hurdles that they can't overcome any other way. When they can't do that spontaneously.

Dr. Dave: Well, I'm familiar with the notion of medical intuitives, such as Edgar Cayce and Caroline [Myss]...I want to say "Miss" but I've been told it's "Mace".

Breslin: "Mace." [laughs]

Dr. Dave: Yeah.

Breslin: Caroline "Mace."

Dr. Dave: I don't know how you get "Mace" from M-y-s-s. Would you say that you're more or less in that lineage, only with maybe more of a psychological than a medical orientation?

Breslin: Yes. One of the masters that trained me actually went on to work for Caroline. And so I would say I definitely have qualities that are Carolinesque. And I would hope that would be a great compliment to her. And when I went on to work as a medical intuitive, I simply learned to use my skills to detect disease, injury, illness in the body and then communicate with a client but also often times with their medical team in order to help them approach certain issues that were coming up for them.

Dr. Dave: Well, as you talk I'm remembering now that I interviewed psychiatrist Judy Orloff about her book *Emotional Freedom*. And she also draws heavily upon psychic intuition and talks about her childhood and how she was having these sorts of experiences. Are you familiar with her or her work at all?

Breslin: Yes. Gently so. [laughs] Gently so.

Dr. Dave. Yeah. Well, I need to be up front with you that I waiver a bit between skepticism and credulity on these sorts of matters. On the one hand, I'm willing to be a pragmatist and say, "Hey, if it works, I'm all for it." I think a wide variety of both traditional and non-traditional approaches depend upon recruiting the client's powers of hope and self-healing, that to some degree all of psychotherapy is shamanic, if you will. That the practitioner's enthusiasm and belief, and so on, count for a lot. At the same time, and I notice in the notes that you sent me, too, that you mentioned training in Toltec wisdom. So I have to tell you I'm skeptical of Toltec wisdom because it's my understanding that the actual Toltec people have been long gone.

Another one of my previous interviews was with Allan Hardman, who

describes himself as a relationship coach, author, teacher and "Toltec master," trained by Miguel Ruiz in the traditions of the Four Agreements. I think I was open with him that I have a little trouble with the self-description of "Toltec master." So, I just wanted to be upfront about this. I'm sort of on the fence and having said that, I am interested in having you tell us more about your work, especially in the realm of treating trauma.

Breslin: Absolutely. Well, in response to Toltec, I wouldn't consider myself a Toltec master because it's not the only foundational body that I use. I like to think that what I understand of the Toltecs is that they have always been seekers. And they do still exist. They're not like the Mayans who died out, or the Aztecs who came and went. It's simply a description of seekers of truth. And the Four Agreements are great because they are simply four easy-to-live-by instructions that do help keep things simpler but aren't the only four things that I use now. [laughs] But that they are a wonderful little Toltec bible, if you will, that allows people to just simplify their lives and not get so caught up in what other people think and what other people are doing. They've really just engaged the person to stay oriented to reality.

Dr. Dave: Yeah, a lot of that stuff just makes sense. And you kind of read it and you say, "Well, of course." You know, it somehow fits with what might be called the perennial wisdom.

Breslin: Yes, and I think there is a huge movement that's been happening during the last five to ten years, where what we see is a lot of the contemporary theories and offerings all point in the same direction.

Dr. Dave: I agree.

Breslin: With simply, "Let's focus on how we interact as a community. Let's focus on the skills and tools that we came in with." Modify and hone as you go, certainly, but keep it simple. And the same, I would say, in the treatment and the management of trauma,

there's a lot of that that I utilize.

Dr. Dave: Well, tell us more about your work with trauma. What are the elements of your current approach?

Breslin: So, my current approach to trauma I would call an SOS model. And it's not "Save Our Souls," not exactly.

Dr. Dave: Okay. [laughs]

Breslin: It's, sort of, following "Safety, Order and Security." And when we look at managing a global crisis, or an act of god, or an act of war, or even into the more localized trauma--like a car accident or derailment, mid-air disaster or something like that--the very first thing people need to orient to is, "Am I safe?" And our first responders are really the folks who become responsible for making sure there's physical integrity, making sure that if somebody's injured, they get help. If they need to go to a hospital to invoke safety then they do that. So, safety is always the first element and I think what we have really experienced in the crisis in Japan is a whole world looking at this. And not just saying, "Is Japan safe?" but, "Are we safe?" And really feeling very focused, nearly to the point of obsession with, "How is this impacting everyone?" And a lot of folks trying to go a lot of different avenues to make sure that they're safe.

Dr. Dave: Right, like people rushing to purchase the potassium iodine.

Breslin: Exactly. And clearing out the shelves of all meat, vegetables and fish, and so on and so forth.

Dr. Dave: Right.

Breslin: So that safety is really just the most important part or what we do. And then order comes around. You have to be able to orient to your world. Part of that orientation is to make sure that you create whatever structure you can that allows for a sense of

normalcy. Again, to look at examples of Japan, it's been very difficult to engage in normalcy because they're still on that first avenue of, "Are we safe yet?" But people do things like, "Do I have all my children? Do I have my possessions? Can I go to work? Is there transportation available?" They just begin to create the structure that they would use if things were normal.

The second item, in terms of ordering their world, is that they have to create a setting that has boundaries so that you can have some comfortable function. You have to say, "Okay, is there a way I can wake up, and eat, and go to sleep at some regular times. Let me try to create some normalcy. And performing the activities of daily living, as well as other kinds of activities to help you feel more normal. After something like a tsunami, part of the normal is, "Okay, at some point in time I have to have a place to sleep. How much debris can I clear away? Can I get clothing for myself and my children?" It's an ordering.

And then, the last element of that section is control what you can. And do what you can. So, for instance, some part of that control is, as you said, people rushing to the shelves. But we've also had wonderful programs brimming out the world over for things like "Socks for Japan." "Okay, this is something I can do today. I can get these socks. I can put them in the mail. I can send them to this address and I've now done something. I don't feel so helpless."

Dr. Dave: Right. Now, I'm glad that you brought up Japan because that's something that I wanted to talk about. And I'd like to come back to it. But I'd like to start more locally now because I know that, for example, you've worked with people who are suffering with sexual trauma, from rape, and so on. So, what would be the elements of your SOS Approach. How would that be grounded in working with an individual?

Breslin: Sure. Well, mostly people come for therapy when they get to that final "S", which is security. So they've tried to engage as much security as they can on their own and they've discovered that they

still don't feel safe. And they begin to look at the trauma themselves and try to determine, "How am I still living this?" And that's often times when I see combat veterans or I see sexual trauma survivors. They've been able to get to safety, they've created some order in their lives but they can't feel secure. They don't don't feel like themselves anymore. They don't feel like this day is any different than the day in which they were traumatized or injured.

So, that's where we look at utilizing other kinds of therapies inside the therapy room to really help them gain a sense of security. And we have things like Prolonged Exposure Therapy that was founded by Edna Foa.

Dr. Dave: Yes, yes. I interviewed her as well, by the way. [laughs]

Breslin: Oh, wonderful, wonderful. So, you know, that approach is kind of a CBT and a relaxation training and talk therapy all at the same time. So if you could take a psychodynamic therapist, and then add Aaron Beck, and add Herb Benson into the mold, you'd get something that looked like Prolonged Exposure Therapy.

Dr. Dave: Right.

Breslin: Then you have someone like Francine Shapiro, who is the founder of EMDR.

Dr. Dave: Who I've also interviewed. [laughs] I can't help but be a name dropper here. [laughs]

Breslin: I love that. I love that. And so she effectively looks at how can we change how the body experiences trauma and resets itself. Really, it's changing those neural pathways. So, as I learned to do this work and infuse it with a more intuitive approach, what I discovered was missing from the mind/body medicine that I learned with Herb Benson was the spirit portion because, in the beginning mind/body/spirit was where we were trying to head.

So without wanting to be overtly religious, because I'm very spiritual but I am no longer religious, and not wanting to eliminate or omit anyone who didn't have a structured religious faith, I began to look at the elements of Prolonged Exposure Therapy that didn't work or weren't as effective for the people I was seeing. And what I discovered was that every time they tried to do their Prolonged Exposure Therapy they felt re-traumatized.

Dr. Dave: This is as you were taking them in their imagination, reliving the experience?

Breslin: Yes, exactly. So any time they retold their story and allowed themselves to actually feel what was happening during the traumatic situation and experience what was happening in the traumatic situation, they in fact would be re-traumatized. Their cortisol levels would shoot back up. They would feel shaky. They would get depressed after the session. And initially I thought, "Gosh, maybe I'm just doing this wrong. You know, I know I've learned this but maybe I'm doing it wrong." And then I started to really think about, "Well, why would they feel any different?" Because, sure, you can tell a story over and over again and pray that you won't be quite as emotional every time you tell a story. But why not? So I started to think about the idea of sending somebody back through time to a very traumatic event and although I was physically in the room with them as they were telling the story, it's as if that connection to the trauma didn't relinquish.

So I started to think about other forms of therapies I'd done with people and I started to think about my intuitive training. And I asked one of the folks that I'd been working with for quite some time who was recovering from sexual trauma if she'd be willing to allow me to go back through time with her to this event. And she looked at me funny and she said, "Yeah, but how are you going to do that? You weren't there." And I said, "Well, you know, being intuitive is kind of a funny thing because there's part of me that does see things the way you see them and sometimes with such incredible accuracy that I can locate a missing person. Right down to the street. So, you

know, would you give it a try?" And she said, "Well, sure. I can't see any way in which it would be harmful. I'm going to do the therapy anyway."

So this time the instruction that I gave to her was, as she was telling the story, and as she located this trauma and as she envisioned herself in the scene, I asked her to turn around and see me behind her. And she kind of looked at me quizzically before we started and I said, "Just try it. It's either going to work or it's not going to work and I'm okay either way." And the effect of her envisioning me behind her, whether or not it was through her own imagination, or whether it was that she energetically took me to the scene, she began to relax. And she began to relax because she was not alone.

Dr. Dave: Well, I have to say that this makes "intuitive sense" to me. It really fits with some other approaches. For example, hypnotherapy, which I was very involved with back when I was in practice. And psychosynthesis, which uses a lot of very imaginative techniques. And so, I've done guided imagery and things where I close my eyes, too, and I really picture it and I really feel like I'm accompanying that person on the journey. So I can really relate to what you're saying.

Breslin: Yeah, well, and it does make some real rational sense if you think that one of the most debilitating elements of PTSD and of depression is a sense of isolation, then perhaps one of the missing links was somebody being there. You know, an end to the isolation.

Dr. Dave: Yes, yes.

Breslin: So, I began to incorporate that and I've really incorporated it broadly in my work with trauma survivors and discovered that suddenly, their symptoms lessened much more quickly. And I saw it a good sign. And they saw that as a good sign.

Dr. Dave: Yeah, I would think so.

Breslin: Sure.

Dr. Dave: [laughs]

Breslin: So by utilizing a really broad variety of elements in my treatment and not just trying to stick with one treatment or another treatment, I've become highly effective with people who have suffered trauma and have really been enduring their symptoms, mostly in silence and in isolation.

Dr. Dave: Would it be possible for you to give us kind of a case example, you know, disguising the person's name and so on?

Breslin: Sure, just basically providing you more details than, for instance, than the woman I referred to before. I can give you the case of a combat veteran that I worked with who had actually been through a full Prolonged Exposure Therapy program--inpatient--was really quite badly traumatized, not only by what he saw in combat but was also injured significantly in combat. And he came back and went through this inpatient program. And just really didn't feel much better. I think that he had to give it a shot. He wanted very much for his life to change but he recognized that really all he wanted to do was self medicate. He couldn't seem to soothe himself into any kind of position that was useful for him. His function was declining. He wasn't sleeping at all. He was finding he couldn't control his emotions very well. So he got my name from another combat vet who had worked with me and came in. He was in a branch of the military that he's very stoic and pretty darned skeptical, I'd say, and had really felt like, "I've done it all and I'm not getting better. And I'm never going to feel better."

So I explained to him that I the way I did this therapy that was just slightly different. And I talked with him about his background and I talked with him about what had happened to him during the course of combat. And I also asked him, "Do you have any historical belief in God, or religion? Is there somewhere you go to worship?" And it's a fairly normal question in the course of therapy. We want to know,

"Where do you get your fellowship? Who's supporting you?" And he said, "You know, I'm kind of struggling with that because I feel like, yes I was raised Christian but where was God when I was getting injured?"

And I said, "Well, I just wanted to know if he appears somewhere along the way, please just let me know. He could be helpful." And it was just to plant a seed that sometimes we need to see ourselves as greater than something singular and human.

Dr. Dave: Yeah, there's a lot of evidence to support that.

Breslin: Absolutely, absolutely. I also wanted him just to realize that that might include just me for the time being. You know, [indecipherable] humans. So we began to do the Prolonged Exposure Therapy. He began to tell his story. I watch his symptoms. He was very uncomfortable, his voice started to shake, his breathing became rapid. He began sweating and mopping his brow, saying, "I don't like this part. I wish I could just numb out." And I said, "I'm just going to have you stop there and look at me. And really look in my eyes and know I am right here with you. Has anybody ever done that before?" He said, "Well, there was always a therapist with me and the therapist was always focused on me. You know, it wasn't as if she left the room." And I said, "Well, that's great but I need you to just feel that I'm here in the room with you." And he kind of looked at me quizzically, again, very skeptical, and he said, "Okay. Yeah. I mean, I can feel myself here with you."

And I said, "Okay. Now, let's go back." He went all the way back to this scene that was most traumatic for him. And I said, "Now, as much as you may not want me there, I want you to turn around and see me sitting on the floor behind you. And he looked at me and the tears started flowing and he said, "I don't want you there. You could get hurt." I said, "It's okay. I'm not taking my body back with me. I'm just going to go energetically. Whether you believe in that or not, that's what's going to happen." And he kind of looked down at the floor again and the emotions started to roll. And every once in a

while during the course of that traumatic scene, I just reminded him, "It's okay to look over your shoulder. See, I'm right there. Not a problem. I'm okay. I can shimmer. Bullets don't hurt me."

So, slowly but surely, I brought him back up from the trauma and he looked at me. And he had this big smile that came across. And he said, "You know, I am in the habit of protecting people." And I said, "I know that. You're a soldier." And he said, "But I didn't feel protective then." And I said, "I know that."

Dr. Dave: Yeah, yeah.

Breslin: Because you're a trauma survivor. And he said, "Well, that is really different this time." And I said, "I know that." And he said, "It wasn't so bad after all." And I said, "Why do you think that was?" He said, "I just knew I wasn't alone."

Dr. Dave: And so you found that this same sort of process has worked with person after person.

Breslin: Yes. And in fact sometimes the trauma survivors that I see do, like this combat veteran, come from personal referral. You know, word of mouth referral. And so they know something's different about what I do and often times they'll say, "Can you do that thing where we go back in time. Can you go with me?" And so many of these people that I see, they're not what I would call "woo-woos" or mystics, they're not the folks who you might think of. They're just normal folks. And they may not believe at all in anything like clairvoyance or intuition. They might believe in the gut instinct. They might believe in the mother's instinct. But generally speaking, they don't come ready to buy into me as an intuitive. They just know there's something different that I do when it comes to trauma recovery.

Dr. Dave: Do you encounter people for whom this does not work?

Breslin: Well, I'm going to invite it to keep on working. [laughs]

Dr. Dave: [laughs]

Breslin: Thus far, I've not come across anybody.

Dr. Dave: Okay.

Breslin: I'm sure that there will be people who I work with who just are resistant to really embodying the trauma, really to go back with anything but their mind. And I think this particular modification of Prolonged Exposure Therapy works best when they can invest in the spirit component or in the energy component. I think when they can really take all of themselves and maybe even most of me back, it seems to work better. And I think, as I've hone my own skills in this particular modification, I see it working better and better.

Dr. Dave: You know, I've had other guests who are advocates of approaches like EFT, Emotional Freedom Technique. Are you familiar with that?

Breslin: Yes, I am.

Dr. Dave: Yeah, the tapping, along with going back and imagining. And they claim very dramatic recovery from PTSD in just a few sessions. And so, I'm thinking about Japan and the disaster over there. And I would think that would be, you know, a perfect test ground for those claims. Do you have any thoughts about that?

Breslin: Well, I think, number one, as the Japanese people and as the people who are in Japan during this last crisis are able to really re-invoke their safety and feel some sense of order and then begin looking to ways to feel more secure, I think EFT is wonderful, I think EMDR is wonderful. I think even just acupuncture, which they already have [laughs] can be very, very useful in the release of trauma. And, it would be my hope that there would be opportunities for those of us who would love to work with anyone involved in large-scale disaster to try out these techniques in order to release

them from what can be a lifetime of symptoms. And the symptoms of PTSD are.

Dr. Dave: Yeah, I couldn't help but wonder if I or you or other psychologists could be of any use as volunteers over there. Given that I don't speak Japanese. I don't know if you do or not.

Breslin: I don't. No.

Dr. Dave: But I'm wondering of there are sorts of interventions that could be done on a group scale that could...that there might be powerful interventions that are outside of traditional models. Do you have any ideas about that? Or intuitive feelings about that?

Breslin: I know that there have been in the past groups that have used large group meditation.

Dr. Dave: Okay.

Breslin: Toning. There are a lot of the music therapies that you could do with 30,000 people, if you had the right kind of area to gather and you had the right kind of speaker system, that basically create the relaxation response that herb benson taught us all. in a bioenergetic way, it helps for the body to relax. So there's certain tones that you can even tone and the body will relax in response to them.

Dr. Dave: So when you say toning, I've heard that but I haven't experienced it. Is that the whole group then chanting a tone? Or is it one person striking a tone and everybody listening?

Breslin: You know, there are a variety. So there are crystal toning bowls where you take a rod and you move it round the bowl. And it's just like when you put a wet finger around a crystal glass...

Dr. Dave: Okay.

Breslin: ...the sound.

Dr. Dave: Yeah.

Breslin: There are actually now very large toning bowls and, in fact in Teotihuacan, outside Mexico City where the pyramids are, on specific holy days or sacred days there, there can be as many as one, two or even three hundred priests or priestesses there toning at different tones in order to create some vibration that's healing. Or a harmonic that's healing. That's one form. The Tibetans have toning bowls, which you've probably seen. There are toning chimes, bells. But there are also things like chanting mantra. Those are all forms of toning. People can even tone or keen with their voices and can learn to do sounds just up from the diaphragm that can create relaxation and release in the body.

Dr. Dave: I actually have a potential guest that's been pursuing me for some time and I probably should go ahead and do that interview [laughs].

Breslin: I would encourage you to.

Dr. Dave: Yeah. Because she's...

Breslin: Really because of what you've said. Because if we have a large-scale disaster and we are trying to help people invoke some sense of security and some calm, we need big efforts. And you can't always just take 20,000 psychologists and transplant them and do one-on-one therapy or even small group therapy. Sometimes you need to be able to do some things that can affect a thousand, two thousand, five thousand, ten thousand people at a time.

Dr. Dave: Yeah. Or even twenty. [laughs]

Breslin: Hey. Let's shoot those numbers up there.

Dr. Dave: [laughs] Yeah, ten or twenty.

Breslin: If you also think there are probably things like EFT, and EMDR, and meditations, and guided imageries, all of those things can be used in a large-scale audience for benefit.

Dr. Dave: Yes, and I would think that the fact of other people being there, too, would also be very supportive.

Breslin: Absolutely. Even tai chi masters who can get up there and lead tai chi or Qigong or yoga. Again, all forms of release for the body so that the symptoms don't quickly get hooked in and stay.

Dr. Dave: Yeah. And I would think that the Japanese in particular would be receptive to some of these sorts of approaches, particularly ones that might, as you suggest, be rooted in Asian cultures.

Breslin: Absolutely.

Dr. Dave: We're starting to run a little short on time but what you've been saying kind of leads naturally into the fact that I notice that you lead journeys in various parts of the country. Maybe you could just tell us a bit about those.

Breslin: I do. One of the things I noticed, especially with trauma survivors...I see it probably with all people but trauma survivors tend to keep themselves pretty closed up unless they're in the therapy room because the symptoms are really difficult. And that's particularly challenging if they're coming in on their lunch hour and they've got 45 minutes and then they've got to get back to work. What I noticed is that they really don't do the extent of the work they need to do to feel release, to feel comfort, to feel relaxation. So I started to think about utilizing a retreat model that would be from four to seven days in length and to allow them to allow them to offload their material and keep themselves open for a number of days where they could do depth work. And then, slowly but surely put them back together in an order that made sense to them and

then return them home.

So I do that in places that have a wonderful energy to them so that I don't have to work so hard.

Dr. Dave: [laughs] And typically, how many people would be involved in a workshop like that?

Breslin: Anywhere from 5 to 25.

Dr. Dave: Okay.

Breslin: It depends who I'm working with and on what kinds of issues are coming into group. On just a normal journey where people want to kind of revamp and revive, probably a group of 18 to 25 would be fine. When I know I'm working on very, very challenging traumatic circumstances with everyone in the group, then typically I won't go beyond 10 or 12. I really want to give it my individual attention.

Dr. Dave: Do you have a website where people could find you to learn more about the services that you offer?

Breslin: Absolutely. It's www.healingheartcenter.org.

Dr. Dave: healingheartcenter.org. Great. And I'll put a link to that in the show notes. And so, we should probably wrap it up here. Is there any final thought you'd like to leave our listeners with?

Breslin: Don't wait for tomorrow. [laughs]

Dr. Dave: [laughs] Okay, well, that's short.

Breslin: Needless to say. Life is short.

Dr. Dave: Yeah.

Breslin: If you've been struggling on your own, today's the day to pick up the phone and make a phone call, start somewhere.

Dr. Dave: Okay, well that's good advice. Dr. Sage Breslin, thanks for being my guest today on Shrink Rap Radio.

Breslin: Thank you so much.