

**Shrink Rap Radio #307, June 1, 2012, Freedom From Pain with Maggie Phillips, PhD**

David Van Nuys, Ph.D., a.k.a. "Dr. Dave" interviews Maggie Phillips, PhD  
(transcribed from [www.shrinkrapradio.com](http://www.shrinkrapradio.com) by Sami Ruokamo)

**Introduction:** My guest today is Dr. Maggie Phillips and we'll be discussing the use of Dr. Peter Levine's Somatic Experiencing in the relief of chronic pain. Maggie Phillips, PhD is a licensed psychologist and a full time private practice in Oakland, California. She is the director of the California Institute of Clinical Hypnosis, and past president of the Northern California Society of Clinical Hypnosis. She is the co-author with Dr. Peter A. Levine of the 2012 book, Freedom from Pain.

Dr. Phillips has served on the faculties of the American Society of Clinical Hypnosis (ASCH), the American and European Congresses of Ericksonian Hypnosis and Psychotherapy, the Eye Movement Desensitization and Reprocessing International Association (EMDRIA), the Esalen Institute, the European Society of Hypnosis in Psychotherapy and Psychosomatic Medicine, the International Society of Hypnosis (ISH), The Professional School of Psychology, the Society for Clinical and Experimental Hypnosis (SCEH), the International Society for the Study of Dissociation (ISSD), the International Transactional Analysis Association (ITAA), and the University of California at Santa Cruz, Extension.

Dr. Phillips has led workshops on hypnosis, psychotherapy, the effects of childhood trauma and reversing chronic pain in the UK, Germany, Scandinavia, France, Japan, China, and Malaysia, and uses of energy therapies in mind/body healing.

She has authored numerous papers and articles in the areas of Ego State Therapy, Redecision Therapy, and the treatment of post-traumatic conditions, and is the co-recipient of the 1994 American Society for Clinical Hypnosis (ASCH) Crasilneck Award for excellence in writing and of the Cornelia B. Wilbur Award for the International Society for the Study of Dissociation (ISSD). And Dr. Phillips is co-author of Healing the Divided Self and author of Finding the Energy to Heal and Reversing Chronic Pain.

She is also a Fellow of the International Society for the Study of Dissociation (ISSD), and the Fellow of the American Society of Clinical Hypnosis.

Now, here is the interview.

**Dr. Dave:** Dr. Maggie Phillips, Welcome to Shrink Rap Radio!

**Dr. Phillips:** Thank you so much Dave, it's a pleasure to be here!

**Dr. Dave:** Well, I'm so glad to have you. I was intrigued to learn about your long history in the field of hypnosis, that's an interest that we share in common. My own university Michigan doctoral dissertation - way back in 1970 -

**Dr. Phillips:** [laughter]

**Dr. Dave:** - was on the role of attention in hypnosis and meditation, and I imagine as we get into our discussion that we'll discover that attention plays a pivotal role in the pain work that you and Dr. Peter Levine do.

**Dr. Phillips:** You're absolutely right.

**Dr. Dave:** Yeah, I would suspect so. Now speaking of Dr. Levine, you've co-authored a new book with Dr. Peter A. Levine, *On Freedom from Pain*. And Dr. Levine has become quite prominent for his development of an approach to trauma, which he calls Somatic Experiencing. And I'm curious how you two got together, and whether you were already working in the area of pain before you met him.

**Dr. Phillips:** You know, actually Peter and I met when he was a... I think he was in Berkley working after going to school there, graduating with his doctorate in biology. And he was then just starting Somatic Experiencing and teaching little groups, and he and I were both invited by a mutual colleague to teach a workshop on trauma. And the colleague was supposed to teach also, and I've never met Peter, so when we got underway, both of us realized immediately that this colleague did not know the first thing about trauma. And it was just, we were both really feeling like we needed to do something, and so Peter somehow talked him into running the video recorder for the rest of the workshop, and so I -

**Dr. Dave:** He got demoted! [laughter]

**Dr. Phillips:** - was immediately impressed with his persuasive abilities, and then got to know him better, and basically he and I taught together for - we've taught together for about thirty years, and when we first started talking about trauma, he would of course bring in the somatic piece and I would bring in hypnosis and other tools that I was familiar with. So actually when I was, early on, studying hypnosis - I wasn't specializing in pain at that point. For a long time I had a broader focus on mind-body healing -

**Dr. Dave:** Ok!

**Dr. Phillips:** - and the pain was part of that, but that was not the only thing.

**Dr. Dave:** Did I understand you just say you've been working with Peter for thirty years?

**Dr. Phillips:** Yeap!

**Dr. Dave:** Wow!

**Dr. Phillips:** It's kind of amazing!

**Dr. Dave:** Yeah, time does fly by doesn't it!

**Dr. Phillips:** We started by teaching in Berkley, just teaching some classes and workshops together and then it got to the point where we started teaching in other places, we taught many years at Esalen, the Esalen Institute in Big Sur, together. And now we are teaching on - he and I teach E-Courses - the latest one of course has been on our book *Freedom from Pain*, and so it has just been a very rich collaboration, and we learn a lot from each other, and I'm delighted to have been involved with him in this project.

**Dr. Dave:** Well, that's great! Well since so much of the work is rooted in Dr. Levine's Somatic Experiencing, perhaps you can take us through that -

**Dr. Phillips:** Sure!

**Dr. Dave:** What is Somatic Experiencing?

**Dr. Phillips:** Well, so I mentioned that Peter has a PhD in biology. And after that he went on to get his PhD in Psychology, so he actually has two of those degrees.

**Dr. Dave:** Wow!

**Dr. Phillips:** And his interest was in, at least partly, in animals, in animal behaviour. And he studied animals in their wild habitats, and he got curious early on - and to me this was... he was really a pioneer in this way back in the 60s and 70s - about why animals, who are threatened with their lives multiple times every day out in the jungle, do not show any lasting signs of trauma, whereas human beings who may encounter one life threatening experience during their lifetimes, often are struggling with the after effects for many, many years. And so that was one of the questions that motivated him to go further, and he's realized that animals have the ability to either, either they will complete fight of flight responses as they are confronted with threat, or they will shake it off somehow.

In other words the deer in the headlights is a classic example - and I live up in an area with - I encounter deer almost every day. And in the evening if you're driving pass them, the headlights of course are their trigger that, you know, some kind of threat is approaching them, and they freeze - absolutely freeze. And you can see this. What you can't see so well is once the headlights pass and the threat is over, the deer and most other animals, or certainly all mammals, will shake or tremble very, very gently all over their bodies and run away as nothing had happened.

And so Peter said, this is really monumental, and we need to understand how this works for them, and then how we can do some variation for ourselves. So a lot of his work is on studying the Fight, Flight and Freeze responses - how they get held in the human body, because they cannot easily be released - and then how we can develop a program to teach people, how important it is to complete, to recognize first of all fight, flight and freeze responses, which are not always obvious. Then how we can help to complete them and then, how we can release them - not just through shaking and trembling - although sometimes that happens - but with these various kinds of focusing and breathing techniques.

**Dr. Dave:** Well, it's really fascinating that coaches for a long time have said to, you know, athletes who've been injured or whatever - to shake it off, just shake it off.

**Dr. Phillips:** Right, yes!

**Dr. Dave:** So, it's interesting that it's in our language!

**Dr. Phillips:** It's a good advice!

**Dr. Dave:** [laughter] Yeah!

**Dr. Phillips:** What we don't always know, what does that mean, you know, I think if we take it symbolically, and in fact it's really more helpful literally, if we can find a way to shake it off.

**Dr. Dave:** Yeah... Well, I'm thinking of a practice of another practice, and this is sort of reaching - maybe far field - but people who are into sort of new age, psychic kinds of things...

**Dr. Phillips:** Mmmm...

**Dr. Dave:** ...often will advice...

**Dr. Phillips:** Actually - Yeah, I think I know where you are going with that...

**Dr. Dave:** ...yeah, a kind of shaking to clear the energy field.

**Dr. Phillips:** Yes, yes... This is different. And we've had a lot of interest of course from people who have done different types of Yoga, different types of meditation, energy healing, and they're related certainly - I mean I think all healing practices are related in some ways... But this is very, very different. We're not - a lot of the - for example Stanislav Grof's work, his breathwork...

**Dr. Dave:** Yes.

**Dr. Phillips:** ...you know, it's very powerful! And, what we have found, is with people who have been significantly traumatized, it's a way too much for them...

**Dr. Dave:** Mmm...

**Dr. Phillips:** ...they can get overwhelmed, because their nervous system cannot integrate the experience as they have with that, and other kinds of modalities, and so people will often get worse after they have experienced that kind of intensive approach, and you know, just for Dr. Grof - I know he is - become very, very sensitive to this, this issue, and they are much more careful about screening people.

**Dr. Dave:** Mm-hmm...

**Dr. Phillips:** But by and large, we're looking for something that would work for virtually anyone, who has experienced trauma, without any risks of making them worse.

**Dr. Dave:** Now, now your - Your book though is a... focused not so much on trauma as on pain... Let's talk about pain for a moment, that's certainly a complex topic. What do we know about pain? And what is it, and why does it sometimes persist for so long, sometimes even after the original injury has healed?

**Dr. Phillips:** Yes... Yeah, that's a very important question, and what I want to say straight off is that there is a huge link between trauma and pain, and that is one of the messages of our program, and I'll get into that in a moment.

Pain itself is a signal that something is wrong. You could say that it's a sign of danger in the body. And it's very valuable to alert us, to the fact that we need to pay attention to whatever might be going on, and correct it! And so, in and of itself pain is very valuable.

The problem is, as you we're suggesting, is when it persists long after the healing structurally has taken place. So the person's X-rays may show a big difference, or the CAT scans or MRIs may show that, you know, there's no sign of injury anymore. But, it persists because of the dynamics of trauma and how they work in the nervous system.

And so, for example, since we know that any time we're threatened, and you know this can take many forms, for example many people think we're just talking about these catastrophic events - and we are talking about that - but we're also talking about events that are a normal part of our lives, such as accidents, injuries, illnesses, losses, and so forth. So it's very, very common to experience some form of

trauma. And what will happen is that we will go into - let's just take the example of somebody who has been in a car accident, because sadly that is very, very common in our culture especially...

**Dr. Dave:** Yes.

**Dr. Phillips:** So, the person will have an injury of some kind. For example I saw a man just - seeing him now - and he has got a back problem from the car accident. And the car accident itself did not seem very severe, which is why he didn't understand why his back pain was persisting, long after, you know his treatments, and his treatment providers said - you know, you're fine, you know there's nothing more we can do for you. But still, in fact he got - not only did he have pain but he got worse and worse. And he went through all kinds of modifications to try to stay working, including getting a special dispensation, so he could lie on the floor to work, he could stand up to work, and that soon failed because the pain was too much.

So when I saw him, you know, he was very debilitated and very scared of course, very anxious, which is another issue that goes right along with pain that we finally have to help people with. So I talked to him, and I said, well you know it's kind of mystery to me, why you would still be suffering like this, when the car accident that you described, doesn't sound like it's that severe. He said: "I know I don't understand that either, and nobody I've talked to has been able to explain this to me." And I said: "Well, you told me the pain started five years ago, what happened in your life during that year?" I think actually, I think it was 2005, so it was a little more than five years ago. And he thought for a moment and he said: "Well I had this terrible bike accident."

And, you know, of course - you know, that immediately indicated to me there is probably going to be a link there, and then he started describing it, his pain got worse. The points where he was injured coincided with the centers of pain in his body.

So that's a clear example of how trauma can, you know, pile on top of each other in your nervous system, and if it is not released, it is just being held in the body. And a lot of the times it is held by fear, which causes bracing in the body -

**Dr. Dave:** Mm-hmm...

**Dr. Phillips:** - it causes us to constriction and tighten against the threat of more pain or more injury. So, so this is the linkage that we're working with, and Peter and I - each of us have more than - we probably have seventy collective years of clinical experience between us. And we have found almost exclusively - I can't think of an exception - that when we encounter someone who is struggling terribly with pain, they are not responding, making a progress, or they have, you know deteriorated in spite of good treatment, I mean treatment that makes sense.

Almost always it's because of trauma that is sort of the invincible partner and contributing to the persistent pain. And so once we had people recognize the signs of trauma in the body, and we have to do some education there, then we teach them very simple but powerful exercises that they can use to release this, and to therefore gain freedom from their pain.

**Dr. Dave:** Now what kind of trauma are we talking about here - emotional trauma, physical trauma or both?

**Dr. Phillips:** Yes, all of the above! Trauma does not, you know, affect people differently based on what kind of trauma it is. We have the research now that shows that it's absolutely universal. So cultural trauma will create the same kind of effects as somebody who falls of a ladder, or somebody who has a car accident or a terrible illness - or loses a loved one, or loses a series of loved ones would be, you know, more likely.

We have found that childhood abuse; emotional abuse, physical abuse, sexual abuse - regardless of what type it is - will have the same effects. And the same effects, you see, are fight, flight and freeze - we keep coming back to that, because that's the hallmark of trauma in the body. And what we've learned is, unlike many approaches who say: "Oh well you know, you just change your beliefs", or "You learn to clear your emotions or work with those", or "They're not so severe." Basically that doesn't do the whole job.

And the reason why, is because, the body and especially the more primitive responses of the brain stem really get activated by trauma. And if the approaches do not reach that level, then the person doesn't get permanent recovery, regardless of what kind of trauma it is. And so we understand that the hallmark of the primitive brain stem, which really is responsible for our survival. So it's a very simple but profound system - it governs our heartbeat, our breathing, you know every system in the body is regulated by the brain stem. And it's not talked about that much, it's being done so more, now, more attention is given.

But what really reaches that part of the brain, and the nervous system that it is connected to, is rhythm. You know, the rhythm of survival and daily life is; we wake up, we go to sleep. We're active, then we rest. It's a very dichotomous, kind of a pendulum rhythm - this is what Peter has - is in one of his contributions - is helping people understand the way the nervous system works, because it's always been sort of mysterious, you know, we can label it, we have these diagrams that most people don't understand. Well, how does that relate to me, you know, what does that have to do with the kind of pain I'm feeling right this minute.

And so Peter really has bridged that gap. And being able to talk about the pendulum rhythms of the nervous system, and how we can work with those to shake off the trauma, and release it so that we can - like animals - go about our way as if nothing had happened. I mean, that won't be completely true because, you know, it does get stored still - some traces of it are always stored. But basically that kind of shift will really liberate somebody, who has been struggling so much with pain.

**Dr. Dave:** Now, some listeners might think that, what you're saying is kind of sweeping and maybe grandiose. But one of the things I like about the book is the humility of it's claims. You write and I quote: "We acknowledge, due to the inherent complexity of pain, that no one method works for everyone."

**Dr. Phillips:** Right.

**Dr. Dave:** And then you also write: "We encourage you take what helps, even a little, and leave what doesn't." And so many books these days make such extravagant claims, that I really like that you've kind of tempered it in this way.

**Dr. Phillips:** Well good, yes, because I'll tell you... There's nothing more humbling than to work with people who are really suffering in pain, and you want so much to find something to help them. And they want so deeply to find something that will unlock what's going on in their bodies and yet - you know, sometimes you can't find it -

**Dr. Dave:** Yeah!

**Dr. Phillips:** - or despite your best efforts it still isn't working the way you want it to. And so, we've learned that, you know, the expert on pain is the person who has it. It's not going to be Peter or me, or some other professional, because we don't know what it is like to inhabit their body. And we don't know how they receive certain tools that we use - even though they're good tools - it may not be right for them. So yes, we try to hold things - our convictions - lightly, I'll put it that way.

**Dr. Dave:** Yeah, yeah, that's a good way to put it. And it leads into another thing that you've written, that self regulation is the cornerstone of your approach. Tell us about that, self regulation?

**Dr. Phillips:** Yes, well, you're asking some great questions, Dave!

Self regulation is the cornerstone of our approach, because it leads to empowerment. In fact, the only secure kind of regulation that there is, is if the person who has the pain is, you know, making the attempts to release and resolve it in such a way, that their pain becomes regulated, manageable - begins to of course decrease over time. And then is to the point where the person can just recognize it as a part of life, as they would have if they had allergies! And certain times of the year they are going to be triggered by the allergies.

So what we think is that everyone can learn to regulate their emotional, physical, psychological, spiritual pain - whatever it might be. And they're all combined, because by the way, the pain pathways that pain travels in the body, whether it's grief or rage or fear, or if it's a terrible, excruciating nerve pain. These pathways are the same, the brain doesn't really discriminate very much between, you know, emotional and physical.

So we know that there's a universal sort of ground level aspect of pain, that we need to help the person with. And once they learn, that they can use some - or just stay with breathing for a minute - it's not all that teach people but it's one of the tools. And there's this special kind of breathing that we - actually several kinds - that we work with. Once they can learn to use that, so they get reliable relief, and it has to be reliable - it takes a little practice to get to that point. Then, because they have confidence that they can regulate the pain with the tools that they have, they feel empowered. And that is a huge part of what healing is all about.

**Dr. Dave:** You know, earlier I started our conversation referring to my doctoral research on role of attention and hypnosis and meditation - tell us what the role of attention is in this approach?

**Dr. Phillips:** Well, you know, most people understand - even though they wish it were different - that for them to reduce their pain - resolve it, release it, really solve it I guess we could say - on a permanent basis, that they need to be able to focus on it.

And sometimes this is counter intuitive. In the cases of people who have experienced a lot of dissociation... Dissociation is an automatic response for you can't intercede with that and stop it. You are going to dissociate - for example a common kind is when car accidents happen - people will go into this sort of shock state, even if it's not a very severe accident. And there is some level of confusion that goes along with that spacey-ness, it goes along with that.

And, you know, I tell the story of a pretty bad accident I had about fifteen years ago, and when I got out of the car - I knew I was, you know, pretty much ok - and I was trying to go and talk to the other driver. I walked back to his car and I couldn't remember why I was there -

**Dr. Dave:** [laughter] Yeah!

**Dr. Phillips:** - you know, I just didn't have the focus that I needed, and I went back and forth between our cars several times until I got my driver's license and my other information together. But that's kind of a common report. And it's a form of dissociation.

**Dr. Dave:** I can really relate to that!

**Dr. Phillips:** And so dissociation is part of pain, because even if the person doesn't dissociate in relation to the event that caused the pain - which usually happens - often the pain becomes so traumatizing after a while, that they dissociate from the pain! And what that means to them of course, is that they may escape feeling a little bit of pain in the moment, or maybe a lot of pain in the moment.

The downside of that is, they cut themselves of body resources that can help them resolve the pain. If they can't focus on their body experience, they can't really release the pain. And so that's - our message is that you need to learn how to focus in a certain way, that is gentle, and isn't overwhelming to you. And we give a lot of guidance about that in our programs.

We have - in a book there's a cd that comes with it, and that has twenty practice exercises. Very simple, most of them lasting less than five minutes. And then we have a standalone audio program, which is two cd set - and that has four or five tracks on the kind of information I'm giving to you right now, to help people understand how pain works, why it's hard to release, why they may still have it after all this time, and so forth.

And then it gives a twenty - I think it's twenty-four practice exercises of, few of them overlap the above, but it's designed to help people who really - some people can't even focus enough to read a book. You know, when they have severe pain, it's very hard to focus.

So what we're looking for, is something that can help people in different formats - we have mp3 downloads, so that people can put it on their iPod, or whatever their listening device is, that can be portable and go where they go. But they are going to have to learn to have a simple focus and to learn the language of their body to a certain extent. Now what I mean by that is, we talk about the language of sensation.

We don't know 'body-speak', so to speak! We don't know how the body communicates, you know, we've never learned that. And so we don't know, and so we're trying to teach people how the body communicates with them - that's one of the first things we do. And one of the first skills in the body we teach is, how to re-inhabit your body.

So if you have been in pain for a long time, you need to learn how to reconnect with your body. And a lot of that is going to be on focusing. And to help people focus - not just on the painful areas because usually that's as far as they get - but we also help them start focusing on the neutral areas of the body, and then eventually to more positive, resilient, expansive areas of the body, which anyone in pain - even severe pain - will have. It's just that they don't know how to pay attention to it.

**Dr. Dave:** Now your book has, has only just come out, I believe isn't that right?

**Dr. Phillips:** That's right!



**Dr. Dave:** So, I wonder, have you had any feedback yet from people who've been using these audio tools that you've provided, or you know, with the book?

**Dr. Phillips:** Yes, we absolutely have. They are of course just starting to come in, but the first week the book came out, one of the people who had studied with both Peter and me, sent me an email and said: "I just wanted to tell you, that I was of course curious about what you and Peter would create together, so I bought your book right away." And she said: "I was just keeping it, because I thought a client would come along that has a pain problem, and maybe it'll help them." And she said: "The same day I ran to a very good friend of mine who was really struggling with terrible pain, and I gave it to her. I said - here, I don't know if this will help you, but you know, here it is."

And all she did, was to listen to the very first exercise on the cd. And she was amazed! She called me up, she said: "I can't believe how this has shifted my pain -"

**Dr. Dave:** Wow!

**Dr. Phillips:** - "I feel different in every way." And she said: "And then I went out and bought five more and gave all of those away!"

**Dr. Dave:** [laughter]

**Dr. Phillips:** And everyone I've heard has been, you know, very very happy and reported amazing differences.

**Dr. Dave:** Well that's wonderful! Now, one of the things that you talk about, is getting stuck in what you call a 'pain trap'. What do you mean by that?

**Dr. Phillips:** Yeah, wow! Well, yes... What will happen is that - and this is so pervasive, we work with this pattern with every single person that comes to us. And we suspect it happens just across the board in all pain patients. But what will happen is, you start off by feeling, you know, like: "You know, I'm not - you know, I'm - surely I can get better, I don't know how I'm going to get better."

And then, what will happen is - this is just an example - your pain may increase very quickly. And as your, your pain spikes - and you don't know any reason for it, it's like it comes out of the blue, and it's attacking you. Then what will happen is, you get anxious -

**Dr. Dave:** Mm-hmm...

**Dr. Phillips:** - and the anxiety causes constriction in the body. And the constriction in the body makes your pain worse.

And when the pain gets worse again, or continues to get worse, you have more fear. And the more fear you have, the more constriction or bracing there is in the body - and reaction to that, because it's all wired neurologically. And so, when that happens then - and you get more constriction, more bracing - your pain then goes up, again. And so it's just this endless, vicious cycle, if you don't learn how to interrupt it.

**Dr. Dave:** Yeah... You know, huge social problem that's confronting the country right now are all these returning veterans who are suffering from both PTSD and chronic pain. And... You know, and I've

encountered various approaches to working with trauma, and I'm just wondering if these tools are really having the impact that they need to have with something on this scale. And are you two doing anything to, kind of, interfacing with that problem?

**Dr. Phillips:** Well, I would say we want to... Peter has worked with several returning veterans, who have severe PTSD and pain. And he has found that our program works extremely well with them.

For example there's Ray, who is a veteran from Iraq. And he was involved in an explosion of a landmine that injured him, but killed several people, including his best friend.

**Dr. Dave:** Mm-hmm...

**Dr. Phillips:** And so, he had terrible pain, and just grief and many, many, multiple problems. And I believe Peter worked with him for three sessions and got amazing results.

**Dr. Dave:** Wow.

**Dr. Phillips:** So, not everybody is Peter Levine, it's true. You know, but I think what I have found, is that with some guidance some folks, when you have PTSD combined with pain - serious PTSD - you're going to probably need a little bit of guidance or coaching.

That being said, some research has been done by Belleruth Naparstek, I don't know if you are familiar with her -

**Dr. Dave:** No.

**Dr. Phillips:** - but she's a giant in the field of Imagery, and she's doing a lot of work with veterans. And what she's found, is that the veterans find that using mp3 audios are significantly more valuable and helpful to them than a live session with a professional.

**Dr. Dave:** You know, I didn't catch her name, can you give me the spelling on that?

**Dr. Phillips:** Bellaruth?

**Dr. Dave:** Yeah.

**Dr. Phillips:** B-E-L-L-A-R-U-T-H. Naparstek is N-AP-AR-ST-EK. I believe that's right. If you get close on Google, you'll find it.

**Dr. Dave:** Ok, thanks for that info.

**Dr. Phillips:** So, we then extrapolate from her research, and then we hopefully - of course - get this - get the resulting data, when we are able to set up studies to really follow this in more scientific ways.

That - that our mp3 program, which is exactly the same as the audio - the cd audio program. We're hopeful that, that can work magic - if you will - for people who are in this situation and, and often it's too overstimulating for them to sit with the professional because, you know, they're afraid of being judged, they don't want to deal with their, you know, talk about their trauma because that brings it up for them again and makes it hard for them to stay stable.

And so, what we're offering, has nothing to do with looking at the trauma. We're not even concerned about the details of it. It's more learning how it's being held in your body, and how you can unlock and then release it.

**Dr. Dave:** Well, you've got a great dissertation study here for somebody who's at the end of their -

**Dr. Phillips:** [laughter] There you go!

**Dr. Dave:** - psychology program, and maybe who has an internship in a VA hospital. And I could see somebody like that setting up a program using the CDs maybe either exclusively, or almost exclusively -

**Dr. Phillips:** Yes!

**Dr. Dave:** - and doing before and after rating scales etc. So if anybody is listening -

**Dr. Phillips:** Well Dr. Dave, I think that's a great idea!

**Dr. Dave:** Yeah, yeah! We could -

**Dr. Phillips:** I hope somebody listening is in that category, you know, you're working on - looking around for dissertation or master's level study. And you know, if you are, please contact us, we'd like to talk to you.

**Dr. Dave:** Yeah, definitely. How does your own work with Hypnosis, EMDR and - and I think maybe Energy Tapping -

**Dr. Phillips:** Yes, Energy Tapping.

**Dr. Dave:** Yeah, how do those approaches articulate with Somatic Experiencing. Is there some underlying commonality?

**Dr. Phillips:** Well, you know, probably the underlying commonality is that we're always working with energy when we're working with the body - when we're working with emotions, when we're working with our experience in the moment with mindfulness.

No matter what you're work - you're focusing on, there - the energy level of it is always there and is always impacted. And, you know, we talk about energy in Somatic Experiencing. It's just, you know, it's a little bit different in that we're talking about the energy that is, sort of wound up in freeze - staying in the freeze respond, where at some level you're still in shock from what happened to you and your body is just really in major lockdown.

So there's energy that's being - a lot of life energy - that's being held in that constriction. And, so we're, you know, of course looking at how to release that. And there's commonality in the Energy Psychology world.

We don't release constriction or things that block our energy flow in the same way. You know, there's tapping, there are - there's already in therapies that use lasers and different things. And I am familiar with all of them and sometimes use them.

But, you know, in Somatic Experiencing work we're - we're using primarily breathing and awareness of body - specific body sensations, and how they change instead of that, to get to the same place, which is to be able to release what is blocking the energy system and the mind-body system, so that we're back at optimal health again.

**Dr. Dave:** Ok, now one of the things that you advocate is the keeping of a pain journal.

**Dr. Phillips:** A-ha.

**Dr. Dave:** And, boy would I really want to focus on and write about my pain!

**Dr. Phillips:** [laughter] Well I tell you, we get a lot of resistance with that!

**Dr. Dave:** [laughter]

**Dr. Dave:** I deal with that a little in the book, but I - what happens is, people have said: "Oh, you know, I - you know somebody made me keep a pain journal before" or "I don't like to write" or whatever it is that they going to complain about.

And what I try to do is get them to try it, first for just one week. I can think of two patients right now, both of them had very different problems. One had severe pelvic pain due to endometriosis, a severe case of that, and to multiple surgeries for that. And the other one is a man who has irritable bowel syndrome, and a lot of different kinds of pain that goes with that.

So, you know in both cases neither of them were aware what their patterns were. You know, when their pain went up, went down -

**Dr. Dave:** Mm-hmm.

**Dr. Phillips:** - it was all just, kind of this random experience for them, which is not in the direction of empowerment. You know, taking charge of your pain and being able to regulate it. If you have no clue what's happening to you, then you - this is really a good tool.

So, I said to both of them some variation of: "You know, I really believe, that even if you haven't done your journals before, you will learn something you have not known about your pain." And: "Would you be willing to try it for one week just to find out?"

And so, both of them did. Both of them learned significant things about their pain that they had not been aware of, and led to the solution. And so, for example the woman with pelvic pain learned that her worst time - she thought she was fine in the morning when she first got up. In fact, she was not fine in the morning. Once we started tracking it, we learned that her pain was high in the morning because she had a hour long conference with her boss at work. And she was new in the job and was just really worried about her progress and how she would, you know, how she would do and needed the money.

So, she was very stressed and her pain was worse then. And once she realized that her morning was a vulnerable time, we then could use some strategies to help her prepare for that and to be able to shift it. So that - then her - not only did her morning pain get better, all of her pain got better. So that's just a quick example.

**Dr. Dave:** Right, I love examples! Now we've talked about trauma resulting from war and from automobile accidents. What about resolving the traumatic effects of past surgeries or invasive procedures that were, you know, designed to be helpful with this stuff, but...

**Dr. Phillips:** Yeah... Oh, I'm so glad you asked that question, it's such a common concern today.

Peter and I both have worked with many people who have suffered the effects of surgery - either surgery that did not go well, there was a problem or an error in some cases that caused a person to have more damage than before they had this procedure. And that's of course really horrible!

We've also worked with people who's surgery went fine, as for as anybody could tell, seemed to be you know, text book. And yet they had pain afterwards that they couldn't manage, it was so bad. And then they couldn't get out of that pattern.

And we've also worked with people who just still, after many years - I mean as much as ten years or longer - this is an experience, meaning the procedure or the surgery, that they never recovered from. It crashed their whole life in a sense.

**Dr. Dave:** Mmmhh...

**Dr. Phillips:** So it's hugely important. And our message is, not to try to convince people not to have surgery, although we are really big on working with folks and talking with them, and probing around to see what the motivations are to make sure that this is, this is important for them to do - in some cases they cannot get better if they don't do it.

And so, we're on the side of: "If you're going to have surgery, if that's the best decision for you, then we want to make sure that we work with you in advance, so that you are prepared, so that you have success, and so you have a secure pain plan so that your pain stays manageable." In some cases, it goes: "It's much easier, much better than you think it will be, and that then you are able to regulate whatever happens so that you can move on in your life."

So that's our approach. And we, we have a section in the book on creating a personal pain plan. And you need to do this in collaboration with the surgeon, or whatever medical professional is going to be doing the procedure that you're having. And, it covers such things that most people don't think about.

For example, making sure that they have secure connection to someone in the structure, the office structure or the team structure of the professional that's working with them. So that they can - if their pain goes up or the medication isn't working or they have, you know, bad effects on the medication that they're not just relying on personnel in the hospital who are overwhelmed, and a lot of errors get made there as we know.

So they get a direct line somehow, whether it's an email, whether it's a cell phone number, whatever can be worked out, so that they don't - they know going into this that if something unexpected happens, you know, they're not going to be tortured for days on end until something can be done for them.

We also help them look at making sure that they have an advocate, that is with them and, you know, if need be, goes with them - follows them all the way through. So they would go to their meeting with the surgeon, will go with them to their, you know, Pre-Op Appointment. Will be there at the hospital or clinic

while the procedure is done, and will be there to go home with them, be there with them, and help them with whatever is needed there.

So, you know, there are many different parts of the pain plan, but the idea is, we don't want any gaps. We don't want any gaps where - I have any number of stories and I'm sure you do too, most everybody seems to -

**Dr. Dave:** Mm-hmm.

**Dr. Phillips:** - where people have - they've, you know, gone home, let's say, or they have gone to a rehab facility without the proper medication orders. And maybe it's a holiday weekend, maybe their surgeon is on vacation and they didn't know he would be, or whatever.

And meanwhile they are just out of luck, because nobody is going to, you know, help them in any kind of timely way. And we've found that by and large, it's very important to get ahead of the pain and stay ahead of the pain. You don't want to get in to a hole with pain, where you are at a maximum level - absolutely overwhelmed, terrified, because that sets up that pain trap we talked about a few minutes ago.

**Dr. Dave:** Yeah, that - everything you're saying makes so much sense to me, and it's actually soothing to think about -

**Dr. Phillips:** Yeah, good!

**Dr. Dave:** - even though I'm not contemplating surgery!

**Dr. Phillips:** I'm glad it's soothing, that's - that's certainly what we're looking for!

**Dr. Dave:** Yeah, yeah, that's really good! Now I have the impression that you've also worked with Chronic Fatigue Syndrome and Fibromyalgia, which don't on the face of it seem to have any relationship to trauma. What can you tell us about those?

**Dr. Phillips:** Sure. Well, actually there are studies now, especially with Fibromyalgia, that show the high correlation between childhood trauma, usually, and the Fibromyalgia that develops later on.

And, so what I - I have several patients who - who struggle with this, and what I tell them, and what I believe, is that Fibromyalgia and some of these other disorders are actually systemic manifestations of trauma reaction.

So in other words, what will happen to a Person who has it, is that they - their nervous system has been dysregulated. In some cases from birth actually, if somebody has had a birth trauma, a known birth trauma - the dysregulation of the nervous systems can start right there.

**Dr. Dave:** Hmm.

**Dr. Phillips:** And then, somehow - is that they may not have been given a proper care, or they just "grew out of it", but then they encountered another type of trauma, like abuse, or loss. And it just kept on coming, it's like waves, and waves, and waves of trauma.

We also talk about everyday, "little t" trauma. For example, living with a parent who is relentlessly critical, and often devaluing and even shaming. And how that can be just as debilitating, if not more so, than somebody who is, let's say physically abused.

I mean, we don't want to diminish one in favor of the other - that's not the point! But the point is, all of them are - put people at risk. And I'm treating several people now, who just - oh my goodness, they've had Fibromyalgia, then they've had Lupus, then they've had problems with their heart - I mean it's like system after system of the body is affected in this way.

And what we have found again, is that when we work with these - the tools, such as the breathing work that we do, which is very gentle, and very - it's, it's - most people will describe it - I did it for the first time with somebody yesterday, and she said: "This is the first time I've been out of pain in months, if not years."

**Dr. Dave:** Wow, how wonderful!

**Dr. Phillips:** Yeah, it is wonderful! And I do want to say - and you talked earlier about humility - we're not guaranteeing that this will work for everybody. We believe it can work, for almost, anyone. And it may be that the timing isn't right for you- which is why I also, both Peter and I actually, incorporate other tools from time to time.

For example, I use Energy Psychology work, I use Hypnosis, Imagery, EMDR at times, because I'm looking for what matches the person's level of readiness, what they need at the moment.

**Dr. Dave:** Well, you know, that's probably a great place for us to rap it up, that's a great closing statement. So Dr. Maggie Phillips, I want to thank you being my guest today on Shrink Rap Radio!

**Dr. Phillips:** You are so welcome, I've so enjoyed talking with you, Dave! I have to admit, you know when I saw the name of your program - Shrink Rap Radio - I thought: "Oh my God!"

And then I actually mentioned it to a couple of people, and they said: "Oh, it's great, you know, you should check it out! Great lectures, podcasts, wonderful things..."

So it's all true, and I've enjoyed talking with you and getting to know you a little bit, and I hope this will be helpful!

Dave, thank you so much, this has just been a great pleasure, I've really enjoyed it!

**Commentary by Dr. Dave:** I hope you were as stimulated by this interview with Dr. Maggie Phillips as I was. You know, in the past I've received several requests from listeners to interview Peter Levine. I'm afraid he's been too hot a property for me to snag - too many speaking engagements, too much travel and so on.

So I was glad when I was approached by the publicist to interview Maggie. Little did I know, just how good a stand-in for Peter she would be. Her thirty year association with him, as well as her own very strong credentials put her right on target for our purposes.

You might also be interested to know, that I actually have a prior interview on Somatic Experiencing, which I've been waiting for the folks who run the Wise Counsel Podcast website to put up. It's with psychologist George Lough, and I've been waiting for it to come up in the Wise Counsel rotation. I think it might be the last interview I conducted for that site. And it may already be up by the time you hear this.

I certainly hope you're not suffering from chronic pain, but if you are, I think this book/cd combination by Doctors Levine and Phillips could be a very wise investment. And even if you're not personally in pain or trauma, you might know someone who is or you might just want to have this book on your bookshelf against the day you or someone you know may need it. That's what I plan to do.

And if you do order a copy, I hope you'll use the Amazon.com widget in the right hand sidebar on our site.