

SOMATIC EXPERIENCING®

Somatic Experiencing® (SE) theory is premised on the idea that trauma affects brain, mind and body. However, the body often is neglected in the psychotherapy of trauma. SE teaches that *trauma is not caused by the event itself, but rather develops by the failure of the body, mind, spirit and nervous system to process extreme adverse events*. Many approaches to treating trauma aim to correct faulty cognitions and/or access and express emotional content. In contrast, the approach presented here, engages the “Living Body,” through contacting primal sensations that support core autonomic self-regulation and coherence. Work at this level allows the Body to speak its mind. In doing this, the processing moves upwards, from these core sensations towards feeling/emotions and cognitions. This way both mind and body are given an equal place in an integrative and holistic treatment of trauma.

Historical Context

In the early 1970's, Somatic Experiencing was developed by Dr. Peter A. Levine, a biophysicist and stress researcher who received his doctorate in Medical Biophysics from UC Berkeley in 1977 and then in Psychology from International University in 1979. Levine's clinical work began in the late 1960's with a private practice focusing on mind/body awareness and stress reduction. He refined his techniques to specifically engage our innate capacity to rebound from exposure

to life threat and in response to overwhelming events. As an ardent student of naturalistic animal behavior (ethology) he recognized that *animals in the wild* exhibited an apparent immunity to becoming traumatized. Combining this understanding with his studies of comparative neurophysiology, Levine realized that, as part of the animal kingdom, we utilize the same parts of the brain to mediate survival instincts and behaviors. He reasoned that the human animal should exhibit the same capacity to rebound from threatening encounters. Through mind/body awareness, Somatic Experiencing evolved to help people tap into the same innate resilience. Somatic Experiencing® is taught worldwide and has been shown to be effective in: *mental health, medicine, physical and occupational therapies, bodywork, addiction treatment, education, as well as community leadership*. For information see: www.traumahealing.com

Theoretical Underpinnings

Somatic Experiencing® (SE) offers a framework to assess where a person is “stuck” in the fight, flight, freeze, or collapse responses, and provides clinical tools to resolve these fixated psycho-physiological triggers.

When acutely threatened, we mobilize vast energies to protect and defend ourselves. Our muscles contract to fight or flee. However, if our actions are ineffective, we freeze or collapse. This “last ditch” innate defense of shutdown, when observed in animals, is called tonic immobility and is meant to be a

temporary state of paralysis. A wild animal exhibiting this acute physiological shock reaction will either be eaten, or if spared, resume life as before its brush with death.

Humans, in contrast to other animals, frequently remain stuck and do not fully reengage in life after experiencing over-whelming threat. Through rationalizations, judgments, shame, enculturation, and fear of our body sensations, we are able to disrupt our innate capacity to self-regulate, essentially “recycling” disabling terror and helplessness.

Traumatized individuals exhibit a propensity for freezing in situations where a non-traumatized individual might only sense danger or even feel some excitement. Rather than being a last-ditch reaction to inescapable threat, paralysis becomes a “default” response to a wide variety of situations in which one’s feelings are highly aroused. For example, the arousal of sex may turn unexpectedly from excitement to frigidity, revulsion or avoidance.

If the nervous system does not reset after an overwhelming experience then cardiovascular, digestive, respiration, immune, and sleep system functions become disturbed. Unresolved physiological distress can also lead to an array of cognitive, emotional and behavioral symptoms.

Major Concepts

SE facilitates the completion of self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms. This is approached by *gently guiding clients to*

develop increasing tolerance for difficult bodily sensations and suppressed emotions.

It is critical to resolve the biological shock reactions and then, secondarily, process related emotions, perceptions and cognitions. This entails bringing the client out of immobility and into the active empowered defensive responses which were previously lacking at the time of the traumatic experience. Another key concept in Somatic Experiencing is to not re-traumatize the client by exposing the individual's experience too rapidly or too intensely. To do this, the therapist must accurately track the client's inner experience. **SIBAM** was developed by Dr. Levine to chart this "bottom-up" process, working from body to emotions and cognitions. SIBAM is an acronym for: **S**ensation (Internal-Interoceptive), **I**mage, **B**ehavior (both voluntary and involuntary), **A**ffect (feelings and emotions) and **M**eaning (including old/traumatic beliefs and new perceptions). These five elements are the channels of experience that occur during a session. Practitioners first work with Sensation and Image, then move into Behavior and Affect/Emotion, which then provides new Meaning for the client. Being able to track the client's channel allows the therapist to use the appropriate language. For example, to respond to the traumatic belief: "I am a bad person" an appropriate response might be "*oh, so you have the thought that you are a bad person,*" i.e. normalizing that this is a (potentially neutral) observation and then reflection: "where in your body do you notice that?"

Somatic Experiencing® catalyzes *corrective bodily experiences* that contradict those of fear and helplessness while resetting the nervous system,

restoring inner balance, enhancing resilience to stress, and increasing people's vitality, equanimity and capacity to actively engage in life.

Techniques

When working with traumatic reactions, such as states of intense fear, Somatic Experiencing® provides therapists with nine essential building blocks. In therapy sessions, these steps are intertwined and dependent upon one another and may be accessed repeatedly and in any order, although steps 1 through 3 must always be present. The therapist needs to:

1. Establish an environment of relative safety.-- The therapist must help to create an atmosphere that conveys refuge, hope and possibility. For traumatized individuals, this can be a delicate task.

2. Support initial exploration and acceptance of sensation.-- Traumatized individuals try to escape their internal sensations. However, without these primal sensations, instincts and feelings; they are unable to orient to the "here and now." Therapists must be able to help their client self-soothe and befriend their bodily sensations.

3. Establish "pendulation" and containment: the innate power of rhythm.

While trauma is about being frozen or stuck, pendulation is the constant shift between pleasant and unpleasant felt experience. No matter how horrible one is feeling, those feelings can and will change. This helps the client to "contain" strong feelings and sensations so that they can be experienced without causing further dissociation.

4. Titration is about carefully touching into the smallest “drop” of survival-based arousal and helps prevent re-traumatization.
5. Replacing Passive with Active Responses.---This provide a corrective experience by supplanting the passive responses of collapse and helplessness with active, empowered, defensive responses.
6. Uncoupling fear from immobility.-- Separate the conditioned association of fear and helplessness from the (normally time-limited but now maladaptive) biological immobility response....the “physio-logical” ability to go into, and then come out of, the innate (hard-wired) immobility response is the key both to avoiding the prolonged debilitating effects of trauma and to healing even entrenched symptoms.
7. Resolve hyperarousal states by gently guiding the “discharge” and redistribution of the vast survival energy mobilized for life-preserving action. This is often experienced as waves of gentle involuntary shaking and trembling, followed by changes from tight, shallow breathing to deep, spontaneous, and relaxed breath.
8. Engage self-regulation to restore “dynamic equilibrium” and relaxed alertness.
9. Orient to the here and now, contact the environment and reestablish the capacity for social engagement.

Therapeutic Process

Sharon was working on the 80th floor of the north tower of the World Trade Center the morning of 9/11. After witnessing the walls in her office moving

twenty feet in her direction, Sharon mobilized immediately, springing to her feet and readying to flee for her life. However, she was slowly and methodically led down 80 floors via stairwells filled with the suffocating, acrid smell of burning jet fuel and debris. After finally reaching the mezzanine an hour and twenty minutes later, the south tower suddenly collapsed. The shock waves lifted Sharon into the air, throwing her violently on top of a crushed bloody body. An off duty police detective discovered her and helped her find her way out of the wreckage and away from the site, through absolutely thick, pitch blackness.

In the weeks following her miraculous survival, a dense yellow fog enveloped her in a deadening numbness. Sharon felt indifferent by day; merely going through the motions of living with little passion. Her great passion for classical music, “no longer interested [her]...[she couldn’t] stand listening to it”. While numb most of the time, at night she was awakened by her own screaming and sobbing. For the first time in her life, this once highly motivated executive could not imagine a future for herself; terror had become the organizing principle of her life.

Almost before I had introduced myself, she began talking about the horrors of the event, blandly, as though it had happened to someone else. I noticed a slight, expansive gesture made by Sharon’s arms and hands. Sharon’s body was telling another story, a story that was hidden from her mind. Perplexed at first, Sharon describes the gesture as though she is “holding something”. Unexpectedly, a fleeting image of the Hudson River appears in her mind’s eye.

Sharon becomes agitated as she tells me how she is haunted by the smoldering smoke plumes which she now sees every day from this same window. They evoke the horribly acrid smells from that day; she feels a burning in her nostrils. Rather than letting her go on “reliving” the traumatic intrusion, I firmly contain and coax her to also continue focusing on the sensations of her arm movements. A spontaneous image *emerges*, one of boats moving on the river. They convey to her a comforting sense of timelessness, movement and flow. “You can destroy the buildings but you can’t drain the Hudson”, she pronounces softly. Then, rather than going on with the horrifying details of the event, she surprises herself by describing (*and feeling*) how beautiful it had been when she had set out for work on that “perfect autumn morning.” She becomes aware of a sense of relief. As she looks quizzically at her hands, first one then the other; we both breathe a sigh of relief. Sharon can now begin to stand back and “simply” observe these difficult, uncomfortable, *physical* sensations and images without becoming overwhelmed by them.

When the first plane hit the building, only ten stories above her office, the explosion sent a shock wave of terror through her body. Sharon needed to inhibit the primal urge to run and walk in an orderly line down the stairs along with dozens of other terrified individuals; this was the case, even though her body was “adrenaline-charged” to run at full throttle. In following her “body story,” islands of safety“ are beginning to form in Sharon’s stormy trauma sea. As she attends to this “felt sense,” she becomes aware of an overall feeling of agitation in her legs and arms and tight “lumps” in her gut and throat. In suspending the compulsion

for understanding, she experiences a sudden “burst of energy coming from deep inside my belly it’s red, bright red, like a fire.” Her experience then shifts into (what she recognized as) a strong urge to run, concentrated in her legs and arms. She feels this as a release of energy and exhilaration.

When she eventually reached the mezzanine, the south tower collapsed and she was thrown violently into the air. Finally, there was the stark horror of finding herself lying semiconscious on a dead body. With the new resources she has gained, Sharon is now able to process the emotional reality of this horror.

Sharon no longer felt trapped in the anguish of the event; it began to recede to the past where it belonged. It was now possible to travel on the subway to hear her favorite music at Lincoln Center. Life was beginning again.

Peter A Levine, PhD,

Developer of Somatic Experiencing®

See: Posttraumatic Stress Disorder Therapies; Mindfulness-Based Stress Reduction.

Further Readings:

Levine, P.A., (2010). *In an unspoken voice; How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.

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Van der Kolk, B., (2014). *The body keeps the score: Brain, mind, body in the healing of trauma*. NY, NY: Viking Adult.