

THE BEHAVIOUR INSTITUTE
Diploma in Trauma-Informed Psychotherapy

UNIT 4 • CORE READING 3 OF 6

03

Somatic Experiencing

Working with the body directly, without necessarily discussing the story at all

What This Document Covers

This document introduces Somatic Experiencing, an approach that takes a fundamentally different starting point from the two documents before it: rather than working primarily through verbal narrative or structured cognitive protocols, it works directly with bodily sensation, building on the nervous system material covered throughout Unit 2.

Where Somatic Experiencing Comes From

Somatic Experiencing was developed by Peter Levine, drawing partly on observations of animals in the wild, who routinely experience acute, life-threatening danger — predation, near-misses — without going on to develop anything resembling human trauma responses. Levine observed that animals in the wild frequently complete a visible physical discharge process after a threat has passed, sometimes involving trembling or shaking, before returning to normal behaviour. His theory, forming the foundation of Somatic Experiencing, is that human trauma often develops in part because this natural discharge process gets interrupted or suppressed, leaving activated survival energy, in effect, trapped in the body.

The Core Idea: Titration and Pendulation

Somatic Experiencing does not typically ask a client to recount the traumatic event in detail. Instead, sessions focus closely on tracking bodily sensation, moment to moment, using two central techniques.

Titration

Rather than processing an entire traumatic memory or its full emotional weight at once, titration involves working with extremely small, manageable increments of activation — approaching difficult material in doses small enough that the nervous system can process them without becoming overwhelmed. This connects directly to the window of tolerance concept from Unit 2: titration is, in effect, a moment-to-moment practice of staying within that window.

Pendulation

This refers to a deliberate, guided movement back and forth between activation (connecting briefly with a difficult sensation or memory fragment) and regulation (returning attention to a sense of safety or ease in the body). Over repeated cycles, this pendulation is believed to build the nervous system's capacity to move through activation and back to regulation more fluidly — directly addressing the goal, introduced in Unit 2, of gradually widening a client's window of tolerance.

Pause and Consider

Unit 1 introduced trauma-informed care partly around the idea of restoring choice and agency. How might working primarily through bodily sensation, rather than requiring a client to verbally recount a difficult story, itself be a way of offering more choice and control during the therapeutic process?

What a Session Might Actually Involve

A Somatic Experiencing session might involve a practitioner gently guiding a client's attention toward specific bodily sensations — tension in the shoulders, tightness in the chest, warmth in the hands — and tracking how those sensations shift and change, sometimes without ever requiring the client to describe the traumatic content connected to them in any detail. This can feel unfamiliar to clients, and practitioners, more accustomed to talk-therapy models, but it reflects a genuine, deliberate clinical position: that meaningful trauma resolution can occur through the body's own processes, without necessarily requiring the client to revisit the narrative content directly.

This does not mean the story is considered irrelevant — history and context still inform how a session is structured. It means the primary vehicle for change is understood to be bodily, not narrative.

Why This Approach Matters

Somatic Experiencing offers something genuinely distinct within this unit's survey: an approach explicitly built around the understanding, established across Unit 2, that trauma is not purely a cognitive or narrative phenomenon — it is stored and expressed physically. For clients who find detailed verbal processing genuinely difficult, retraumatizing, or simply inaccessible — including, notably, clients with significant dissociative presentations, covered in Unit 3's Document 3, for whom verbal narrative work can be considerably harder to engage with safely — a body-first approach can open a route to processing that might otherwise remain closed.

Who Somatic Experiencing Tends to Suit Well

This approach is often particularly well suited to clients with significant dissociative features, clients who experience trauma symptoms as predominantly physical (chronic tension, unexplained pain, persistent hyperarousal), and clients for whom detailed verbal narrative work has previously felt overwhelming or has not produced meaningful change. It can also work well in combination with more narrative-based approaches, rather than necessarily standing entirely apart from them.

What's Next

This closes the Core Reading portion of this unit. The Materials section that follows turns to Internal Family Systems, an approach that addresses trauma through the lens of internal parts and self-concept — particularly relevant to the Complex PTSD material covered in Unit 3.

A Few Things to Take With You

- Somatic Experiencing, developed by Peter Levine, works primarily through bodily sensation rather than verbal narrative
- Its core mechanisms are titration (working in small, manageable increments) and pendulation (moving deliberately between activation and regulation)

- Both concepts connect directly to the window of tolerance from Unit 2, aiming to gradually widen a client's capacity for regulation
- It can be particularly valuable for clients with significant dissociative features, or for whom detailed verbal processing feels overwhelming or inaccessible

Before You Move On

- What do you make of Levine's observation about animals in the wild completing a physical discharge process after danger passes? Does it change how you think about human trauma responses?
- Why might a client with significant dissociative features find a body-based approach more accessible than a heavily narrative-based one?
- How does pendulation, as described in this document, relate practically to the concept of titration?