



Conscious Life presents

TRAUMA SUPER CONFERENCE

Building inner safety for deep healing

Guest: Dr Peter Levine

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[00:00:10] Alex Howard

Welcome, everyone, to this interview where I'm super excited to be talking with Peter Levine. Peter Levine, as many of you will be aware, is one of the real founding fathers of our understanding of trauma. Not just understanding what it is, but really some of the most powerful pathways to your healing trauma.

And I'll give Peter's full introduction in a minute. But this is a really interesting and quite personal interview exploring some of the key pieces that support self regulation. And we'll go through it both from the perspective of skillful parenting, but also particularly what that means, skillful parenting of ourselves and how we support navigating our own inner healing journey.

And I'm going to start off by asking Peter a question that I know a lot of people wonder about, about how many layers are there to the onion or how deep, mixing my metaphors, but how deep does the rabbit hole of trauma healing go? So this is a really, I think, important interview to watch.

Just to give Peter's full background. Pete Levine is the developer of somatic experiencing, a naturalistic and neurobiological approach to healing trauma. He holds doctorates in both biophysics and psychology.

He is the founder and president of the Ergos Institute for Somatic Education and the founder and advisor for Somatic Experiencing International. Dr Levine is the author of several bestselling books on trauma, including the particularly well known *Waking the Tiger: Healing Trauma*, published in over 29 languages. I think, actually, Peter says in the interview, I think it's over. It's 31 languages now.

He has received lifetime achievement awards from Psychotherapy Networker and from the US association for Body Oriented Psychotherapy. He continues to teach trauma healing workshops internationally.

So, Peter, welcome. Thank you so much for making some time to join me. I really appreciate that.

Dr Peter Levine

Gladly.

[00:02:17] Alex Howard

So I feel like a good starting point for this conversation is that I think sometimes people that have been doing their trauma healing work for a while and it can feel a little bit like layers of an onion. They feel like something's moved, they've had a shift with something, and then just as they have that moment of a sense of progress, they hit the next layer or the next piece.

And it can sometimes feel like, I'm mixing my metaphors here, but how deep does the rabbit hole go or how many layers are there to the onion and do they need to work through all of those? And I'm so curious about that. What are your thoughts, where it feels like it's just an endless path of more material?

Dr Peter Levine

Right? Actually, this is a really important question that you're asking. It's really a deep, deep question. I think it underlies not just trauma therapy, but therapy and healing in general.

The question, okay, is it one layer, onion layer after another, after another after another, and the supposition is that it's kind of the unpeeling of one trauma and another and another and another. And sometimes things look like that. But really, if it's possible, I think the most important thing is to do whatever work you're doing with the person, whatever work you're doing with the therapist, that it's based in the here and now.

Yes, we return to earlier things that have happened to us, but really, we do it from the platform of being in the present, being in the here and now. There's a caveat here because so many people who are traumatized, they say, I can't be in the here and now, I'm always going there. Well, again, this really says that, and I think this is one of the reasons why somatic therapy is so valuable, is that people can come to some kind of resource, some kind of solidity in their body somewhere.

Even if it's just a finger or something like that, or a hand, a breath. And so once the person has that capacity, it will remain with them and will grow. I sometimes think of these more like islands of safety. So we have this roiling sea of trauma and then there's just this little island in that sea. But then you find one other little island in the body and it can also be images and so forth. And then you have another, and then another, and then another, and then at some point, kind of like a critical point, it becomes more of a solid mass.

So even though that raging sea is around the person, we're not swallowed up by it, we're not overwhelmed by it. So I think one of the most important things in trauma therapy is to make sure the person isn't overwhelmed. Because if the person is overwhelmed in terms of the nervous system and the body can't really tell the difference between being overwhelmed and having the trauma happen again. So that sometimes we can call that when it happens like that... Where was I going?

Alex Howard

Yeah, I think the point you're making here is really important that in a sense, we can go in feeling like there is no safe place to land or no safe place to settle.

[00:06:22] Dr Peter Levine

Right.

Alex Howard

And that safe place in time starts to grow.

Dr Peter Levine

Yeah, exactly. And it grows and then it becomes doable and it becomes productive. Now, I don't want to take away from the fact that there are people who really need ongoing therapy, sometimes for years. I was reviewing some of my writing and I had a very dear, dear, dear friend, colleague. She died at the age of 93, and she worked with some of her children, really psychotic children, schizophrenic children, autistic kids, and sometimes she would work for years.

And that's what it took. But she did that often through play and with really allowing her presence to be there and to not shy away from whatever comes up. And all of these things are true. And if we bring in the body in this productive way, as a way of anchoring our experiences and having some connection with the here and now, then trauma therapy becomes much more...

Sometimes clients have said it feels like I'm doing what I really want to be doing, what I need to be doing, and I want you to be my guide. They might not say in exactly those words, but that is what they're saying. I need a guide, but I don't need somebody that's going to take care of me forever. So how to keep that balance, if that's helpful.

Alex Howard

Yeah, of course. One of the other places people can find themselves is, someone comes to doing trauma work because clearly their life isn't working, but then they start and then it can feel a little bit like opening a can of worms and suddenly it feels like life's gone from bad to worse. And I think that can be a critical moment where there can be a tendency for people to stop and having the right framing and the right almost going in, recognizing that there can be those challenging steps is important, I think.

Dr Peter Levine

Yeah, a can of worms and Pandora's box. These are things that do show up from time to time. And sometimes you really need to be more like a social worker to really help people take what they've gained in therapy and then how they can play that out in the world so that their life starts to begin to work.

So I think in some ways, trauma therapy for the future is usually more important than trauma therapy for the past. I really believe that. And again, is to how much of this and how much of that, how much really is about working with their trauma. How much of it is starting to help them realize, maybe even taking their hand, that they can get something out of life that they really want.

Alex Howard

It's a really interesting thing. You say that trauma therapy for the future can be more important than trauma therapy for the past? Because I think one of the tendencies can happen is that

because the things that have wounded us and impacted us and shaped us are in the past, so much of the fixation can be, I need to heal this thing in the past to be able to be free in my life now. I'd love you to say more about that trauma therapy for the future and that perhaps changing orientation towards the future.

[00:10:22] Dr Peter Levine

One of the things I guess I would say is that people can learn to become more resilient. And again, I think that's another key word here is resilience, again, of helping people start to develop some of those skills. And if you think about it, when an infant is with a caregiver, a parent, a mother, the baby's nervous system isn't able to regulate itself.

I'm just using the idea of the mother. It needs the mother there to hold, to rock, to soothe, to make contact, to play, to fall in love. Then over time, if it's a decent nurturing situation, the growing child, the developing child learns to do some of those things by itself.

So in somatic experiencing a lot of it is about regulating, I mean, it really is about helping people regulate their arousal states, and if they're too shut down, how to bring the shutdown up into a more middle range. But once a client learns that, once a patient learns that, and they're able to begin to do that on their own, then they're much more... Well, they're self empowered. Again, they use the therapist and, I mean, I'm absolutely thrilled when somebody, a client, I mean I'm not really seeing clients now, but when a client would say to me, you're fired.

Alex Howard

Your aspiration is to get fired by your clients, I love that.

Dr Peter Levine

Exactly. And if they don't say it, I may say something like, I think that's really great. I think you're really on the right track with that. And just know if something happens along the way, you can always give a call, and we can set something up.

Again, part of this is that we don't want to have people become autonomous until they're ready to become autonomous. Because sometimes not being autonomous can be a defense mechanism. But anyhow, when it happens in an organic way, when it comes out of the person being able to begin to regulate themselves on their own... And we always need other people.

In my book, *In an Unspoken Voice*, my second book, I describe a situation that happened with myself where I was walking across a crosswalk to go to my favorite restaurant, and there was a truck by the stop sign. And so a teenage driver didn't see me, and she went right through, and then she hit me at about... miles per hour, you do miles per hour?

Alex Howard

You can do kilometers an hour.

[00:13:41] Dr Peter Levine

Twenty-five miles an hour. And I was thrown up against the windshield and then thrown out into the road, and there I was in a limp body. And I literally well, I can't say literally, it was as though, no, I was out of my body. I was above looking down and looking at the crowd coming toward me, like carnivorous ravens coming down on their prey.

But again, I wasn't there. I was up there. This was I don't know, it was 2005, I think. So I know what to do. If I was there and it was a client or if it was a person and I was just there, I wouldn't know what to do. And I did know what to do, but I still couldn't do it without the following.

So after a bit, they called an ambulance and everything, and this woman came towards me, and she said, I'm a doctor. Actually, I'm a pediatrician. I remember thinking, that's exactly what I need right now. And so she sat down with me and asked what she could do. And I said just please stay with me. Stay here with me. And she did what was exactly needed, is she took her hand on my hand and held my hand.

And in doing that I was able to do the self regulation that is characteristic of somatic experiencing. But I really needed her to be there. Because when she held my hand, I came down from my observing place, my dissociated place back into myself and I could do what was necessary to not only come back into my body, but regulate my nervous system because my heartbeat was about 160 beats a minute, which is not atypical for a situation like that.

So anyhow when we're in the ambulance the paramedic is connecting up EKG leads and so forth and taking my blood pressure. And I said well what are the readings? And she said I'm sorry I could only tell that to the doctor. And I said well actually I am a doctor.

Alex Howard

They weren't expecting that response were they?

Dr Peter Levine

No but anyhow I had a doctor I had two doctors actually. So anyhow she said well there's something wrong with the equipment. And so she fiddled around again and again. I said what's happening? She said well it really can't be because your heart rate is 72 or 74 and your blood pressure is normal. So can you help me to know what happened?

And I never miss an opportunity to proselytize. I'm like the story of Johnny Appleseed who plants these seeds all over, around the country. So I'm sometimes a little bit like that. But again without the woman there I don't know if I would have been able to do that. I really really honestly don't. I mean as much as I know I really needed that other to be there. And in a way... actually some you know people often send me, you know, books to see if... ask me for an endorsement or something like that.

I thumb through one of these books and there was this really interesting quote and I thought this is completely right on. This person really has gotten it. And then I noticed it was a quote from *In an Unspoken Voice* the quote was something like this, trauma is not just what happened to us but it's what we hold inside, in the absence of the empathetic present connected other.

[00:18:16] Alex Howard

Beautiful.

Dr Peter Levine

And there is a Motown song, it goes something like it takes one to stand in the dark alone it takes two to let the light shine through. Our nervous systems need others... in a sense not just that way but in a sense the way the infant needs the other and that is through our lives.

And that's of course it's another thing that comes up frequently because when traumatized people try to get in a relationship or have been in a relationship it's very different because they may be triggered. Often people who have trauma attract other people who have trauma, not rocket science there.

So what happens when you activate each other? So when I did work with couples, I would work with them and sometimes I would work with one person at a time so they could really see what their mate was dealing with, their partner was dealing with. And then to get to a place where they can be less reactive. They can then be there for the other and the other can be there for them. And I think that's a really important point because otherwise people just will retraumatize each other.

There's an expression, I don't know where it comes from, probably from the twelve steps, but hurt people, hurt people. And if we don't really give people the tools, that's what's going to happen. So again, if you're just working on trauma working on trauma, working on trauma, but you're not really working with how trauma is playing out in your relationships, then you're going to wind up struggling more than it's necessary.

Alex Howard

Yes. It's also interesting in that journey from having that external support to one finding that sense of safety in themselves, the different forms that can take. And I was just reflecting as you were talking about your experience with being hit by a car and it was just the hand of a stranger.

And I was thinking that I went through a period in my 20s where I was really starting to hit my own trauma and in my own trauma healing. And I went through a period of having very intense panic attacks. And the real challenge at the time was I was living by myself and I couldn't settle and I couldn't sleep at night. So I would during the day I'd be distracted and I'd be busy and then I'd go to bed at night.

Apart from obviously having good therapy and trauma work and so on, the thing that actually helped that transition was moving into a shared house with strangers. I didn't particularly know these people, but just knowing there were other warm bodies in other rooms that were around and having those bits of time in the evening of watching a movie together.

And in hindsight I looked back and realized that part of my trauma had been you mentioned about having to be autonomous. I have to do it on my own, I can't be dependent upon others. But although doing the deeper work, of course, was an important part of it, just having that presence of other people was incredibly important.

[00:21:51] Dr Peter Levine

Yes.

Alex Howard

And I'd love to hear you speak a bit about really, I guess, the different ways that that holding and support can show up. That may not necessarily always be a therapeutic relationship, but the importance of that holding.

Dr Peter Levine

And that's a really good, important observation. Thank you for that. I'm working on, my friends over the years have twisted my arm, to write an autobiography, memoir or something like that. So it's been an interesting process and it's been really deepening of my understanding of myself. And actually I wasn't really planning to make it public at all. It was more like journaling for myself.

But then I had the following dream. I was standing in front of a meadow and I was holding in my hand sheets of paper in both my hands and I could see there was type written. And then not knowing what was going to happen, this wind came up from behind me and then took the pages up into the air and they just scattered and land where they land.

And one of the things that I was writing about, because there have been a lot of interest, for example, in the use of psychedelics and I think some of it is well, I think there are great promises, but there are also pitfalls. And so I tried to be kind of a voice of reason here, but anyhow one of my little research vignettes is this young man.

This is not a client of mine. This is actually a film, I think it's called *The Last Shaman*, where he's from a family which they provide for him, they provide for his education, but there's really no sense of warmth or connection. And he's suffering from deep depression and he's tried many, many different things. So finally he decides he wants to do an ayahuasca journey and so he goes.

I forget what country, I think it was maybe Peru, but anyhow, he goes from one shaman to the other and he realizes that they're very greedy and they really are manipulative in what they're doing and power hungry in many cases. But he realizes it's enough, then he keeps going and he goes, finally, the title, *The Last Shaman*, this shaman, he doesn't charge anything and it's in a remote village.

So he's with the shaman and the shaman says what you need to do first is for a month, you have to do the following ritual. And he gives the boy a ritual to do. So it really focuses intention, gets himself more ready. And while he's doing this, he starts to attach to the people there in the village, especially to the children.

And you can see that this is at least as an important part of his healing, as taking that journey. The ayahuasca journey. Obviously he's going to need support and help and so forth. But that turned around there when he was able to feel other people's warmth. And this is a little different than what you're describing because you're describing a group of people who are not necessarily really warm, but we all carry warmth within us, inside of us.

[00:25:51]

So anyhow, getting back to your example, I think that's true. We're not meant to live alone. Solitude, I mean, for me solitude is important. So there are times when I really desire that, but then I know I have people that I can make contact with and go and do something together, that kind of thing. So we can pretend that we don't need others. It's not reality.

Alex Howard

But there is something about that journey of because what I realize in some ways in that instance that it was like a merged support. Like it was a kind of finding a support externally that allows something to settle internally. But then in time it was like a scaffolding. Like I didn't need... it wasn't that I didn't need contact with others. I did but not in that dependent way somehow, where it was necessary for kind of day to day emotional equanimity in a sense.

I'm curious... Because what triggered my thought around it was also when you were talking about the role of the therapist and almost the celebration of firing the therapist where one no longer needs that external holding and contacts and safety because one's inner safety has been cultivated to a certain point.

Dr Peter Levine

Yeah. And again, you see that with young children, with babies where they really grow and they want independence. They really want to make that transition from oneness to separation.

And it's a really delicate dance again with the caregivers to really allow that. Because sometimes, because the caring is so deep, the love is so deep that that the caregivers don't want to separate from it. But if they're really, you know, if they're conscious, much more conscious, they will support that.

When the 18 month old gets up and starts walking and then falls down and just yelling and crying and so forth. Okay, does the caregiver come and then just lift them up? Or does this caregiver just stay there and be with them but not try to do that and let them do it on their own? So how much to do when to do it? Again, as I think an important earmark of therapy, of effective therapy.

Alex Howard

But I also, sorry to interrupt, I also think about my oldest daughter who's, at the time of recording, is eleven and a half and that's another stage of wanting to have freedoms, right? So her thing at the moment is wanting to walk to the shops on her own in London.

And of course, wanting to celebrate her independence, but also wanting to protect her from experiences that she may not be aware of the dangers and that's, it's a tricky...my wife and I talk a lot about, like, where is that appropriate edge?

Because it's not where my daughter thinks it is. Where is that? And that's sometimes also tricky in one's own therapy healing journey. Like where are my edges and what's safe and what is a good stretch. But yeah, how one navigates that.

[00:29:45] Dr Peter Levine

Yeah, how to navigate those things again, how to be a good parent. And sometimes being a good parent is setting a strong boundary. With my generation, parents were told never to pick up newborn babies because otherwise they would learn to be dependent on you. And never breastfeed because it's unsanitary. I mean, these were the craziness from that time.

And anyhow so really, where to be firm, where to say no? Yes, I was talking about my generation. It was kind of thing like, you don't want your children to become your babies to become dependent. Well, guess what? They are. But then, as I see us now, in these other generations, the parents are not really able to set boundaries.

18 month old, two year old can just kill themselves in the house. They put their hands in the electric socket, or they pull something hot from the stove. I mean, there's real, real danger. So you have to be able to say no, but also to let them know that they're loved. No, you can't do this. And then they start crying, and maybe the parent comes over and says, it's okay.

You did something that was unacceptable. You can't pull the tail of the cat, you can't put your fingers in your baby sister's eyes, but you are loved. And that's, again, a very difficult balancing act to do. It really, really is.

Alex Howard

And then I think if we map that to navigating one's own trauma healing journey, it's like, where are those edges and where are those places where we're ready to go another step in terms of, I guess, bouncing our own boundaries and growing our capacities. And that not being driven by sort of inner unhealthy push where we're always trying to push.

But I suppose really to crystallize my question, it's learning how to steer and navigate one's own edges and what is within one's safety and what's going to grow one's safety, what helps us do that?

Dr Peter Levine

Yeah, we live in troubled times, we really do, but we don't want our kids to just think everything is dangerous. But there are dangers. While you were talking, I was just thinking, when I was a child, around ten years old, ten, twelve years old, we lived on, my grandfather had a farm, and we would live there part of our summers and even weekends.

And one of the things that I did with my brothers is we had a little red wagon, and we would fill it with the cornucopia of fresh vegetables and fruits from the farm. And then we'd walk together along this dirt road for about a mile or so, and there was a bungalow colony, and we would sell our wares to people at the bung... I was with my two brothers, these three cute, cute, cute, cute kids. So we made out like bandits. We sold a lot of stuff.

I think he gave us 10%, I think that was. But anyhow, we weren't afraid to go on that dirt road alone. Even, we weren't afraid at different times to hitchhike to go into the neighboring village because it was too far to walk. But things are very different today. Very, very different.

[00:34:23]

So, how do you really help children to understand that there are dangers, but that every situation is dangerous because it's not.

Alex Howard

And I think, Peter, it's also the same, I think, about people navigating their own healing journey and knowing what they can and what they can't, what they are and aren't ready for, for example. In terms of, for example, let's say that part of someone's trauma is around relationship. Maybe there's some sort of sexual abuse or something that's going on.

Someone's kept the world at a distance and now they've started to be healing and they're ready to take the step towards more intimacy. But to do that in a skillful way and to do that in a way which there is still that safety and that protection whilst that work is happening. And I guess part of it is having one's own intuition and self awareness. But I guess I'm curious as to mapping what we're talking about in parenting towards one's own journey, how one navigates that.

Dr Peter Levine

Delicately.

Alex Howard

Yeah.

Dr Peter Levine

Delicately, but again, I think if you look at each stage of development, each stage builds on the stage before it. I mean, sometimes it goes back and forth. But if you've been able to successfully navigate the needs for autonomy, but also for safety, as the 18 months old, as the two year old, three year old, then they've learned what it feels like to do something that you're not supposed to be doing.

It's a very powerful feeling. And when this is done without repair, without saying that you're loved and cared for, it leaves a person in this state of chronic shame. And that's never helpful. That's never helpful. And so, again, to the adolescent, if that earlier stage has been well attended to, then the parent can be like, okay, no, if you do want to go out, you have to go there to be chaperoned with a parent.

And I think the idea of a chaperone is very useful. I mean, they talk about the chaperone going to the dance, but how about a chaperone really going through life? So the kids have that degree of independence, but there is that parent who's there to make sure they get the guidance they need when there's a tricky situation.

And then, of course, then you have the thing when they're a little bit older. I mean, they're adolescents. The thing about adolescence is that it's in a weird place. You're neither a child nor an adult. You're in this middle area, this gray zone.

[00:37:52] Alex Howard

And I guess you think you're an adult and your parents think you're a child.

Dr Peter Levine

Exactly. You've got the words right from my mouth. Yeah, exactly. But this too will pass. So again, I hadn't been thinking about it in this way until just a few minutes ago, but really, the importance of having a chaperone and having parents that share that role so the kids can do something like that. But then, of course, again, if you've done this and it's been successful. Then they're less likely to be doing drinking behaviors because again, that's where a lot of trouble comes from. It's a lot of trouble comes from that area.

In Europe, definitely much more than in the US. What I've noticed is that the parents, when the children are in the adolescent stage, when they're at home and that they're at the meal, at the evening meal, they let them have a little bit of a glass of wine and so they learn again the effect of alcohol on them in a safe place. And probably some people say, oh, you can't do that they're just going to want to go out and drinking. I think it's the opposite, actually. When it's done in a healthy way as part of the family, then I think it's much less likely that they're going to be engaging in those kind of behaviors.

And again, they need guidance. They need guidance from us, from their caregivers, from us as parents. It's really so important. And that's a relationship that's going to be there. And then those are the kids that they're in college or whatever there is, and something happens and they call up their parents and they just hear the mother's voice or something like that and all of a sudden they feel better. And they have this person that they can reflect with.

Alex Howard

And I guess, of course, for many people, part of the reason why there's trauma is that they didn't have that holding and guiding support in their lives. And so again, I'm hearing what you're saying is part of it is of course a therapist can be a conduit towards that, but it's also learning how to have that relationship with ourselves. I guess that's a skill that we develop and that's part of the fruition of that learning to self regulate, is learning to know what we need when, how and why and so on.

Dr Peter Levine

And to know situations that could be dangerous or just are unhealthy. So I think we're really saying the same thing in a way about, again, how important it is to regulate and to track our children's development. It's a full time job. Truly it is.

When you see good parenting, you know it and you learn from it. You learn from it, from all of these different stages and epochs in the person's development and how they are in the world. And to also know that each and every child is unique and they're not extensions of us, as much as we might believe that, but they really have their own...

It's like, in a way, they even come into this world in a new way and they will become the toddlers and the five years old and the adolescent, pre-adolescents and the adolescent.

[00:42:22]

They will find their way, to find their own authentic authenticity. I think if parents can celebrate that and to know that the child is not just a replica of them, it's not a clone of them, but they're their unique individual, a unique spirit, a unique soul. And that's exciting. And then to be able to celebrate that and celebrate it with your child, I think it's just great.

Alex Howard

Yeah. I also want to just get back to something you said earlier, again, tracking us both in child development but also in adult development, in one's relationship with oneself. You said something that I thought was really interesting, when you talked about, in a sense for your generation as children, there was an absence of, I'm slightly paraphrasing your words here, but in a sense an absence of safety.

Because of the absence of physical holding and breastfeeding and so on. But in some ways, I would argue for my generation, certainly for generation that came after, more safety, maybe not always enough safety, but in a sense, an absence of the boundaries and an absence of the edges and an absence of the no. And an absence also of the yes.

Go for it. That you've got what it takes to go for it. In terms of our own trauma healing journey, we need that to build that safety, but we also need to have those boundaries with ourselves and with others right?

Dr Peter Levine

Again, what you'll often see is those epochs kind of replay themselves in the therapeutic setting. So you're with a client and you're really beginning to help them learn how to first, co-regulate and then to self-regulate, and then everything's going beautifully, and then all of a sudden something happens and it's just not happening anymore.

And I think often that's when the child is pushing back. I mean, you see that in some degree, even with a nine month old, you know...let's again, just for the sake of discussion, say it's the mother, she's holding the baby, and then all of a sudden the baby just turns away.

And what the baby is saying is, I've had enough of this, and you have to, again, allow it. So I'm also thinking about, quote, inner child work, because we do in many cases, have to kind of give our hands, our adult hands, our outstretched hands, to that child that was neglected, abused, was traumatized. We just have to be able to learn how to do that. But we also need to help people find not just their inner child, but their inner adult and to support the growth of that adult, but to know which is which and when is when.

That's the beautiful complexity of this.

Alex Howard

I feel like there's a whole new rabbit hole here, but I'm mindful of time Peter. So, I'm going to resist my temptation to go down there and just ask you because there's so many places people can go deeper into your work. For people that want to find out more will obviously have your website up on screen in here, but I don't know if you want to speak to particularly in the context of our

conversation here, some of the resources, either in terms of your books or online courses, which will be good next steps for people.

[00:46:15] Dr Peter Levine

Yeah, I think you even said something about trauma as sometimes plays as physical symptoms, which is absolutely true. And I've just finished, and it was released. I think it'll be rereleased, a program with Sounds True. They produce some really good material, they're really a good company, a good organization.

And so I did this for people who have all of these symptoms of pain, of chronic pain and other symptoms which there's no medical explanation for, and how to use some of these awareness exercises in a program like this, where people are guided to do these different exercises. I don't even call them exercises, I call them awareness-cises.

You can do it, but the trick is doing it with awareness, with awareness. So, again, because we're talking about tens of millions, probably worldwide, hundreds of millions of people with these kind of physical symptoms, but really with no place to go. So that was the motivation in doing that program with the Sounds True.

And, you know, I mean, I've obviously written a number of books. You know, it started in well, actually, I wrote the book, but no one would publish it. In '92, when I did *Waking the Tiger*, you know, again, this was an idea, because trauma was...When I started to develop my work in the 60s and 70s, there was no definition of trauma as PTSD, so I was free to observe whatever I was observing.

And often, again, people came in with all of these physical complaints, which you would now call fibromyalgia, irritable bowel, migraines, and so forth. I guess you could call that in the self-help genre. And I tried to keep the balance in my work, you know, going back to *Waking the Tiger*, when I wrote it, and I could not get anybody to publish it. Nobody wanted to touch it. One company said, well, we did a book two years ago on stress.

Alex Howard

I'm seeing in your bio here published in 29 languages. So I guess they got something wrong.

Dr Peter Levine

More like 31 but anyhow nobody could take it. Anyhow the person then, Richard Grossinger...I made copies, like in Berkeley, they had Kinkos, like, for one or two cents a page, you could copy something. So I made kind of like a thing that I could give to some of my students as a way to help with their understanding of what I was doing.

Okay, so somebody handed that manuscript to Richard, and he contacted me, and he said, look, it's a very interesting book. It seems almost too miraculous, but there's a problem. It doesn't have enough technical terms and jargon for therapists, but it's also too sophisticated for the self-help audience. So if I would decide which one I would do, they would be glad to publish it.

And I thought about it for a couple of weeks. I came back to Richard, and I say, sorry, I've done this book I'm now working on, probably on another book. Anyhow, the long story shortened is I

self-published it and they distributed it. And so again, it became a bestseller because it was the right time.

[00:50:25]

And in a way, the definition of trauma and PTSD, I think, in some ways interferes with our understanding about how trauma gets lodged in the body and how it's essential to work with the body for the healing of trauma.

And I think that's something I'm deeply committed to in teaching, that it's absolutely essential to bring the body in. Two, three years ago I think. I got a lifetime achievement award from Psychotherapy Network. And so they have a magazine four times a year, magazine. So the magazine, when I was going to get the award, had a picture of a person, and it was like one of these puzzles where you have a lot of pieces together and one piece was missing. And the byline was the body is the missing piece.

So I think at this point, there's still people who are resistant. And one of the things I'm going to step in here again with my proselytizing, one of the things about somatic experiencing, it really helps people do better, what they do. To do, how they do what they do.

And so we've trained people all the way from body psychotherapists to a very cognitive oriented therapist. And each of them and uses what they learn in a different way. And I think that's one of the things that I really supported of somatic experiencing the way it was taught, that was not just to be taught to one specific profession or healing entity, but to many others.

And I think that's one of the reasons why it's now taught in 44 countries, just for that reason. This piece, again, once we can recognize it, and again, in some of my books, I give different exercises to awaken the body, to bring in the body as resource, as healer. Again, that's the name of that Sounds True. Body as Healer.

Then we're really contacting, I think, the deepest resource and the deepest stepping stone for moving both backward in time, yes, we do that sometimes, but especially moving forward in time. Being aware of our relationships and being able to heal the relationships.

I recently did a talk with Sue Johnson. She does really, really good couples work. Actually, if people want it's a free thing from YouTube, I think it's called Rays story somatic experiencing Peter Levine. And he was a Marine in Afghanistan and Iraq, and he was blown up by two of these explosive devices. And he was unable to speak or to walk.

One of the things that we uncover is that his best friend died in his arms. But then really what we need to do oh, I think Ray and Melissa just put up the link to that. Thank you.

Somaticexperiencing.com/rays-story.

Yeah, exactly. And so we go from working where he's completely disabled to working with him in the context of his family. Because, again, with military people, with vets, it's a real deep bond that they have. So the question is, how can you help them transfer that bond to your actual family?

So we go through that whole arc, and it's I think it's about 20 less than 25 minutes. So, again, you could, I think, is a good introduction, in a way, to the use of somatic experiencing with our wounded warriors.

[00:55:04] Alex Howard

Yeah, no, that's fantastic. Just to remind people, it's somaticexperiencing.com/rays-story.

Peter, thank you so much for your time and generosity today. I really appreciate it.

Dr Peter Levine

Okay, yeah. I just hope it's of use to people and I know Melissa has been trying to get me to come back your way.

Alex Howard

Thank you Peter.