

SAFE (CALM) PLACE (SHAPIRO, 2006, P. 45, 2009–2017a, P. 43, 2018, PP. 117–119)

Identify the Image

Bring up a place, some place real or imagined, that feels safe (calm) (tranquil) (peaceful). A place that is your own place. This special place evokes a positive feeling... It can be real or a place that you create in your imagination....just as long as it evokes a sense of peace and tranquillity.

Can you think of such a place? A mountaintop or beside a babbling stream, perhaps? Or on a beach? Where would it be?

Identify the Associated Emotions and Sensations

Good. Focus on this safe (calm) (tranquil) (peaceful) place and everything in it. Notice the sights, the colors, the textures. What are you noticing?

Now notice the sounds, what are you hearing? Is it quiet? Or perhaps you can hear the sounds of nature in the background. Just noticeWhat do you hear?

Now bring your awareness to smells in your place? Perhaps you can smell the clean fresh air or the fragrance of the trees or flowers? Just notice..... What is coming up for you?

Enhancing the Sensations

Good. Now bring your awareness to the image of your place and where you feel the pleasant sensations in your body. Does it feel positive? Allow yourself to connect to and enjoy them. As you are concentrating on these images, (BLS -Slow) (or self-tapping) (Pause.) How do you feel now?

The clinician uses guided imagery to enhance the safe (calm) place by stressing the positive feelings and sensations being experienced by the client. The BLS utilized with the safe (calm) place is slow and consists of 4 to 6 passes.

If positive feelings come up, continue with soothing guided imagery and the positive feelings and sensations expressed by the client, along with additional sets of BLS (4–6 passes). Keep repeating as long as the client's sensations continue to be enhanced (i.e., "Bring up your safe (calm) place and those pleasant sensations.").

Establishing a Cue Word

Good. Is there a word or phrase that might represent your safe (calm) (tranquil) (peaceful) place? The client is asked to identify a single word or phrase that best represents their place

Focus on the word (insert their word) and notice positive feelings that arise when you do. Focus on those sensations and the word (word) and BLS (Pause.) What do you notice now?

Because the clinician does not want to expose the client to premature linkages to trauma material, the clinician does not implement BLS after this point.

Self-Cuing Instruction

Now do the same thing on your own. Say the word (their word) and notice what you feel and follow my fingers.

Cuing With Disturbance

Think of a minor annoyance, Perhaps something that happened this week.

(This disturbance is about a 1 or 2 on a 10-point scale where 10 = the worst and 0 = calm or neutral. Higher levels of disturbance may cause the client to be unable to successfully use the safe (calm) place.

Now go to your safe (calm) (calm) (tranquil) place and notice how it feels. Bring up the word (their word) and notice if there are shifts in your body sensations. What did you notice?

If a negative shift occurs, the clinician will attempt to guide the client through the process until a shift to positive emotions and sensation occurs.

Good. Now bring up another mildly annoying event (i.e., SUD 1–2). Bring up the word “sacred” on your own and notice changes in your body as you do.

At the end of the exercise, instruct the client to use their cue word and safe (calm) place every time they feel even a little annoyed between sessions. The client can keep track of this by keeping what is called a trigger, image, cognition, emotion, and sensation (TICES) log (Shapiro, 2018, 2009–2017a, 2009–2017b).

Clients are also alerted that attempts to use their safe (calm) place when they are experiencing high levels of disturbance may not work, especially when they are learning this process. The process will work better as they gain more skill with practice. There are some cautionary elements for the clinician:

1. The initial development of a safe (calm) place may be disturbing to the client and increase their levels of distress. If this does occur, reassure the client that it is not unusual for this to happen. Then immediately assist the client in developing another safe (calm) place or initiate another self-regulating exercise.
2. Pairing the BLS with the development of the safe (calm) place may bring some clients to high levels of negative affect very quickly. For example, the client may be in the process of developing a safe (calm) place in a meadow, and suddenly the image of the rapist appears as a dark figure overshadowing it. In cases like this, try to develop a place that continues to be safe and/or calm to them, probably a different place, as the current place has been “intruded” upon by distressing material. Negative associations may also emerge when the safe (calm) place is developed and the BLS is introduced. For example, the client who happens to be a police officer is preparing to reprocess a memory of seeing their partner shot in a shootout with a gang member. Upon introducing BLS to their newly developed safe (calm) place, a memory of exchanging gunfire with a group of marauding student protesters emerges. When this happens, the clinician can assist the client in developing another safe (calm) place.