

THE THERAPY ISSUE

# Want to Fix Your Mind? Let Your Body Talk.

Somatic therapy is surging, with the promise that true healing may reside in focusing on the physical rather than the mental.

By Daniel Bergner

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After requesting my permission, Emily Price, the therapist on my laptop screen, spoke to my feet. She thanked them, saying that they probably had a lot to tell us.

I had been describing a looming fear about my writing, about encroaching failure. Price sat in front of a dangling plant in her home office in Austin, Texas. With her red-blond hair pulled back in a ponytail, her delicate features communicated a mix of candor and vulnerability that created a sense of shared space, of intimacy, even by Zoom. She listened, took notes and, with a gesture of her hand, suggested that we leave my account of the situation off to the side.

“So you’ve got this thing churning within you,” she said. She informed me that we were “just going to be curious and explore” and guided me down into my body, encouraging an awareness of physical sensation.

We concentrated silently, my eyes closed, birds chirping outside her office window. Then she asked that I report back. My shoulders were vaguely weak and watery, I said, and my calves and feet were much more than vaguely consumed by an uneasy feeling that was familiar but hard to put into words — a feeling halfway between an electrical current and paralysis.

Price was giving me a demo session in an unconventional type of therapy called somatic experiencing. S.E. belongs to a growing movement of somatic — body-based — means for healing emotional wounds. In therapy, whether we’re troubled by low-grade suffering or besieged by forces more powerful and unrelenting, we tend to expect that talking our way toward insight will lead us to become at least somewhat better, less burdened, even happier beings. The mind is the way in and the way out. But a core S.E. principle is that, though we may assume otherwise, we live “from the bottom up,” as S.E. practitioners say, and the content of emotional states ranging from common anxiety and depression to the onslaught of full-blown post-traumatic stress disorder arrives in our brains from the neural circuitry running throughout our bodies. S.E. upends beliefs about the mind as the origin and essential locus of our feelings.

After addressing my feet, Price asked, “What are you noticing?” I said that I wished I were the kind of person who could give myself over to having my feet spoken to. “They might be telling us something really important,” she replied. “It’s hard when that’s uncomfortable or inconvenient.” I speculated aloud about what their message might be. She drew me away from reflection and returned me downward.

Price, who is 40, has a master’s degree in social work and added S.E. training seven years ago. “With clients who’ve been to insight-oriented therapy,” she explained during one of our many conversations, “the minute they get in their head and try to make meaning, they’re not in their body. I’ll say: ‘We’re giving your head a break. Let’s give that person time off.’” The mind, ideally, recedes, shifting out of the way, “letting the body do what it needs to do.”

In our session, she soon “reframed” my feet and calves into a “resource,” as she later put it, using an S.E. formulation; that is, she created a bodily place of refuge out of a zone of anxiety. To do this, she tried a few techniques; she had me tap my feet steadily and asked me to keep them still and imagine that they were like the roots of a tree, pulling nutrients from the soil. I fended off thoughts that this was all hokey, that my feet were just feet. But the roots were effective. With each slow intake of breath, I found myself pulling calm up from my heels toward my knees. My keen sensory discomfort was temporarily displaced, and throughout the rest of me, on up to my head, there was a lightness and a possibility of clarity.

What Price had just led me through was a variation on what S.E. terms “pendulation.” In S.E., the therapist guides the client, session after session, in a repeated back and forth between acute physical instability and the body’s capacity to stabilize itself, between the unsettling and the tranquil. Usually this involves two separate bodily areas. The pendulation might be between constriction in the upper chest, say, and respite in the hands. The movement between states is a key part of the therapy. The practitioner is teaching the client to somatically process and diminish the hold of destructive energy. It can either defuse within the body’s zones of sanctuary or dissipate by flowing outward from our physical selves.

Not all of Price’s clients want to try somatic methods. For some, there’s a dread that feelings lodged in the body will rush out of control, that they’re better left dormant. For those who do end up working somatically, Price isn’t a purist. She may interweave S.E. with cognitive behavioral therapy, which identifies self-defeating patterns of thought and tries to replace them with constructive ones. The mind matters even as the body is primary. At the outset, Price might incorporate S.E. techniques for only a few minutes in a 45-minute session. Eventually, meetings can be devoted almost entirely to the sensations that accompany a tormenting memory or undermining emotion or unremitting dilemma. “People get sweaty,” Price said about her clients when they are immersed. “They feel freezing. They shake. Or they might feel parts of their body completely disappear.”

S.E. practitioners sometimes provide the aid of their own touch — or, since the pandemic, with a great number of therapists now practicing virtually, an approximation of contact. “I get a vibe,” Price said. “I feel kind of like a magnet.” Heeding her intuition, and after establishing the client’s consent, she might, in person or by way of computer screens and the imagination, place one open hand between a client’s shoulder blades and her other palm on a deltoid muscle, or one hand on the forehead and the other on the base of the neck. Or she might sit directly in front of the client and set her feet atop theirs. “I am offering myself as support for whatever their body needs to do,” she said. “The craziest thing is that if my hand is in a helpful place, my hand will feel hot, really hot, and when I put it down, they will say, ‘I feel like your hand is still there.’ They will say this years later.”

I asked whether this physical communication was impeded when she and her client were in distant rooms. She answered that when, at an earlier moment, she lifted her hand toward me on our screens, she noticed that I took a long, deep breath. There had been a physiological interaction that could, if we were really therapist and client, help in our somatic work. Between her and her clients, she added, there is frequently “a connection, a oneness,” a mutual signaling and “surrender” that is “spiritual, sacred.”

When things go well, Price said, clients “feel intense relief.” She remembered clients’ saying that their damaging energy “was radiating into the carpet, or dripping off their fingertips. They understand how important the body is, and they can use this for the rest of their lives. It can prevent future suffering.” Taking care to avoid identifying details about the case, she spoke about a client who consistently undercut relationships, at work, at home. The client had “never done anything like this treatment,” she said. “Something within was ready.” The client was liberated from self-destructive fears. “Seeing how much better someone can feel — it can be like watching magic.”





Illustration by Daniel Barreto

**Judging by my** talks with a dozen somatic therapists, demand for their services is surging. Most said they were fully booked. I didn't doubt it, partly because mental-health practitioners of all types seem to have been under a mounting pressure of need since the start of the pandemic. But there is also a lurking dissatisfaction among many people who've undertaken more traditional therapies and found that probing and trying to redirect the mind hasn't accomplished nearly as much as they hoped. I heard this lament expressed in multiple ways, as I spoke with clients and as I joined 60 trainees for their first module of online S.E. training, with four full days of lectures and practice sessions.

"I came from a psychoanalytic background," Maureen Gallagher, an S.E. practitioner, trainer and client, told me, recalling her doctoral education, her early practice and the 13 years of Jungian analysis she herself went through. "My analysis was very, very successful. I understood myself better, I understood my upbringing. But I still had anxiety, I still had panic attacks." She sensed something missing in her treatment. "I regularly asked my analyst, 'What about this body that I live in?' And being a good analyst, he would say, 'Why don't you talk about it?'" She came to believe that because he worked in the realm of words and the intellect, he couldn't take her where she needed



to go. “The neocortex” — the frontal area of our brains associated with complex cognition — “can disconnect us from the primacy of being,” Gallagher says. From S.E., she learned that her body contains harbors of calm and can manage her anxiety, that “I am the space that is big enough for all of this.”

The basic ideas behind somatic therapy have become most widely known, nowadays, through the psychiatrist Bessel van der Kolk’s book “The Body Keeps the Score.” After a few years in the Top 15 on The Times’s paperback best-seller list, it soared to No. 1 during the pandemic and has stayed around there ever since. It has sold over three million copies globally and teaches that our “trauma is encoded in the viscera.” The book features van der Kolk’s work with capital-T trauma sufferers — combat veterans, rape victims, people severely abused in childhood — yet it seems to have caught on among readers whose trauma is lowercase and more universal: the failings of parents, the emotional batterings, the fears and feelings of isolation that life inevitably brings. In explaining our psychological troubles, van der Kolk highlights the role of what can loosely be labeled the primal regions of the brain, along with that of the body. Elaborate human responses are linked to underlying, animalistic fight-or-flight instincts. The book has a certain kind of romantic appeal; it restores us to the natural world, to the animal kingdom.

But while van der Kolk’s readership is vast, he is probably not the most essential figure in the somatic therapy movement. Peter Levine is the founder of Somatic Experiencing International, a training institute that, along with its affiliates, has graduated tens of thousands of practitioners, who have come from fields as diverse as addiction treatment, acupuncture and the clergy, as well as traditional therapy. Levine, who has doctorates in medical biophysics and psychology, began to develop S.E. in the late 1960s, as he pursued his biophysics Ph.D. at the University of California, Berkeley, and as he taught at the Esalen Institute, a New Age retreat center in Big Sur. (Pat Ogden, who started out as a yoga and dance teacher, and whose sensorimotor psychotherapy technique is similar to Levine’s approach, also has claim to the movement’s formative ideas. And beyond modern credit for its concepts, somatic therapy owes a debt to timeless practices like mindfulness and meditation.) Each year, rising numbers of students complete S.E.’s program. Based on first-quarter figures for this year, annual applicants for training have more than doubled since 2020. Van der Kolk’s best-seller-dom and Levine’s legion of new practitioners speak to a current yearning for the holistic.

Levine, who has feathery silver hair and, at 81, a voice at once resonant and slightly frail, told me about a series of revelations early in his career. One realization was inspired in part by Nikolaas Tinbergen, a Dutch biologist, who shared a Nobel Prize in 1973 for his study of the relationship between external stimuli and innate animal behavior. In his Nobel speech, he veered toward human topics. He spoke of “psychosocial stress” and inadequate “adjustability.” Levine soon sought out Tinbergen’s counsel and then hit upon what became one of S.E.’s crucial lessons, derived from innate animal responses.

Under extreme threat, some animal species will freeze, playing dead. It’s their final ploy as a predator is about to kill them. And if somehow, as occasionally happens, the prey is passed over and survives, if, say, the cheetah becomes distracted from the gazelle lying immobile on the ground and leaves the scene, the gazelle quivers violently for a short while before getting to its feet, its body quaking spasmodically before it bounds away.

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We watched an example of this quaking in a video during the training I participated in. Biologists had taken the video from their helicopter as they chased a polar bear, who fled in terror across the snow. From the chopper, the bear was shot with an anesthetic so the biologists could examine it, and when the animal woke, it contorted for long seconds before running off into its white habitat. To my unexpert eyes, the writhing looked excruciating, but according to Levine, such contortions are the animal’s healthy way of expelling the dire stress of being stalked. The animal shudders and returns to a perfectly functional life. As for us humans, our bodies store plenty of fear and despair, rage and helplessness, shame and a host of other debilitating emotions, whether stemming from capital-T or quotidian trauma, but we lack the reflexive outlet. Our trauma gets stuck within. S.E. is about giving us the means of release.

Levine’s foundational logic contains a major leap. He assumes that the animal shakes off mortal trouble and hurries away in good health. But for all we know, it has terrible PTSD and its health is merely our wishful projection. There’s also a much bigger imaginative leap within S.E.’s origin story. As Levine worked on his biophysics dissertation about stress and on his formulation of S.E., he was encouraged, in Berkeley, by Albert Einstein. Though Einstein had been dead for almost 20 years, he sat down with Levine and engaged him in weekly Socratic dialogues, helping him develop his thoughts over the course of a year, at Levine’s favorite restaurant, the Beggar’s Banquet. There, Levine insisted that the waitress bring Einstein a bowl of the same soup Levine was having, always “a green vegetable purée,” he recalled nostalgically.

“The scientific part of me,” Levine went on, “the clinical part, knew this was what Carl Jung called active imagination” — a way of delving into the unconscious — “and that Einstein wasn’t really there. But to tell you the truth, it seemed like he was, and anyhow, I didn’t have to answer whether I was imagining it or not — being with him was so important.”



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## **In the world of somatic therapy, belief and science are tightly, blurrily intertwined.**

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Einstein not only joined him for soup; he led Levine to a nearby pond for a discourse involving pebbles, ripples and intergenerational trauma. Later, Levine's mother told him that when she was eight months pregnant with him and on vacation with his father, the canoe they were paddling capsized in the middle of a lake. They couldn't right the boat. But two strangers, Einstein and his stepdaughter, happened along in a sailboat and saved them. Thus, as Levine understands things, Einstein's beneficent visitations in Berkeley were cosmically foreordained. In Levine's telling, a vivid, affirming dream starring a Tibetan lama was also involved in S.E.'s beginnings. "I know this sounds airy-fairy," he says, "and I don't want to seem woofy-woofy, but these nonordinary things, as happened with Einstein, are more ordinary when you're looking from a shamanic standpoint." Levine spoke about avoiding false boundaries among the scientific, the clinical and the spiritual and said that the combination is "the direction that healing modalities will take in the future."

On the scientific side of things, Levine and his institute teach that S.E. is substantiated by "polyvagal theory." The theory, shaped by Levine and the neuroscientist Stephen Porges in the early 1990s, concerns the vagus, a major nerve channel that regulates unconscious responses in the body and runs to the base of the brain stem. Within the vagus, the theory posits, there is a discrete tract that is supposedly responsible for particular adaptive emotions. The theory lends anatomical ballast to S.E. ideas, but critics argue that it is full of unproven notions. Francine Kelley, the lead teacher at the training I joined, seemed to acknowledge its tenuousness even as she defended it and led us through graphics about our polyvagal anatomy. "It's a theory — maybe 10 years from now we'll have a different understanding of the nervous system," Kelley told us, "but right now this really makes a lot of sense."

Polyvagal theory aside, there is research to back S.E.'s efficacy, though it is only fledgling. The studies aren't large enough or, for the most part, rigorously constructed enough to be conclusive. But then, definitive research regarding treatments isn't easy to come by throughout the infinitely complex fields of psychology and psychiatry. In the world of somatic therapy, belief and science are tightly, blurrily intertwined.



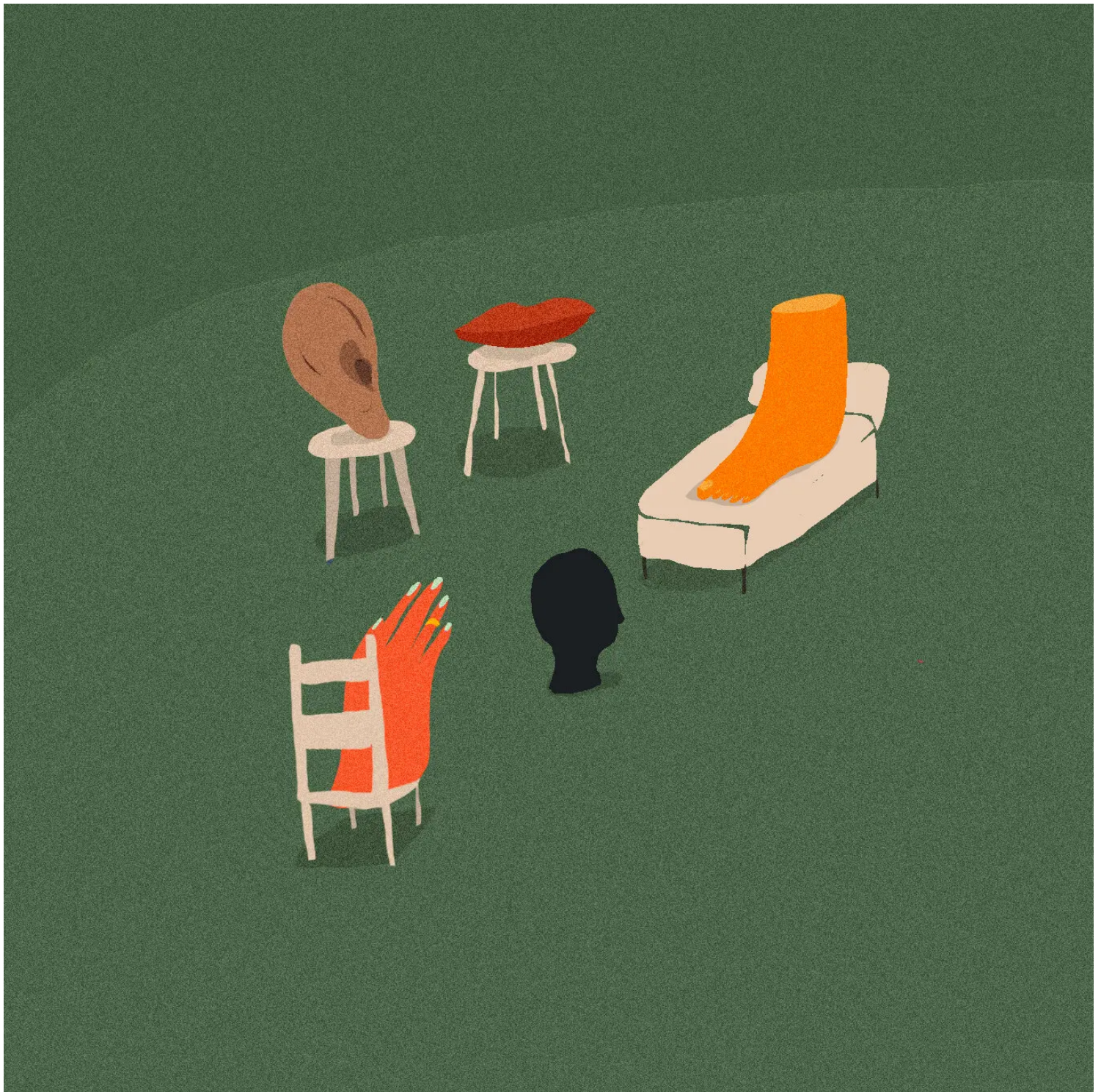


Illustration by Daniel Barreto

**Ife Kehinde** has wrestled with anxiety and depression for much of her life. Her Nigerian family — her father a physician, her mother an attorney — moved to the United States when she was 4, and she grew up “a Black kid in really white spaces,” she says, alluding to years in the Iowa City area and in well-off neighborhoods of Nashville. Her parents are Christians, and in religious settings, she remembers, she internalized an “overlap between purity and blond hair and blue eyes.” It didn’t help that “I developed before my white female counterparts.” And it didn’t help that, at the time, her immigrant family wasn’t big on exploring feelings, that her parents were much more intent on her succeeding in school and going on to a high-status career. The attitude was “you just get it done.” Full-blown anxiety attacks — trouble breathing, uncontrollable crying — began in high school, spurred by racial alienation and parental “expectation that was both explicit and implicit; you need to perform well.”

Seven years ago, when she was in her mid-20s, a friend recommended a therapist who practiced S.E. as well as eye-movement desensitization and reprocessing, a technique that is often categorized as somatic and that aims to loosen the clutch of distressing experiences through carefully directed side-to-side movements, usually of the eyes. “That’s when I started to do the embodied work that



shifted my life,” Kehinde says. S.E. gave her the understanding that “there was space, that my body has more capacity than I’d known, that I could let my feelings expand rather than white-knuckling it.” There were places within where her emotions could safely pool and slowly decrease.

By then, Kehinde was working as a therapist herself, and eventually she enrolled in S.E. training with a cohort dedicated solely to people of color. “There’s a way that people of color can settle in a nonwhite space,” Kelley, the lead teacher at my training, who is Jamaican-born and who is also Kehinde’s teacher, says, explaining why the institute has this training option. “There’s all the transgenerational history people are bringing. In mixed spaces, there can be a vulnerability experienced by someone whose body is not the accepted norm. There’s an anticipatory protectiveness, a sympathetic charge,” she says, referring to the sympathetic nervous system, the network associated with fight-or-flight instincts.

Kehinde was in the program’s first year when the pandemic hit and George Floyd was murdered, at which point, she recounts, Black people were desperate for a Black therapist. “My inbox was flooded; I couldn’t keep up. You could feel the helplessness in the messages people were leaving and at intake. It was, ‘I don’t know what therapy is, but I know I can’t keep doing what I’m doing.’ It was, ‘I want to talk to someone who knows what it is to walk through the world in a body like mine.’” After the killing, some of her clients — almost all of whom are people of color or Indigenous — felt themselves to be in emotional overdrive and couldn’t sleep; others felt they were trapped in quicksand.

Kehinde herself had an “intense somatic response,” she says, in the days following Floyd’s death. “There was something about the pandemic and then this racial trauma. My nervous system — it felt like a low-grade fire, a tingling electric sensation, like what I imagine as the aftermath of putting a fork in an electrical socket. And there was exhaustion. I couldn’t formulate sentences. It was brain fog. A feeling like I was sinking beneath the floor.”

In her virtual sessions with clients, Kehinde struck a “delicate balance, because the body can be the scariest place to be present,” and she worried that on Zoom she might miss signs that “someone was far past their threshold.” She taught clients that, on waking, they should scan their bodies for regions of sanctuary. She taught supportive S.E. self-holds, like the one Price described, with hands to the forehead and the back of neck, or hands layered on the upper chest. She advised lying under a weighted blanket. For herself, she did much the same, with the scans and the holds, and by having her roommate lie like dead weight on top of her. Floyd’s killing, Kehinde says, left many Black people feeling devoid of agency and profoundly endangered, “dysregulated” and “hypervigilant.” With her somatic work, she says, she could infuse a measure of internal control.

**The span of troubles** being treated by S.E. is wide, from utter devastation to ordinary obsessiveness. Alyssa Petersel is a social worker and the founding owner of a website that matches clients to its long roster of therapists, so she is well acquainted with a range of practices. For herself, she chose a practitioner with S.E. in her repertoire, because, she says, her “anxiety, perfectionism and workaholism” can lead to “activated states of panic” and “cognitive loops” that can’t reliably be quieted by asking “the mind to reorient.”

Last year, as her wedding neared, she was overwhelmed by the question of whether or not to take her husband’s last name. Night after night, unable to sleep, she made lists of pros and cons. “I spiraled into rabbit holes of ‘What does it mean?’ If I keep my name, I’m a feminist; if I don’t, I’m letting down all the women who —.” She went on, “My maiden name was rational, boss bitch, concrete. The other side was more woo-woo: You’re vowing to be each other’s person, and you can’t change your name? What’s wrong with you?” With her therapist, she learned to focus on “superhelpful data” from her body, as Petersel put it, to “trust the visceral. It was clarifying.”

On the spectrum of suffering, Lauren (she asked that I use only her first name to protect her privacy) is far from Petersel. Lauren stepped into Emily Price’s office in 2016, three years after being raped and strangled unconscious and almost to death on a path leading to her door in her home city, Indianapolis. She woke in the hospital with no memory of the assault. The whites of her eyes were bright red from all the popped blood vessels. A talk with a sex-crimes detective brought home the magnitude of what had happened, yet she still couldn’t access the memory. No one was ever caught. Lauren had some counseling and tried to return to her previous life. And outwardly, she was successful. Three months after the assault, she was promoted at her company. Less than a year later, she moved to New York City, where she had long wanted to live. She traveled widely for her job.

In New York, Lauren started working with a therapist. At their first session, Lauren raised a number of issues she wanted to address, not mentioning the rape and strangling until the last few minutes and seeing nothing strange in that. “I was completely numb,” she told me. “It was shocking, for such a self-aware person as I believe I am, how disconnected I was, how dissociated.”

That therapist soon referred Lauren to Price, who was, before the pandemic, based in Manhattan and seeing clients in person. Proceeding in calibrated increments, Price elicited Lauren’s awareness of the somatic effects of her assault, effects long repressed yet ever-present. There was a keen sense of suffocation, a feeling of gasping for air. There was, as Lauren spoke in brief bits to Price about what happened, a vibrant flushing beginning at her neck, at the line of strangulation, and rising up to her hairline. Price handed her a mirror so she could see the physicality of what she carried. “This wasn’t just rosy cheeks,” Lauren said. The color was violent. “There was a thousand-ton elephant on my chest,” she continued, then laughed sharply at herself. “I know elephants don’t weigh a thousand tons. But a significant weight. A large-ton rock.” She struggled to put words to the sensations Price helped her to confront.

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## There was 'a common theme of, "You don't understand; I've been suffering; no one has helped me; are you saying you can't help me?"'

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Early on, Price guided Lauren to identify physical resources — in this case, places beyond as well as within the body to counterbalance what seemed ungovernable and threatening. Again and again, Price led Lauren to intersperse bodily terror with attention to the solidity of the floor and to a framed print opposite the couch where she sat, an image containing an expanse of sky, which Lauren focused on while stating to herself, "The sky in that picture is blue, the sky in that picture is blue." She also learned to visualize wearing Viking chest armor as an antidote to all that felt menacing.

None of the S.E. practitioners I spoke with use only somatic methods, and with Lauren, Price included exposure therapy. This entailed riding the subway while safeguarded by her imaginary iron chest plate. It involved wearing clothing that was brightly colored, because this simple choice, Lauren said, meant that more people might look at her. She managed to walk on the New York streets, "where there's always someone behind you," and where her body constantly felt "as if a bear was chasing me," by reminding herself in a silent recitation, "My feet are on the concrete, the sky is blue, be aware of the trees, my feet are on the concrete, the sky is blue. ..."

The physical counteracted the physical. Heightened somatic states of 90 or a hundred, she recalled, were lessened to 40 or 50. But they would probably never diminish to a 10. Frequently, as we talked, she spoke at high speed, on the brink of breathlessness, as if the monstrous were right behind her. Her voice caught and tears welled as she spoke about how hard it was, 10 years after the attack, to "absorb the grief of time lost in trying to live the life I want to live while working on the most basic forms of existing as a human being. I am just closer."

**Price and I** had talked several times, and I had been speaking to people about somatic therapy for a few months, when she emailed to ask if we could talk again.

"There's something I want to name," she said. She worried that S.E. has an "emperor-has-no-clothes situation." She didn't mean to suggest anything fraudulent, only that S.E.'s founder, teachers and perhaps some therapists run a risk of overpromising or putting out a message of "a magical fix" — that "it's in the body, and once you just learn to tap into it," all will be better. I thought back to something Kelley told her trainees, using an S.E. catchphrase: "We're saving the world, one nervous system at a time." A luminous optimism suffused her presentations. "The results are nothing short of miraculous," a psychologist proclaimed in a banner on S.E.'s website. I thought too about Levine's talk of the supernatural and what a recent S.E. graduate said to me about a video on the institute's site that claimed to demonstrate Levine's powers. In this film, he healed the debilitating PTSD of an Iraq War veteran. "He's like a shaman," the graduate said.

Price spoke about a hovering danger. Over the past few years, sometimes new clients didn't want to hear that Price used other approaches as well as S.E., that she employed cognitive behavioral offshoots like acceptance and commitment therapy and dialectical behavior therapy. Some clients wanted to talk only about how Price would help them through somatic work. They said that they had been to therapists who tried all those other ways. They grew angry. There was, Price said, "a common theme of, 'You don't understand; I've been suffering; no one has helped me; are you saying you can't help me?' There's so much pain and fear behind this. There's something about what S.E. is offering that leads to these kinds of conversations. There can be insane expectations." It can be a way, she added, for clients to avoid accountability. It can be "extra attractive to someone who can't look at who they are, who's just looking for the thing that will magically change them and fix them." The lure of the somatic could sometimes come from a desire to escape the work the mind needs to do.

I asked Price why she had put off mentioning this for so long.

"I haven't been saying this to anyone, even to myself," she answered. "This is the first time I've talked this issue through."

She explained her avoidance by saying that the prospect of her own impact, through S.E., had a seductive appeal. In the field of therapy, where even minor breakthroughs can be stubbornly elusive, the possibility of working wonders was a promise difficult to deny.

The promise wasn't entirely illusory. I'd felt it myself. What I should do, I sometimes thought, is draw tranquillity up from the soles of my feet every morning and commit myself to working with one of the somatic therapists I'd met. The attraction is strong. Romanticism and the return to nature, the holistic and the spiritual, are all part of the longing. There's the hope for release in the primal and salvation in the mystical. The allure may be strongest for those of us who live mostly in our minds, even as our minds whisper back skeptically, protesting the irrational and warning of self-deception. But aren't our minds, all too often, quick to put up resistance, so quick that we can barely recognize the reaction? Aren't our minds adept at defense? Below may lie the possibility of healing.



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