Interview with Peter Levine and Bill Smythe

by Bill Harvey

Bill Harvey: I understand you've been studying stress and trauma for some time.

Peter Levine: Since I was born. Well, actually I've been researching stress and trauma for over twenty years.

Bill H: Your dissertation is about trauma.

Peter: About stress and trauma.

Bill H: Where in your studies of stress and trauma did you meet Dr. Rolf?

Peter: I'd heard of Dr. Rolf and knew I wanted to meet this woman, not excessively because of the Rolfing I was getting, but because I had heard some things about her ideas. I knew this woman was talking sense. She envisioned stress as a palpable quality and quantity, something you could get your hands on. For me, that was what was sorely missing in all the research on stress.

I don't remember how I got a hold of her...I think through Rosemary Feitis. I don't think Rosemary had studied with her yet, but she was kind of hanging around, and I went down to meet her in Big Sur in Jan Brewer's old river house. I walked in the front door, and I got the usual "AND WHAT DO YOU WANT?" (Laughs) I didn't know enough to be intimidated. Out of some mixture of innocence and stupidity, I said, "Well, I just think we have some things to talk about. I think you'd be interested in what I have to say, and I know I'm interested in what you've been doing." So, we wound up talking for about five or six hours that day. She said, "Well, that's okay, and you can do some things with me, but I'm never going to train you because you're too skinny." Actually, she said, "...because you're too small." She later called me (I hope affectionately) "a bag of bones and a waft of hair". So that was the story, at least the first part in 1968.

We met again in New York a year later when we talked another six hours. We went out to her favorite N.Y. delis where she proceeded to tell me how lucky I was knowing her. And how lucky I was that she had decided to let me study with her and what an honor I should consider this. And I nodded, and I listened; I agreed. At the end of the meal, an old Jewish couple came over and went right over to her, and they were watching us, because we'd had an animated conversation. They went up to her, and the woman said to Dr. Rolf, "Oh, you're so lucky to have such a wonderful grandson like that." And I said, "That's just what we were talking about."

Bill H: Did she think that was funny?

Peter: She laughed. I think she thought it was funny, but she was going to be damned if she was going to laugh more than "Ha, ha, ha."

So that's how I got started, and part of the unwritten agreement we had was that I would get interested in research. If she were going to train a scrawny frame such as myself, then the least I could do was conduct Rolfing research. My first efforts were in taking thermographic measurements reflecting autonomic nervous system conduction. I did this in my Auditing class in 1969 when Peter Melchior was assisting.

Bill H: In your early experience of Rolfing, both as a receiver and as a practitioner, were you aware that Rolfing dealt with stress and trauma?

Peter: When I first did Rolfing, I experienced it in a very deleterious way. The Rolfer who worked with me was very destructive. I was quite damaged by his insensitivity to my rhythms and needs. I had a tremendous collapse due to that. You might say I learned the hard way about what not to do.

Bill H: So that was at the hands of a less than competent practitioner; but how about it at her hands or Peter Melchior's hands when you began your training with Dr. Rolf?

Peter: That was real different. With Peter, I really had the sense I was met and could soften to a tremendous amount of fear and anguish I had in my body. Ida Rolf also had in her own ways a profound sense of timing and appropriateness. Also, my partner in the training was a wonderful woman Beverly Silverman. We were partners. I think even at that time, we started to find the sense of how important rhythm and pacing are. Because both of us were nervous-system type persons.

Actually, let's go back a step. I was doing thermographic measurements in the Auditing class, and I started to get a connection between structure and autonomic responses. I was seeing the changes at an energy level. I started to be able to see the subtle autonomic body along side of and parallel with the structural body, the physical body.

Bill H: Is that a talent developed shortly after you became Rolfer or did you have the talent to start with?

Peter: No, I didn't have the talent. It started when I was doing the practitioning training. After the first hour, I though we had better find out what happens in the second hour. We started asking one of the Rolfers in Big Sur questions like, "What do you do the first hour; what do you do in the second hour?" I thought we had better find out what happens in the second hour so we could be "intelligent". They would tell us a little bit. Then we would come in the second day, and the model would be there stripped to underwear, and Ida would say, "Okay, what do you see?" So we would say what we thought she wanted to hear, and she would just glare around the room and say, "No. What do you see?" Somebody else would get up and

answer the question, and she would become more and more impatient each time. You could see people trembling, afraid she was going to call on them. Finally, I got it. My eyes were bulging out of my head first, but I realized you have to see! You have to give up all the great stuff she was teaching us long enough to see what was really there!

The Auditing was boot camp for me. It was surviving her unmerciless insistence that people be able to see. I think she realized at a profound level that the model would actually interfere with people being able to see. I could start to see the structure, and then I thought, "Holy Mackerel!" I thought back on the measurements. I went over these (thermographic) autonomic patterns, I saw this incredible relationship between the structure and patterns. I hadn't been able to see at first in my Auditing, because I didn't really get to see structure then. Instead I was trying to figure out what she was doing and why she was doing it and what to do after what.

Bill H: This is an aside. What was the influence of your ability to see subtle bodies on putting your work in Somatic Experiencing together? Was that one of the things that sort of integrated the autonomic and the gross structural?

Peter: When I say "subtle body," I'm really talking about the autonomic, visceral, expressive "energetic" body.

Bill H: So you are referring to flesh.

Peter: That's right, to physical things, but at a more subtle level of perception.

Bill H: So, to return to our narrative, you had the unpleasant experience at the hands of a less-than-sympathetic Rolfer, a Rolfer with an agenda.

Peter: Oh, he was "sympathetic", I suppose, but invasive and lacking his own personal and sexual boundaries.

Bill H: Then you moved on and started your own creation.

Peter: Yes and no. It was a slow process. I Rolfed for several years; I felt it was important for me to stick with the recipe and learn it. I was glad I did that.

From my doctoral work, I was interested in the autonomic system. I studied at that time for several years with a Reichian therapist in San Francisco, an older man. I learned a great deal about pulsation and aliveness. Fortunately, he was not one of these Reichians who was doing "emotional release". There were certain limitations in what he was doing, but he really had very much respect for the body's wisdom. I really needed to do that to undo some of the trauma that was done by my original Rolfing. Still there was stuff in my own structure, my own personality core feelings, that was left untouched or unresolved. It was after that when I was doing my Ph.D. thesis in stress that I started very slowly to develop my work. It took me about ten years to complete what I was developing. That was really to understand what happens to the body when it's overwhelmed beyond its ability to adapt. When there is a rupture in the ozone membrane around the body, what Freud called "Breech in the Barrier Against Stimulation". When the child, the baby, the fetus, the adult are overwhelmed to the point where their nervous system breaks down, they dissociate into informational fragments.

In 1980, I became a teacher-in-residence for a couple of years at Esalen. I started to see how these people who were doing different therapies were getting worse, more than were getting better. I was following them over time. These people who did the same cathartic yelling and screaming at their parents weren't getting any better. Other people with the hyper-ventilation things that were going on and a lot of wild other stuff were really falling apart and not coming together. One of my duties at the time was to try to find some way to put them back together. I started about 1980 looking at developing different ways of working with the body to help people resolve traumatic shock issues, with those people who were getting worse with these different kinds of therapies and bodywork. This brought back my work with the nervous system. I got so wrapped up after that in working with a study, that I really pretty well drifted away from Rolfing.

About twelve years ago Michael Salveson and I did our first class on my autonomic work then applied to Rolfing. Bill Smythe who was one of the students in the class did a lot of work with me. Bill and I made the decision about 3-4 years ago to take up teaching this again. There had been no teaching since Michael and I did that one course. In working with Bill, I began to embrace structure again in my thinking. I started really appreciating what I had let go: I had thrown the baby out with the bath water. I let go of a really important, vital part in my history, my training and a very important skill in my work. I kind of went full circle, in a way. Working with trauma and with developmental issues, I saw that the structure is the container of this whole process and the window and the place where it has to finally express itself to be embodied. I began to rethink the structuring of the body as an ultimate resource in healing traumatic impairment (See "Body As Healer", Rolf Lines, January/February 1991, IXX:2, p. 29.). Subsequently, I have had more connection with Rolfers, with Rolfing Movement, and the Rolf Institute. For me to make the connection back with Rolfing, I had to make the connection back first with structure in my own work, and I think that final piece came in these last 3-4 years of teaching.

Bill H: I watched you and Bill [Smythe] work at the most recent International Conference, summer of 1990, and it was clear to me within 2-3 seconds that I didn't have the skills to actually see what you were doing. I could sort of surmise that you were doing some end-feeling kind of stuff, but as to what you were end-feeling toward and why, I just didn't have a clue. What it seemed to me from the outside is, and I have heard it said by one of the Movement Instructors, that your work is extremely sophisticated movement work but obviously the touch and what you do in your movement work is dramatically different from standard Rolfing.

Peter: "Tracking" with "soft seeing" is a way of being able to let in a wide range of data and experience. The central tool is the resonance in our own bodies, and I think most good Movement Teachers and Rolfers do that, most good bodyworkers and many good therapists do that too. I think where my work differs is the precise integration of somatic and autonomic responses and in the utilization of this tracking in renegotiating traumatic and developmental issues. The key to Somatic Experiencing is

facilitating these resources as innate "genetic potential". But first they must be identified and then coaxed out in mid-wife fashion. This is a delicate and subtle process but one which is learn-able. In doing this we are taking in a lot of information from the autonomic nervous system. That is what gives the key to what is going on in the core regulation. Structure is organized in the core, brain stem, reptilian brain level. What we're doing is tracking core processes, literally, core process, and in the touch, we are "cracking a safe". There aren't specific nerve fibers that go toward the autonomic nervous system; and, therefore, they go to the core brain. It comes from all over the body. It comes from the skin, muscles, viscera, joints. With a perceiving, listening touch and with "soft seeing", core regulation can be contacted and decoded. It is here that transformation can occur in the critical, ripe moment.

Like what ever good Rolfer does when we're working on a client's ankle, we're also watching what happens in their dorsal spine. We're watching the micro-postural adjustments and the micro-movement level. These very subtle shifts in the gamma efferent system, which is the effector system of the brain stem, the core voluntary brain. In order to make those changes, you must listen in on those lines and break the code like a safe cracker breaks the combination of the safe and enter into those autonomic circuits and observe them both energetically and structurally. It's a constant self-organizing, self-emerging system. Of course, developmental processes, emotional processes (not emotional catharsis) but emotional processes are very much a part of that organization. Traumatic experiences completely disrupt those integrations and leave the person in a fragmented and disassociated state. We begin to bridge this chasm left by trauma and arrested development through (re) association with the client's structural potential.

Bill H: Through your tracking and touch, you can feel the trauma. Can you feel the time-frame of the trauma? Can you say this something that is very old or this is something that happened last week.

Peter: Yes, that takes some practice, but you can do that fairly accurately, but you are always in for surprises, because you have traumas imbedded within traumas, embedded within traumas. There is a kind of common thread; Angwynn [St. Just] calls it the Chinese firecracker effect. Angwynn is a Rolfer and was a student of mine as colleagues. We have also worked together in developmental and traumatic aspect. The key in working with trauma is that we emphasize approaches that allow survivorswhich is most of usto renegotiate and transform traumatic experiences rather than reenacting or re-living them. Our primary goal in this methodology is to identify and to restore gradually the survivor's emotional, cognitive and physiological resources, which allow these previously disassociated and fragmented pieces to be re-associated both in the somatic and psychic levels. The overall integration is seen in terms of autonomic-somatic integration embedded in structure.

These are skills you would employ during each Rolfing session as you are going through. You may sense there is a traumatic issue in there. It doesn't mean you are going to work on the trauma directly in one particular session, but you have to follow that thread through the whole reorganization of the body. Basically, this is where I am indebted to Dr. Rolf. When we work with trauma, we don't work with trauma. We work with the resources of the organism to reorganize in a more adaptive way. We're really not working with the trauma, but we're working with the way the structure has been organized around that trauma and facilitating a renegotiating, a restructuring of this relationship.

Bill Smythe: To take off on the same thread that Peter was discussing about how our working together has inspired Peter to take back the baby he threw out with the bath water when he got off into more nervous system phenomena with his work. Seeing that the structure is the main container within which all these processes take place, that's where we see Rolfing is a very sophisticated methodology that really helps build the resources for a person's own self-healing or the renegotiation of the fragmentation of any kind of arrested development and shock and trauma. One of the keys that Peter and I have observed (speaking now as a Rolfer) in what I would talk about as catharsis versus pacing or discharge. The way to facilitate discharge, which is a more complete process through the somatic sphere, the cognitive process, and through the viscera is a wholistic view. In resolving a trauma, a Rolfer using what we call pacing, will be observing the body without any action or contact with hands, a passive approach after there has been some active "teasing" of tissues. This process is titration process, as Peter calls it. I have broken it down in terms of a manual approach in terms of quality, quality, quantity and duration of touch. The quality whether it be a fingertip, a knuckle, a fist, forearm, elbow, whatever. Quantity is the amount of, and duration is the time in which you are making contact. Those three systems are a way of cracking the code into the autonomic brain.

Peter: Accessing the deep level of how the living structure is organized.

Bill H: So you are going to experiment different qualities, quantities until you know through your own body reaction.

Peter: It is the correlation of what you see that is a dramatically powerful dyad.

Bill H: I'm so interested because I work with many traumatized people myself, many survivors and one of the things the client losses is the ability to respond.

Peter: Exactly. They lose the locus of control power and they lose their ability to respond flexibly and appropriately to life's changing challenges. They become fixed in their bodies in a way that represents and that recreates these traumatic feelings. It's very important to understand what happens if a client is Rolfed without knowledge and sensitivity to their history of trauma and development.

Bill S: A deepening of the trauma can happen. It is like throwing sand over the trauma, just burying it deeper into the beach.

Peter: In other words, we are overwhelming the client and causing them to maladapt to even more restricted modes of affect, cognition, and behavior.

Bill S: What you are really doing is chasing it in deeper, which then may show up in another way in some sort of visceral strain.

Peter: Or a "psychic strain". It could be in the central nervous system maladaption such as mania or delusional thinking.

Bill S: I've outlined some of the skills Peter and I have observed that are necessary for a Rolfer to have to facilitate working with shock trauma or arrested development.

First a Rolfer needs to have an awareness of his own internal state, feeling emotions. This may require psychotherapist; most often it does. We must be able to identify our own responses and to know whether they are yours or the Rolfee's.

Secondly, as Peter mentioned, is the soft seeing. We teach that in our workshop, another way of perceiving. Rolfers have been well trained in seeing structure. But it is necessary to access the autonomic states, that is vibration, pulsation, steaming, color tone, color of the skin change, tone of the skin, temperature change, etc. The utilization of these perceptions in the Rolfing process helps the client to self-regulate, that is move through the trauma.

Peter: And to reorder at a high level of functioning.

Bill H: Are these skills we have in varying degrees whether we know it or not?

Peter: You bet. The approach we take is that we are not so much teaching people entirely new skills, but we are helping them develop the skills they already have in working with bodies.

Bill H: Just a question for the record. How would the Somatic Experiencing approach interact or how does it relate to the theoretical and practical level with cranio-sacral work?

Peter: A central concept we use is that of motility. That model at least, the cranio-sacral as well as the visceral motility system are also expressions that basic organizational fabric of movement below movement. The Mother of movement, motility (I believe) also generates the craniosacral, vascular, and visceral movements and rhythms. I have not had that much training in cranio-sacral. Bill has. I can tell you what people say to us who have done a lot of sacral-cranial. They say,"Some of the stuff you are doing is like sacral-cranial, but it is different". I find sacral-cranial to be a very good approach, in general, one which tends to access a lot of these kinds of states. For people who are cranial-sacral therapists, it is much easier for them to get what we have to offer.

Bill H: They have some of these skills already.

Peter: Yes.

Bill S: That is a good question, Bill; and you know that is one of Peter's and my challenges as we continue to teach. We will perhaps uncover a clearer explanation for the difference and the complementation.

We know it is different. I had training in visceral work as well as cranial work, and I go to a different place in my awareness when I am doing this kind of work. It somehow includes the visceral and the cranial work. It somehow seems to be at the bedrock of that all.

Bill H: Have you started working on terminology, in terms of the trauma you encounter? Do you have words like "gnarly" and "prickly" to describe?

Peter: Not words like "gnarly" and "prickly" necessarily. We, for example, look at five classes of trauma and five subcategories. They have very different qualities. In the flesh and in the autonomic nervous system, and you really get the feeling, for example, how the body has adapted to the trauma. Whether it has been primarily of going into freezing, collapse, dissociation, fragmentation, etc.

Bill H: That is neat. I am very excited about your work, and I am very excited about this interview. I think it is completely juicy! I think it is impossible that anyone will read this and not get very excited. Do you feel there is other stuff we need to cover here?

Peter: I think we have got the main stuff; but Bill, how about you? What do you think?

Bill S: Well, I think we have pretty much covered it. I have lots of notes we could get into.

One of the keys to integration in our work (and I think Peter would agree with me) is where you really see the Chi enter the flesh, where Peter and I have coined as "freeing the Spirit in matter". And so oftenI know I have been guilty of this in my Rolfing practiceI have become so intent on moving the flesh, in changing the shape or position, that I have lost contact with the organism's life force.

I'm getting ready to go to Munich Monday to teach a basic class. As you know, Peterand you're getting a sense of my passion for this approach to the Rolfing methodologyI intend to introduce some of these principles to the basic class, because I think it is necessary.

Peter and I did an interesting experiment in our ongoing group in Europe last July during the second of two six-day workshops held in Denmark. We did 1-7 of the recipe sessions on the students, and through each of those processes, we were able to resolve some of the shock and trauma issues they had, as well as do the session with amazing efficiency and completion. The sessions had not previously completed because of trauma.

Peter: In other words, the structure was really showing us what needed to be done autonomically for healing the shock-trauma and encouraging development which had been previously arrested. Rather than: "Well, we will change this to make that happen," we see the structure and weakness as well as the structural integrity, as being our entry into working with shock. And again, we are working more with the context. In other words, how the body adapted and how we can call forth energetic resiliency.

How the system can be enhanced into a higher level of functioning, given that these experiences may have happened,

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we may or may not know what they are, but see what the structure is calling for. But in a way that is sensitive to the core structure, to the brain stem regulation, to the autonomic regulation. So basically, what we are doing is working with the regulation that has been de-regulated because of the traumatic experiences and the developmental arrest. In doing this, we begin to free the spirt in the body and help it to organize.

Bill S: To add to what Peter said, how this has dramatically changed my approach in my work with people is that I no longer look at so-called structural aberrations which are only a result of poor postural habitus or an attitude. It is an attitude, but it has deeper roots.

Peter: It is multi-level attitude.

Bill S: Yes, it is multi-level attitude. It isn't not-just, "Well, you are looking down; you must be down on yourself." It is not that simple. It has its roots (as Peter said earlier) into the brain stem, and this fabric or this web that I really see we are working with in Rolfing has its roots all the way back into the embryo. so that I am less intent on moving the mass where I think it should be, rather now I have a view that I am facilitating this organism to find its state of equilibrium during the session.

Peter: And again, that kind of "equilibrium" was a term Ida Rolf really liked. I remember Julian Silverman suggesting the term "equipoise" rather than "posture". I think that is more to the point of what we are looking for, is equipoise at the many patterned levels within the body, and what we normally think of as posture is one of those levels.

Bill H: Well, it seems likely that if the impulse of the recent faculty meeting comes to fruition, your material will be infused throughout the Rolfing trainings from the Foundations' course all the way through the advanced and hopefully through post-advanced. Within ten years, I predict everyone of us will know all of this stuff. Thank you, Peter; and thank you, Bill. □