

# The differences and similarities between Sensorimotor Psychotherapy and Somatic Experiencing

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Many people wonder about the differences and similarities between Sensorimotor Psychotherapy and Somatic Experiencing. Amy Gladstone provides the following answer:

"Somatic Experiencing and Sensorimotor Psychotherapy are two very distinct therapies with differing goals. Their founders had different objectives in mind; Peter Levine wanted to learn how to heal human trauma from observing animals in the wild, while Pat Ogden wanted to synthesize body and talk therapies to heal traumatic and developmental wounds. As a result, there are fundamental distinctions in their notion of therapeutic action; their understanding of the role of feelings, words, and thoughts in treatment; and their ideas about the therapy relationship. For example SP has developed specific techniques for emotional and cognitive processing which plays a very important role in SP treatment. In comparison, because SE is an approach based on animal behavior, it does not treat higher order functioning in the same systematic way that it treats autonomic nervous system imbalance for which it has a highly developed protocol.

The distinction in goals and intention is clearly reflected in the overall structure and content of the training programs. While some of the techniques are similar because both incorporate a neurobiological model, they are elaborated in very different contexts. In SP the techniques are taught in relation to broad principles of practice, phases of treatment, and stages of the therapy process. Students are taught to apply SP techniques in accordance with certain criteria, i.e. whether the trauma is developmental or shock trauma, whether the phase of treatment is stabilization or memory processing. In SE on the other hand, the focus is not on the timing of the application of the technique but on the refinement and enhancement of the individual's capacity to discharge arousal through such practices as titration, pendulation, resourcing and managing over-coupling between different elements of experience.

After the first level of training, SP and SE completely diverge. The second level of SP deals with attachment patterns and character strategies and processing resulting emotions and limiting beliefs. In the second level there is an elaboration of the relational focus of the model with an emphasis on transference, countertransference and enactments. In contrast, the second level of SE applies the principal techniques of the first level to distinct kinds of categorical trauma like physical injury, horror, inescapable attack, emotional trauma and natural disasters. Training hours are spent on specific traumas within these categories such as drowning, tornados, electrocution, burns and car accidents.

Which training should a practitioner choose? Pat Ogden's broader project of combining talk and body therapies into a cohesive psychotherapy model to work with trauma and attachment is the mainstay of the SP training in the way that Peter Levine's broader project of utilizing the technique of discharging excess arousal as a means of trauma resolution is the mainstay of the SE training. Which training a student would find more helpful is a matter of individual choice based on professional training and interest."

**Amy Gladstone, LCSW, Ph.D.**, is a clinician, supervisor, workshop leader and social work educator with over 25 years of clinical experience. She has a doctorate from Rutgers University where she teaches doctoral level courses on affect regulation and attachment. She is also on the faculty of the Integrative Trauma Treatment Program of the National Institute for the Psychotherapies in New York City. Dr. Gladstone is a trainer at the Sensorimotor Psychotherapy Institute. She is certified in Somatic Experiencing and has treated trauma survivors in many different settings including hospitals, Head Start programs, and social service agencies. In her private practice, she specializes in attachment trauma and combines psychodynamic and somatic approaches to treatment.

