

# Healing Trauma Through the Body: Introduction to Somatic Experiencing

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# An Introduction to Somatic Experiencing® (SE™)

Somatic Experiencing® (SE) is a potent psychobiological method for resolving trauma symptoms and relieving chronic stress. SE is designed to resolve traumatic stress and increase the capacity to negotiate stress and trauma.





Dr. Peter A. Levine...

### Devoted:

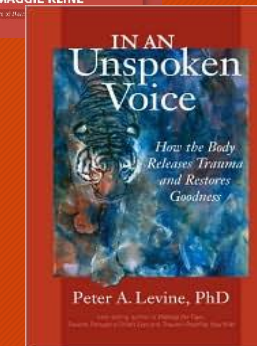
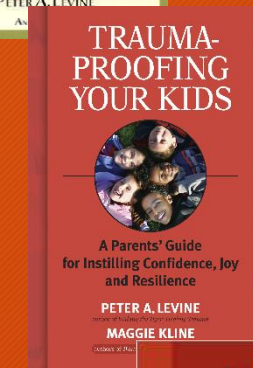
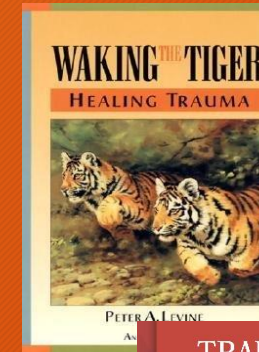
40+ years studying and researching the physiology of stress (fight, flight & “freeze”) responses

### Asked the burning question:

*Why is it that animals in the wild, who are repeatedly exposed to life-threatening events, don't develop the symptoms of PTSD like humans?*

### Discovered:

All animals (including humans) have a natural “immunity” to the long-term, debilitating effects of trauma.



# Peter A. Levine, PhD

## *Founder of Somatic Experiencing®*

- SE is a psychobiologically-informed treatment modality which offers:

- A comprehensive understanding of traumatic stress and human stress behavior
- A framework to assess where a person is “stuck” in the fight, flight and/or freeze responses

Clinical tools to resolve these fixated states, transform old patterns, and strengthen resiliency





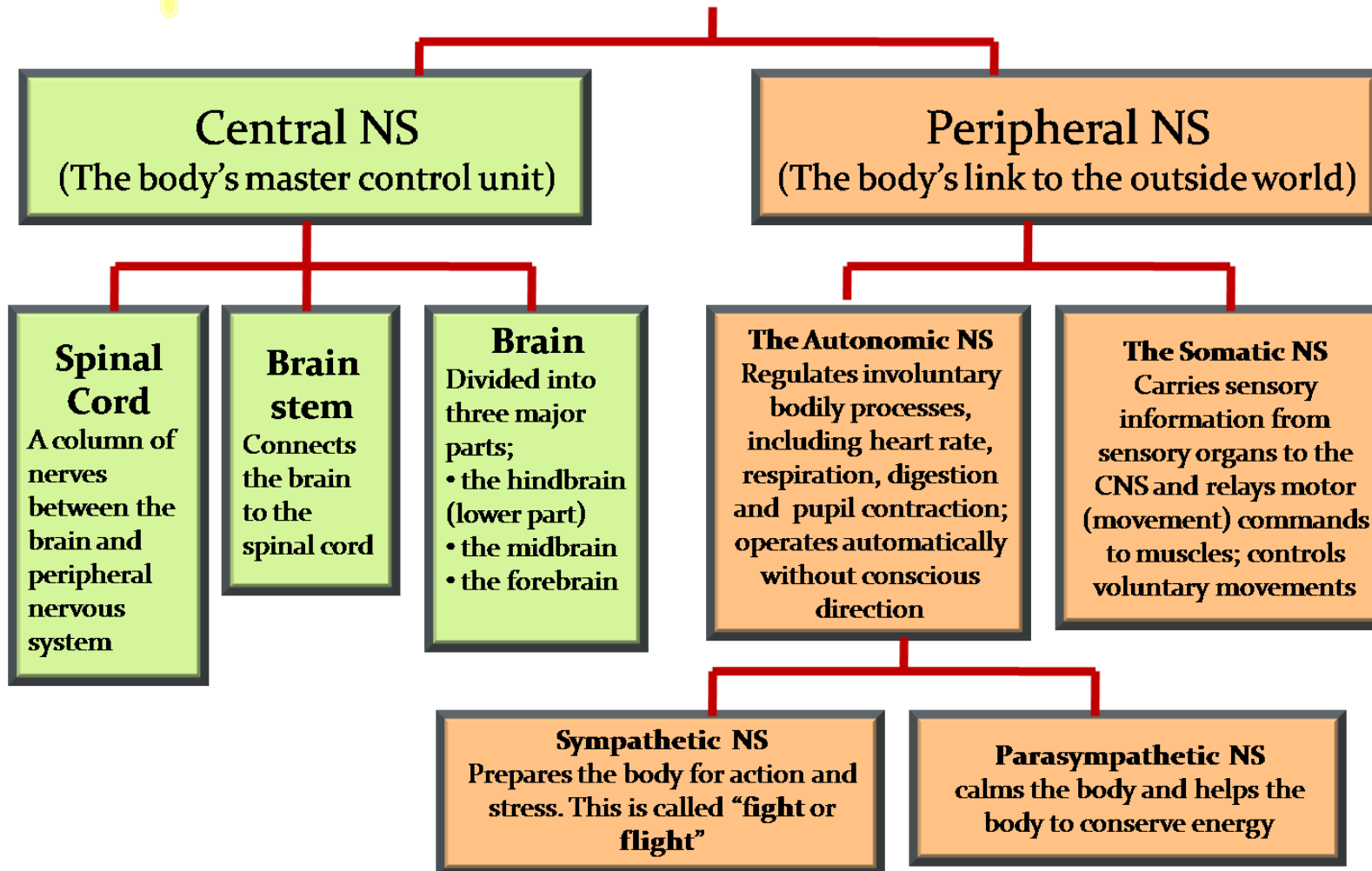
# SE Informed by Animals In The Wild

Overwhelmed or threatened, animals go through predictable stages of responding to danger via fight, flight & freeze

- In order to optimize chances for survival, the body:
  - Activates implicit, hardwired survival sequences
  - Mobilizes high levels of energy to defend itself
  - Shuts-down unnecessary bodily functions
- After threat has passed, animals return to normal functioning by:
  - Discharging survival energy
  - Integrating excess activated energy

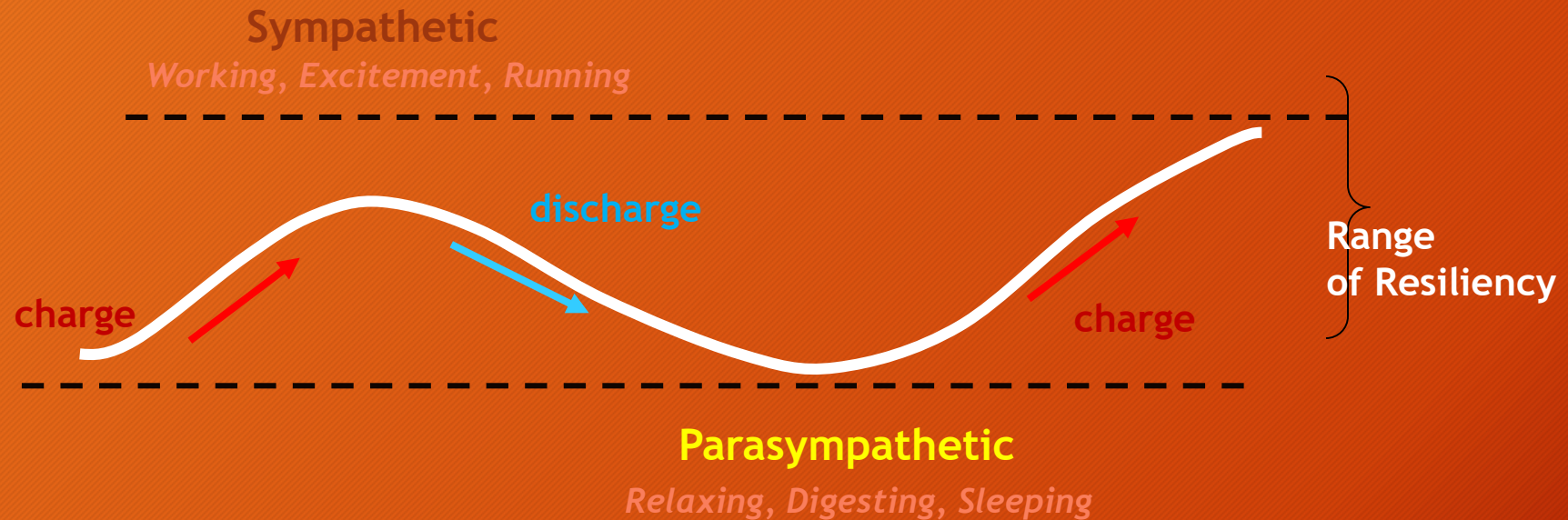


# The Nervous System



# The Regulatory Process of the Autonomic Nervous System (Sympathetic and Parasympathetic)

## *Activation – Deactivation Cycles*





# Somatic Exercise

1. Take a moment to notice your overall experience.
2. Think of something that gives you a sense of calm, peace or relaxation.
3. Now think of something that is mildly irritating.
4. Again, think back to something that gives you a sense of calm, peace or relaxation.
5. What do you notice now about your overall experience?





## Unresolved trauma creates dysregulation within the nervous system:

- Have effects that people often do not realize are connected to their past traumatic experiences
- Affect the subcortical regions of our brain that aren't easily accessed by talk



## Neocortex

*"Thinking"*

Cognition, Language, Speech,  
Social and Regulatory Centers

## Limbic/Mid-Brain (Amygdala)

*"Feeling"*

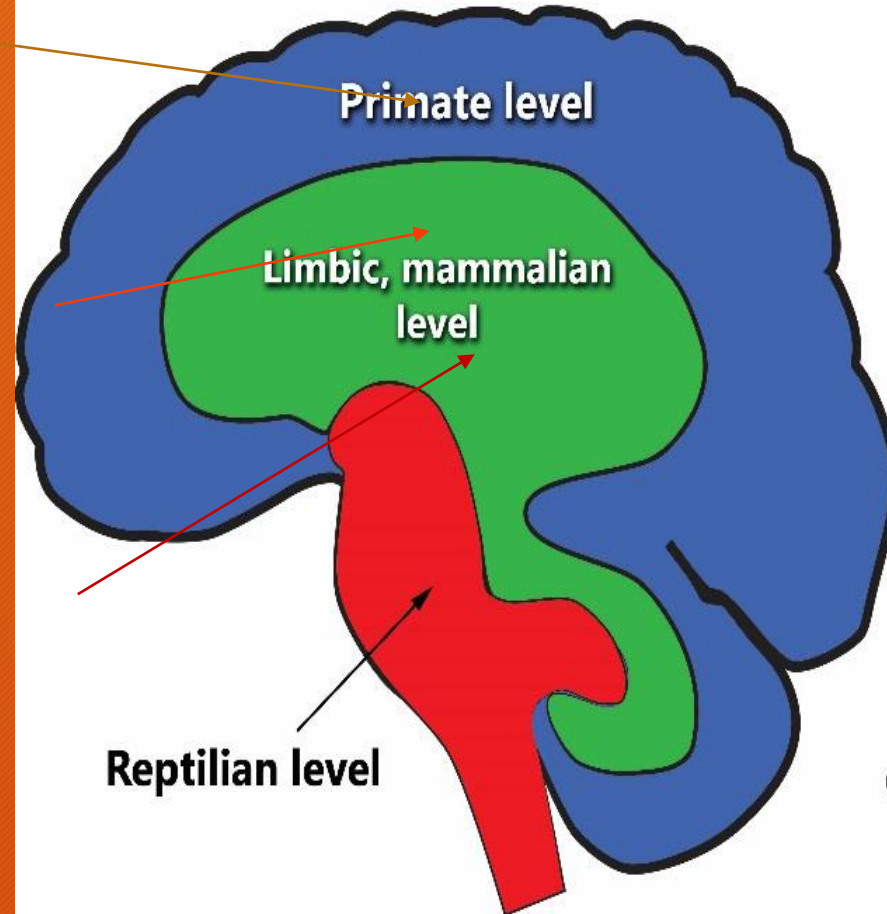
Memory, Emotions & Alarm  
Center

## The Brainstem ("Reptilian Brain")

*"Sensing"*

Survival & Instinctual Centers (*fight, flight, freeze*)  
Digestion, Reproduction, Circulation, Breathing,  
Sleeping

# The Triune Brain



## Primate level:

Thinking, conscious  
memory, symbols, planning  
& inhibition of impulses

## Limbic, mammalian level:

Feelings, motivation,  
interaction  
& relationship

## Reptilian level:

Sensation,  
arousal-regulation  
(homeostasis) & initiation of  
movement impulses

From Paul MacLean



# SE & the Subcortical Brain

*Trauma is in the nervous system, not in the event.*

**Traditional therapies** approach trauma resolution via the cortical brain systems (*language, conscious thought, explicit memory*). Considered to be a top-down approach.

**Somatic Experiencing** recruits the subcortical brain systems (*body sensations, unconscious dynamics, implicit memory*) to support safety and re-regulation in the nervous system. Considered to be a bottom-up approach.



# Next Wave of Evidence-Based Treatment Approaches

## Somatic Approaches

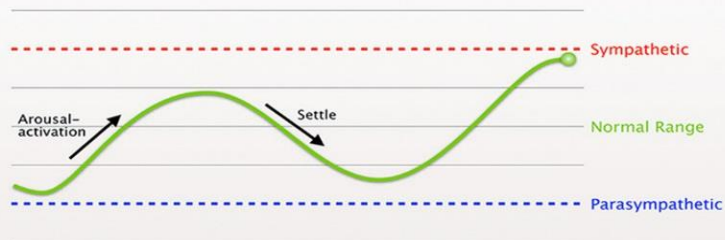
- Recent neuro-scientific advancements are propelling a major growth of evidence in support of brain-body (somatic) approaches
- Promising research demonstrates that somatic approaches reduce symptoms *short-term* and show *long-term effectiveness*
- EMDR (2010) was the first somatic approach recognized as an evidence-based treatment in the U.S.
- There are currently a number of research studies on Somatic Experiencing being completed in the U.S., Europe and Brazil



# Understanding Trauma in a Different Way



## A Healthy Nervous System



# Peter Levine's Definition of Trauma

- TOO MUCH
- TOO FAST
- TOO SOON
- NOT ENOUGH FOR  
TOO LONG



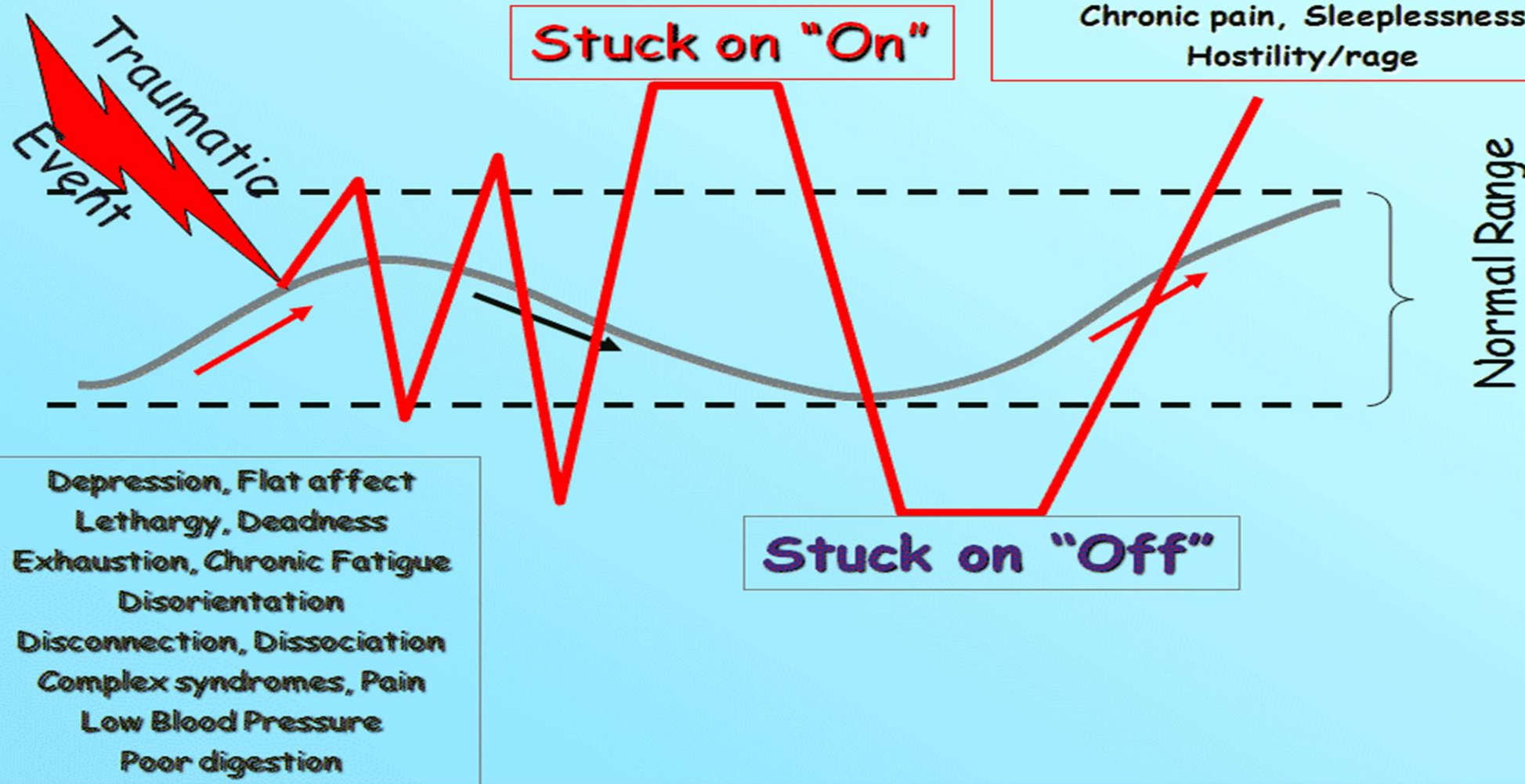


**TRAUMA is any  
experience  
that overwhelms our  
capacity to cope.**

When the nervous system becomes overwhelmed, individuals can:

- ✓ lose the capacity to stabilize and regulate themselves
- ✓ feel helpless, hopeless and out of control
- ✓ feel vulnerable to further insults
- ✓ lead to debilitating physiological, cognitive, emotional, behavioral, and spiritual symptoms, and a host of stress-related disorders

# Symptoms of Un-Discharged Traumatic Stress





# Autonomic Branch of the Nervous System

During **emergencies**, the ANS employs four very important survival functions:

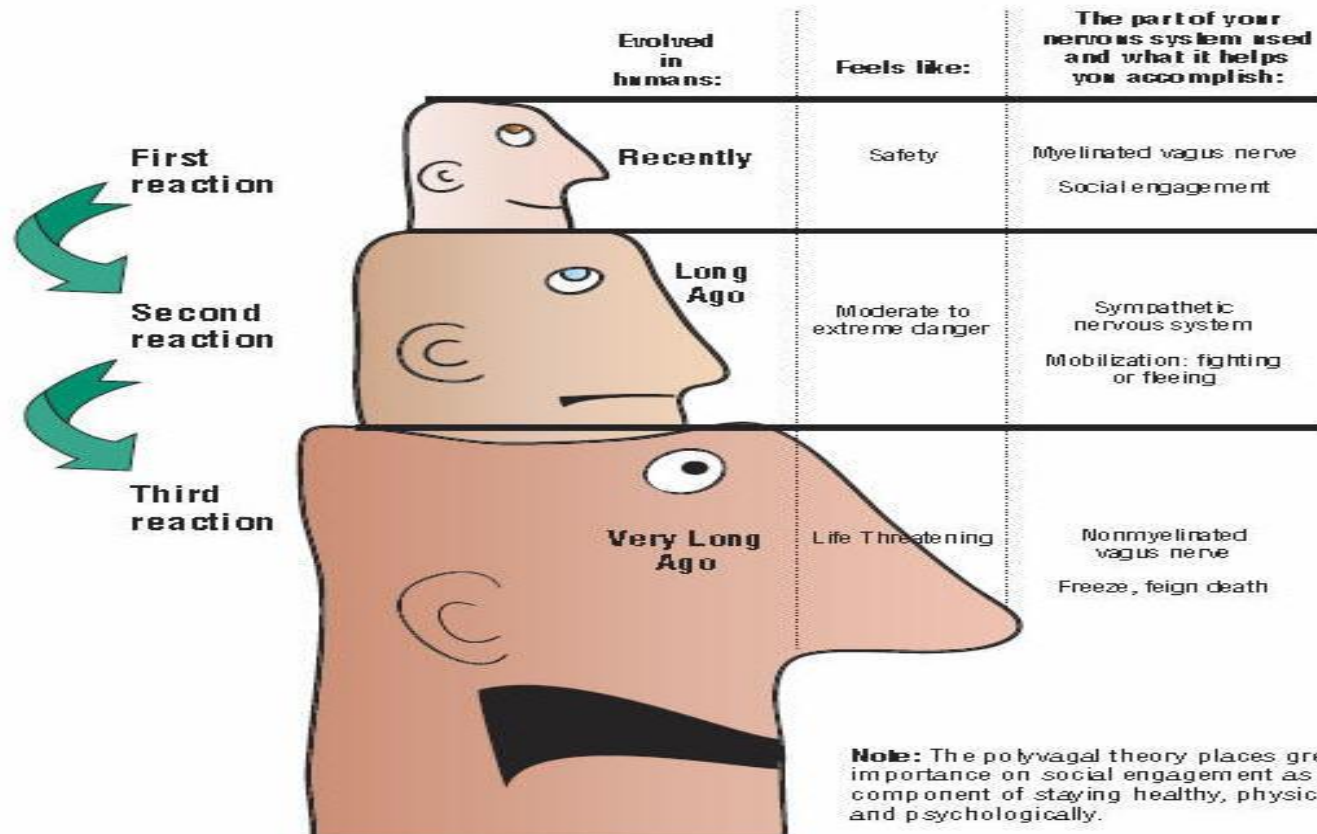
- **Social Engagement**
- **Fight**
- **Flight**
- **Freeze**



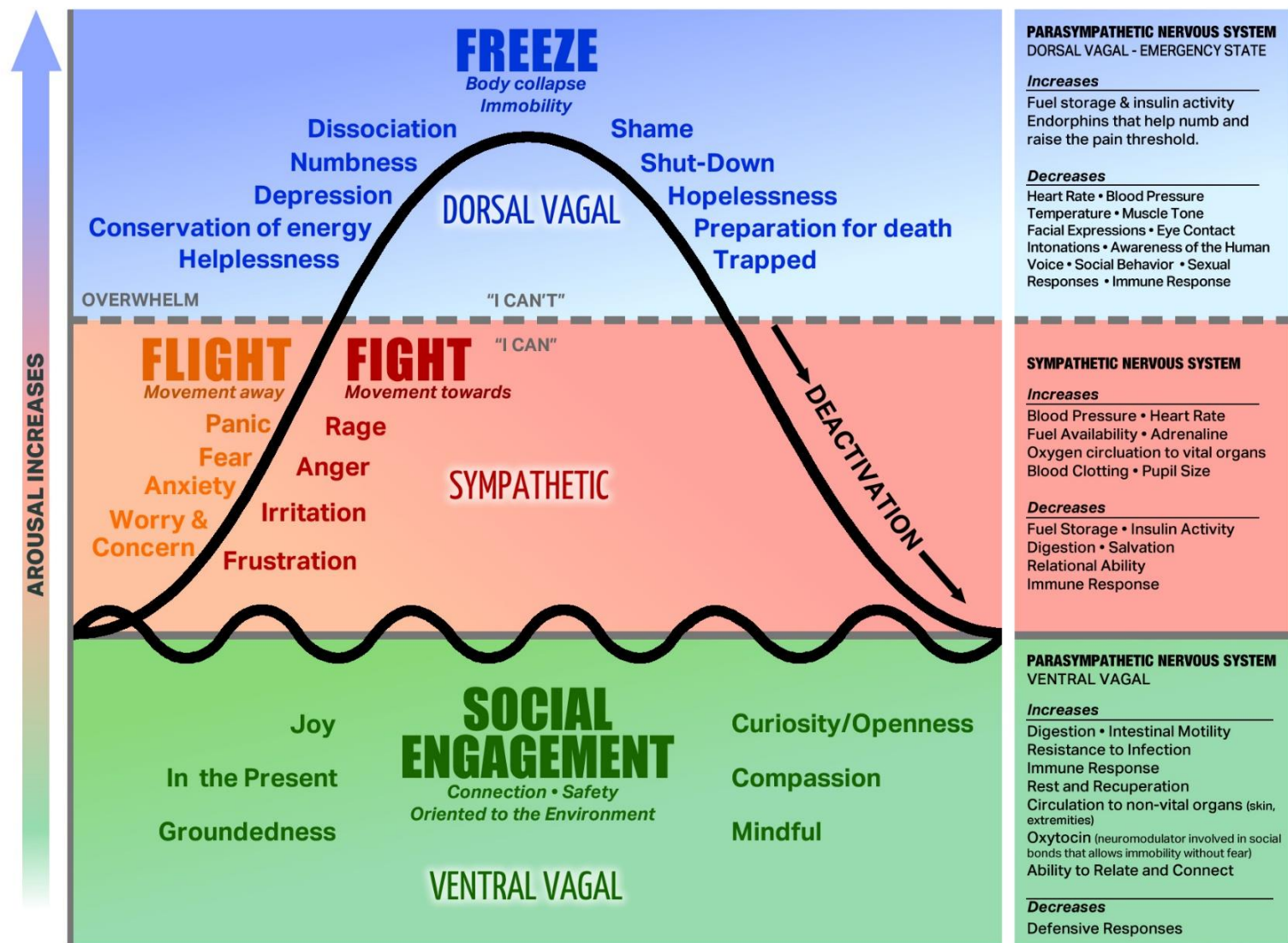
# POLYVAGAL THEORY

By Ravi Dykema

Events trigger you to react. If your first reaction doesn't make you feel safe, you revert to the second, then the third:







Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

[rubyjowalker.com](http://rubyjowalker.com)

# Social Engagement

Can be used as a survival response when under threat to engage with others for regulating one's reactions to overwhelm and threat.

Neurochemicals (e.g., oxytocin, vasopressin, endorphins) coordinate social behavior with health:

- Relaxed, yet appropriately alert body.
- Impulse to reach out, connect.
- Survival strategy when under threat.
- Reduces fear/anxiety ( HPA).
- Analgesic (blocks pain, promotes pleasure).
- Anti-inflammatory (facilitates healing).
- Safety, calm and pleasure.





# Fight Response

Standing one's ground; fighting to protect oneself/group

Neurochemicals (e.g., epinephrine, cortisol, ACTH, dopamine) released for mobilization of fight in order to optimize survival:

- Tension in muscles, hands, feet, jaw
- Impulse to kick, shout, bite, push, claw, strangle, etc.
- Holding breath or rapid shallow breathing
- Narrowing of eyes
- Aggression, anger and rage



# Flight Response

Minimizing risk / escaping threat when fight not possible

- Neurochemicals (e.g., epinephrine, cortisol, ACTH, dopamine) released for mobilization of flight:



- High arousal in limbs; trembling, shaking, twisting
- Impulse to flee, back/turn away, fly, not stop moving
  - Holding breath or rapid, shallow breathing (panting)
  - Sense of urgency
  - Fear, anxiety and restlessness



# Freeze Response

“Death feigning” minimizes risk  
of predator attacking

Neurochemicals (e.g., endorphins, GABA, dopamine, adenosine) released to produce a time-limited immobilized state in order to optimize survival:

- Paralysis, shut-down, frozen, still
- Impulse to get small, hide, go away, disappear
- Low oxygen state
- Numbing
- Dissociation
- Shock, panic, overwhelm



## SE Demo with Peter: *Working with Iraqi War Veteran*

Dr. Peter Levine using Somatic Experiencing in working with Ray, a veteran who served in both Iraq and Afghanistan.

<https://www.youtube.com/watch?v=bjeJC86RBgE>



# SE APPROACH

- ✓ Targeting ANS: “motor” that drives symptoms/behaviors
- ✓ Working in slow, gentle way that does not overwhelm
- ✓ Re-establishing the natural ability of the nervous system to shift between activation and deactivation
- ✓ Unfreezing the body’s ability to respond appropriately
- ✓ Providing concrete therapeutic tools to help clients manage the effects of overwhelm
- ✓ Discovering & empowering innate resiliency of client



## A Few Basic SE Skills:

- ✓ Orientation and Felt Sense
- ✓ Tracking
- ✓ Resourcing
- ✓ Pendulation





# Orientation & Felt Sense

## Exteroception (“Orientation”)

Receiving direct information from the external environment

**Detects and informs us of the external environment via:**

- Sight
- Hearing
- Smell
- Taste
- Touch



## Interoception (“Felt Sense”)

Awareness of the internal states of one’s body

**Detects and informs us of such internal regulation responses as:**

- Respiration
- Heart rate
- Body temperature
- Balance
- Hunger/Thirst
- Need for digestive elimination
- Emotions
- Pleasure/Pain



# Orientation



Engaging with the environment via the senses (exteroception)

- As you orient to the room, what do you begin to notice? (Establishing ground in the here and now)
- Let your eyes go where they want to go - what do you become aware of? (Promoting curiosity).
- What happens internally as you receive from your environment? (Priming the ventral vagal system (“vagal brake”).
- Supporting settling in the nervous system by providing an outlet for managing excess activation.



# Felt Sense: The Language of Sensation

## Intensity of Sensations

|          |       |
|----------|-------|
| Sharp    | Dull  |
| Intense  | Weak  |
| Hard     | Soft  |
| Pressure | Solid |

## Muscle Sensations

|            |            |
|------------|------------|
| Trembling  | Achy       |
| Shuddering | Crampy     |
| Shivery    | Twitching  |
| Pulsing    | Fluttery   |
| Shaky      | Shuddering |
| Throbbing  | Tense      |
| Spasming   |            |

## Skin Sensations

|            |         |
|------------|---------|
| Itchy      | Prickly |
| Tingly     | Sweaty  |
| Moist      | Clammy  |
| Dry        | Flushed |
| Goosebumps |         |

## Temperature

|          |         |
|----------|---------|
| Frozen   | Icy     |
| Cold     | Cool    |
| Numb     | Warm    |
| Hot      | Boiling |
| Steaming |         |

## Constriction Sensations

|             |             |
|-------------|-------------|
| Stuck       | Contracted  |
| Knotted     | Tight       |
| Blocked     | Congested   |
| Tense       | Constricted |
| Breathless  |             |
| Compressed  |             |
| Suffocating |             |

## Whole Body Sensations

|           |           |         |
|-----------|-----------|---------|
| Trembling | Heavy     | Thick   |
| Vibrating | Flaccid   | Full    |
| Puffy     | Jittery   |         |
| Gurgling  | Energized | Light   |
| Calm      | Fidgety   | Jumpy   |
| Tingling  | Faint     | Fuzzy   |
| Wobbly    | Spinning  | Buzzing |

## Expansion Sensations

|           |           |
|-----------|-----------|
| Expansive | Moving    |
| Floating  | Flowing   |
| Fluid     | Relaxed   |
| Radiating | Glowing   |
| Waves     | Streaming |

# Tracking Exercises

Staying focused on your body's response, try out these various embodiment exercises:

- Using your spine to make contact with chair back
- Pushing feet into ground
- Holding arms around torso
- Rub, squeeze or tap body
- Cradling cranium.

The process of noticing, identifying and following the shifts

in the client's nervous system. What story is the body revealing?



# Resources

Anchors that help stabilize a client



## EXTERNAL

- People, places or activities (in reality or in imagination) that are comforting, calming, settling
- *Safe people, pets, places in nature, home, special rooms, music, exercise, travel, vacation, spiritual community*
- The therapist's engagement: capacity to track well, to be in resonance/attunement, to create a safe space in the office

## INTERNAL

- When client experiences settling, less constriction, more breath, more presence, pleasure
- Positive sensations in the body: *Relaxed, more spacious, less tense, grounded, stable, connected, have a freer range of movement, tingling, more alive*

# Function Of Resources In SE

- Stabilize client: preventing client from diving into hopelessness, despair and terror of their traumatic material (build “islands of stability”)
- Build enough stability and resiliency in system so that the client can manage the highly activating experiences without getting overwhelmed.
- Begin the process of pendulation, shifting the stuck (hyper- or hypo-aroused) patterns.
- Support a return to nervous system regulation.





# Resource Exercise

Find a partner. Ask your partner to:

1. Take a moment to ORIENT to her/his environment - what is she/he noticing?

2. RESOURCE: Now ask your partner to think of an experience or person that makes him/her happy or brings a smile.

3. As she/he reflects on this, ask about her/his FELT SENSE of this experience -what is she/he feeling in her/his body now?

4. Now take a moment to ORIENT your partner again to her environment.

# Titration: Working within Thresholds

- Titration: Client is not flooded, stays within one's range of tolerance (“observer” online)
- A little at a time: client gradually gets used to increasing levels of activation
- Redirects away from diving into primal states and explosive abreactions
- Less is more: experiencing “titration” of highly aroused energy informs clients that the process of healing trauma is tolerable, manageable, and within their control.



# Pendulating

Pendulation is the skill to facilitate movement in the felt-sense between activation and deactivation in the nervous system

## Pendulating:

- Broadens body awareness so the client becomes less fixated or afraid of their internal experience
- Helps the client to manage the sensations without being overwhelmed or re-traumatized
- Helps restore reciprocal relationship in nervous system
- Helps create containment, safety and mastery



# Role of the SE Practitioner

- Stay present
- Allow plenty of time
- Encourage curiosity
- Reinforce the use of sensation
- Help a traumatized client anchor/ground and use resources to support discharge of activation.
- Use language to facilitate continuity between experience and completion of biological processes.
- Track sensation through posture, impulses, muscle tone, constriction, expansion, breath, skin tone etc...



# Role of the Se Practitioner continued...

- Connects the client to the inherent wisdom and health in his/her nervous system.
- Encourages the client to look for the times when the body “worked” or “did it right”.
- Focuses on islands of safety and love.
- Explores what the client did “right” in the traumatic situation.
- Helps a client complete what is incomplete.
- Assists a client in restoring trust in himself/herself.

# Who Uses Somatic Experiencing?

- SE trainings have been held in over 25 countries worldwide including Brazil, Italy, Denmark, Canada, Australia and the United States.
- Over 8000 mental health clinicians, medical professionals, body workers and other helping professionals are trained in SE.
- SE has sent teams of SE certified professionals to provide work with various survivors of 9/11, Tsunamis, the Japan earthquakes and Sandy Hook.
- Over 250,000 copies of Peter Levine's book, Waking the Tiger have been sold worldwide.





# *Who benefits from SE?*

Everyone benefits from coming home to their bodies and forming deeper more meaningful connections to themselves.

More specifically, SE is effective for those who suffer from:

- Anxiety, panic disorder, phobias and PTSD
- Depression
- ADHD
- Sexual, physical and emotional trauma
- Bullying, racism and discrimination
- Medical trauma
- Motor vehicle accidents
- Dissociative disorders
- Chronic pain and somatization disorders
- Early attachment trauma including pre and perinatal trauma





# Want to Learn More?

- ❑ Reflect on how the SE model might more effectively inform your work with trauma
- ❑ Observe the body and be curious!
- ❑ Learn more about Somatic Experiencing®
  - ✓ Read SE books and publications (see reference list)
  - ✓ Watch SE videos (YouTube)



Sign-up for the SE™ Professional Training at [traumahealing.org](https://traumahealing.org)





A Comprehensive Training Program  
to Become a  
**Somatic Experiencing Practitioner (SEP)**



## For more information on Somatic Experiencing,

- Go to [www.traumahealing.org](http://www.traumahealing.org) for information on SE and the national and international training schedule.
- Email the Somatic Experiencing Training Institute at [info@traumahealing.org](mailto:info@traumahealing.org) for more information or call (303)652-4035.
- Contact me by email at [Rehrke@traumahealing.org](mailto:Rehrke@traumahealing.org) with any questions or for more information.



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David Baldwin's Trauma Information Pages: <http://www.trauma-pages.com/>



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