How to Regulate Your Nervous System for Stress & Anxiety | Peter Levine | Ten Percent Happier

Introduction to Peter Levine, Somatic Experience Expert

Dan Harris

00:00:12 — Peter Levine, welcome to the show.

Peter Levine

Thank you.

Dan Harris

I want to hear a lot about your personal story, but let's start with somatic experiencing. Can you just give me and by extension everybody listening a brief description of what that is?

Peter Levine

00:00:28 — Sure. Sure. Remember when I first started on my path in the mid to late 1960s, early 70s, I had the disadvantage, no, no, I had the advantage to not know that trauma, which would 14 years in the future would be listed as an incurable disorder or even a brain disease that could at best be managed with medication and with helping people change their negative thoughts.

00:00:55 — So I didn't know that was supposed to be the way things are. And so, I had a very, very different experience of what happens in the body. So, for example, you walk outside and you see somebody's been injured. Somebody has fallen off a bicycle and your guts twist. You've got a little yuck. And then you go out and you look closer and you see he's really been injured. So, you go to call 911, but your guts are still even more twisted.

00:01:25 — And so what might happen is that night, not saying this is traumatic, but just as an example, that night you may be laying in bed and all of a sudden you see images of earlier that day when the person was injured. And again, your guts twist up. Now, if that becomes chronic, the body is then telling the brain that there's threat, there's danger, there's injury, and you better watch yourself.

00:01:55 — But it's something that comes from the body. I think of this sometimes as a part of us that is also very wise, that is very cognizant, that it's not just the mind, but it's really incorporating the body.

00:02:15 — And two years ago, I guess it was two years ago, I received the last Lifetime Achievement Award from the Psychotherapy Networker, and they had a picture in the magazine at the beginning, you know, those puzzles that have a gazillion parts, like a thousand parts, and that one part was missing, and the caption was the missing part.

00:02:43 — So I think there's now more of a recognition among people in different fields of how important the body is and how our bodies respond to threat and how our bodies can perpetuate threat and danger, even though there is no real threat or danger. So that's really how I began my work.

Dan Harris

00:03:07 — Let me see if I can state some of that back to you to make sure I've got it, that something something difficult happens to us, maybe we could call it traumatic, something difficult happens to us. And then we store that experience in our body and relive it involuntarily. And if we don't let if we don't pay attention to how the body is doing that, then it can create long term damage.

Peter Levine

00:03:35 — Exactly. It can linger and linger and linger. And we can even start experiencing physical symptoms, such as irritable bowel, if this goes on in a chronic way. We sometimes think of trauma as being psychological, but it's very much somatic, it's very much something that registers in our body, and that we can change that, we can shift that.

00:04:04 — I could, if you want, do a little example with you and with the people who are viewing the webinar.

Dan Harris

00:04:12 — Yeah, absolutely. Sure.

Peter Levine

00:04:14 — So, there's a nerve that goes from the back of the brain down through the diaphragm until all of the organs below the diaphragm, particularly the gastrointestinal system, but it also goes to the heart and to the lungs. And this nerve is the largest nerve in the body. But what many people don't know is that 80% of that nerve is actually sensory.

00:04:39 — It's taking information from our guts and bringing it up back into the brain. So, if our guts are twisted, we're going to feel this anguish. You know, Charles Darwin, one of my great heroes, Einstein and Darwin, and he knew about this nerve

and he called it the pneumogastric nerve. So pneumo, lung, gastric, gastrointestinal system.

00:05:06 — And he also realized that it was responsible, and this is really amazing how he came to this, that it's responsible for gut wrench and heartbreak. And I couldn't even add something that's more prescient or more to the point than Darwin's observation. So if we can change the signal from the viscera, from the guts, then the trauma sensations can then start to recede.

00:05:41 — So here's the example and I'll demonstrate it and you can do it if you want with me. So, I take an easy full breath, and on the exhalation, make the sound, voo, coming from the belly, as though it's coming from the belly, well, it really is coming from the belly. And let the sound and the breath go all the way out, and then just wait for the breath to come in, filling belly and chest, and then repeat.

00:06:12 — So, I'll demonstrate here. And I let the breath and the sound go all the way. And then wait for the breath to come in, filling belly and then chest. And once more.

00:06:36 — So do you want to do that with me or any of the people who are listening, watching?

Dan Harris

00:06:42 — Yeah. Let me just jump in with a question. I can imagine there are some people who are like, this seems weird.

Peter Levine

00:06:52 — Yes. Yeah, it probably is weird. But the question is, does it really do something? Does it work? Does it actually do what you want it to do or need it to do? So it is weird. But if you think about it physiologically, there are these receptors in the guts, sometimes called the enteric brain or the second brain. It's a really massive network of neurons in the whole gastrointestinal system.

00:07:21 — And there are these different receptors that are signaling from our guts back up to our brain what's happening and how to be able to change that. So again, the idea is very simple. And also different kinds of sounding techniques have been used literally for thousands of years and they probably wouldn't stick around if they weren't valid.

00:07:49 — So, again, just one of the things in somatic experiencing, we try to find the person's, their curiosity, to invoke their curiosity. And so if you and your listeners, you are wanting to be curious about that, I'll just lead you through the exercise.

00:08:09 — And if it doesn't feel right, or it feels too hokey, or it feels maybe difficult to to do, or it might be even a little bit frightening to do, to just let it go and just listen and watch as I'm doing it or as we're doing it. So are you game?

Dan Harris

00:08:26 — I am game. I just want to sum you up before we dive in here. What you're saying is, sure, this may feel forced, but and this is my addition here, lots of things, including exercise, meditation, therapy, feel forced and weird and uncomfortable. And yet, if you want to treat the difficult experiences, the trauma, the demons that are living in various aspects of your mind and body, here's an evidence-based way to do it.

00:09:00 — Who cares whether it feels weird?

Peter Levine

00:09:02 — Exactly. And, you know, and we've done a fair amount of research now, you know, with outcome studies. And the last one was published in the Journal of Traumatic Stress, which is the gold standard for trauma research. So it's not without validation, but again, the inner validation to me is what's the most important.

Dan Harris

00:09:26 — All right. Having said all that, let's get weird.

Peter Levine

Yeah, let's get weird together. There.

00:09:33 — So Dan and your viewers, easy, full breath. And on the exhalation, make the sound voo, vibrating it in your belly. So you're now getting this feeling instead of gut wrench, it's gut opening or gut warmth or whatever comes up. You could images might even come up. So easy, full breath. Let the breath and the sound all the way out.

Learn how to regulate your nervous system for stress & anxiety

Dan Harris

00:10:03 — And the voo is on the out, so I do an easy full breath in, and then I start the voo.

Peter Levine

00:10:07 — In full exhalation, and then wait for the breath to come in on its own, filling belly and chest, and then repeat it again, okay? Let the breath come in, filling belly and chest, and again.

00:10:41 — And just notice, Dan, any sensations, bodily sensations, feelings, images that might come up or thoughts. Yes. Actually, I developed this exercise specifically working with people who had panic attacks. But I'm just curious what you were noticing when you were doing the exercise.

Dan Harris

00:11:05 — Yes. And as you know, I'm a panic attack connoisseur, sufferer myself. Um, uh, I felt immediately like warmth roll over my shoulders and down into my guts.

Peter Levine

00:11:22 — Exactly. Exactly. In other words, you were opening to these good sensations rather than the gut wrench sensations. And that's the idea because sometimes you can switch out of this fairly quick, quickly, but not always, because sometimes again, where people have had histories of tremendous abuse and trauma. I mean, partly what I write about in the autobiography is that it takes time.

00:11:49 — Because when I started teaching this work, people expected that this would work in one or two sessions. And sometimes it does. But sometimes it takes repetitive work, especially when we have a lot of early childhood trauma. And then I, and then, But it's also possible to heal even the deepest of traumas. But sometimes it's more not just a miracle, but a hard work miracle.

00:12:18 — That's one of the reasons I enjoyed your book, because it doesn't say, well, this is the cure. This is the the, you know, the this is going to take care of everything, because, you know, sometimes it does, but often it takes continued work.

Dan Harris

00:12:36 — Just to say a little bit more about my experience doing the Voo thing.

Peter Levine

Please.

Dan Harris

I had I experienced after two breaths, because we only did two, though, a rush of warmth in my torso, not withstanding the fact that consciously I was experiencing a lot of self-consciousness and fear that my audience was going to think I lost my fucking mind.

Peter Levine

00:13:01 — Well, that makes two of us, but right again, I mean, like you say it, you know, it doesn't make sense in some way, but again, you can look at it in different ways. Just the phenomenological change, which is just what you reported, but also knowing the physiology of the nervous system and how the vagus nerve is responsible for regulating our basic sense of goodness, of awareness, of opening to different bodily and perceptual experiences.

00:13:38 — You know, there's been a lot of work now, or a lot of interest in psychedelics, and. I think they sometimes can be valuable, but I think sometimes also one has to be cautious about their use and that people have to be prepared for it and there has to be follow-up.

00:14:00 — And the body is the way to prepare, the wild route to prepare for this and to follow it up. So it's not just the person is just taking this drug and then, you know, whatever happens, it happens. But it, unfortunately, that can be problematic. And actually in the book, I talk about this as promises and pitfalls, to really examine this and its use, and especially when we can come to the body so directly without these catalysts.

00:14:35 — So, anyhow, what sticks is really what's happening, and having those feelings of warmth. Now, I can explain that in terms of a different parasympathetic nervous system. My very, very dear friend and colleague, Steven Porges, if you haven't had him on, he'd be a good person to have on.

00:15:02 — And we've been very close friends for like since 1975, 1976. And he talks about three systems, the sympathetic nervous system, the fight or flight system, the shutdown system where the vagus nerve is overactive and the guts just keep churning.

00:15:25 — And then also what he calls a social engagement system. And that should be the one that it should be our default as primates and as mammals. So in other words, when we are not in fight or flight and we're not in the shutdown state, our natural impulse is to connect with others, to make eye contact, to share something together, to share a meal, to share a movie. And again, these are ways that we desire contact with others.

00:15:57 — So it's not about brute force anymore, but it's about cooperation. And cooperation comes from being open in our nervous system to that interregulation.

Dan Harris

00:16:10 — I'm very intrigued. And I do want to talk, I want to come back later to psychedelics, but let me just stay with the basics of S.E., somatic experiencing. You just showed us one breathing and sounding technique. I would imagine that within somatic experiencing, there are other techniques that you use.

Peter Levine

00:16:27 — Oh yes, many, many other, many other. You know, often people present with physical pain and usually physical pain is due to bracing and bracing in the body against being hit, or even bracing against certain feelings, certain emotions, particularly sadness, grief.

00:16:56 — But if we bring our attention to our bracing, usually the person will report, for example, that they're feeling pain in their shoulders. And so I, oh, it's very interesting. As soon as I said those words, your shoulders went up a little bit. You're right.

Dan Harris

00:17:16 — You're right.

Peter Levine

Interesting.

Dan Harris

Yeah.

Peter Levine

00:17:18 — But again, the idea is what's underneath the pain. And it's usually a bracing pattern, bracing against injury, bracing against threat, bracing against emotions. But so, for example, are you willing to be another round as a guinea pig?

Dan Harris

00:17:37 — I am putty in your hands.

Peter Levine

00:17:39 — OK. Okay, so I can see again there's a fair amount of tension in your shoulders.

Dan Harris

Yes.

Peter Levine

So I want you to explore what might happen if the tension in the shoulders increased even a little bit. What kind of movement might, there you go. And then

just letting the shoulders let go. Next time, do this but do it very slowly, just the smallest amount here I'll demonstrate.

00:18:07 — So instead of going like this, I guess, raise it just the smallest amount and then I let it go. And then rest there for a moment. And then again, just let them, the tension increase, let the shoulders move up towards the ears and let them go.

Dan Harris

00:18:26 — It's incredible. It's the same, like on rush again, over the shoulders and down into the gut feeling of warmth from that very simple move.

Peter Levine

00:18:37 — Exactly. So which is really people ask, well, what's the goal in therapy? For me, the goal is feeling more alive, feeling more connected, feeling more present in the here and now. And, you know, again, this is energy that got locked in our bodies. And we once we connect to that energy and release that energy, we feel a lot of this vitality.

00:19:05 — So if you're willing to take one more step.

Dan Harris

Of course.

Peter Levine

I'm going to give you a sentence to say, if you're willing to say the sentence and again, be curious to what happens when you say the sentence, because they're my words. They might not mean anything or mean something completely different. But the words I invite you to say, I'm alive.

Dan Harris

00:19:26 — I'm alive.

Peter Levine

00:19:28 — And again, just notice what happens.

Dan Harris

00:19:33 — I go right from the swirling stories in my head, south of the neckline to the body.

Peter Levine

00:19:43 — Right. Okay, let's add one more thing. I'm alive and I'm real.

Dan Harris

00:19:47 — I'm alive and I'm real.

Peter Levine

00:19:49 — Yeah. And again, I just kind of noticed dropping down more into your belly, into your body. So yeah, to me, the goal of successful therapy, whatever method, is that the person feels more settled in themselves and more alive and more connected to this, what Carl Jung called the true self or the deep self, the part of us that's there, was there before any trauma and will be there forever.

00:20:25 — We just need to connect with it. And we need to do that, or one of the ways of doing that is connecting to the trauma trauma, but then moving through the trauma.

Dan Harris

00:20:39 — I've done no small amount of talk therapy in my life, but I've not had any therapist ever direct me to my physical sensations. Is that that seems like the key difference, if not the key difference between somatic experiencing and traditional talk therapy?

Peter Levine

00:20:58 — Yes. Yeah. And somatic experiencing, one of the things that is somewhat unique about it is that it works from the bottom up, from the sensations that you were describing to our feelings, but also to our emotions, but also to our thoughts. And the idea in somatic experiencing is to work from the sensations, but also connect.

00:21:26 — So it's not that talk therapy is bad or anything, but it's limited. And it's limited to the degree that we're not able to sense and feel these things in our bodies. You know, in somatic experiencing, it's not a therapy per se, but really what it is, is it something that helps people do what they do better.

00:21:58 — So, somebody who's even a talk therapist, and we've had many, many, many of our trainees came from being talk therapists. And then getting some of these tools to also work with the body greatly enhances their ability to work also with the mind. So, but just talk therapy alone without reference to the body, I think can be limited.

00:22:29 — And in any case can take a long, long time to work. Again, I'm not saying that just doing something like this is a miracle, but it really facilitates and amplifies the shifts that we're all looking for as we connect to that deeper part of ourselves.

Dan Harris

00:22:49 — You may have explained this already, but would you mind putting a very fine point on it? What is in what way does somatic experiencing getting, you know, working with your body and the sensations in your body? How does that heal trauma exactly?

Peter Levine

00:23:08 — Well, in a way, you could say trauma is a disorder of disembodiment, of dissociation from our bodies or our bodies fragment to extremely painful situations, and those pieces are thrown asunder. So how can we bring those pieces together and hold them together in a cohesive way?

00:23:43 — So again, if we can reference, you know, for example, sometimes people are very much in their head. And if I start working with them, it seems like there's no place to go because they don't have any reference to the body. But then we're talking, having a conversation, and something comes up, and I can see there's some excitement with the person.

00:24:10 — And I'll say, wow, it seemed like when you just told me about playing with your dog this morning, It seemed like something happened inside. Are you aware of anything that's going on right now in your body? So again, you just gently kind of lead the person to the body from wherever they are. You know, I was asked to see this young man who was on the spectrum, on the autistic spectrum.

00:24:43 — And he lived up in the Bay Area. But so he would come down for four days, you know, once a year. So when he first came down, he had his computer and he wanted me to have my computer and he would email me and then I would respond with my computer. So it was almost impossible for him to actually be with another human being with contact.

00:25:11 — Well, the second year, pretty much the same. Then the third year, he opened his computer and then closed it, and he started to talk. And then the fourth year, he had met this young lady, a very lovely young lady, and then they got married. And now every Christmas, New Year's, they send me a wonderful family picture of their child.

00:25:38 — That was, I think, his four or five-year-old child. And so it was about meeting him where he was, starting computer to computer, because that was where his comfort level is. And then gradually bringing people or him or and people in general to some reference to the body when something excites them, when something turns them on.

00:26:03 — So is that relatively clear?

Dan Harris

00:26:10 — I mean, that's I love that story. I guess I still don't quite understand the mechanism by which connecting with your bodily sensations will help you move trauma through what how exactly does that work?

Peter Levine

00:26:25 — But remember, trauma is what's locked in the body. Again, that example, we go out and we see that injured person and our bodies go yuck. And if it's severe enough, our bodies stay yucked. And our bodies continue to talk to the brain and saying, this is bad. And then the brain says, it must be bad and gets even more contracting in the body.

00:26:53 — So I think really the key is because it's locked in the body it's only by connecting to the body that we can unlock it or it's mainly through the body. There's another thing that I think is maybe is useful is that there's been a lot of research coming out lately about interception and interception is the body sense.

00:27:16 — And in a number of these research studies, they said if the person can become just not even like things like you are becoming aware of, but just their heartbeat, that it greatly changes their, improve their mental health and their physical health. One small thing. So I think this is a field now which is beginning to blossom about interception and you could say that this interception is approach, the way I use it, is in healing the wounds of trauma and betrayal.

Dan Harris

00:27:51 — Yeah. So just to state that back to you, that the enzymatic experiencing through techniques. It's like breathing and vocalizing or working with your shoulders or your posture.

Peter Levine

00:28:03 — Or anywhere In the body that's being held.

Dan Harris

00:28:05 — Yes. You're getting us in touch with where tension trauma is being held so that it can move through.

Peter Levine

00:28:12 — Exactly. You said it better than I've been saying it.

Dan Harris

00:28:17 — What does all this have to do with the evolutionarily wired fight, flight, freeze response that we have and that all animals have.

Peter Levine

00:28:26 — Yes, that's right. Well, again, our response to threat or danger generally is the sympathetic nervous system, the fight or flight, that mobilizes us for action. But then when we're feeling overwhelmed or when, you know, with the COVID, people had such fear of the COVID, but it's not something they could see and it's not something they could flee from.

00:28:53 — So the one thing that they can do is shut down in the body. And this is my theory, and I've worked with a number of people, so I don't want to say that this is a proven fact, but I've worked with a number of people who have had this post-COVID, long-COVID, and their body has stayed shut down. And then when we're gradually able to help them move out of shutdown, then some of the chronic fatigue becomes less, in some cases, considerably less.

00:29:24 — So again, if we're in fight or flight, we mobilize for action.
If we're overwhelmed and we're shut down with freeze and collapse, then that cuts us off from connection.

00:29:41 — Well, connection to ourselves, our bodies, but connection to others, because when you're either expecting danger, you're, you're not going to want to engage with a, with a person, especially if you're in a state of shutdown. You just want to, you just want to get through the day. But then if it stays stuck, then we have to work and see where it's become stuck and then move out of it. And then sometimes say an acknowledgement or as you did it, it's like an affirmation where you said, I'm alive, I'm alive and I'm real.

00:30:21 — I'm alive and I'm present because again, that's a recognition of the importance of what happens when we begin to connect with our body, that we feel more present. We feel more alive. We feel more grounded. We feel more centered. And and there's no greater reward. There really is no greater reward. At least that's how I see it.

Somatic Exercises & Bodywork

Dan Harris

00:30:44 — If if I'm listening to this and I'm intrigued. And what, and I, you know, some listeners may not have access, at least not immediately, to a somatic experiencing therapist. What are some things that we could, what are some practices we can take that we could put into our lives immediately? And maybe

you've already listed them and demonstrated them already, but I want to pose that question to you anyway.

Peter Levine

00:31:10 — I mean, many people meditate, that's become more and more common. But what if you, instead of meditating on your thoughts, which is what most meditation is, about if you meditate also on your body.

00:31:30 — You know, I was invited to Thich Nhat Hanh Center in Plum Village, it's a meditation Center, and one of the things that I really had Sympathico with is that most of his meditation, especially until people really became proficient at this, was what he called walking meditation. So when you're walking, you naturally connect with your body.

00:31:59 — And then they would do those kind of meditations, walking meditations, and then they would meet in groups of 12 or 15 underneath the plum tree, and they would share with each other, remember the social engagement system, what they were experiencing, what they were learning, how they were relating to their bodies. So again, just if you're doing meditation, also try to do walking meditation and feel how your body moves in space and time.

Dan Harris

00:32:36 — And, and that alone, that re-inhabiting of our container, even without therapy per se, could that help us move through our ancient wounds?

Peter Levine

00:32:52 — Yeah. Yeah. Yeah. I mean, I think bottom line is it will enrich our lives. And why not do something that enriches our lives, whether we have major trauma or not? I mean, truly, there are not many people that haven't had some wounds. I mean, the word for trauma in Greek is wound, and then the word for wound in Old German is trauma or dream.

00:33:20 — So to really find ways to enrich our lives, to stimulate our dream talk, our dream world, world, our dream body, you know, many people, or I, I suggest to people that they write down dreams.

00:33:44 — And because often dreams are taking us in the next direction. But taking dreams, and when you, when I have a dream, I will, I will, actually what I will try to do is look at pieces of the dream, parts of the dream, and then with my awareness go from the dream to what I'm experiencing in my body.

00:34:11 — So using the dream as a way to come into the body maybe could even be called the dream body. So again, there are so many things that are enriched by body sensing, by body awareness, by interceptive awareness, that it makes sense

for everybody to practice this. And as I said, the one example of just the study, with just having a person become aware of their heartbeat,

00:34:40 — I mean, without feeling their pulse, but just hearing their heartbeat, that makes a significant difference in their well-being, just doing that. So, it's something that, maybe I'm being repetitious, but it can enrich all of our lives, any of our lives. And it is, I believe, the royal route in working with the effect of trauma, particularly trauma that's been on the body.

00:35:08 — Actually, one of the people who wrote the endorsements for the book, a man named Bessel van der Kolk, he said nicely, Peter is a wise and kind pioneer of somatic therapies who has been a beacon for clinicians all over the world for understanding and dealing with the physical imprints of traumatic stress. And he wrote a book called The Body Keeps the Score.

00:35:36 — And again, I think what we're seeing is, again, this used to be fringe, Dan. When I talked about this to audiences back in the 60s and 70s, I really received, well, basically a hostility. How could I say something so outlandish? And it was probably dangerous to have people become aware of their bodies. But that's not that way anymore.

00:36:03 — I think really at this point, it's no longer fringe. It really, you know, with research and with, you know, with different ways of connecting to our experience, I think it's now clearly a part of, maybe not completely in the mainstream, but largely now in the mainstream.

Dan Harris

00:36:31 — What has, I imagine, somatic experiencing has been studied quite a bit. Could you give us a sense of what the research indicates?

Peter Levine

00:36:41 — Yeah. Well, I mean, there are different kinds of research. The research that I mentioned initially, which was a study that was carried out, I think. It was in Israel actually, where there was a lot of trauma. And it would really look at the metrics for trauma. So there are different scales that you can use to measure trauma.

00:37:08 — And just doing, I think it was like, I believe it was like six sessions that they dramatically dropped the level of trauma. And this lasted for, I think, follow-up at six months if I'm correct. So that's what you want to do. This is called basically an outcome study. We've done some physiological studies of what happens when people are in different states.

00:37:37 — We've done a little bit of that. We've done research on applying it to different situations, for example, for marriage and family work, and work with children, particularly first aid, because children are always going to have their

accidents, especially once they're two years old. They can get into all kinds of trouble. You know, they're out on their skateboards or whatever, and they can get hurt, and they can get scared, maybe swallowing marbles and then being rushed to the emergency room.

00:38:13 — So, if the parents are able to be there with the child and support the child, be there by the child's side, maybe asking the child if it's okay for you to put your hand on the back, on their back, and then the kinds of reactions that you were just describing, Dan, that's what the children often describe.

00:38:35 — So it's, again, like I said, somatic experience is not just a therapy per se, but it's about how to to multiply the effectiveness of many different approaches, many different kinds of therapies, including cognitive therapies.

Dan Harris

00:38:54 — So it sounds like you're saying the more we can heal ourselves, get in touch with our own wounds, our own body, let that let it move through, we can become like nodes of healing in the larger world.

Peter Levine

00:39:09 — Yes, yes. And that would be my deepest hope, that when we heal from ourselves we can also help others, people who are close to us. But I think ultimately we can also begin to heal people who are further and further out in the world. And my God, if the world has never ever needed healing, it certainly needs it now.

00:39:39 — You know, I was doing a training many years ago, it must have been at least 20 years ago in Israel. And let's see, oh yeah, but at that time it was possible to also have Palestinian therapists come.

00:40:04 — And so somebody asked me the question, well, what if you don't know what your trauma is? Can you still work with it?» And I said, yes, you just need to have some symptom, it could be pain, it could be some haunting, but that's all you need. And so this man volunteered, a man named Chaim, and he was actually one of the pioneers of developing psychoanalytic therapy for Holocaust survivors. So he said that he'd been having back pains for 30 years.

00:40:38 — So it's interesting that he mentioned specifically 30 years, because that means he, in some way, his unconscious, pre-conscious knows something, subconscious knows something is going on 30 years ago. So when I start working with him, after a while, his body would go into waves, his fingers would become ice cold, then they would become warm, then he would be able to take full easy breaths and then rhythmically, full, easy breaths would come and go.

00:41:11 — And finally, at the end, you could just see he was sweating so deeply that this shock had been discharged. And the reason we later found out is when he was

an army doctor and his battalion was ambushed. And he, the only, everyone died, but he fell out of the truck backwards into a ditch on his back.

00:41:37 — And so the horror and terror got locked into the back in the form of pain, physical pain. So, you know, I could see people were deeply moved. So I asked if anybody wanted to share something, if Chaim was okay with it, what they were noticing in their own experience, in their own bodies. And this one woman stood up after a while, elegant woman, she was from Gaza Mental Health.

00:42:04 — And she said, Chaim, when you came up to work with Dr. Levine, I was praying that something bad would happen to you, that you would be traumatized, that you would be like, because you, you, your people have traumatized my people, have humiliated my people, have destroyed, killed my people.

00:42:28 — But something happened when I started to feel in my body something about what you were maybe feeling in your body. And I realized, Chaim, until we find peace within ourselves, within our bodies, we'll never find peace with each other. And I don't want to make this sound like a panacea, but I think this is an important thing to cultivate, to be able to know that when we're reactive, it's probably because there's some trauma that's being reactivated or activated.

00:43:03 — So how to work with those and how to use that to heal to our families, to our children, our families, to our communities, and even maybe even to our countries. I mean, by God, right now, you know, our country could use a dose of healing itself.

Dan Harris

00:43:23 — As you may know, this show, 10% Happier, has a companion app where you can go and learn how to put into practice all the great things you learn here on the show. As I like to think about it, it's like in college, the podcast is the lecture and the app is the lab where you can go and pound all of the wisdom from this show directly into your neurons. The app is also called 10% Happier. It's available wherever you get your apps. Go ahead and download it today.

00:43:54 — You described earlier that trauma is, when we're traumatized, often we dissociate because, and it makes sense, we're trying to escape the experience. Many people who are carrying trauma with them now really resist and find terrifying the notion of reoccupying the body, with good reason.

00:44:14 — So, what do you say to folks like that who hear about somatic experiencing and say, oh, this sounds horrifying?

Peter Levine

00:44:23 — When people first connect with their bodies, they may experience a contraction. But if the person is guided, and I describe, you know, quite a bit how

I was guided due do it for myself, for my own healing in the book, that you do feel worse for that moment. But if you're guided, this contraction will then move to an expansion, and another contraction, and then another expansion.

00:44:56 — Oh, here, I have one of my toys I forgot. So, we start to connect with the traumatic sensations, which we've dissociated from. So we start feeling contraction in our bodies, but then when we're guided, we feel an expansion, and then another contraction, and then another expansion, and another contraction, and another expansion.

00:45:20 — So in somatic experiencing, we never take the person right into the trauma. It's not like an exposure therapy, because that can be retraumatizing. But I call this titration. We just touch into those sensations and move from contraction to experience, I call that pendulation, like the movement of a pendulum. Contraction-expansion, contraction-expansion.

00:45:47 — So yes, it can be frightening at first, but a therapist who knows what they're doing is able to take the person through that fear and into greater connection and greater expansion.

Autobiography of Trauma

Dan Harris

00:46:02 — You mentioned your childhood traumas and you write about them in your new book and autobiography of trauma. In particular, you tell a pretty horrifying and very violent story from your own childhood. Are you comfortable discussing that here?

Peter Levine

00:46:23 — I won't say I'm 100% comfortable, but yes, I'm open to sharing it. But I want to preface this, in somatic experience like I just said, we don't go right into the trauma. So when I was having these symptoms, which were basically from a violent attack and a rape, to keep my family from testifying against the mafia, so our whole family was, our life was threatened. But obviously I don't want, or the person, the therapist, my student isn't going to take me directly into that.

00:46:57 — But I came to this following memory when I was four or five years old. My parents came into my bedroom, must have been in the middle of the night or early in the morning, and they laid a train track underneath the bed all the way around in an oval into the room, and then back also again under the bed.

00:47:23 — And then the train was going around the track, so when I awoke, I was just thrilled. And when I worked with what does it mean to feel thrilled, I could feel

that in my body. I felt excited. I felt turned on. And I jumped out of bed, and I ran to the transformer, and I changed the speed, and I made the horn go toot-toot.

00:47:51 — And that memory let me know that I was cared for and loved, even if it was only for a relatively short period of time. And one of the things that is characteristic of people who have just experienced even the smallest amount of love in their childhood, that these people will be okay, that with good therapy, they will be okay.

00:48:25 — And then my guide took me gradually into dealing with what led to the rape and how I was able to heal that. And I think when I decided to write the book, it was only for myself.

00:48:44 — It was really as a personal excavation. But a close friend of mine said, Peter, I think you really should publish this as a book because it could help other people with their own traumas, with their own healing, and particularly, you know, with telling their own stories. And, but I, I was, it was too personal, it was too raw, and I was really afraid to do it.

00:49:17 — And she, she's, she really encouraged me and she said, Peter, maybe just think about it. So, we were talking about dreams. I had the following dream. I'm standing by an open field. And in my hand I have reams of paper and they're typewritten. And so obviously it's some kind of a manuscript. But I don't know what to do with it in the dream.

00:49:43 — Then I look to the left, I look to the right. And then in my indecision, this wind comes from behind me and takes the pages and scatters them into the meadow to land where they may. And that then said, yes, I'm gonna tell the story and let it land where it may. Parts of it, I think, are inspiring.

00:50:10 — Parts of it, I think, will be, well, will be valuable to people who have their own traumas or are interested in the nature of trauma because I use my story as a way of illustrating, not just talking theoretically, but about how I came to Chiron, Chiron in Greek mythology, and now we think of Chiron as the wounded healer,

00:50:36 — that as therapists, it's behoven to us to do our own healing, because if we don't do our own healing, we're going to be limited in what guidance we can give to people who are coming to us for their healing. So again, I think this is an important part of my life, an important part, not the whole story, but an important part of the autobiography of trauma, a healing journey.

00:51:04 — So anyhow, there were many, many different things in my life. Some were just exciting, some were amazing, some were almost incredible that they even happened, but enriching, enriching for me, and I believe will be enriching for the readers.

Dan Harris

00:51:25 — Just to recap a little bit, Um, you, you, when you were growing up, um, your dad ended up being, um, uh, called as a witness in a mafia trial. And then the mob, um, tried to intimidate the family, uh, in a way to convince your father not, not to testify. And as part of that, you were violently attacked in a nearby park, if I recall. That's right.

Peter Levine

00:51:50 — And a park which had previously been a refuge for me.

Dan Harris

00:51:53 — Yeah.

Peter Levine

00:51:54 — I would love to go there after I'd come home from school. I would drink my milk and Peppers Farms mint cookies, and then I'd run into the park and go through the bushes down to a running track. And I would run, and I'd feel the power in my legs, the strength in my legs. And that's where we started when we were going to go to the rape itself. Um, so again, not all at once, but again, at one time when I was going down to the bushes, something was wrong.

00:52:29 — And there were these thugs wearing these Marlon Brando hats. And I knew something was wrong and, uh, the hair on my, on my back was standing up. And then I was thrown to the ground. And again, they wanted my parents to know what happened to me, so that that would intimidate them to not testify.

00:52:54 — But I didn't, I was too ashamed, because it's often what happens when people are traumatized, they have tremendous amount of shame. I was ashamed to tell my parents about it. I hid it hidden from them. I actually kept it hidden from myself. And until I was able to follow these symptoms and be guided, they lay also out of my reach.

00:53:19 — But they were there haunting me, haunting me and then waiting for me to make this uncovery. Also, it was not just this event, but the milieu of, you know, because the mafia sent over their lawyer. And so we, my brothers and I, knew something was terribly wrong, but it was never talked about.

00:53:46 — And finally, when it became talked about, well, actually, it never really became talked about. It was just left in the back, and so that was an additional thing, because, again, it's not just the trauma that happens to us.

00:54:04 — You know, what I say in An Unspoken Voice, one of my other books, is that trauma is not so much or not just what happens to us, but rather what we hold inside in the absence of that present empathetic other. And so my parents

couldn't be that for me, because again, they were under such a struggle, you know, of how they would survive.

00:54:34 — And for at a time we were, you know, experiencing some degree of poverty because, you know, my father's business, when his father's company went out of business. But again, all of these things can be healed. And the trauma itself, I mostly healed in one or two sessions. But the other things, the milieu takes more time. And at the beginning we were talking about this as being the hard work miracle to really feel supported by others.

00:55:10 — And one of the things when people wrote their endorsements in the book, I was so deeply touched by those endorsements that I felt their support. And in a way, their support was coming to me belatedly from the support that I didn't have as a child.

00:55:29 — So, and when I talk about that, it does bring waves of sadness and joy and how deeply they supported me and how important their endorsement was in helping me really take that last part in healing.

Somatic experiences and trauma

Dan Harris

00:55:48 — Well, the somatic experiencing sessions where you worked on this trauma, what was, what was that like?

Peter Levine

00:55:57 — Well, I mean, of course it was frightening, but my guide knew not to expose me to this all at once, to just touch into it, and also to go back and forth between, remember those positive images that I had of being cared about, of being loved, of shifting back and forth between those and the other traumatic images.

00:56:27 — So, not just the trauma images, but shifting back and forth, that's an important aspect. You know, there are also other parts of this that were very important in my development. I don't know if we have time, maybe I can briefly mention, when I was developing somatic experiencing and also working on my doctoral dissertation, there was a restaurant, and

00:56:55 — And this, if you think this is going to, what before was going to sound woo-woo, this is probably going to sound even more woo-woo. I would go to my favorite restaurant, The Beggar's Banquet. And I would, the waitresses there, they knew me, they invited me and I usually started my meal with a bowl of warm soup with French bread, crunchy on the outside, soft and white moist on the inside.

00:57:22 — And I would, you know, I would have something that I was writing on and I worked when I was there. At one moment, I saw a shadow coming to the other side of the table. And I looked up and it was an image of Albert Einstein. And of course, I knew that it was an image. That is what Carl Jung called, oh gosh, what did he call it?

00:57:57 — A type of imagery that's very real, that's eidetic. And that image is very important in our imaginary, that imaginary image. So, of course, at one part I knew I was imagining this. I knew I was imagining it. But at the same time, it seemed almost real. And I would ask the professor questions and then he would ask me questions about my questions, kind of the Socratic method, and this went on for a good period of almost about a year.

00:58:37 — And, oh, active imagination, that's what Jung called it. So again, the rational part of me knew that this was just an imaginative process, but that I could gain much from it. And so I could say went along with it.

00:58:55 — And it was something that I felt deeply moved every time we had this dialogue with us. So again, I figured this is something that simply is an imaginary image of active imagination. There was no reality to this, except some 30 years ago, 35 years ago, I was visiting my parents who live in New York,

00:59:23 — and I was coming back from spending the day at museums, and I walked into the apartment in the Bronx, and they were sitting on the sofa, and I noticed in the bookshelf there was the Theory of Relativity by Einstein. So that provoked me to mention to my parents especially to my mother, my experience with Einstein, my imaginary experience with Einstein.

00:59:53 — And my mother said, those weren't imaginary. And I said, what? She said, when you and your father were, when I was pregnant, eight months pregnant with you, your father and I were canoeing on this lake in New Jersey And a wind squall came and tipped the canoe over.

01:00:15 — And we couldn't right the canoe and we were certainly going to drown. And again, it would have been the end of my life as well, of course, before it started. And but then a small sailboat came along. And there were two people in the sailboat, and they rescued my parents. One was their older man, and the other one was a young woman. And they introduced themselves as Albert Einstein and his stepdaughter.

01:00:43 — And so my mother reasoned that because he saved my life in that moment of life threat, that somehow we would stay connected. I know this sounds totally weird, and sometimes it only recently would I have the courage to even talk about this, because I would be afraid of people thinking I was weird. But I'm not afraid of that anymore, you know, I think I've earned in getting this work out to literally 100,000 people or 75,000 people worldwide.

01:01:19 — It's out, other people are sharing that burden. It's off my shoulders. And the question, have I done enough? Which I try to address in the book. But I can say, yes, absolutely, I've done enough, because it's on the shoulders of these other people, these 60-odd people who are teaching Semantic Experiencing. But the question, am I enough, I think that is a work in progress.

01:01:49 — And that was really what I was trying to ascertain in writing the book for myself, was am I enough? And what does that mean? And what does that mean to me? And what does it mean to others who are around me, who care about me and who I care about them?

Dan Harris

01:02:08 — I find it fascinating that so many men of science, women of science, people of science have these metaphysical and mystical suspicions and convictions, really, that they that are they're afraid to talk about until until they can reach a degree of comfort that it can no longer destroy them.

Peter Levine

01:02:27 — Yeah. Dan, thank you for that. Thank you for sharing that, for saying that. I appreciate that.

Dan Harris

01:02:37 — I would imagine you're not alone.

Peter Levine

01:02:39 — No, no, I don't think so. And again, if that really inspires other people to have those kinds of active imaginations, you know, sometimes as children, our parents say, you're just imagining things, you're just imagining ghosts or whatever, rather than saying, tell me about that imagination at that images, you know? So, yeah, and I think, I mean, Einstein in his theories,

01:03:08 — he talks specifically about how the images inform the development of his theories, how important it was for him. You know, he said something like, you know, studying children's, studying physics is children's play compared to studying children's play. And I think he really, really, really appreciate imagination and how important imagination is and how he gifted me with this gift of imagination.

01:03:41 — So I would say don't let anybody tell you you're imagining things. See where they take you. And that was again with my book I made to follow the truth no matter where it went. I started with a from a Jewish quote, where did that go?

01:04:04 — What is truer than truth? Answer the story. And I really hope that all of you will tell your stories. If it's only for yourself to do that, and if it's to write about it and to publish it, I wish you well. May you stand tall and walk in beauty.

Dan Harris

01:04:24 — Let me ask a practical question. This loops back to something you said a while ago. You talked about this memory of your parents building a toy train track around your bed when you were four or five. Is that a practice that the rest of us could adopt that to re-inhabit moments of feeling love, connection, support as a way to fortify us in moments of difficulty?

Peter Levine

01:04:52 — Yes, they're always there. Are, if we are willing to open to them, if we trust enough to open to them. They're always there, or we wouldn't have survived, really, really. I truly believe that we all have these moments of joy, of being cared for, of being excited.

01:05:22 — Yeah, I think that's, yeah, I think that's part of the human condition. I mean, we may have had a lot of bad stuff happen, and many of us do, as so did I. But I am convinced that even before trauma, we had this experience of being cared for, of being loved. And that will be there after we die.

01:05:48 — It will always be there. It will be with us. And if we believe that there is, there are such images, I think you'll find they show up, you know. If, you know, they say, what is that, what's that saying? Well, anyhow, if you build it, they will come.

01:06:13 — So, if you believe that that's a possibility, I think you'll find that, and it may involve also writing down your dreams and exploring your dreams and relating what you, what the dreams are showing you to what's going on in your body, in your organism to find greater vitality, greater aliveness,

Dan Harris

01:06:39 — greater here and now presence. You said something about how those moments of support, love, connection will be there after we die, but how do we know, how do you, or how does anybody know what's going to be there after we die?

Peter Levine

01:06:54 — You got me on that one. And actually, the last chapter in the book is living my dying. And it's really about starting to face my mortality because at the age I am, there are many more years behind me than in front of me. And so I don't know what will happen.

01:07:21 — And I guess the question I ask myself is can I stay curious? Can I trust that when it happens, this part of me will occur? There's a, I apologize for this here. This is the part of me here when I had that experience as another experience of joy.

01:08:02 — Why? And this is who I want to return to. It's he who I want to accompany me when I leave this life.

Dan Harris

01:08:12 — Well, you were a cute baby.

Peter Levine

Thank you. Thank you.

Dan Harris

So how would that how would that like full body joy version of Peter, or how would that version of you accompany you when you die? What do you imagine practically?

Peter Levine

01:08:38 — You know, you're gonna get me thinking about this, really thinking about this. You know, somebody, I think the Stan Kellerman wrote that when we've lived our life fully, we're not afraid of death. And I must say, I'm not there yet, and I think I have a lot more living to do. And again, I think that's one of the things that motivated me to write the book, to really look at where my next enlivening will be.

01:09:14 — Yeah, yeah. And, you know, I think death is a great mystery, what Carl Jung called the Mysterium Tremendum, that we do not know, I don't know what it will be like, what will happen, and part of me is scared, but part of me is like, I have more things I want to do here in my life that bring me greater joy.

01:09:44 — You know, there's an expression in Hebrew called tekum alam, which means to leave the world in a better place than you found it. And I hope in one small way that I have left the world in a better place.

01:10:02 — And I think that also will support a more peaceful passing. So, basically, I don't know what it's going to be like. I get hints. My dreams sometimes, you know, take me along that pathway. But I continue to ask myself this question, what will it be like? Will I feel loved? Will I feel accompanied?

01:10:30 — And I hope so. But I don't know for sure. I don't think any of us knows for sure. But as we open into our lives, more fully into our lives, I think then we'll be more fully embodied and ready to shed our bodies as we change our form, as we leave our bodies and go into a place yet unknown in this mystery of this of tremendousness.

Dan Harris

01:11:04 — Well said. It's a beautiful place to leave it. Let me let me ask you, Peter, before I let you go, two questions that I generally ask at the end of interviews. The first is, Was there something you were hoping to talk about that we didn't get to?

Peter Levine

01:11:19 — You know, it was a very full discussion. I found myself animated. I found myself emotionally touched. I feel that I'm taking some of this, our interview with me into my life and I hope I'll actually to have the wherewithal to look at the podcast when it's played.

01:11:52 — But I can't think of anything more that I would want to add, except for the parts of my life that are yet unfinished. And I hope that I'm moving to finishing those parts.

Dan Harris

01:12:04 — I hope so too. And I've gotten, I will take many aspects of this interview with me going forward as well. And so let me just finish with this question, which is, can you please remind everybody of the name of your new book, the names of your older books, and anything else you want us to know about?

Peter Levine

01:12:21 — Okay, the newest book is called. An Autobiography of Trauma, A Healing Journey by Peter A. Levine. I also wrote, my first book was Waking the Tiger, which I wrote in 1992, but didn't get published until 95 or 96, called Waking the Tiger Healing Trauma. And then my main book for clinicians, but also for lay people, is In an Unspoken Voice, In an Unspoken Voice, How the Body Releases Trauma and Restores Goodness.

01:12:57 — Really much of the topic of our conversation this time. And then I wrote another book on memory because many lay people and therapists as well don't really understand the difference between normal memory and traumatic memory.

01:13:16 — And so I wrote a book titled Trauma and Memory, Brain and Body in the Search for the Living. Past. So again, that gives me another good feeling that I leave that with people to read and to learn from and maybe to remember me by. Yeah, to remember me by. And you can go to the website, trauma healing, to somatic experiencing dot com.

01:13:45 — There's also a link to trauma healing dot org. And if people want to find therapists in their area, because we have trained therapists in like 44 different countries, you can get that information from their website, from their website.

Dan Harris

01:14:01 — I'm glad you mentioned that. We will put links to everything that Peter just mentioned in the show notes, so if you're on the go, you can just come back to the show notes and click on them. Meanwhile, Peter A. Levine, thank you very much for coming on today.

Peter Levine

01:14:13 — Gladly, and thank you, Dan.