

Integrating the Life Force: Peter Levine and Somatic Experiencing®

An Interview

by Eva Bucher, Certified Rolfer, SE-Practitioner

Trauma is part of the human condition. "But it doesn't have to be a life sentence," says Peter Levine. Having been trained as a Rolfer, he gradually developed his own work, a physiological, holistic approach to healing trauma: Somatic Experiencing.

Q: How did you find out that the autonomic nervous system plays an important role also in Rolfering? And how did this lead to SE?

PL: I discovered the importance of the autonomic nervous system during my Rolfering training with Ida in 1969. When we were doing all these things to the muscles and fascia in class I could see autonomic changes. This made me curious. And I got some liquid crystal paper which had been invented just a year before and which allowed me to track autonomic changes through temperature gradients. So I was going around in class, putting papers on everybody's body before and after Rolfering, doing a temperature reading on a scale of one to five. This, by the way, gave me the name "Peter Paper" to distinguish me from Peter Melchior, who was the assistant of the training, and was "Peter Hands"...

Anyhow, doing these paper-readings we tracked quite dramatic changes of temperature and therefore quite obvious responses of the autonomic nervous system in response to the Rolfering.

At that time I started to develop my understanding of trauma and my Somatic Experiencing-model, because I realized that these autonomic "dead zones" were related to traumas people had.

Rolfering stimulates autonomic shifts and



Peter Levine

often produces very nice changes in people. But for some people the work might be too much, it might overload the nervous system. They look better right after the session but later they might collapse.

I realized that working on the body offers direct contact to the autonomic nervous system, a very potent access to the regulatory nervous system. And I realized that with deep bodywork, like Rolfering, traumatic symptoms might come to the surface.

Anyhow, Ida was the first person who had taught me that I have - besides an explorer's mind - also hands! After the auditing part (when I did my experiments with the thermographic liquid crystal paper) I noticed that I could track with my hands things about the nervous system which I already had discovered earlier from my experiments with the thermographic liquid crystal paper. And I started to feel with my hands muscles contracting and expanding according to the breath, autonomic shifts in the tone of the tissues, and I started to notice what I later called "coherency," the orchestration of physiological

rhythms, the breath synchronizing with mobility, motility and vice versa. This was very important, very exciting to me.

I practiced Rolfering for three years after my training. During that time of practice I started to understand more about Rolfering and about the structure of a person. And this helped me to develop my model of "containment" which is also crucial in SE. Because it is really the structure of the body that contains the inner sensations and feelings we are tracking in the process of resolving trauma. So this was a very informative and an important time for me. In my practice I started to experiment with some of the principles of what I later called SE, and working that way I noticed that I got much better results with my Rolfering.

Q: What was Ida's response to your explorations?

PL: Well, during that time I was also studying Medical and Biological Physics at the University of California at Berkeley and I was working on my thesis. In this thesis I also mentioned Rolfering and other bodywork. Somebody - who probably was jealous? - went to Ida and told her that I would write my thesis about Bioenergetics. Hearing that, Ida was very, very angry with me and she wouldn't talk to me anymore. This was quite painful for me. However, later I was presenting some of my explorations about the autonomic nervous system at a meeting of Rolfering teachers. Ida was quite blind from diabetic retinopathy at that time, but she looked to where I was sitting and she said: "Hmmm - Levine! You've got the next step - almost!" This was very healing and important to me: to feel that Ida finally could see the value of the autonomic perspective and how to use it to enhance the Rolfering process.

Q: How did this affect the Rolfering community?

PL: After that I did another training for the teachers. I showed them the importance of pacing sessions, not really changing the Rolfering *per se*, but really looking more at the rhythms of sessions, tracking autonomic responses. And then I was giving a class together with Bill Smythe in Denmark where we had this idea for an experiment: We took Rolfers who already had three years of experience and kind of settled into their practice - and we would take all these Rolfers through the "usual Rolfering assessment procedure": to look at the structure

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and to decide which hour they needed. All these people had been "Rolfed" already several times and yet you still could see weaknesses in their structure. So we looked at them and decided: okay, this person needs a seventh hour, this person needs a third hour, and so forth. So we did the seventh or third hour — or whatever hour they needed — and we did also work with SE principles, supporting the self-regulation of the nervous system.

And it was fascinating. When the person got up from the table one could clearly see that she/he really integrated the session. So working with SE principles the pieces really could fall into place and started to integrate the structure. This inspired many Rolfers and they started to work that way.

However, if a person has too much traumatic material in the system, especially early trauma, of course it still might be better to refer them to a psychotherapist. However, I think that also Rolfers can help a traumatized person — and that this could still be evolving. I think it's quite important to guide the rhythm of how you do the work, always looking for coherence, observing the tone in the tissues in relationship to the breath, tracking inhibited motoric impulses in the tension of the muscles titrating the charge, and so forth, instead of just going into the tissue, looking for changes.

I also think that it would be great if Rolfers could make referrals to each other. That a Rolfer who has no experience with trauma would refer traumatized people to a Rolfer who knows how to work with such people. But for doing this, of course, one still has to know at least what trauma looks like in a structure!

Q: So you're suggesting that learning about trauma should be part of the Rolfer Training?

PL: Yes. Quite frankly, I do hope that this could get into the curriculum and would be part of the education, maybe even already in the pre-training! I think it would be of great benefit if Rolfers learned precisely how to recognize trauma in a very fragile or in a very armored structure and how to work with those structures in a specific way: learning how to track the autonomic feedback loops of different qualities of touch, interventions and so forth.

I think today there are many Rolfers out there who already know about all this. But I don't know about the new Rolfers. Any-

how, I believe that a precise understanding about trauma and how it shows in a structure could enhance the effect and potential of Rolfing.

Q: Does this also mean that Rolfing could be far subtler?

PL: I'll tell you an interesting story. Somebody in class once asked Ida, "Doctor Rolf, if a client stands up and there is a psychic person, working on this client only with his/her intention, and right before your eyes the client gets into the "Rolfed" body, is that Rolfing?" Hmmmm, it was interesting to see that Ida really thought about the question for a while. She didn't give a quick answer, she really thought about it, and finally she looked up and said: "YES!"

Well, I think that's really part of Ida Rolf's brilliance, that she always held an overarching vision of the work. It is not only about what a Rolfer does with the hands, knuckles and elbows — it's about what the result is.

So I think it would be wonderful if Rolfers had a broad perspective on the work and could recognize the fragility of some nervous systems so they could modify the Rolfing, helping the client to build an inner and outer structure. Because then you really have a body to work with! Traumatized people very often are dissociated from their bodies.

Knowing about trauma and how it shows in a structure you can see more specific

WHAT IS "SOMATIC EXPERIENCING" (SE)?

SE is a short-term, naturalistic, physiological approach to the resolution and healing of trauma developed by Peter Levine. It is based on the observation that wild prey animals are rarely traumatized although life-threatening experiences are part of their lives. Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors, which allows them to return to normal after life-threatening experiences.

Although humans are born with virtually the same regulatory mechanisms as animals, the functions of these instinctive systems are often overridden or inhibited by, among other things, the "rational" portions of our brains. This restraint prevents the complete discharge of the survival energies, and does not allow the nervous system to regain its equilibrium. The undischarged energy remains in the body, and the nervous system becomes stuck in "survival mode." The various symptoms of trauma result from the body's attempt to "manage" and contain this unused energy.

SE employs the awareness of body sensations to help people re-negotiate and heal their traumas rather than re-live them. Trauma is in the nervous system, not in the event! With appropriate guidance into the body's instinctive "felt sense," individuals are able to access their own built-in immunity to trauma, tracking sensations and therefore allowing the highly aroused survival energies to be safely and gradually discharged and integrated. Supporting this process of self-regulation, SE uses tools like pendulation, moving from the resource vortex to the trauma vortex, from the parasympathetic to the sympathetic and *vice versa*, titrating the highly charged energies trapped in the system. Therefore the nervous system can find its innate capacity to self-regulate again. What happened too fast during the traumatic event gets slowed down so it can be experienced with a felt sense, discharged and integrated.

The very structure of trauma, including hyperarousal, dissociation and freezing, is based on the evolution of the predator/prey survival behaviors. Traumatic symptoms are not caused by the dangerous event itself. They arise when residual energy from the event is not discharged from the body and the biological response to threat stays incomplete, frozen in time. By gently awakening the innate capacity for resilience that humans share with all living organisms, we might find a key to healing trauma.

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things in a body — and therefore you can do more specific things in Rolfing. If you only have a hammer, so to speak, of course everything starts to look like a nail! And if we just go into the tissue, not being aware of how the nervous system tries to cope with traumatic experiences stored in the body, it might be shattering. You see people either tightening, fighting against the input, or, even worse, they collapse.

The Rolfing of the very old days — just going in with your elbow, moving tissues around — can be devastating for a person who is traumatized, and it might produce all kinds of physical symptoms, because the nervous system just can't cope. Anyhow, our world gets more and more overwhelming and we have more and more complex cases of traumatized people in our practice. So I believe it's really important to learn how to work with such cases.

Of course there are many ways to do that: Rolfing could be subdivided into people who work more in a gentle, indirect, integrative way and are familiar with working with trauma — and into people who work more in a direct way and on a more "gross" level. Of course, this is not a judgment about what kind of Rolfing is better or worse! But I think the work should be very specific, according to a client's needs! If a client's system can't resonate with the work, the work is for nothing anyway! So, as I said, it might be helpful if Rolfers would at least make referrals to each other according to the way they work and according to their clients' needs.

Q: It is important to be very specific in meeting the client's needs. What do you think about the "recipe" of the Ten Series?

PL: I totally appreciate the recipe. And yet, I believe that Ida ultimately developed the recipe because she was looking for ways to teach Rolfing. When she started teaching she had people from all kinds of different fields. So she had to find a way to bring across how to do Rolfing. So my fantasy is — and I am quite sure about it — that Ida developed the recipe as a way for teaching.

In fact she gave hints in classes again and again pointing out that one needs the recipe for understanding Rolfing but then needs to outgrow the recipe. I remember her mentioning this several times quite clearly: One needs to modulate the recipe according to the client's needs. The map is not the territory! Of course as Rolfers we all know that!

And yet I believe one still could be more specific in the understanding about what this really means.

I had a very interesting experience with Ida that made this quite clear to me. I think it was in 1970, my second training with Ida. In every class we had to look at the model telling Ida what needs to be done according to the session we had that day.

Of course we felt pressured to have the right answer in class. And trying to be "more clever" in class, we had managed to get the notes from more advanced students. Anyhow, there was this friend of mine. For some reason Ida was really picking on him. And so I went through the notes and the anatomy with my friend on the nights before class so he might feel more confident.

One day in class we looked at the model and Ida was picking on my friend again asking him to tell her what needs to be done. My friend said something like "stretching the midline" or whatever the notes said according to that hour. And Ida replied in a pretty rude way. "NO! — Tell me, what do you see?" So my friend tried to describe again what he sees and what needs to be done. And Ida said again: "NO!! What do you see?!" My friend was totally discouraged. So Ida asked another person: "Tell me! What do you see?" And this person would say something like: "Well, we have to lengthen the lateral line here, the midline there," and so forth. And Ida was yelling at the whole class: "NO!! WHAT DO YOU SEE????!!" And she kept yelling: "LEVINE! Maybe YOU have eyes! Tell me WHAT DO YOU SEE?" And I just thought, "Oh shit!!" First of all, I didn't know what to say and I realized that whatever we try to give as an answer here might be wrong anyway. And at the same time I was afraid to have the right answer because this would make it even worse for my friend, who was sitting there wilting like a flower.

Anyhow, at some point Ida screamed again: "LEVINE! I know you might have eyes!! — What do you SEE?!" It was a very stressful situation and I found myself going into a kind of blur. And that's how I accidentally discovered what I later called "soft seeing." Being in that state of "blur" I just started to describe what I saw on the body standing there. And Ida said, "FINALLY!"

Anyhow, in this class, I realized something really profound about what Ida tried to bring across — something which also in-

formed me in developing my SE model: Ida really wanted people being able to SEE! If you see with your eyes or if you "see" with your hands or with other senses is not the point here. But I think it was most important to Ida bringing across how crucial it is to have a clear, precise and at the same time open-minded perception. So I believe what she really tried to teach was: Use the recipe as a grip to help you see but don't you dare using it in a place of seeing! This was really profound for me, I realized that the very first principle is learning how to SEE, how to read a body, a structure, an organism — with a precise, but open perception, also with a kind of beginner's mind. This principle became also very important in SE.

So I really do think that Ida was — at best — quite ambivalent about the recipe, that ultimately the recipe was "just" a teaching tool for her. And yet, in fact, I can't imagine anybody understanding Rolfing without the recipe ...

Q: So what do think about "The Line?"

PL: I remember somebody once asking Ida in the class: Is there anybody who doesn't need to be "Rolfed"? And Ida — who always had pointed out that everybody needs to be "Rolfed" — immediately said: Fred Astaire!

When you see Fred Astaire in profile, it's quite clear that he didn't have "the perfect line" at all. And yet, if you watch him dancing, he is perfectly at ease in his body and his movements have a fluid innate equilibrium. Fred Astaire's movements weren't solidified around patterns. I guess that's why Ida said that Fred Astaire doesn't need to be "Rolfed."

Again, as with the recipe: Although Ida always pointed out the importance of the line and the recipe, she didn't have a rigid idea about it, but an idea about how a body should organize within gravity. She often pointed out that The Line might mean something different for every person.

Q: So could one say that "The Line" also implies being in the flow of the "here and now": not being stuck in postures and movement patterns about leaning back to the past or leaning forward into the future? What do you think about this, as finding that resiliency to be in the present moment plays an important role also in the resolution of trauma?

PL: Of course "The Line" implies many

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things, as it is also "an ideal" about how a structure is supposed to orient and function in space/time integrating gravity. And I guess that it might be in fact about the resiliency of being settled in the body, moment to moment, being embodied in the flow of "here and now."

Trauma is an internal straitjacket created when a devastating moment is frozen in time. It stifles the unfolding of being, strangling our attempts to be fully in the present moment and to move forward from there. When people are overwhelmed by threat, the instinctive survival energies are all dressed up with no place to go. Of course this shows in the posture and movements, and for such people it might be very difficult to find and integrate "The Line" we try to establish in Rolfing, unless a Rolfer knows about this and can address it in a skillful way.

Anyhow, in the process of resolving traumatic stress reactions we support the system to self-regulate, to discharge, complete, and integrate the highly aroused survival responses that get trapped in the system. So instead of being stuck in the past, and also projecting the past into the future, the client might find more capacity for being in the "here and now" again. Of course that's quite profound, physically and psychologically. And I find it quite interesting that Ida always pointed out: "There is no such thing as psychology, there is only physiology." This also informed my SE model. At the same time it is of course not about "black" and "white," and I think also Ida was very aware that psychology always comes out of physiology, and vice versa, so it's a psycho-physiological process rather than just saying: okay here is the body and now we have to add psychology to it, and vice versa. I guess by making statements like "there is no such thing as psychology, but only physiology," Ida tried to turn people's minds around, inviting them to go deeper ...

Q: Also in terms of the concept of "core" and "sleeve"?

PL: Of course there are many theories about "core" and "sleeve." And many Rolfers elaborated on that. When I was teaching the Rolfers we often discussed what "core" and "sleeve" really might mean. I think "core" and "sleeve" are ways of organizing: not so much about certain states but about relationships and dynamics. However I really appreciate the concept of "core" and

"sleeve." In SE we approach the core of traumatic material by addressing the periphery first, tracking how it affects the core and vice versa.

I don't think that the concept of "core and sleeve" can be taken literally, meaning "the core is the viscera and the sleeve is the limbs." As I said, for me, "core" and "sleeve" are terms for principles and dynamics of how the body organizes within the dynamics of the relationship between "center" and "periphery," "self" and "other." Again: I think, as with the recipe, Ida didn't want to give solidified ideas, not something that people should take literally. Just the opposite: Ida gave precious tools to explore more about the body and the way it organizes. Therefore I believe Rolfing is not only a technique but also an art. That's how I see it. And with SE it's quite similar.

Q: I once read a quite interesting statement about how movement patterns and orientation evolve: "Humans are time binders, animals are space binders." What do you think about this?

PL: Oh, that's very interesting, I like that! Yes, humans are orienting within time frames and along time lines. With a traumatic experience time stops, the experience gets frozen in time, coloring the perception, which might inhibit the capacity to be fully in the moment — and therefore also inhibiting the capacity for orienting in space. Animals though are always fully in the moment — and in orienting they create spatial mappings.

For example, in Colorado, where I live, there are these birds in the Rocky Mountains. During the summer and fall they bury all kinds of seeds under the ground, thousands of seeds all over the place. And during the winter — we have lots of snow in the Rockies — these birds remember exactly where they have buried the seeds and they are diving into the deep snow to get them.

Somebody once made a study about this and found out that these birds get 96 percent of the seeds. It's truly amazing! This little bird-brain is able to do this! However, I think that humans also would be able to do that — if we could be fully present in the moment. But our big brain, and our hippocampus which organizes our orientation in time and space, has so much information to process and so many concepts about our lives that we can't be fully in the moment and are limited in our spatial orientation.

I'm experiencing this sometimes when I'm traveling. After being for hours in a plane I'm suddenly planted at an airport, a different country, a different culture. Sometimes — if I'm not stressed — I find my way quite easily to the place I'm supposed to stay. But if I'm too absorbed with stuff to process, I'm losing spatial orientation and I have to call somebody to drive me to that hotel or apartment.

However, I think it would be really great to ponder more on that: Humans bind time and animals bind space ...

Q: The resolution of trauma allows a person to live more fully in the present moment. Many spiritual traditions train the mind to be fully in the moment: being aware of the mind's tendency to solidify around experiences, beliefs, thoughts, concepts, and letting go of that by cultivating bare attention with a felt sense. So what do you think about the relationship between trauma and spirituality?

PL: When deep trauma gets resolved, when a severely traumatized person experiences healing, he/she often feels deeply transformed. And quite often this goes along with a deep sense of being fully in the moment, a sense of oneness with everything, a deep connection with all manifestations of life. I believe this is also a spiritual experience.

However, the energy of trauma — the fight-flight-and-freeze response — evokes the largest amount of energy the organism can mobilize. This high charge of survival energy is also related to the first chakra, the root chakra, the coccyx where the Kundalini resides, eventually moving all the way up to the spine, to the crown. Many spiritual traditions, especially yogic traditions, recognize the Kundalini as being the most potent energy, the Shakti, and they try to awaken this "coiled serpent" in the root of the spine.

So when a person experiences trauma and all these powerful survival energies, he/she might get in touch with the Kundalini. But if the person is too overwhelmed, the powerful Kundalini energy might "turn against" itself!

When you are working with a traumatized person, this deep Kundalini energy eventually starts to arise. And as this energy is so powerful and potent it is really important to titrate it so the system can integrate it.

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Sometimes people also have archetypal images, collective experiences going along with the sensations. And sometimes they have experiences like somebody who has a Kundalini awakening by spiritual practices.

However, it's really important to titrate these powerful energies in a contained way, so they don't turn against themselves. I've worked with many people who had been forcing the awakening of Kundalini through certain meditations and breath work. And it really wrecked them. They got this powerful release – and then their body snapped all over the place.

I once worked with a guy who wasn't allowed to meditate with his guru anymore. Because the Kundalini got unlocked, the chakras were blasted open and he was just flying around the room. It took me about 20 sessions to help this unlocked energy moving through gently in smooth waves so it could be integrated.

We see these wave-like movements very often in SE: a gentle shaking and trembling. In SE we're accessing these primordial energies by titrating them — so the system can integrate them. One could also say: "We help the system to integrate the life-force." Of course the life-force is sacred, and experiencing it fully is a spiritual experience as much as a bodily experience.

Q: So trauma also can be a spiritual awakening — and an opportunity for personal and transpersonal growth?

PL: Yes! I mean, the bad news is that trauma is a fact of life. The good news is that it doesn't have to be a life sentence. And: It allows us to really look deeply into the mystery of the human existence. By the resolution of trauma we have the chance to become more fully alive. As I said, I saw many people experiencing a spiritual transformation through the resolution of trauma.

Anyhow, trauma is ultimately about transformation. As overactivation is gradually discharged, titrated, completed and integrated, the nervous system is returned to a state of resiliency. In order to resolve the after-effects of the traumatic event, a person has to increase their use of internal and external resources and their capacity for containment and integration of highly charged states. Therefore the traumatized person will never be the same as before the overwhelming event. When trauma is resolved, the nervous system is in a different, in a more resilient state. And the per-

son experiences a broader range of sensitivity, wisdom and vision ...

Q: Would you say healing is also an act of grace?

PL: Well, that's really an interesting question to which I don't have an answer: I don't know what grace is. Grace is grace!

I read these interesting things from a Swedish mystic. He talks about healing on different levels of being: metaphysical, emotional, mental, physical, energetic levels. And, he says that if all these levels come together simultaneously in the moment of healing, true healing can happen. I think this is also touching the realm Jesus had access to when he did his healing miracles. Yes, healing is grace — but can you say what causes grace? Grace is grace ...

Q: You have taught SE for many years in many different cultures. Do you notice any differences in how each culture absorbs SE?

PL: When I first started teaching I wasn't really aware that I might have to adapt my teaching style to different cultures. After four years I realized that there are huge cultural differences and that I can't teach everywhere the same way. I had some quite remarkable experiences in Denmark — and with Hopi Indians in Arizona. They both have a strong sense for the community. When I would do demonstrations in class nobody wanted to volunteer. They would only do demonstrations when I framed the case in a community-oriented way, pointing out that this case I would like to work on in a demonstration might be a phenomenon or a symptom many people have. Only this respect for the community allowed them to also show up as individuals. I was quite impressed by that.

Anyhow, it is also in the nature of resolving trauma that there has to be a field, a community supporting the process. Like animals, we instinctively feel safer when there is another being of the same tribe witnessing and holding, protecting the space.

Q: Do you have any idea in which direction SE will go, what the evolution of the work will be?

PL: I guess some of the principles of SE might be more and more applied in different kinds of fields: Medicine, Education and so forth. However, I think SE will, like Roling, adapt to the way people evolve, and vice versa.

Anyhow, I believe the human race won't survive the way we are using our bodies and minds now. And, saying that, I also mean that we need to allow the different parts of our brains to communicate more fluently. We are very much in our neo-cortex and we tend to override our primordial impulses and energies residing in the more primitive part of the brain, the reptilian core of our brain.

I'm explaining this also in my book *Waking the Tiger: Healing Trauma*. The more primitive portions of our brains play an important role not only in the resolution of trauma. They also carry vital information about who we are. The instincts not only tell us when to fight, run or freeze. They also tell us that we belong here, to this earth, to a community, a tribe, a family. Like in the resolution of trauma we have to learn to move fluidly between instinct, emotion, and rational thought. When these three sources are in harmony, communicating sensation, feeling and cognition, our organisms operate as they were designed to — and we become fully human.

Peter A. Levine, Ph.D. is the originator and developer of Somatic Experiencing® (SE) and the Director of the Foundation for Human Enrichment. He holds doctorate degrees in both Medical Biophysics and Psychology. During his more than thirty years' study of stress and trauma, Dr. Levine has contributed to a variety of scientific, medical, and popular publications. His best-selling book Waking the Tiger: Healing Trauma is published in thirteen languages, receiving wide international attention. He has also published three audio learning series: Healing Trauma, Restoring the Wisdom of the Body; It Won't Hurt Forever, Guiding Your Child through Trauma; and Sexual Healing: Transforming the Sacred Wound, published by Sounds True, available on audio cassette tape and CD. Peter A. Levine was a consultant for NASA during the development of the Space Shuttle, and he has taught at hospitals and pain clinics throughout the world, as well as at the Hopi Guidance Center in Arizona. He lives near Lyons, Colorado, on the banks of the St. Vrain River.

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