

Peter Levine and Somatic Experiencing

Ives E*

Mindfulpath Inc., Mental Health Services in Santa Monica, California, USA

*Corresponding author: Ives E, Mindfulpath Inc., Mental Health Services in Santa Monica, California, USA, Tel: +18184005045, E-mail: erica@mindfulpath.com

Citation: Ives E (2020) Peter Levine and Somatic Experiencing. J Psychiatry Ment Illn 3(1): 101

Received Date: November 18, 2019 Accepted Date: January 22, 2020 Published Date: January 24, 2020

Early Life and Education

Peter A. Levine, Ph.D. has spent 45 years studying and treating stress and trauma. Levine received his PhD. in medical biophysics from the University of California at Berkeley, and also holds a doctorate in psychology from International University (sounds true, 2019) [1]. He was originally trained as a neurophysiologist and then studied bodywork at Esalen with Ida Rolf. In the 1960s, Levine came to Berkeley to study the mind-body connection and accumulated stress on the nervous system, where he worked with individuals with high blood pressure. In the interview with Simon (2019) [2], Levine shared that when he teaches these individuals “how to relax certain muscles in their neck and jaw, their blood pressure would sometimes drop 20 or 30 points, well into the normal range” (p 31). His mind-body work was beginning to develop in the 1960s, as he continued to make profound connections between the different treatment populations of chronic pain, accumulated stress, and trauma. In his later neurological research, it continued to be apparent that very specific neurological mechanisms accounted for a similar phenomenon he witnessed between the animal world and with human beings. Levine (1997) [3] wrote in the Introduction of *Waking the Tiger-Healing Trauma* that, “It had become my life’s work to assist in the understanding and healing of trauma in its many forms” (p.1).

Shortly thereafter, he began to work as a stress consultant for NASA in the development of the first Space Shuttle (sounds true, 2019) [1]. Levine was a stress consultant for NASA on the development of the space shuttle project. Then, in 1969, a singular event happened that completely changed the direction of his work. A psychiatrist familiar with his stress reduction work asked him to see a patient that was suffering from panic attacks, physical symptoms, and she would not leave the house without her husband. This was the extremely impactful experience that took Peter Levine down the path he continues to travel. In an interview that Simon (2019) [2], conducted with Peter Levine, published in *Psychotherapy Networker*, Levine shared about this impactful event:

“When Nancy arrived, her heart was beating frantically, at about 120 beats a minute, and she had the frozen deer-in-the-headlights look. I began by trying to help her relax the muscles in her jaw and neck, and in the process, her heartbeat soon started coming down and then suddenly, it shot up to about 160 beats a minute. Not knowing what else to do I kept telling her to relax and then her heartbeat suddenly started to go down. However, it kept going down and down and down, from 80 to 70 to 60, and then into the mid-50s. “Nancy turned a deathly shade of pale, and looking at me in terror, she cried out, ‘Help me! Help me! Don’t let me die!’ As I held my breath, an image somehow came to me. In that moment, I saw a tiger crouching, ready to spring forth. And without knowing why, I commanded, “there is a tiger coming after you Nancy, run, run climb those rocks and escape.” After about 30 minutes of gentle shaking and trembling, she began to breathe more fully and spontaneously the color of her cheeks flushed as she sweated profusely. After a few minutes she began to take some deep breaths and was able to calm down. Nancy shared that when she began to run, her legs felt as heavy as lead. She reported that she was able to imagine and feel herself doing what I told her to. From being up higher on the rocks, she could look down at the tiger and feel safe. She shared that the image of the tiger then morphed into an image of herself when she was four years old. She was being etherized for a tonsillectomy and saw herself being held down by doctors and nurses while they forced the mask over her face. Suffocating, in sheer terror, she realized that she’d wanted to run and escape, but had not been able to. That overwhelming sense of helplessness, fear, terror, and bodily fragmentation is the core of the experience of trauma and had been expressed by way of bodily symptoms and her panic attacks. Her anxiety resolved and after a few more sessions, so did many of the physical symptoms. Nancy tenderly said that she felt like she was “being held by a warm, tingling wave.” This report of deeply pleasurable sensations became a repetitive occurrence over the decades that followed” (pgs. 31-32).

Levine is the author of the best-selling book *Waking the Tiger-Healing Trauma* (1997), published in twenty languages and four audio learning series. He is the originator and developer of “Somatic Experiencing,” a naturalistic approach to healing trauma, and the Director of the Somatic Trauma Institute. In October 2010, he received a lifetime achievement award from the United States Association for Body Psychotherapy (sounds true, 2019) [1].

Bessel A. van der Kolk (2015) [4] wrote in a forward in his book *Trauma and Memory: Brain and Body in a Search for the Living Past* that, “Peter understood that in order to resolve trauma, you have to deal with physical paralysis, agitation, and helplessness, and find some way of taking bodily action to regain ownership of your life” (p. xviii).

Meaning of Trauma

Trauma is a shock that can cut us in pieces however, it does not have to be a life sentence. Human beings are born with the innate capacity to cure trauma. Levine speaks of the importance of understanding that trauma is biological and not psychological. Levine (1997) [3] “did

not believe that we need a definition of trauma; we need an experiential sense of how it feels,” (p. 24) being there are exponential amounts of subjective circumstances that may create significant stress, which may be commonplace for others. However, Levine (2015) [4] notes that experience becomes traumatic when the human organism becomes overwhelmed and reacts with helplessness and paralysis – when there is nothing you can do to alter the outcome of events; the whole system comes crashing down. “Trauma is about broken connection, broken connection to self, broken connection to others, broken connection to spirit; so the more you can move into the new connections then we are opening up one more area to move out of the fixity and into the flow, into the reconnection, into the new connections” (SAND 18, 2019, 31:40)[5].

Physiological Process of Trauma

Among the essential insights of Levine’s work is that each of the three elements of the nervous system, “evolved to protect people from the injury of violation and thus should be valued as maintaining and communicating certain survival skills” (Helsel, 2015, p. 685) [6]. This is what links us to animals. When we feel that our lives are threatened, our bodies naturally charge up for fight or flight. The fight-or-flight response is clearly helpful in escaping from the danger as it allows a great deal of bodily energy to become available in a short period of time. However, trauma happens when this energy that we gather to defend and protect ourselves doesn’t get used up or doesn’t get to complete its whole cycle. So, if we wanted to run and couldn’t run, if we wanted to fight and couldn’t fight, that energy gets stuck inside of us. According to Levine (1997) [3] in *Waking the Tiger*, “In this emotional and anxious state, the now frustrated fight response erupts into a rage; the frustrated flight response gives way to helplessness” (p. 98). If neither of these, fight or flight, are available, the animal goes to freeze, which is summoned by the reptilian brain, to trick a predator into believing they are dead. The object is to stay alive until the danger is past and deal with the consequences later (Levine, 1997) [3]. At that point, the animal will eventually shake and tremble, discharging all of that fight or flight energy. The “freeze” response that is visible when threatened animals become immobile and fall on the ground, enter shallow breathing and seem to ‘space out,’ not only tricks predators, it may even protect animals from the psychic effects of fear (Levine, 2010; Helsel, 2015) [6,7]. However, if the animal remains stuck in this state for an extended period of time the energy is not discharged. This activation, led by increased cortisol and adrenaline, can stay on for years until the body is able to complete the responses that it began or wanted to do at that time. And it doesn’t really matter what caused the trauma, what’s most important is the completion of that response so that during this “phase of discharge” (Levine, 1976, p 12) [8] the nervous system can go into “neutral equilibrium again” (Levine, 1976, p 12) [8].

According to Payne *et al.*, (2015) [9], the bodies of traumatized individuals are like snapshots of their unsuccessful attempts to defend themselves in the face of threat and injury. “Trauma is a highly activated incomplete biological response to a threat, frozen in time” (Payne *et al.*, 2015, p 14) [9]. Undischarged energy is what gives rise to trauma symptoms. During an interview where Simon Rich (2019) [2] in the *Psychotherapy Networker*, asked Peter Levine, where the image of the crouching tiger, which was described earlier, came from, Peter Levine responded:

“I began to see the parallels between what animals do in the wild and what happens when horrible things happen to people. Our guts twist up, our muscles tighten, and heartbeat starts racing or, conversely, slowing to a low level. Those sensations of twisting and turning in the gut get relayed back to the brain, which reinforces and amplifies the original message of danger and threat, But, unlike the wild animals, we don’t release this shock reaction, Traumatized people get stuck in a vicious cycle” (p. 2).

The Brain

Peter Levine refers to Paul MacLean’s concept of the triune brain to further explain how the brain relates to trauma. Bath (2005) [10], shared that Maclean believes we have three major brain structures, which specialize in survival, emotions, and reasoning that each has a specific task (p. 146). The reptilian level, our survival brain, is what we share with reptiles and is the most primitive. According to Bath (2005) [10], Maclean indicates that the survival brain controls our autonomic functions like heartbeat, respiration, reproduction, activates fight or flight reactions and distress cries if danger is detected (p. 146). Levine argues that the symptoms commonly associated with trauma, such as fear, flashbacks, and heightened startle response, are the result of trauma-induced disruptions in the autonomic nervous system.

The emotional brain, the limbic system, wraps around the reptilian brain and with the limbic brain, emotions evolved. The limbic sorts stimuli as pleasurable or threatening. According to Bath (2005) [10], Maclean indicates this part of the brain is made up of the amygdala, danger detector of the emotional brain, and hippocampus, which stores emotionally charged memories (p. 147). The limbic language constitutes a social language, feelings, relationships, and feelings that motivate action, such as to provoke, avoid, or attack. The limbic system also paved the way toward the evolution of the rational brain.

The logical brain, new brain or neocortex, is the most recently developed part of the brain and is what distinguishes us from other animals. This portion of the brain holds the impulses to turn them into awareness. Bath (2005) [10], noted that Maclean identifies the prefrontal area (behind the forehead) as having a key role in planning, considering alternatives, formulating decisions, and regulating emotional impulses. Together, the brain gives us a map of the body inside and body outside. (Levine, 1997) [3]. In healthy humans, these three systems of instinct, emotion, and intellect, work together to create the broadest range of choices possible in any given situation.

No matter how highly evolved a human is, there is “no substitute for the subtle, instinctual healing forces we share with our primitive past” (Levine, 1997) [3] when the entire organism-body, mind, and spirit-becomes stuck and continues to behave as if there is a clear and present danger. Levine (1997) [3] writes about the reasoning why humans don’t just move into and out of these different responses as naturally as animals do:

“One reason is that our highly evolved neo-cortex (rational brain) is so complex and powerful that through fear and over-control it can interfere with the subtle restorative instinctual impulses and responses generated by the reptilian care. So, the neo-cortex easily overrides some of our gentler instinctual responses-such as those that guide the healing of trauma through the discharge of energy. The neo-cortex must elaborate on instinctual information, not control it” (p. 100).

Levine understood that in order to resolve trauma, you have to deal with physical paralysis, agitation, and helplessness, and find some way of taking bodily action to regain ownership of your life.

Reactions to Trauma

There are four components of trauma that will always be present to some degree in any traumatized individual. These are hyperarousal, constriction, dissociation, and freezing or immobility (sense of helplessness). The first component of trauma is hyperarousal, “the seed in that core” (Levine, 1997 pg. 133) [3] of the traumatic experience which occurs both physiologically and mentally. In order to avoid hyperarousal, we want to complete an entire arousal cycle. When we experience real or perceived threat and are met with extreme challenges, we become aroused, then the arousal peaks. In order to make it through an entire cycle, we need to come back down and regulate from the peaked state, otherwise, we get stuck there. Therapeutic interventions include connecting to the felt senses since it is these that remain at the elevated level of arousal. At the physical level, felt senses during the stress, many common signs include increased heart rate, difficulty breathing, rapid, shallow, or hollow kind of breathing, cold sweats, tingling, tight jaw, clenching, and muscular tension (Levine, 1997) [3]. If we allow ourselves to have these sensations, Levine states that individuals will peak and they will finish, resolving the arousal cycle (Levine, 1997, p. 128) [3]. As this process occurs, we may experience, “trembling, shaking, vibration, waves of warmth, the fullness of breath, slowed heart rate, relaxation of the muscles, and the overall feeling of relief, comfort and safety” (Levine, 1997, p. 128) [3]. Our feeling of safety comes from our body being able to regulate its own energy. Connecting to your felt-sense is about getting to know yourself, feeling your physical impulses, noticing how your body stiffens and contracts, and other bodily sensations.

Constriction is the second component of symptoms to appear during a traumatic event. During stress, our bodies tense up to save our lives, prepared to take defensive action, by altering breath, posture, and restricted perception to provide focus toward the present threat. This is where we figuratively can view ourselves as the consolidated and pouncing tiger.

The third component of trauma is dissociation. When we are threatened or being hurt in some way, something profound can happen inside ourselves to disconnect us from the terror or pain. The level to which one dissociates lies on a continuum ranging from the look and feeling of being spaced out to the most extreme, Dissociative Identity Disorder. It is a breakdown in the continuity of a person’s felt sense, with no connection to time or space. It is like watching from above as an observer. In trauma, dissociation actually “enables a person to endure experiences that are at the moment beyond endurance” (Levine, 1997, p. 138) [3]. Dissociation can become chronic and even increase in frequency over time. Strangely, in traumatized individuals, it can often be the disconnect that served as a protection to help keep the undischarged energy of hyperarousal disconnected from the fullness of our experience. The problem is that it also keeps the individual disconnected from relationships and life.

The fourth component is freezing (immobility) associated with feelings of helplessness. “If hyperarousal is the nervous systems accelerator, the sense of immobility and freezing overwhelming helplessness is its brakes” (Levine, 1997, p. 142) [3]. This sense of hopelessness is not a normal sense of hopelessness. It is not a trip of the imagination, it is very real and it is almost like the body cannot move, it’s paralyzed, it is helpless, and we are vulnerable to it. “Together these components form the core of the traumatic reaction” (Levine, 1997, p. 132) [3]. According to Levine (1997) [3], all other symptoms develop from these four if the defensive energy mobilized to respond to a traumatic event is not discharged or integrated within a few days, weeks, or months following the experience.

Somatic Experiencing (SE)

Somatic Experiencing (SE) is a body-based approach to healing trauma. SE focuses on acquiring and sustaining optimal functioning of the nervous system since this system plays such an important role in the maintenance and resolution of traumatic symptoms. Somatic Experiencing is an approach that grew out of Peter Levine’s observations of wild animals. As an SE therapist, you are continually an intentional observer, an observer of cues, which are indicative of the state of the nervous system. Somatic Experiencing includes a slow, thorough, mindful attention to inner sensations and the slightest of movements. According to Simon (2019) [2], Levine shared that “one of the things done in SE is to help people separate out, or decouple those different sensations and each time they do so, there is a release of the energy, and the trauma begins to loosen its grips” (p 4). There are three methods used in SE to guide the nervous system toward increased equilibrium: Resourcing, Pendulation, and Titration.

The therapist's initial goal is to bring the client into a sense of comfort and increased safety. According to Payne *et al.* (2015) [9], this is known as "Resourcing"; to put a person in touch with positive inner feelings of safety, strength, comfort, and optimism" (p. 8) to begin to move the client into more of a sense of balance. This takes place with the use of social engagement, with the use of eye contact, voice, and to pay closer attention to anything in the room that may help them to feel a sense of ease and encourage positive sensation (Payne *et al.*, 2015) [9]. It is important to help the client notice positive inner sensations as they emerge, especially because stressed and traumatized individuals are more likely to focus on negative "interoceptive cues" (Payne *et al.*, 2015) [9], which Damasio refers to as "somatic markers" (Damasio *et al.*, 1996) [11].

Titration simply means that we slow things down because trauma is "too much, too fast, and too soon." Titration looks like pausing and taking smaller increments of time to notice sensations in the body that are connected to whatever the topic of conversation may be. Trauma work must be done at a very slow pace, "drop by drop, so as to avoid unnecessary distress, flooding, and potential re-traumatization" (Payne *et al.*, 2015, p 10) [9].

Pendulation, which involves the shifting of body sensations, going back and forth between charge/activation and discharge/deactivation because too much of one of the other disrupts the process of re-establishing balanced functioning and autonomic nervous system regulation (Payne *et al.*, 2015) [9]. A resilient nervous system is one that can ebb and flow between alertness and action, and calm and rest without getting stuck at either extreme. Pendulation "allows the polarities to gradually be integrated" (Levine, 2015) [4]. Pendulation helps a client to become dysregulated and clearly see that they survived feeling the sensations, and then enabling him or her to progress back to safer routines to promote self-regulation. It is the holding together of these polarities that facilitates deep integration (Payne *et al.*, 2015) [9].

SE is very different than other therapeutic approaches. Many therapeutic trauma approaches will encourage the survivor to repetitively relive their traumas in great detail. We have all heard at some point that the goal of trauma work is to help your client to relive the trauma again and again as if it is some sort of magical remedy. It can potentially have the exact opposite effect and create the perfect storm for the client to remain stuck, over and over again. If the therapist keeps the client in a state of high fear and physiological arousal, it is likely that their painful past trauma can actually be reinforced. Somatic Experiencing is instead about creating new experiences that go against overwhelming feelings of helplessness and replacing those feelings with a sense of ownership of physical reactions and sensations (Levine, 2015) [4].

Peter Levine uses touch a great deal with his clients but is of course extremely cognizant of the client's type of trauma. This helps the client to become more aware of their inner experiences as the enormous power of touch helps people to borrow comfort and physiological safety from each other. This is so important because traumatized people are terrified of what is going on inside of them. Just asking someone to focus on breath can be difficult and even triggering.

Levine (2015) [4] shares that an overall goal of SE is to correct the over-reliance on the mind as the solution to reclaim our happiness, health, and soul. The more ideal and effective approach is to seek out and use the wisdom of the body and the mind, so they work together. In the video, *Trauma and Somatic Experiencing* (2018) Levine speaks on the belief that somatic therapy works through the body first to help reprogram the mind, which is a "bottom-up" approach to healing rather than trying to resolve the trauma through talk therapy, a "top-down" approach. The aim of Somatic Experiencing is to access the body memory of the event, not the story, and work to heal and release the embodied trauma patterns.

Healing Trauma from the Inside Out

As a survival mechanism, our brains have a negativity bias, meaning they are more likely to pay attention to threat than safety. So, what happens for those who have experienced trauma is that our body may be responding to threats from the past that are no longer even present. The survival mechanism keeps this threatened mind and body on high alert, exacerbating a continual feeling of threat. What happens in healing trauma, is you bring sensory experiences together in a coherent way while discharging this energy, it's not about getting the memory or even the effect of the memory but of how much energy has been released and cannot be integrated into the organism, and that's the key...it is in discharging the energy. The key is to feel those sensations and emotions as gently as possible and the trick is to be able to have the prefrontal cortex online to receive information from the senses, particularly the senses coming within the body.

Sensory imprints of trauma can have powerful effects on our subsequent reactions, behaviors, and emotional feeling states. Learning to carefully access "the felt sense" opens up the possibility of getting to know the danger signals that lurk deep inside and to gain mastery over them. Allowing yourself to observe your inner processes activates brain pathways that connect the rational and the emotional parts of the brain.

Trauma and Spirituality

This approach clearly includes traditional Asian body-mind systems as well as Western Somatic disciplines and body-oriented psychotherapy. As we have discussed, a disturbing experience may emerge too intensely or too quickly, resulting in overwhelm and a reactive suppression of the feeling, yet neither overwhelm or suppression are healthy strategies (Payne *et al.*, 2015) [9]. Utilizing guided imagery, grounding exercises, and temporarily shifting awareness to a positive and safe experience, can all be helpful to regain inner balance.

Levine's previous study of the brain, stress, and animal behavior began to merge with the psychological and shamanic understanding of trauma. From his animal research, he had learned that the animals in the wild, though routinely threatened, are virtually immune to trauma. They are very rarely traumatized and while studying the behavior of wild prey animals being chased by predators, he noticed that most animals have a similar physiological process of returning to normal after a narrow escape from death. This process was reminiscent of the shaking, trembling, and spontaneous breathing, he had watched Nancy and thousands of other clients move through in healing their traumatic experiences. Levine reports that he also observed this in many Shamanic rituals performed throughout different parts of the world. SE shares the focus on internal awareness with traditional methods of meditative movements, such as yoga and Tai Chi, as well as many forms of seated meditation (Schmalzl *et al.*, 2014)[12].

Levine noticed a thread between all of his traumatized clients. They seemed disconnected from their bodies and had very little awareness of what they were feeling physically or emotionally. Many would say they felt like parts of them were gone or missing. In his later work with indigenous people, he learned the Shaman treats traumatized individuals by helping them coax their spirits back into their bodies. The Shaman guides this experience, sometimes called soul retrieval in the presence of the community because the connection of friends and family is an integral part of healing.

In the spiritual community, we have a tendency and a history to separate healing trauma from the spiritual path. Trauma is a disorder of not being able to be in the here and now (SAND 18, 2019, 4:33) [5]. "When you begin seeing symptoms of trauma or when we become more open and available to life we begin seeing the parts of the disowned self, mix of state practice awareness and process practice awareness" (NICABM, 2017) [13]. Having a philosophical discussion with a disembodied or dissociating person is dangerous. Appropriate relationships in the healing process are one of the fundamentals of spiritual practice. "When good SE therapists are working, even with someone with severe trauma, they're guided by a trust that we all have the innate capacity to heal from even the most horrific events" (Simon, 2019, p. 4) [2]. They grasp that successful therapy is about so much more than just reducing a symptom of problematic behavior.

Peter Levine's Current Presence

Levine is a member of the Institute of World Affairs Task Force with "Psychologists for Social Responsibility" and served on the APA "Presidential Initiative on responding to large scale disasters and ethnopolitical warfare (sounds true, 2019) [1]. He is on the 'distinguished faculty' of Santa Barbara Graduate Institute and is a Senior Fellow at The Meadows Addiction and Trauma Center in Wickenburg, Arizona. (sounds true, 2019) [1]. He also provides training in this work throughout the world and in various indigenous cultures. Peter is the founder of the Foundation for Human Enrichment, which has a membership of 5,000 Somatic Experiencing training practitioners worldwide (sounds true, 2019) [1,14-20].

Conclusion

Peter Levine, the founder of Somatic Experiencing, has made great contributions to the understanding of trauma and trauma response. Somatic Experiencing is a clinical methodology based upon a psychobiological approach. SE stresses an understanding of why animals in the wild are not traumatized by threats to their lives, while human beings are easily overwhelmed and are prone to experience the traumatic symptoms of hyperarousal, shutdown, and dysregulation. The aim of SE is to connect to the body memory of the event and work to heal and release the embodied trauma patterns. SE also focuses on attaining and supporting optimal functioning of the nervous system since this system plays such an important role in the maintenance and resolution of traumatic symptoms.

References

- 1) Sounds True (2019) Peter A. Levine, USA.
- 2) Psychotherapynetworker (2019) An Interview with Peter Levine. Psychotherapy Networker, USA.
- 3) Levine PA (1997) Waking the tiger: Healing trauma: The innate capacity to transform overwhelming experiences. Berkeley, CA: North Atlantic Books, USA.
- 4) Levine PA, van der Kolk BA (2015) Trauma and Memory: brain and body in a search for the living past, Berkeley, CA: North Atlantic Books, USA.
- 5) SAND (2018) Healing Trauma and Spiritual Growth: Peter Levine & Thomas Huebl, USA.
- 6) Hessel P (2015) Witnessing the Body's Response to Trauma: Resistance, Ritual, and Nervous System Activation. Pastoral Psychol 64: 681-93
- 7) Levine PA (2010) In an unspoken voice; How the body releases trauma and restores goodness, Berkeley: North Atlantic Books, USA.
- 8) Levine PA (1976) Accumulated stress, reserve capacity, and disease (Doctoral Dissertation), USA.
- 9) Payne P, Levine PA, Crane-Godreau MA (2015) Somatic experiencing; using interoception and proprioception as core element of trauma therapy. Front Psychol 6: 93.
- 10) Bath H (2005) Our amazing brains. Reclaiming Children and Youth 14: 146-7.
- 11) Damasio AR (1996) The somatic marker hypothesis and the possible functions of the prefrontal cortex. Philos Trans R Soc Lond B Biol Sci 351: 1413-20.
- 12) Schmalzl L, Crane-Godreau MA, Payne P (2014) Movement-based embodied contemplative practices: definitions and paradigms. Front Hum Neurosci 8: 205.
- 13) National Institute for the Clinical Application of Behavioral Medicine (NICABM) (2017) Peter Levine on the Treatment of Trauma, USA.
- 14) Levine PA, Weinstein L (2018) Means and methods for facilitating trauma integration, USA.
- 15) Levine PA (2012) Healing trauma: A pioneering program for restoring the wisdom of your body. Lexington, KY: ReadHowYouWant, USA.
- 16) Nowell A (2012) Trauma. Int J Psychol 47: 769-87.
- 17) Levine PA (2018) Trauma and Somatic Experiencing, USA.

- 18) Levine PA (2018) Healing Trauma – Peter Levine – Full Audiobook, USA.
- 19) Levine PA (2015) Resolving Trauma in Psychotherapy: A Somatic Approach, USA.
- 20) Sauerheber JD, Disque JG (2019) Traumatic Early Recollections: Recognizing States of Reactivation and Intervention. J Individ Psychol 75: 58-74.

Submit your next manuscript to Annex Publishers and benefit from:

- ▶ Easy online submission process
- ▶ Rapid peer review process
- ▶ Online article availability soon after acceptance for Publication
- ▶ Open access: articles available free online
- ▶ More accessibility of the articles to the readers/researchers within the field
- ▶ Better discount on subsequent article submission

Submit your manuscript at

<http://www.annexpublishers.com/paper-submission.php>