It’s been 23 years since Peter Levine, with Ann Frederick, published *Waking the Tiger* – a popular and pivotal book about connecting with the body to heal trauma. It brought body-focused techniques to the wider awareness of both self-help readers and therapy professionals. Together with its associated approach, Somatic Experiencing®, it made Levine one of the key figures in the now burgeoning field of trauma recovery.

Reading *Waking the Tiger* now is a fascinating snapshot of a key moment on this journey. In it, Levine seems a man on a mission to share the insights he’s gleaned from 25 years as a Reichian-trained “scientist-healer” who has worked with “people who have been traumatized in almost every conceivable fashion.” As the quote that began this article indicates, he is suggesting nothing less than a total reassessment of how we typically deal with trauma, both on a personal and societal level – and paying attention to the sensations in our bodies is key.

Levine draws much of his inspiration from the natural world, of which we “human animals” are just another part. His own observations of animal predator-prey behavior, coupled with research from the growing field of psychophysiology, have yielded the “missing link” in healing trauma: namely, the “fluid adaptation of wild animals” that have been attacked and survived the ordeal, “as they shake out and pass through the immobility response and become fully mobile and functional again” (p. 18).

For us humans, it’s not quite so simple. Drawing on neuroscientist Paul Maclean’s triune brain model, Levine explains how this natural healing response can be interrupted. Confronted by shock trauma (longer-term, developmental trauma is mentioned briefly in the book, but isn’t its focus) we may experience an instinctual fight, flee, or freeze response. However, our highly evolved neocortex (rational brain) can kick in to interfere with the gentle discharge of energy initiated by the evolutionarily older reptilian part of the brain. If this “instinctual cycle” is not allowed to finish or resolve itself, the energy becomes “trapped in the nervous system where it can wreak havoc on our bodies and spirits” (p. 19). Symptoms of trauma thus exist in us as “incomplete physiological responses suspended in fear” (p. 34).

Accessing these physiological responses and allowing them to complete does not, says Levine, necessitate reliving the experience through techniques like flooding, or even necessarily reliving the original experience at all. Nor does it require dramatic emotional catharsis. Rather, these trapped responses need to be paid gentle attention to in the form of bodily sensations – “tracked” by a suitably attentive therapist in touch with their own embodiment, and by a client who is encouraged to bring a gentle awareness to bear on their inner experience.
Given space in this way, the stuck trauma will shift, and move towards completion. The book’s titular tiger emerges from the undergrowth in a 1969 session with a client called Nancy, who starts having an anxiety attack after Levine tries to lead her through a relaxation exercise. Levine sees the tiger in his mind’s eye, and finds himself compelled to urge her to run from it.

Sure enough, her legs and body begin to tremble. A memory later emerges for Nancy of undergoing a tonsillectomy at the age of three, strapped to a table, and hallucinating from the ether used as anesthetic. Levine explains that the relaxation exercise freed up Nancy’s long-held “immobility reaction” from the experience, releasing arousal in the form of rage and terror. The tiger allowed Nancy to finally take action, to escape, and to discharge this heightened arousal that had been held in for so long.

From this formative early experience, the ground is set for the rest of Waking the Tiger. Levine goes on to explore what he sees as the four key components of trauma: hyperarousal, constriction, dissociation, and freezing/immobility/helplessness. He discusses the many ways acute trauma can occur in an individual, from pre- and perinatal trauma to violence and abuse, with some particular attention paid to childhood surgery. He explains how symptoms of trauma, which can often emerge in the body as “psychosomatic” complaints, can emerge months or even years after the event. In one thought-provoking chapter, he explores Freud’s repetition compulsion with regard to trauma: “Frequent re-enactment is the most intriguing and complex symptom of trauma. This phenomenon can be custom-fit to the individual, with a startling level of ‘coincidence’ between the re-enactment and the original situation. While some of the elements of re-enactment are understandable, others seem to defy rational explanation” (p. 184).

Wider connections are made with references to myth and shamanism; like Perseus, we cannot face the Medusa of trauma head on lest we be immobilized by fear. We must instead approach through the “reflection” of sensation in the shield of our bodies. Levine has worked with shamans “of several cultures” (as well as spending a year as a stress consultant at NASA working with the first space shuttle pilots — definitely an interesting CV), and explains that while his approach is not in itself shamanic, it is still connected to these traditions — not least by the warm sweat, trembling, and shaking that both shamanic healing and body-oriented therapy clients might experience.

What Levine doesn’t do a great deal of in Waking the Tiger is go very far into how the therapist — as opposed to a reader working on themselves — can actually work with trauma, and how Somatic Experiencing actually works in practice (although there is a practical appendix on helping children and adults remain free from trauma after accidents). An all-too-brief section on “transformation” near the end of the book looks at how the nervous system regains its capacity for self-regulation through the “rene-

The relative absence of technique is certainly remedied in the book’s follow up, In an Unspoken Voice. Published 13 years later in 2010, this book contains more — a lot more — on this, and expands on Waking the Tiger in almost every way (while also, it must be said, lifting a few portions of it completely). While Waking the Tiger feels like the imparting of an important message, and has the sense of discovery, excitement, and future potential that goes with that, In an Unspoken Voice feels more complete and weighty, more defined. It’s a pleasure to spend time with Levine as he shares what he’s learned over his many years of research and practice. The message is still there, still energized, but explored from different angles and in new directions.

The above process of working with trauma is soon elaborated in a set of nine “building blocks.” After establishing a sense of relative safety and awareness of sensations can come a process termed “pendulation”: “experiencing the innate organismic rhythm of contraction and expansion.” Pendulation is, Levine explains, “about getting unstuck by knowing (sensing from the inside), perhaps for the first time, that no matter how horrible one is feeling, those feelings can and will change” (p. 78).

Similarly important is the concept of “titration.” To prevent retraumatization through overwhelm, the client is instead guided to “[touch] into the smallest ‘drop’ of survival-based arousal, and other difficult sensations” (p. 75) — helping them to build stability and resilience. It is important to balance this process with the accessing of more benign—seeming sensations, which Levine terms “islands of safety.” These could be located in an area of the body, a posture, or movement, and can be linked to form a “landmass” that helps clients negotiate and tolerate increasing levels of traumatic arousal.

With this filling out of the theory with the practice, the book becomes more of a manual for the practicing therapist looking at ways to work with trauma in their clients. There is an explanation of Levine’s SIBM model from the 1970s, which draws on the power of somatic resonance and subtle observation, as well as a very interesting chapter, “In the consulting room,” which presents a series of case studies.

Levine also takes time to fill in some of the influences on his work not mentioned in the 1997 book, paying credit to the scientists and researchers that inspired him, including Nina Bull’s work in the late 1940s and 50s on the bodily postures and internal experiences associated with different emotions (p. 331). But he also connects it to the contemporary scene, drawing on the explosion of mainly neuroscience-backed research into the body—mind con-
nection over the past 20 years.

This is most obvious in the chapter “A Map for Therapy” (p. 97), where Stephen Porges’s polyvagal theory of emotion is explained and connected to Levine’s model. For Levine, as for many body-oriented therapists, Porges’ work both provides a “treasure map” of psycho-physiological systems that govern the traumatic state, and it underscores the importance of somatic approaches – including face-to-face engagement, movement exercises, and touch, in helping clients effectively work through trauma and re-connect with themselves and the wider world.

As well as situating the work in contemporary research, Levine locates it, to some extent, within the body psychotherapy tradition. A chapter on “The Embodied Self” (p. 271) moves away from a more or less explicit focus on the problem of trauma to a wider look at embodiment more generally, and the healing power of interoception combined with gentle non-judgmental awareness, with reference made to the work of body psychotherapists throughout the 20th century. He makes the case that insight, or knowing why, in therapy isn’t enough – and can even be demoralizing or disturbing, as it doesn’t in itself produce change. This is contrasted with focusing on awareness, and the increased capacity for noticing and tolerating bodily sensations, which can “seemingly, as if by magic, prevent or dissolve entrenched emotional and physical symptoms” (p. 290).

Readers of this journal will probably agree with the power inherent in this approach, and indeed the book is framed by Levine’s own experience of being knocked over by a car and managing to emerge free of trauma through practicing this very awareness of subtle sensation. But for me, it brings up one aspect of the work not particularly addressed – that some clients may find the requested bracketing of their verbal or emotional expression by the therapist for a repeated return to their inner awareness itself demoralizing or dissociating. In short, they may not feel fully “met.” While the importance of gentle, compassionate connection is emphasized by Levine, the relational turn in body psychotherapy is not addressed.

Levine then takes a long look at “Emotion, the Body and Change,” beginning with the assertion that “the process of change has to do primarily with being able to alter one’s internal feeling states” (p. 309). It includes a brief look at the work of pioneering therapists like Freud, Reich, Lowen, and Perls. Who knew that Reich referred to Lowen as “the uppity uptown tailor” and Perls as “the dirty old man from the Bowery” (p. 311)? Relatively short shrift is given to the catharsis-based techniques of the 60s and 70s. For Levine, it’s the “feelings accessed through body awareness, rather than emotional release” that “bring us the kind of lasting change that we so desire.”

There is much more to explore in this book, and like the first, the reader is carried along by an admirably accessible prose style, as befits a book that aims for a wider audience than only professionals in the field. The in-depth discussions of psychophysiology and neuroscience in both books are lifted into a wider context by the many quotes that introduce the various sections. From the wisdom of the Chinese divination text the I Ching to the deep vision of D. H. Lawrence and William Blake (and even some reptile-referencing excerpts from Michael Crichton’s novel Jurassic Park), these provide a welcome broadening of context and color.

It’s clear that despite his eye for the evolutionary complexity of our fascinating physiology, Levine doesn’t get lost in the details. Reading both these books, one is left in no doubt of his compassionate big picture view, and his excitement at our human potential for transforming trauma – the reward for such a grave endeavor or being no less than an “awakening of our life force” that can feel like “a gift from the gods” (p. 356). This reviewer was left with a simple but powerful gift: a renewed appreciation for my embodied inner awareness – that which connects the very small with the very large, and back again.

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REFERENCES
