



Somatic Experiencing (SE): Practitioner Introduction

*A nervous-system–informed framework for working with
regulation, trauma, and neurodivergence*

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Important note

This resource is intended to support understanding and good practice in neuro-inclusive workplace design. It provides general guidance and does not constitute legal, medical, or clinical advice. Organisations should apply the principles in line with their own policies, regulatory obligations, and professional judgement.

Somatic Experiencing (SE) is a body-based, nervous-system–oriented approach to trauma and stress developed by **Peter Levine**.

Rather than prioritising narrative processing or cognitive insight, SE works directly with **physiological activation, settling, and completion**... supporting regulation through **bottom-up intervention**.

For neurodivergent clients in particular, SE offers a framework that:

- does not rely on verbal processing as the primary access point
- respects sensory thresholds and state-dependent capacity
- addresses trauma without requiring reliving or emotional flooding
- reframes “dysregulation” as incomplete survival responses rather than pathology

Clinical rationale: why SE matters in ND work

Many neurodivergent clients present with:

- chronic hyper- or hypo-arousal
- rapid state shifts with delayed cognitive access
- shutdown or dissociation without narrative recall
- high interoceptive noise or, conversely, blunted access
- difficulty tolerating traditional exposure-based or insight-heavy approaches

In these contexts, cognitive or relational interventions alone may:

- arrive too late in the stress cycle
- increase overwhelm
- reinforce masking or compliance
- misinterpret protective responses as resistance

SE offers a **state-first** framework that allows regulation to precede meaning-making.

Core SE principles (practitioner lens)

1. Bottom-up regulation

SE intervenes at the level of:

- autonomic activation
- somatic sensation
- orienting responses
- procedural memory

Cognitive insight is welcomed *after* regulation, not required before it.

2. Titration

Work is conducted in **small, tolerable increments** of activation.

For ND clients with narrow windows of tolerance, titration is not optional... it is essential.

Over-activation is treated as a clinical signal to slow, not push.

3. Pendulation

Clients are supported to move rhythmically between:

- activation and settling
- challenge and resource
- internal sensation and external orientation

This restores **nervous system flexibility**, rather than reinforcing fixed states.

4. Completion of defensive responses

SE recognises that many trauma patterns persist because:

- fight / flight / freeze responses were interrupted
- mobilisation occurred without resolution
- collapse replaced discharge

Completion is supported *implicitly* through micro-movements, impulses, and shifts... not cathartic release.

5. Capacity over catharsis

SE prioritises:

- increased tolerance for sensation
- shorter recovery times
- earlier detection of overload
- restoration of choice

Emotional intensity is not a treatment goal.

SE is not exposure therapy (important distinction)

SE does **not**:

- re-expose clients to traumatic memory content
- require narrative recounting
- push through activation
- aim for emotional release

If a client becomes flooded, dissociated, or overwhelmed, this is understood as **loss of capacity**, not therapeutic progress.

The intervention is to **re-resource and down-shift**, not interpret.

Neurodivergence-specific considerations

Sensory processing

ND clients may experience:

- rapid sensory amplification
- atypical interoceptive signalling
- difficulty differentiating emotional vs sensory activation

SE requires **active sensory discrimination**:

- “Which sensation is most present right now?”
- “Is this tolerable, or too much?”

Neutral and external anchors are often essential.

Language access

During activation, ND clients may lose:

- verbal fluency
- reflective access
- emotional labelling capacity

SE allows:

- minimal verbal demand
- non-symbolic tracking
- practitioner-led pacing

Silence is not avoidance... it is often regulation in progress.

Masking and compliance risk

ND clients may appear regulated while internally overloaded.

Practitioners must watch for:

- sudden fatigue
- flat affect after activation
- delayed shutdown
- post-session crashes

SE demands **attunement to physiology, not performance.**

What SE sessions often involve (clinically)

From a practitioner perspective, sessions may include:

- tracking micro-sensations (temperature, pressure, movement)
- orienting to safety in the present environment
- working with impulse rather than narrative
- allowing spontaneous autonomic discharge (e.g. sighs, shifts)
- pausing *before* dysregulation escalates

Progress is often subtle and cumulative.

Indicators of effective SE work

Rather than dramatic breakthroughs, practitioners may observe:

- reduced baseline activation
- shorter recovery windows
- increased interoceptive clarity
- greater tolerance for relational contact
- earlier self-regulation attempts
- decreased reliance on masking

These are markers of **autonomic resilience**, not symptom suppression.

Ethical and scope considerations

SE-informed practice requires:

- explicit consent
- ongoing choice and control
- respect for sensory and trauma thresholds
- avoidance of interpretation during activation
- willingness to stop or pivot

SE should **never** override a client's "no"... verbal or somatic.

Integration with other modalities

SE integrates well with:

- CBT / DBT (after regulation)
- ACT (values-guided action post-stabilisation)
- attachment-informed work
- ND-affirming coaching
- polyvagal-informed frameworks

SE provides the **regulatory foundation** upon which other interventions can land.

Practitioner stance (this matters)

SE is not just a technique... it is a **relational posture**.

Effective SE practice requires the practitioner to:

- regulate themselves first
- tolerate slowness
- resist outcome pressure
- prioritise capacity over content
- trust the nervous system's pacing

For ND clients especially, **how** you work matters as much as what you do.

Summary for practitioners

Somatic Experiencing offers a framework that:

- respects neurobiological reality
- avoids retraumatisation
- supports regulation without coercion
- restores choice rather than compliance

For neurodivergent clients whose bodies have carried too much for too long, SE provides a way to **work with protection... not against it.**

