

Case Study: One Intervention That Helped an Iraq War Veteran Release Shame

Dr. Buczynski: Dr. Peter Levine has worked with many clients with severe, almost unapproachable trauma.

Ray was no exception. Ray was an Iraq war veteran who was gravely injured by a makeshift bomb.

But underneath Ray's traumatic injuries there lived a deep feeling of shame.

Peter searched for a way in – a place to take hold and finally help Ray release his pain.

This is how he did it.

Dr. Levine: There was a young man I worked with a few years ago. Ray was a marine who served in Iraq and in Afghanistan. He was blown up by two IEDs (Improvised Explosive Devices) and he woke up two weeks later in the hospital in Germany, unable to walk or talk.

He was severely debilitated, and he was diagnosed with PTSD, traumatic brain injury, depression, and chronic pain... He was even diagnosed with Tourette's syndrome, which is thought to be genetic and not a condition you get.

He was on at least half a dozen, maybe more, heavy duty medications.

You can view the work I did with this man in a short documentary that was made – you can get it from YouTube. It's called Peter Levine — Ray's Story.

“When we first met, it was impossible for him to make any contact.”

When we first met in Los Angeles at a case consultation group, he was completely looking away and looking down. It was impossible for him to make any contact.

At the same time, his body was going through these convulsions – and that's why he was diagnosed with Tourette's.

From the vantage point of somatic experience, we were seeing an arrested response.

In the moment the bomb blew up, the body, the eyes, the brain, the head and neck were all turning to try to locate the source of the disruption in order to respond to it.

“From the vantage point of somatic experience, we were seeing an arrested response.”

Of course, you can't respond to bombs going off and being thrown into the air.

When we were able to slow this reaction down by having him learn to let go of some of the tension in his jaw and his neck, he very quickly started to feel tingling.

I should mention one thing that happened before we started treating him. At the beginning, he was talking about how he didn't want to be a burden to people. He didn't want people to have to take care of him.

I would say, “It sounds like you want your independence back.”

One of the things I have discovered when working with a client is to get something important – to get from them what’s going on with them – to get where they are and to get it right away. Doing this makes a big difference.

“By just interrupting this incomplete response, he started to be able to engage with me.”

When I said that, in that moment, he looked at me and then went back to his posture of collapse.

However, as he started to feel tingling in his hands, warmth, and waves of warmth moving into his body, very quickly and by simply just interrupting this incomplete response, he started to be able to engage with me.

We were able to begin to talk together and to work together. You can watch the whole sequence – and I’ll go over it a little bit – on YouTube.

Also, in my book, *Trauma and Memory*, I go through that session sequence by sequence explaining what happens in every frame, what I do and why I do it, and how it leads to the next frame.

This is a treatment I have worked quite a bit on and he generously allowed this to be used – he wanted to help his brothers and sisters.

That’s one of the reasons I really like working with the military – it is their sense of brotherhood and dedication.

A lot of times, when we’re working with the military, we think they’re addicted to the adrenaline, and while there might be some truth to that, there’s something so much deeper and it’s about a commitment to serve – to serve others.

“One of the reasons I really like working with the military is their sense of brotherhood and dedication.”

It’s a sense of belonging – it’s going through the houses in Iraq, or bringing first aid into an earthquake region – it’s where they belong, and it was really important that he knew that “I get it” – that I understood.

“We did a few exercises to change the information that was being sent from the viscera, from the gut, up into the brainstem.”

When we did another session, the Tourette’s syndrome was 80% gone. You just saw very little indication of it.

He was able to stay in contact, and we did a few exercises to also change the information that was being sent from the viscera, from the gut, up into the brainstem.

Again, he was shifting even more out of the shutdown and more into here and now presence.

We did an exercise that I use frequently – it’s the voo... exercise, which is vibrating the “voo...” humming sound deep in the belly, so it sends new sensory information back up to the brainstem. (I describe it and how to use it in the book, *In an Unspoken Voice*.)

We did that and, again, there was more tingling and more ability to be in the here and now.

You could say that trauma is a disorder of losing the past to be in the here and now, as is shame.

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In the third session, I asked him to rate his feelings on the scale of zero to ten – one being he just returned from the hospital and ten to where he was now.

He said, “Four...” I said, “Well, could you imagine being at a four and a half?”

He looked ahead – trauma is about not being able to imagine a future different than the past – so this is a useful tool to help a person orient to their timeline.

Again, this works with trauma or with shame.

I saw him moving his arms like this, and at first, it’s very slight, but then I just mirror how he’s moving.

“... we could begin to work with some of his emotions – particularly his survivor skills and his rage.”

He then said, “Yes, I can imagine four and a half. I can imagine a five or a six.”

Now that we had resolved the shock, which is the first key part of the session, we could begin to work with some of his emotions – particularly his survivor skills and his rage.

I had the opportunity to invite him to the Esalen Institute, where I teach, for a week-long workshop called the Ordinary Miracle of Healing – I asked them to invite him as a guest, which they did.

He was able to continue his work, but also be with a group of people who were different than his military colleagues as a way of re-entering.

I was sitting next to him, and we were working with his sensations, and he said something like, “It’s really a bad feeling.”

I suspected that he was probably starting to come to terms with his survivor’s guilt.

I asked him to say a sentence and made it clear that these were my words and not his words – I wanted him just to say the sentence and to notice what happened.

When we had been working with his sensations, he said he was feeling aliveness in his fingers – he was feeling more energy – more alive.

“I had him try saying the sentence, ‘I’m alive, I survived, but others didn’t.’ ”

So, I had him try saying the sentence, “I’m alive, I survived, but others didn’t.”

He said it, and you could see him begin to go into the shutdown – into the shame.

I said, “Ray, I want you just to tell me what you’re feeling right now.”

He said, “Rage, rage, rage! It’s like wanting to kill.”

When we have rage, the rage is about wanting to strike out and to destroy – to kill what’s threatening us – to kill what’s interfering with our lives.

Yet, we’re afraid that we might hurt somebody or even ourselves... like now he was in this workshop group of people he knew closely...

So instead of just going forward, he contracted muscles that would inhibit that forward movement of the rage and again, he was locked into his trauma situation.

I set up the situation with the other members in the workshop... and I had two of the members of the group just hold his arms – you can see it in the video and in Trauma and Memory.

“The idea is not to have him rage – that’s not going to be productive – but to direct this energy.”

In other words, they took over the holding back function so in that way, he could just direct his impulse outward.

The idea is not to have him rage – that’s not going to be productive – but to direct this energy, and in doing that, you could see him taking a deep breath – there was relief.

I asked him something like, “What are you noticing now, Ray?”

He said, “Power... strength... I’m feeling strength.”

So, instead of shame and rage, there was now strength and the sense of being able to move forward in his life.

Dr. Buczynski: If you want to see the full video of this amazing session, please check out “Somatic Experiencing – Ray’s Story” on [Youtube](#).