



## Peter Levine: Somatic Experiencing

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Peter A. Levine received a Ph.D. in medical biophysics from the University of California at Berkeley, and a doctorate in psychology from International University. He is the developer of Somatic Experiencing® and founder of the Foundation for Human Enrichment. He teaches throughout the world. Dr. Levine was a stress consultant for NASA on the development of the space shuttle project. He was a member of the Institute of World Affairs Task Force of "Psychologists for Social Responsibility" and served on the APA "Presidential Initiative on responding to large scale disasters and ethno-political warfare".

Peter wrote: "*Waking the Tiger*," "*Healing Trauma, A Pioneering Program for Restoring the Wisdom of Your Body*," "*Trauma through a Child's Eyes; Awakening the Ordinary Miracle of Healing*," "*Trauma-Proofing your Kids; A Parents Guide for Instilling Confidence, Joy and Resilience*." Coming up this September: "*In an Unspoken Voice, How the Body Releases Trauma*."

Serge Prengel, LMHC is the editor the *Relational Implicit* project (<http://relationalimplicit.com>).

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

*Serge Prengel: I'm with Peter Levine. Hi Peter. In your new and upcoming book, you talk about a very dramatic incident. Do you want to talk a little bit about it?*

Peter Levine: Very gladly. This is something that happened about 5 years ago and I was walking out of my house and it was one of those beautiful California mornings one of those mornings where nothing could go wrong except something terribly did go wrong. I was walking to the restaurant and I'm crossing the street and a teenager ran through the stop sign through the crosswalk and she hit me at about 20, 25 miles an hour and was thrown up in the air and landed on the rock on the road and at that moment I didn't know where I was, I was disoriented and then from my helpless perspective a bunch of people came towards me felt like, look like a flock of carnivorous ravens swooping down on an injured prey and slowly I oriented myself to identify the real attacker, almost like the flashbulb pictures, black and white pictures. I saw a beige car looked over me with a light grill and shattered windshield and a wide eyed teenager burst out and... I stick in. I couldn't comprehend what had happened and everything seemed to be in fragments and a man rushed down and said I'm an off-duty paramedic and he commanded me loudly, commanded me don't move your head and I tried to follow his orders but at the same time my natural instinct was to orient to where the voice was coming from. So that put me back in this state of paralysis and thankfully, thankfully a woman a few minutes later came by and she announced herself as a doctor, a pediatrician, and asked if there was anything she could do and I said yes, please just sit here, sit by me and she took her hand and held my hand and this contact, physical holding of her hand and the sound of her voice were very important in helping me stabilize and orient to do what I needed to do next I'll describe to you it's something that therapist need to do with their traumatized, upset and agitated clients. They have to create in a direct dramatic way through voice, through touch, voice is sometimes called prosody. It's the way a mother talks to her infant that sort of rhythmical expression and also the physical touch being able to hold her hand. I mean I work with trauma for over forty years and to have it become so clear why we do some of the things they do

*S P: So in a way what that experience was about was for forty years you've known it but this was your experience of it well into the thick of it and not in the place of knowledge but in the place of being traumatized ?*

P L: In the place of being traumatized I had experienced what I had written and taught about for forty years but I did work on my own trauma there something different when you're right in the middle of it and you really are in a life or death situation. So anyhow when this woman made contact I was able to go into my body and feel extreme level of arousal and through the kind of somatic tracking which I described in my book I was able to come out of the state of hyper-arousal and state of dissociation I was able to return to my body and as part of that I would experience some of the things that my body had done to protect myself, to defend myself. You can't defend yourself from a car coming to hit you, but I did because I had just put my hands out enough so that my head did not hit against the windshield and then when I was thrown out into the road I felt my other hand extending and protecting my head from being impacting the road. What I was actually experiencing see when I was in a heap on the road I felt completely helpless, completely overwhelmed and that's the essence of the traumatic state, that's how the traumatic state is registered in the body.

*S P: Right you were feeling helpless and actually as you were calming down you were able to notice that you weren't as helpless as you thought, and you had some movements that were protecting yourself.*

P L: Exactly and that's what happens with traumatized people when we are traumatized that is to say we are overwhelmed and experience ourselves as the senseless but it's not true. Everybody has internal defenses body defenses that began to be executed but they are still there they are latently held in the body waiting for the possibility to complete itself in meaningful action. So for example a person who is raped- they are held down or a person who has a surgery they used to do a (inaudible) with ether and the nurses use to hold them down and put the mask over the child which absolutely terrified them. It's a struggle they tried to escape but then they were completely overwhelmed by the rape, by the ether, by being hit by a car. So all of these things have this effect creating a sense of helplessness so I worked with people so maybe this would be a good time to kind of flashback--

*S P: Well I just wanted to go back to when you were describing the accident fairly recently you--I used the word traumatized and you responded by saying potentially traumatized and maybe that's a good point to make maybe the same thing that can traumatize some people with that intervention with your knowledge of human intervention you were able not to be traumatized?*

P L: Yes, and actually afterwards a number of my friends had commented to me that I seemed more centered and alive and I think that was true and I think that was a very good point that you asked because a trauma is a--of course when something really horrible happens we have the possibility of being traumatized, but if we need it in a certain way either in the actual time as in this case or even years or decades later we really reclaim our aliveness and our empowerment in a way we wouldn't know had we not been traumatized and not transformed the trauma.

*S P: So in a way I see as a very personal touching comment on your life's work because in a way you're dealing with trauma and you've also created a foundation for human enrichment and in a way how much enrichment can come from overcoming trauma.*

P L: Yes, thank you. That was the idea of naming the organization that way trauma is a fact of life however trauma doesn't have to be a life set, and as in the biblical story of Jonah the unknown, unknowable forces in trauma and loss can swallow us whole. You know, entrapped and loss we become frozen but even then there is a way the body you know connects with its deep resourcing with the deep body self. Let me skip briefly to a woman I worked with who I think was on the 80<sup>th</sup> floor of the World Trade Center on September 11<sup>th</sup> 2001, and after this she couldn't sleep- she woke up screaming she lost all engagement with life. She use to love music now couldn't stand to listen to it and actually she had seen an interview I had done on television in New York and of course she wouldn't go into an airplane but she came 3 days and nights by train to do a session with me. Anyhow when we begin the session she talked really as if it had happen to someone else talking at a cocktail party about being in the horror in a completely neutral way and you could see it was from her shutdown. While she was telling this story I noticed momentarily her hands made this opening gesture her hands and her arms made an opening gesture and I said to the woman, I said Sharon just for now we can go back to the story but just for now I would just like you to notice what's going on with your hands and what does it feels like to put your awareness into the physical sensation of your hands the way they're opened the way they're reaching and then all of sudden she said I see an image of the Hudson river. She would go across the Hudson river everyday to work as she lived in New Jersey and seeing the river and how beautiful the river was and seeing the boats going down the river and she said you can destroy a building but you can't stop the river. So what she was saying was she was connecting to her own life force and when I was able to get her to really feel it in her body then I had a place for her to go from. If I had just straight into her trauma we would have been swallowed up as I just said like in the belly of the Whale

*S P: So what happen was as she was talking you were noticing that she was talking in a way that was not connecting the emotions of it? But you noticed, you were tracking, you were observing the movements of her hand and then by pointing something out about that helped her to connect to something in the movement of her hand that brought her to that place that was a larger container something that was more peaceful something more than the existence of trauma or danger?*

P L: And in a way you hit on a key word here Serge, and that's the word container and the body is the container for all of our sensations and our feelings. And the problem with trauma is not so much the trauma but that our container has shrunk in relationship to it and one of the things we do in somatic experiencing is we really work with the person to widen that container and again that's-- when a person is able to do that they start getting some sense of safety because when you're traumatized nothing feels safe anymore. Gradually when people connect to these little pieces of experience in the body I call them islands of safety and you're in this stormy state of trauma but the person finds one island like this woman did with her hand gesture and then as we go on then in another one with me it was my hand protecting my head telling me, not telling me proving to me I had power, that I hadn't lost all my power that I wasn't helpless, so when people put these islands of safety together you got a little one here, a little one here all of sudden you get a bigger island of safety and you're able to really confront the raging stormy feats of trauma by not being overwhelmed the problem with many of the older treatments of trauma, actually many of treatments of trauma that are going on that are still being used, the person is really made to relive the trauma or remember the worst part of trauma. I don't doubt that it benefits some people but

many, many other people are completely overwhelmed by that- it's not necessary. The key is to build if you think about the self or the body self you can think of the self to trauma ratio. If the trauma is very large then you have to help contain that trauma with a larger self, with the larger body self.

*S P: So when we were talking about container you're saying that the trauma can be the threat or the danger or the stress is so big that it's bigger than the container and so the point is if you throw the person back into it you still don't have the container and you have to build the container so there is room for that stress, danger, that threat?*

P L: Yeah, yeah exactly and then the person is able to find themselves again so anyhow let me go back and give you another specific example of how I really started in this whole area and this is something that happened about forty years ago and at that time I was hanging out at Esalen and I was developing a series of body awareness--mind body healing as a way to cultivate deep relaxation and I had been doing my doctoral work in medical bio physics at UC-Berkeley and I took a leave of absence and spent several months at Esalen meeting people and learning about the different types of sensory awareness systems and body therapy systems. Fritz Perls was there, Ida Rolf, Will Schutz, Abraham Maslow was there. It was more fun than plotting a lot of my doctoral. So anyhow when I got back to Berkeley where I was living at the time, this friend of mine, colleague, he was a psychiatrist and he worked with this woman named Nancy that I call Nancy and she had been referred to him by some intern she had this whole (inaudible) of somatic symptoms she had severe migraines, PMS, what would be called fibromyalgic chronic fatigue now and she had extreme panic anxiety disorder, so severe that was not able to leave the house except if she was accompanied by her husband. So the psychiatrist reasoned and he had tried some medication with her and very limited results. So he asked me if I would see her to do some of my body relaxation work with her and so I--she came in and she was with her husband and she was terrified her pulse was about 100 beats a minute. You could see that on her carotid artery, her carotid pulse and her husband you could see was just utterly burdened with having her being so completely dependent on him. So anyhow, I tried to be as reassuring as I could to both of them and invited her to come in to the room and I started doing the relaxation on her on the neck and jaw and as I did this I could hear her heart rate was dropping it was going from about 100 to 80, 90/80 and 75 and I was pretty pleased with myself but not for long and just as it had gone down it shot up even quickly it went up to about 140 beats per minute and I was a little more than anxious myself and I said awkwardly about the stupidest thing you could say which was Nancy just relax you just need to relax. But her heart rate started to go down and I went okay we're back in the game again but it went down and down and down to a very low rate to about 50 beats per minute and she was pale, she was like a ghost, and she could barely speak her throat was constricted in that constricted voice she said doctor I'm dying don't let me die. And then at that moment, in my own near panic I saw an image of a tiger at the far end of the room and I commanded to her without really knowing why at the moment and this was something that the situation obviously brought something out of my own unconscious and I said Nancy there's a tiger. There's a tiger chasing you run, find those rocks and escape and to both of our amazement her legs started shaking and trembling but it was also moving as though it was running and I could tell from her fingers that they would become icy cold and then she would experience tremendous heat her legs were trembling and shaking and the running movements and changes in the automatic nervous system i.e. heart rate, temperature. That went on for a better part of an hour maybe for about 40 minutes and then at the end she looked up and she said I feel hell in tingling waves of warmth and then she said do you want me to tell you what happened and I said yeah actually she said when you gave me that command at first I felt I couldn't run, it wouldn't be

possible but you encouraged me enough that I started to run then I could really feel myself run and I could feel the power in my leg and I could feel myself climbing the rock and when I got on top I had a picture when I was four years old I had a tonsillectomy, an ether tonsillectomy and I was held down, she said she was held down by doctors and nurses while they forced the ether down her mouth and her body just like my body tried to protect itself from the car and from the road her body tried to protect herself by fighting against the doctors and her body wanted to run you know the flight and fight response run and escape to from that room and run to the comfort of her parents but of course she couldn't do it at four years old but she could do it at 24 years old retroactively what I did in the present moment and then of course I was curious about a number of things. First of all where in the world did this image come from and then it had occurred to me I had been taking this graduate seminar in the Ethology department on ethology, the study of animals in their natural habitat and the professor had mentioned an arcane reference to something that was called animal hypnosis and if animals are restrained and particularly if they are restrained in a fearful state, they go into an immobile state where they can't move and they stay in this shocked immobile state anywhere from a minute to 20 hours and they stay in depending on the greater the fear the longer they stay in. And often when people start coming out of the immobility the intensity of sensation and the preparation for self-protection in the form of rage counter-tract is in itself right and puts them back in the immobility state anyhow then I began a lifelong research.

*S P: Is it okay if I interrupt you for a moment Peter? Just the story is so rich that just I would like to stop for a moment and just digest a couple of angles of it and there is something of course a lot about the trauma situation that you are describing it but there is something also that is very powerful you know about the practitioner and your involvement in this situation and a couple of things strike me when you tell the story first is how you were in the biomechanical, biophysics part, tracking the heart rate literally with the monitor and at the same time what happened, what was the transformative experience was that at the same time as you were tracking something happened to you, in response in resonance to what was happening to the patient, to the woman and brought on some images and it through that resonance of yours, you were able to respond to her in a way that actually created her own healing environment for her.*

P L: Yeah, yeah you're right on track there somatic resonance is the most important tool properly done, the most important tool that any therapist can have the ability to resonate what any person-- you don't pick up exactly what they're feeling but you do pick up something like that and particularly as therapists gets to know their own inner landscape their own felt sense they're able to distinguish what their own kind feeling, their own kind of experience. For example I felt fear, but that was my own fear but then when I was able to and again I was just developing my own body sense at that time but when the therapist is able to resonate and that's the key term I think is resonate with another person then they can really track their sensations and by observing what's going on in the physiological system like I don't have a heart rate monitor but I can feel a heart rate I don't have biofeedback for temperature but I can feel the temperature. I can see if their face is red, I can see the white and red when the person turns pale all of that is giving me a window into the non-voluntary instinctual part of our brain called the cueing structure of our brain the real primitive part of our brain and so we're actually able to (inaudible) with the client at that level and that's really what it takes to help them guide through patients with dissociation these fragmented sensations to put them into a coherent whole so the person can return to being in the here and now so that's really what guides must guide therapists and it's something that takes and comes from practice and trusting and actually after I started seeing more and more clients that's when I began to--people would ask me if I would train them and quite frankly I had no idea how I would train people because

I didn't have the words for it. So I spent many years trying to get the words to describe what had happen and eventually I had wrote my first book *Waking the Tiger* and this is something that--I'm jumping around a little bit I know a couple of weeks ago Bessel van der Kolk and I taught a class together at Esalen. We had been doing that every year for about 10 years and this was a group of therapist at this time who had virtually no experience with body oriented work with body psychotherapy or body work and it was really lovely and Bessel van der Kolk is really the leading figure in the neuroscience of trauma but in getting this out to people who are clinicians. And in this group its about 65 people and I would say a good 60 people really hadn't known that you could do anything but talk and to see this kind of awakening really tickled us both and I think what we're seeing and the USABP and the European Body Association has really been at the forefront at really collecting or bringing together this collective work that really seems to have turned the corner in psychotherapy in general. It's really such that it has already turned the corner where most therapists soon will be incorporating some aspect of body oriented work in their clinical practice. But anyhow you do have to train yourself. You do have to observe the other person body one method is track your sensation in relation to their sensation the mere ethic your sensation and your feelings, and the other is to observe their behavior so you see changes in heart rate. You see changes in color reflecting your automatic nervous system. But you also see very subtle changes you also see facial expression changes. Paul Ekman has done a great amount of research on this, this research comes from the work of Charles Darwin in his second and at least most important book *The Expression of Emotions in Man and Animals*, where he shows that emotions are innate survival mechanisms that have evolved in the mammal species and is used for many different purposes but is mostly to prepare us for action so therapists can train themselves to see the facial expressions to see fear, to see anger, to see sadness. Generally these things occur very quickly so they don't show fear, or sorrow or distress. Often for more than a fraction of a second, the therapist needs to be able to train themselves to see emotions and also there are postural shifts so the very slight raising of the shoulders almost imperceptibly could indicate fear it could be the shoulders trying to protect the person from being hit by something and so as a therapist you're able to bring the client's attention to keening movements under these postural adjustments. They again come to the waves the body make defend or protect them and often they'll have memories as did Nancy but that's not the operative. That's not the important thing is to replace the feeling of helplessness and replace it feelings of empowerment and confidence with feelings of terror and helplessness with feelings of goodness and well-being and all of that is registered in the body

*S P: And just again to slow down for people who are not so familiar with your work who may not know this- the important is not to notice the memory but actually to release and escape that feeling of helplessness to come to that feeling of power and confidence.*

P L: That's right, in other words if images and feelings do occur it can be part of it but that's not what the healing is about it's not about remembering its more about "re- membering" (with a dash between re and membering), in other words bringing these fragmented parts of our body and dissociation together in a coherent organization so the memory and of course in some cases the memory is very important especially if there is a memory of some kind of ongoing abuse that's going on getting accurate information can be important in protecting other people but by and large the absolute details of our memory isn't what's important and it's restoring power and discharging this incredible survival energy that we mobilize. That's why the autonomic nervous system is so hyper-aroused it's for the fight or flight it's this kind of mobilization that allows a mother to pick up a car and pull her trapped child out from under the car when the child's legs have been caught.

*S P: So maybe's that a transition to--we can talk a little about how the body is impacted by trauma*

P L: Okay, well again when we are threatened our bodies prepare for life preserving action. First we mobilize the fight or flight response and again this is tremendous amount of energy that's mobilize. You know in that moment when I was hit by the car, my arousal was off the chart. My heart rate was at about 180 when they took it when I was on the road and but being able to discharge that energy is what helped reset my nervous system. There's a hexagram 51 when a man has learned within his heart what fear and trembling mean he is safeguarded again any terror produced by outside influences. That was written between 2000 and 2500 B.C. 4000 years ago. That's a loft of wisdom here. So if we can find a way not to be overwhelmed by that to actually channel it and to resolve it-- in studying etiology it occurred to me if a person is robbed let's say or somebody comes up and pulls a knife to their throat and says give me your wallet or I'll kill you, there's a possibility that, that person is going to be traumatized and the survival responses that are evoked flight or fight, the freezing or the immobility response collapsed again. These are all survival responses and when we complete these responses you know the fact that they are incomplete that causes the problem see with Nancy her desire to run and escape that was what was incomplete so when we complete-- I'm reiterating a little bit when we complete these responses that were incomplete at the time we were overwhelmed, then we go out of overwhelmed into being present. What was the question you asked me again?

*S P: Well it feels--I was asking you about how the body is impacted by trauma but this feels very nice as you are saying it very nice way to in a way encapsulate the way your approach to trauma is very different from some others. It's not necessarily about say remembering or understanding but what you are talking about very clearly is a sense of completion of natural responses that the organism has in order to deal with fret and danger and that have been blocked.*

P L: That's right and when you do this through the bottom up approach verbal psychotherapy is the top down. When you do this bottom up kind of approach then what tends to happen is spontaneously the person will then experience certain feelings and emotions associated with the event or just coming into life and you will also be able to make new meanings so some people say somatic experiences don't work with meanings. That's not true actually the basic core organizing map in somatic experience is called the psi band model, sensation, image, behavior, affect and meaning. Then you work from bottom up. The person gets these new meaning in other words when you have been traumatized you have a rarefied, a fixed meaning and that may be that I don't have power over my life or things are dangerous or I'll never be able to find someone to love me and all these different kinds of things that come from our different traumas and through socializations and when the person starts to move through the different cores of it which again is in the non-voluntary parts of the nervous system it's in this archaic primitive parts of our brain 300 million years old. Once we are able to talk to it through sensation then and complete the incomplete responses and discharge the undischarged energy from the survival response or from the fiber responses including fight, flight, freeze, or collapse, then we--that energy is restored to us to engage in life. So again the container for all of this is the body. The body is impacted, the body tightens, it stiffens, it retracts, it collapses. This is the impact of trauma on the body but the body is also the seat of all of our good feeling decrial feelings of warmth and happiness, muscles that are normally toned so that when we walk it looks like we are dancing you know I teach in many different countries and its always a bit of a shock to me because I usually go from the states to Brazil then from Brazil to Germany or Switzerland and it's such a difference of how people walk. And think of somebody like Nelson Mandela. Even with all the trauma that he has had at advancing age, you saw a man who walked

with grace. And when we are able to restore that sense of grace which is a birth right, it's in our body, it's there, its genetic, you know I mean we are wired to feel good. We are wired to want the things that are good for us unfortunately that gets messed up along the way. So the body is both really the target of trauma but it's also primarily the resource in resolving trauma and in providing us new meanings in life.

*S P: So Peter as we are coming to the end, I am wondering if there is something that you would like to add or actually what's coming to me in my impulse is almost to prompt you to tell the title of your upcoming book because I think after hearing what you said the words of the title acquire a deeper resonance and actually sum up a lot of what you've been saying.*

P L: Okay so listen, let's follow your impulse talking about following impulses. The title and it took quite awhile to evolve, the main title is "In an Unspoken Voice" and actually the first chapter where I talk about my accident- the name of that chapter is the power of an unspoken voice. So the title of the book is "In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness"

*S P: And I think- that it is a very powerful summary of what you have been talking about in terms of trauma and release and goodness and grace*

P L: Thank you and it is about grace and that's generally what people experience as they move through these previously terrifying immobilizing states .They just reconnect with the sense that they are alive, that they're real, that life is something to be lived. To have witnessed this for 40 years, to see people go from shut-down and hyper-arousal to really being engaged in life and into relationships you know it's been a privilege beyond words

*S P: Thanks Peter.*

 *This conversation was transcribed by Sahil Sharma.*

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