

**Encountering the Sacred Temenos:  
Somatically Integrating Cumulative Trauma and Discovering Wellbeing Within**

**by  
Chelsea Phillips**

**Submitted in partial fulfillment of the requirements**

**for the degree of**

**Master of Arts in Counseling Psychology**

**Pacifica Graduate Institute**

**27 February 2017**

ProQuest Number: 10259259

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 10259259

Published by ProQuest LLC (2017). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code  
Microform Edition © ProQuest LLC.

ProQuest LLC.  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 – 1346

© 2017 Chelsea Phillips  
All rights reserved

I certify that I have read this paper and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a product for the degree of Master of Arts in Counseling Psychology.

---

Avrom Altman, M.A., L.M.F.T., L.P.C.  
Portfolio Thesis Advisor

On behalf of the thesis committee, I accept this paper as partial fulfillment of the requirements for Master of Arts in Counseling Psychology.

---

Avrom Altman, M.A., L.M.F.T., L.P.C.  
Research Associate

On behalf of the Counseling Psychology program, I accept this paper as partial fulfillment of the requirements for Master of Arts in Counseling Psychology.

---

Jemma Elliot, M.A., L.M.F.T., L.P.C.C.  
Director of Research

## **Abstract**

### **Encountering the Sacred Temenos: Somatically Integrating Cumulative Trauma and Discovering Wellbeing Within**

by Chelsea Phillips

This paper explores trauma as a continuum and how various forms of trauma can be treated with mindfulness and somatic psychotherapy modalities. Ten modalities are discussed through hermeneutic, heuristic, and intuitive inquiry research methods: mindful breathing; mindfulness-based stress reduction (MBSR); emotional freedom techniques (EFT) and energy psychology; eye movement desensitization and reprocessing (EMDR) and attachment focused EMDR; Hakomi mindfulness-centered psychotherapy; sensorimotor psychotherapy; somatic experiencing; acupuncture, Soma Neuromuscular Integration® bodywork, and authentic movement. Unique to this thesis is the approach to somatically releasing trauma using an acronym framework created by the author, conceptualized as Safety, Trust, Acceptance, Belonging, Love, Earth, and Ecopsychology (STABLE©). Adding a depth psychotherapy perspective, the myth of Inanna is offered as an allegory to enrich the practice of co-regulating patients as they work through their trauma narratives. Recognizing nature as an essential component to healing the wounds of the soul adds an ecopsychological and wilderness therapy perspective.

## Acknowledgments

I would like to offer my gratitude to the people who most profoundly influenced me in the creation of this thesis. First and foremost, I thank my daughter Lyra Phillips, who teaches me daily how to deepen my practice of attunement to the needs of another and who has patiently supported me through the completion of pursuing my life dream to become a depth and ecopsychology oriented marriage and family therapist and wilderness therapy facilitator. My gratitude extends deeply to my ancestors and to both of my parents, MarySue Brooks and Raymond Phillips, who have gifted me with awe inspiring amounts of acceptance and love, secure attachment, and belief in me in all ways. You have both taught me how to love more and to welcome adversity with grace. To my amazing siblings Amy, Heather, and Cameron, and to our entire family—thank you for your love, support, humor, and the closeness we share. I am blessed to be a part of an amazing community of friends who continually inspire me, offering warmth and support from Salt Spring Island, British Columbia to Prescott, Arizona, to Seattle, Washington to the far reaches of my travels—you know who you are; I thank you with so much love. To my Pacifica cohort—you have become friends and colleagues for life!

To the educators who have influenced me most throughout my lifetime for gifting me with an enthusiasm for life and learning, calling out my wisdom, allowing the poetess within me to be expressed, teaching me about my shortcomings, and expanding my curiosity: Marcia Larson—you gave me my Montessori, self-directed learning beginning and celebrated my creative and caring soul. Mary O'Malley—you inspired me to become

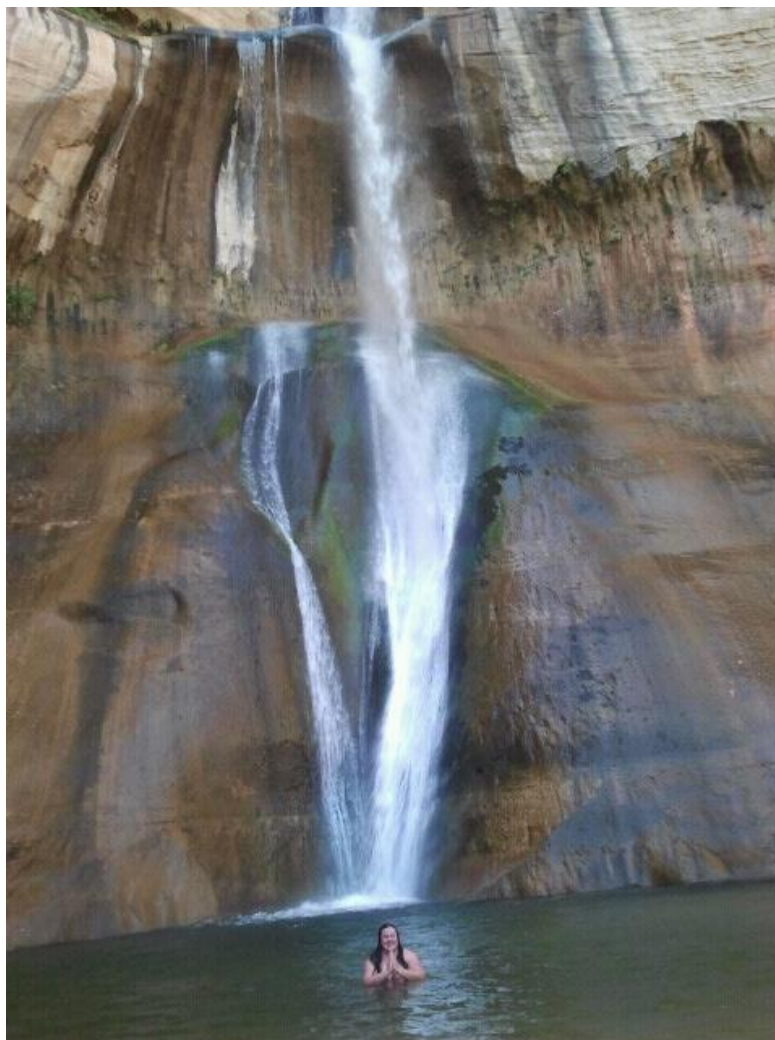
a spiritual retreat facilitator and to be a therapist who welcomes my clients back to the home of their being. Ellen Abell—I instantly wanted to be like you! Your wise clarity, feminist strength, and confident ease were qualities in myself I grew into as you mentored and believed in me. Lilla Cabot—you taught me how to question the status quo from a feminist perspective and encouraged me that in my gentleness there is great strength. Wayne Regina—you gave me an outstanding education in marriage, family, and couples therapy from a family systems orientation. Jo Beth Eckerman, Karen Bolesky, and Marcia Nolte—you gave me the tools and training to facilitate energy and somatic healing, as well as authentic movement at a core level. To the teachers who nurtured me as a writer and poet—Carmen Roedell, Carol Erickson, Leanne Lukas, Carmine Chickadel, and Michael Nipert. To Larry Buell, Dave Craig, Denise Mitten, Erin Lotz, Julie Munro, Roxane Ronca, Claire Oberst, Fiona Reid, J. Dianne Brederson, Bob Ellis, Mark Riegner, Tom Fleishner, Laura Sewall, Steve Munsell, David Lovejoy, and Doug Hulmes—phenomenal experiential and adventure educators who initiated me in necessary rites of passage to become a wilderness therapy facilitator.

To my mentors at Pacifica Graduate Institute: your depth and caring, combined with your finesse in the art of therapy fostered the confidence and competence in me to step into the world as a ecopsychology and depth focused marriage and family therapist—Marilyn Owen, Avrom Altman, Michelle Villegas, Sukey Fontelieu, Willow Young, Kathee Miller, Barbara Boyd, Allen Koehn, Nicole Zapata-Williams, Matthew Bennett, and Christine Downing.

Special thanks to Kim Sather—supervisor, mentor, and friend and to the entire staff at my counseling internship site. Thank you to the therapists I have worked with

throughout my life journey. To Kathleen Lumiere, Alda Blanes, Kim Hansen, Jared Kohler, and Wolfgang Brolley—five of the finest somatic healers I have encountered and benefited from their skills. To my past, present, and future clients I give my utmost gratitude.

Finally, I give thanks to my intuitive heart and my soul essence, guiding me every step of the way on the wild, reflective, and wondrous path that is my life.



*Nature & Psyche in Bliss*

Calf Creek Falls, Utah

Photograph of Chelsea Phillips by Lauren Brule (2013)

Reprinted with permission.



### **Dedication**

This thesis is dedicated to the poetic moments in our lives that thrill our hearts and warm our souls and it is also dedicated to working with what gets in the way of being able to feel such moments. To the beauty of the microcosmic and macrocosmic Earth: with its innumerable and miraculous permutations of life loving life into creation and ever-unfolding transformation—the ultimate teacher in the cycles of birth and death and rebirth. May Safety, Trust, Acceptance, Belonging, Love, and connection with Earth become allies in the process of somatically releasing and integrating cumulative trauma. And may the qualities of inclusivity, playfulness, empathic attunement, kindness, and peace be a part of the journey into wellbeing within.



*Blooming into Being*  
Prince Rupert, British Columbia  
Photograph by Chelsea Phillips (2015)

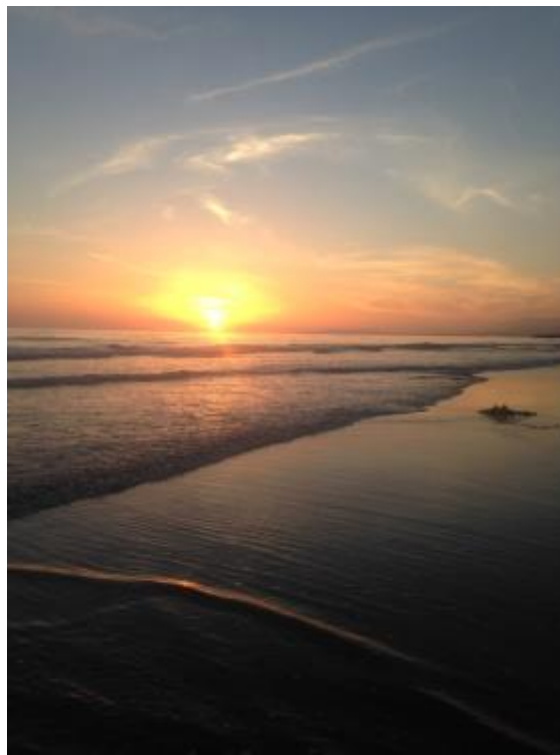
## Table of Contents

Chapter I	Introduction.....	1
	Area of Interest .....	1
	Guiding Purpose.....	3
	Rationale .....	4
	Methodology .....	5
	Research Problem .....	6
	Research Question .....	7
	Ethical Concerns .....	7
	Overview of Thesis .....	7
Chapter II	Literature Review.....	9
	Introduction.....	9
	Trauma Has Many Forms: Differentiations and Definitions .....	10
	Trauma Symptoms: How They Show Up Clinically .....	11
	Emotional Regulation, Affect Regulation, and Self-Regulation .....	12
	Polyvagal Theory .....	13
	Window of Tolerance .....	14
	Highly Sensitive People .....	15
	The Importance of Integration as a Concept and Experience .....	16
	Somatic Modalities Utilized in the Treatment of Trauma .....	16
	Mindfulness Breathing: One Belly Breath at a Time.....	17
	Mindfulness-Based Stress Reduction .....	18
	Acupuncture .....	19
	Energy Psychology and Emotional Freedom Technique .....	20
	Eye Movement Desensitization and Reprocessing .....	21
	Hakomi Mindfulness-Centered Psychotherapy .....	22
	Sensorimotor Psychotherapy .....	24
	Somatic Experiencing® .....	25
	Soma Neuromuscular Integration® Bodywork .....	26
	Authentic Movement .....	27
	Attachment and Bonding: What Love Has to Do With It.....	28
Chapter III	Findings and Clinical Applications.....	30
	Encountering the Sacred Temenos.....	30
	Trauma as Cumulative and on a Continuum.....	33
	Co-creating the Sacred Temenos with Patients and Clients .....	34
	STABLE©: Safety, Trust, Acceptance, Belonging, Love, Earth, and Ecopsychology .....	34
	Nature's Influence on the Psyche .....	37

Exploring the Application of Somatic Modalities .....	39
Affect Regulation and the Introduction of Conscious Co-Regulation.....	41
Shadow Integration .....	42
The Myth of Inanna as an Allegory for Processing Trauma.....	44
Discovering and Cultivating Wellbeing.....	47
Clinical Applications .....	49
 Chapter IV    Summary and Conclusions .....	 51
Summary .....	51
Suggestions for Further Research .....	52
Conclusions .....	53
 Appendix A    STABLE© Rainbow Drawing Used Clinically .....	 55
 Appendix B    Using STABLE© to Address Client Dysregulation: A Clinical Example	56
References .....	59

## List of Illustrations

Figure 1	<i>Nature &amp; Psyche in Bliss</i> .....	vii
	Photograph of Chelsea Phillips by Lauren Brule, 2013	
	Reprinted with permission	
Figure 2	<i>Blooming into Being</i> .....	viii
	Photograph by Author, 2015	
Figure 3	<i>Gentleness Embodied</i> .....	xi
	Photograph by Author, 2015	
Figure 4	<i>STABLE©</i> .....	36
	Drawing by Author, 2017	
Figure 5	<i>Rainbow Drawing of STABLE©</i> .....	54
	Drawing by Author, 2017	



*Gentleness Embodied*  
 Carpinteria, California  
 Photograph by Chelsea Phillips (2015)

## **Chapter I**

### **Introduction**

#### **Area of Interest**

My fascination with the subject of the release and integration of somatically stored cumulative trauma comes from both professional and lived experience. This thesis is based on the conjecture that all people experience various forms of trauma from micro to macro. In order to orient the reader to the perspectives on trauma presented in this thesis, sharing some of my history with discovering trauma work is relevant. Twenty years ago, I was walking along a low bank waterfront trail on Salt Spring Island, British Columbia when I had a vision of me sitting there in a circle of stones with a group of people, cofacilitating a workshop blending bodywork, therapy, and attunement with nature. In my vision, the circle of stones was a sacred demarcation, a safe container, a *temenos*. There was some numinous connection between addressing healing the body and healing psyche in nature that I intuitively felt was how I wanted to dedicate my life's work with others. I also desperately needed what this triune had to offer; I felt it in my bones.

To pursue this dream, I discovered the field of ecopsychology and was also introduced to the bodywork modality of Soma Neuromuscular Integration® (Bolesky, 2017). I set out to train as an ecotherapist and bodywork practitioner. As a bodywork practitioner, I learned that tension and trauma are stored in the connective tissue and that often my clients experienced eruptions of tears and memories, and released not just present time tightness but years of stored trauma.

Before I understood the concept of the *window of tolerance* for emotional arousal, I experienced being outside the window of my tolerance due to the intensity of new skill acquisition backpacking in the wilderness of Arizona, river rafting in the Canyonlands, and sea kayaking in the Sea of Cortez (Siegel, 2012; discussed in Chapter II). Years of cumulatively accrued trauma came up for me during my adventure education training at Prescott College in the form of overwhelm, overstimulation, fear, panic, a lack of confidence, clumsiness, and at times being more dysregulated. My threshold for disequilibrium seemed to be lower than for other students, although some students also experienced disequilibrium. What made some of us more vulnerable to overwhelm than others? I self-identify as a *highly sensitive person* (HSP) and this correlates to having a nervous system that is more hypervigilant at times and more easily aroused by stimulus, especially when there is a perceived threat to survival (Aron 1996, 2010; discussed in Chapter II). Having experienced past trauma increases the sense of perceived threats (Levine, 2010; van der Kolk, 2014).

A part of me was calling out for help in the only language it had—through the body and psyche rather than the articulate mind. As I was studying to become a therapist, I felt that there was a way to facilitate exhilarating backcountry trips that would be more responsive to sensitively wired participants like me. My soul was calling for a pace that would support my nervous system to experience cortical calm and integration in the wilderness adventures being led. In reflecting on my experiences, I recognized that I needed the pace of skill acquisition to slow down to make room for my internal process to reveal itself. This realization influenced how I intend to facilitate therapeutic experiences in nature.

When I encountered psychologist Pat Ogden's (Ogden, Kekuni, & Pain, 2006; Ogden & Fisher, 2015) sensorimotor psychotherapy something clicked. Ogden and her colleagues were keenly aware of the need to slow experiences in therapy when a place of trauma or dysregulation was touched. I could see that in adventure education slowing down processes and offering choices when it comes to tasks involving physical risks may help to bring equilibrium to the sympathetic and parasympathetic nervous system, which may lead, as discussed in Chapter II, to increased skill acquisition, integration, ease, and enjoyment of experiences. The more I work with clients from young children to adults, the more I see the need to slow the pace of experience and allow empathic attunement to take place, as this is where transformation from stored trauma into resilient wellbeing occurs.

### **Guiding Purpose**

When I set out to explore the topic of how to release and resolve trauma emotionally, mentally, and somatically, I approached each topic individually, unaware of the vast amount of research being done on the interrelatedness of attachment processes, mind, body, and emotion in healing trauma. It was gratifying to me that the research literature was supporting my intuition that these elements are crucially connected in trauma, its release, and the creation of wellbeing—including issues of emotional deregulation and unresolved trauma (Epstein, 2013; Johnson, 2013; Kabat-Zinn, 2013; Kurtz, 1990; Ogden & Fisher, 2015; Parnell, 2013; Siegel, 2012; Shapiro & Forrest, 2016; van der Kolk, 2014; Weiss, Johanson, & Monda, 2015). This discovery spurred me on to write this thesis. I set out to explore what somatic modalities seem most effective for what kinds of trauma and what core needs long to be met beneath the defensive scabs

of trauma wounds. This research serves the underlying goals of therapy to help clients release cumulative trauma, integrate past experiences to create cohesive narratives out of their life histories, foster more effective emotional self-regulation, and increase their sense of wellbeing and resilience in the present moment. It is my hope that readers from professional fields that serve people's psychological and physical wellbeing and those with a curious mind will gain useful insights and be motivated to further explore the approaches to treating cumulative trauma I reference in this thesis.

My hope in crafting this thesis was to envelop this synthesis of research in a depth psychology approach with the use of language as a healing balm—to craft my thesis in such a way that the reader has an experience of cortical calm, while reading my work. I hoped to allow the experience of writing my thesis to be personally healing and grow me into a better, more informed therapist. My hope is that the same kind of process happens for my readers—where they feel acknowledged in their micro and cumulative trauma experiences. I hope to convey to readers the uplifting idea that wellbeing is a state one can return to again and again throughout life and within a single day.

## **Rationale**

Trauma does not affect some people; it impacts all people (Epstein, 2013). Thus, seeing trauma on a continuum may be helpful—from micro to macro. All people begin as infants—vulnerable and without adequate defenses against innumerable forms of stimulus. Some stimuli are pleasant and welcome, opening the infant further to seek more of what feels good. Other forms of stimuli create micro trauma responses of contraction, retraction, fear, and uncertainty. Macro trauma is inclusive of singular or repeated incidents such as war, domestic violence, sexual abuse, rape, severe car accidents, and



other threats to one's existence (Herman, 1997; van der Kolk, 2014). Developmental trauma—that which negatively effects psychological growth during childhood—can impact a person for the duration of his or her life. Cumulative trauma describes the accrual of unprocessed experiences of traumatizing events. The extent to which stimuli is trauma inducing depends on the individual's unique set of genetic, in-utero, postnatal, and developmental nurturance and circumstances that contribute to both cumulative trauma and resilience. Given that every person encounters negative experiences, some of which result in trauma responses, exploring how to release trauma from psyche and body to move forward in life in a balanced and emotionally regulated way seems important to practitioners, patients, and family members worldwide.

### **Methodology**

The research and writing process in this thesis became a blend of hermeneutic, heuristic, and intuitive inquiry approaches (Coppin & Nelson, 2005, pp. 28-33, 133). “Hermeneutic analysis is required in order to derive a correct understanding of a text. . . . Interrelationship of science, art, and history is at the heart of hermeneutic design and methodology” (Moustakas, 1994, p. 9). Having experienced various forms of trauma in my life, the healing process I have undergone has become a guide in service to my research. However, my personal journey is not the central focus of this thesis. In this way, the heuristic aura informed how I went about writing this thesis from lived events blended with research supporting my conjectures (Dane, 2011, pp. 44-45).

Throughout this writing process, I have released trauma from my tissues through various forms of bodywork in conjunction with therapy, meditation, and time in nature. In this way, I underwent an experience of intuitive inquiry: The health practitioners who

assisted me in healing served as a panel to reflect what they observed in me during my process with them (Coppin & Nelson, 2005, pp. 32-33). Phenomenologically, I somatically released trauma in conjunction with psychotherapy, and thus I became a living example of my thesis research, as my therapy clients also did (Creswell, 2009, p. 13). The documentation of this process may be helpful for others to explore their personal and professional encounters with releasing and integrating trauma.

**Research problem.** I believe that greater exploration of the relationships between highly sensitive individuals, trauma somatization in the body, attachment and bonding, self-regulation, and the holistic treatment of cumulative trauma from a depth perspective would be beneficial to a large populous. It seems that as a result of the existing research into this subject *trauma* and *attachment* have become buzz words, but this only highlights the importance of continuing to add a depth psychotherapy voice to the dialogue.

The very pace of life can cause cumulative micro traumas: speeding down the freeway; being inundated by electronic media; lacking time to go outside and be breathed by the trees; global warming; increasing economic stress, debt, and homelessness; and feeling isolated in a world where its human population is growing while other species are racing toward extinction all contribute to cumulative trauma (Wilson, 2016). All these micro traumas tend to be somatized in the body as it continually seeks homeostasis. Highly sensitive individuals are most likely to have and be aware of a traumatogenic psychological and somatic reaction to these life experiences. Creating strong interpersonal bonds and secure attachments can be a healing balm to the growing epidemic of isolation and support resilience and the healing of trauma. I aimed to explore and synthesize research on trauma as a continuum inclusive of micro traumas and its

treatment through 10 different modalities, weaving the research into a depth psychology approach.

**Research question.** Acknowledging the postulation that every person has somatic experiences of trauma, this thesis asks: What methods are effective in the relief of trauma symptoms, and in what ways does creating a sacred *temenos*, a safe container, in therapeutic settings help to release and integrate trauma and then lead to greater wellbeing?

### **Ethical Concerns**

The primary ethical concern of this thesis is the potential for the author or a reader to reexperience traumatic memories or to become activated by the material focusing on somatized trauma. It is important that both the author and the reader be aware of personal limitations and consult with a therapist or other natural supports if activation or retraumatization occurs while writing or reading this material. In discussing work with clients or patients, I used generalities of experience, amalgamating various clients' experiences. To protect the privacy of my patients I did not use names or specific details which could lead to any form of personal identification.

### **Overview of Thesis**

The title of this thesis is a primer to the entire work in that each key word has at least one interrelated section that explores its relevance. Chapter II deepens the discussion with an overview of the key topics to understand when exploring somatically stored trauma: differences between forms of trauma, the clinical appearance of trauma symptoms, emotional regulation, polyvagal theory, the window of tolerance, highly sensitive people (HSPs), and the integration of somatic content. The second portion of the

literature review adds perspectives from essential founders and practitioners of 10 somatic modalities that treat trauma: mindful breathing, mindfulness-based stress Reduction (MBSR), acupuncture, Emotional Freedom Technique (EFT) and energy psychology, eye movement desensitization and reprocessing (EMDR) and attachment focused EMDR (AF-EMDR), Hakomi Mindfulness-Centered Psychotherapy, Sensorimotor Psychotherapy, Somatic Experiencing®, Soma Neuromuscular Integration® bodywork, and Authentic Movement. The final section of Chapter II discusses the essential aspects of attachment theory and bonding that highlight the importance to wellbeing of the affiliative nature of humanness.

Chapter III opens the reader into the lens from which I do trauma work, inclusive of Safety, Trust, Acceptance, Belonging, Love, Earth, and Ecopsychology (STABLE©), an acronym and method conceptualized by the author. This way of working with clients leads into a discussion of the process of making trauma work effective and how I have observed integration and release of cumulative trauma to unfold. A depth psychological view of integrating unconscious memories and affect is presented that draws on the myth of Inanna (Perera, 1981) as an allegory for movement from the dysregulation of trauma to a state of a greater wholeness. Chapter III also discusses the clinical applicability of working with somatic modalities in the treatment of trauma symptoms. Chapter IV provides a summary of thesis topics and suggestions for further research. The conclusion offers final reflections and a synthesis of how therapists, facilitators, and health professionals can incorporate the concepts offered in this thesis into their professional practices.

## **Chapter II**

### **Literature Review**

#### **Introduction**

There are already multitudes of modalities and techniques to somatically address trauma symptoms. Founder and director of the Trauma Center in Brookline, Massachusetts, Bessel van der Kolk (2014) made the bold statement, “We are on the verge of becoming a trauma-conscious society” (p. 349). What is exciting about van der Kolk’s assertion is that although trauma is not considered something to look forward to encountering, when the global populous can recognize trauma affects everyone, then the impact trauma has on individuals and society at large can begin to transform at every level.

There is an opportunity to recognize that physical and emotional pain affect everyone and can show up invisibly or dramatically, and it does not make people who name their experiences weaker or less effective. This is true unless they become categorized as such by some internal or external source. Being categorized as weaker of body or mind and as less than others occurred for soldiers after coming home from World War I, World War II, The Korean War, and the Vietnam War when they experienced symptoms of trauma from war (Levine, 2010, pp. 32-33). This history is where the diagnosis for posttraumatic stress disorder (PTSD) originated (American Psychiatric Association [APA], 2013; Levine, 2010). Changing the perspective that someone is less valuable when they need time to heal and reintegrate from stressful or traumatic

experiences seems to be unfolding. In this way a new paradigm of greater empathic attunement and compassion may be on the horizon globally.

### **Trauma Has Many Forms: Differentiations and Definitions**

Most people from adolescence into adulthood in Western culture have been introduced to the concept of PTSD. The American Psychiatric Association (2013) described PTSD to include directly experiencing, witnessing, or learning about traumatic events occurring with close family members resulting in the expression of intrusive symptoms and avoidance behaviors (p. 271). Van der Kolk (2011) recognized,

When post-traumatic stress disorder (PTSD) first made it into the diagnostic manuals, we only focused on dramatic incidents like rapes, assaults, or accidents to explain the origins of the emotional breakdowns in our patients. Gradually, we came to understand that the most severe dysregulation occurred in people, who, as children, lacked a consistent caregiver. Emotional abuse, loss of caregivers, inconsistency, and chronic misattunement showed up as principal contributors to a large variety of psychiatric problems. (pp. xi-xii)

The topic of trauma as a focus in medicine, therapy, and somatic healing modalities is not new, yet there seem to be pervasive misconceptions around what is considered traumatic or what can be legitimately called trauma (van der Kolk, 2016). Van der Kolk (2011) acknowledged the shift in medicine, psychiatry, and psychology to broaden trauma to include inherited family trauma and developmental trauma. Developmental trauma has its own designated category and the methods to treat it can involve more time, as often the wounding occurs over an extended phase in one's life (Stolorow, 2008). Founding faculty member and training and supervising analyst at the Institute of Contemporary Psychoanalysis Robert Stolorow (2008) wrote,

Developmental trauma originates within a formative intersubjective context whose central feature is malattunement of painful affect—a breakdown of the child-care-giver system of mutual regulation. This leads to the child's loss of affect-integrating capacity and thereby to an unbearable, overwhelmed,

disorganized state. Painful or frightening affect becomes enduringly traumatic when the attunement that the child needs to assist in its tolerance and integration is profoundly absent. (p. 114)

Trauma is cumulative throughout one's life and can be seen on a continuum.

Traumatic experiences from micro to macro occur in all realms of life—in every nation, at every age, and at every socioeconomic level. Traumatic events occur at home, at school, at work, while watching or reading the media, and in every setting one can imagine.

### **Trauma Symptoms: How They Show Up Clinically**

Observing how trauma symptoms display themselves can be obvious or more mercurial depending on how defended a person becomes or how willing, consciously or unconsciously, the person is to reveal their inner world to themselves and others (McWilliams, 2011). Symptoms of depression, anxiety, shame, sleep disturbances, holding one's breath inadvertently, the inability to make eye contact, postural aberrations, physical pain, dissociation or moments of vacancy, the use of substances to cope with life's stressors, weight loss or weight gain, fatigue, aversion to certain activities, hypervigilance, greater tendency toward verbal conflicts, a lack of engagement with previously enjoyed activities, difficulty maintaining relationships and friendships, difficulty maintaining emotional equilibrium and responses when parenting, and greater overwhelm when triggered in any number of ways can all be outer signs that someone is experiencing overwhelm from accumulated trauma (Aron, 2010; Odgen & Fischer, 2015; Parnell, 2013; van der Kolk, 2014). Archetypal psychotherapist and mythology scholar Thomas Moore (1992) asserted, "Observing what the soul is doing and hearing what it is saying is a way of going with the symptom" (p. 7).

Thus, seeing triggering and difficult life experiences as forms of micro, macro, and cumulative trauma can become a lens through which to understand the potentially incongruous or ineffective ways in which one goes about living one's life. In this regard, child psychologist Ross Greene (2014) shifted the common misconception from “kids do well if they want to” to “kids do well if they can” (p. 10). The same applies to adults; they do well if they can. From this place compassion for how others show up in the world can grow.

### **Emotional Regulation, Affect Regulation, and Self-Regulation**

The terms *emotional regulation*, *affect regulation*, and *self-regulation* seem to point to much the same concept—the idea of being adaptive, flexible, and balanced emotionally and using clear and effective communication when interacting with others is the goal of all three similar terms (Levine, 2010; Siegel, 2012). Siegel (2012) addressed the question of why self-regulation is essentially considered emotional regulation by recognizing that emotion links all layers of functioning in the mind through an integrative process (p. 306). The term *affect*, Siegel added, refers to tone of voice, facial expressions, and bodily motions—all of which are considered social signals. Psychologist Peter Levine (2010) highlighted, “The capacity to switch between different emotional states . . . known as affect regulation . . . is the basis for the core sense of self. . . . Emotional regulation, our rudder through life, comes about through *embodiment*” (p. 354).

Psychiatrist Michael Kerr and psychiatrist and Bowen family systems founder Murray Bowen (1988), in their conceptualization of a family system, defined an *emotional system* as that which governs human behavior by “processes that predate the development of [a] complex cerebral cortex” (p. 28). In addition to the anatomical and



physiological aspects of emotional response, they found the emotional system to include the relational system: “Much of the emotional functioning of the organism is geared to its relationship with other organisms and with the environment” (pp. 28-29). This definition of an emotional system alleviates the need to dichotomize and compartmentalize psychic versus somatic causes of disease. Siegel (2012) discussed emotion as being a method the body and mind use to organize and integrate, “attuning the whole organism to current situational demands on the basis of past experience” (p. 267). Thus, emotions inform and link mental, social, and biological systems that involve meaning making and memory processes of human experience.

### **Polyvagal Theory**

This way of understanding the emotional system seems to be a precursor to understanding human emotional reactions as presented in the *polyvagal theory* of Stephen Porges (2011), professor of psychiatry and bioengineering and Director of the Brain Body Center at the University of Chicago, Illinois. Polyvagal theory refers to the three possible responses of the autonomic nervous system when presented with a perceived threat to survival: fight, flight, or freeze. Van der Kolk (2011) summarized Porges’ theory when he wrote “the social, myelinated vagus as the fine-tuning regulatory system that opens up a role for the environment to foster or ameliorate stress-related physiological states” (p. xiii). Polyvagal theory offers a model for understanding how the human nervous system is designed to respond to and regulate with other humans, animals, and all forms of life. Porges (2011) further explained the nervous system’s regulatory response as being

a hierarchical regulatory stress-response system emerged in mammals that not only relies on the well-known sympathetic-adrenal activating system and the

parasympathetic inhibitory vagal system, but that these systems are modified by myelinated vagus and cranial nerves that regulate facial expression which constitute the social engagement system. (p. xiii).

Polyvagal Theory points toward the subtlety of tone of voice and facial expressions as giving very real cues as to how one behaves in stressful as well as ordinary life circumstances (Porges, 2011, p. xiii). This recognition is exciting, because it scientifically proves that by external influences such as nature, therapists, doctors, and health practitioners can help co-regulate patients. The concepts presented in this theory also offer the opportunity to acknowledge and apply the recognition that family members, friends, colleagues, and any member of a person's community contribute to positive or negative co-regulation. This is interesting in light of family systems and group dynamics, where a group mind can influence a person's beliefs and subsequent actions.

### **Window of Tolerance**

The *window of tolerance*, a term coined by psychiatrist Dan Siegel (2012), is interrelated with polyvagal theory. Siegel wrote extensively on the window of tolerance as present within everyone: "Each of us has a 'window of tolerance' in which various intensities of emotional arousal can be processed without disrupting the functioning of the system" (p. 281). The window of tolerance "is a zone of optimal arousal, not too high and not too low, within which we can adaptively and flexibly process stimuli, including thoughts, emotions, and physical reactions, without becoming overwhelmed or numb" (Odgen & Fisher, 2015, p. 777). An expression of trauma symptoms often disrupts emotional regulation—thus the zone of optimal arousal is often disturbed when trauma occurs or when repressed trauma is triggered.

## Highly Sensitive People

The designation of being a highly sensitive person (HSP) is a way to categorize individuals who, as the name suggests, have heightened sensitivities to various stimuli as compared to the global populous (Aron, 1996, 2010). This term was conceptualized by Aron (1996, 2010) based on her observations of herself, those around her, and her patients. When exploring one's personal level of sensitivity or assessing the level of a patient's tolerance to stimulation from life events, the concept that roughly 15 to 20% of the world's population is thought to be made up of highly sensitive persons might be illuminating (Aron, 1996, p. ix). This percentage is too large to list HSP as a diagnosis in the *DSM-5* but it deserves to be noted that one-fifth of the world's population experience stimuli more acutely than is typical (APA, 2013; Aron, 1996, p. ix). It is important to recognize that there are introverted HSPs and extroverted HSPs. Through her research, Aron (1996) recognized approximately 70% of HSPs lean toward social introversion, preferring interactions with fewer people and experiencing overwhelm from crowds, large parties, or at times strangers (p. 97). Aron noted that extroverted HSPs make up roughly 30% of the HSP population and are less overwhelmed socially by larger numbers of people (p. 97). However, extroverted HSPs do find other sources of arousal overwhelming such as "a long work day or being in the city too much. When over-aroused [extroverted HSPs] avoid socializing" (p. 98).

Often there is a misconception that only introverted people who have a low window of tolerance for overstimulation are HSPs. That is not the case. People with attention-deficit disorder (ADD) or attention hyperactive-deficit disorder (ADHD) whose symptoms show up more externally can also be HSPs. Each client will have their own set

of needs in reframing their experience to come back to a place of equilibrium after experiencing overstimulation and thus leaving their window of tolerance (Aron, 1996). Siegel (2012) spoke to self-regulation and levels of sensitivity within the window of tolerance when he wrote, “Each of us has a ‘threshold of response’ or the minimum amount of stimulation needed in order to activate our appraisal systems” (p. 275). In addition to acknowledging one’s level of sensitivity to stimuli, the presence of trauma and attachment or relational wounds further contributes to understanding one’s threshold of response.

### **The Importance of Integration as a Concept and Experience**

When exploring the nature of how trauma is released from the body, integration is an essential concept to grasp. Siegel (2013) pointed to the importance of the integration of aspects of the self and interpersonally with others when he wrote, “Integration is the fundamental mechanism beneath the adaptive and healthy regulation of affect, attention, memory, and social interactions” (p. xiii). Somatic integration is a form of integration that refers to the body assimilating change through stimuli inclusive of breath, touch, and movement (Levine, 2010; Ogden & Fisher, 2015). Bodywork, walking, exercise in general, stretching, and sleep can be particularly effective forms of physical integration that stimulate positive somatic change and rebalancing. The effect of participating in integrative activities can be improved cognition, greater creativity, and more flexibility when new stimuli influence the body and mind (Bolesky, 2017).

### **Somatic Modalities Utilized in the Treatment of Trauma**

What Jungian analyst Clarissa Pinkola Estés (1992) recognized has relevance for all aspects of trauma work and somatic release: “The body remembers, the bones

remember, the joints remember, even the little finger remembers. Memory is lodged in pictures and feelings in the cells themselves” (p. 200). What follows is an exploration of a series of modalities that address somatically stored trauma rooted in physical, developmental, psychological, emotional, and relational origins. This investigation into each of these modalities is by no means exhaustive. There are literally hundreds of modalities that address the release of somatic trauma (Shapiro & Forrest, 2016). Each of the following sections offers a glimpse into a modality that informs this research.

**Mindfulness breathing: One belly breath at a time.** The breath bathes and nourishes each cell of the body. Ecologist and philosopher David Abram (1996) acknowledged the essential poetic nature of breath to human life:

The air is the most pervasive presence I can name, enveloping, embracing, and caressing me both inside and out, moving in ripples along my skin, flowing between my fingers, swirling around my arms and thighs, rolling in eddies along the roof of my mouth, slipping ceaselessly through throat and trachea to fill the lungs, to feed my blood, my heart, myself. I cannot act, cannot speak, cannot think a single thought without the participation of this fluid element. (p. 225)

Spiritual teacher and counselor Mary O’Malley (2011) recognized the breath as a doorway to be present for life, and to align the heart, mind, and body (p. 58). O’Malley utilized many methods to strengthen awareness including mindfulness breathing. She worked with clients individually and in weekly mindfulness meditation groups and has led week-long retreats. O’Malley fostered an environment where hugs are welcome, eye contact is encouraged, and breath becomes a gentle invitation into self-love. Silence is still maintained for much of the time, but bonding between participants is encouraged. Her mindfulness and breath work is full of heart.

Breath is part of the foundation of many somatic modalities aimed at releasing trauma symptoms (Chodorow, 1991; Kabat-Zinn, 2013; Levine, 2010; Odgen & Fisher,

2015; Weiss et al., 2015). It opens tightness in the tissue when people focus on their bellies rising and falling. Through their studies, psychiatrists Richard Brown and Patricia Gerbarg (2012) have worked to legitimize the power of breath in U.S. medical and psychiatric circles,

Breathing practice (*pranayama*) is one of the classical limbs of yoga. . . . Studies are revealing that by changing the patterns of breathing it is possible to restore balance to stress response systems, calm an agitated mind, relieve symptoms of anxiety and post-traumatic stress disorder (PTSD), improve physical health and endurance, elevate performance, and enhance relationships (p. 2)

Buddhist psychologist and Vipassana meditation teacher Jack Kornfield (1993) has taught mindful breathing as essential for living a life of balance and awareness—as a steadying force amidst the chaos of ever-changing life. It seems simple to work with something as fundamental as breathing to help relax and open the body. It costs nothing, it is always available to patients and practitioners alike, it is portable, and without the ability to rely on consistent breath, very little else matters. Mindful breathing grounds patients in somatic awareness they can touch and feel.

**Mindfulness-Based stress reduction.** Mindfulness-based stress reduction (MBSR) is a somatic modality adapted from Vipassana and Buddhist meditation techniques that fosters an 8-week series of daily breathing and awareness exercises (Kabat-Zinn, 2013). MBSR programs began in hospitals as a way to reduce suffering and stress and to increase wellbeing in hospital inpatients and outpatients. Molecular biologist and founder of MBSR Jon Kabat-Zinn (2013) recognized the power of breath and its ability to regulate emotion:

In focusing on the breath when we meditate, we are learning right from the start to get comfortable with change. We see that we will have to be flexible. We will have to train ourselves to attend to a process that not only cycles and flows but

also responds to our emotional state by changing its rhythm, sometimes quite dramatically. (p. 41)

Research has been conducted on the use of MBSR in treating patients with anxiety, stress, loneliness, chronic pain, PTSD, and depression, and has been found to produce positive change in these patients (Kabat-Zinn, 2013). “This ‘work’ involves above all the regular, disciplined cultivation of moment-to-moment awareness, or *mindfulness*—the complete ‘owning’ and ‘inhabiting’ of each moment of your experience, good, bad, or ugly. This is the essence of full catastrophe living” (p. ix). Kabat-Zinn effectively brought mindfulness practices into mainstream medicine internationally, offering great promise to reduce stress and trauma symptoms.

**Acupuncture.** Acupuncture can have profound and lasting effects on the body, trauma patterns, and balancing emotional states to regulate affect (van der Kolk, 2014). Its interconnections through the energetic meridian system in the body correlate to every muscle, joint, bone, nerve, and organ in the body. It also affects qualities in human experience such as mood, affect, and memory. Acupuncturist Kathleen Lumiere stated that she treats cumulative physical and emotional trauma in her practice regularly, noting that “the acupuncture points to treat anxiety are also many of the acupuncture points to treat trauma” (personal communication, November 21, 2016). Describing acupuncture’s efficacy in treating trauma, scholar and doctor of pulse diagnosis William Morris (2015) described, “All traumatic events affect the heart and circulation. . . . Healing moves from the inside to the outside, top to bottom, most important organ to least important organ, and from most recent to the most past” (p. 30). In support of acupuncture and other somatic modalities in treating trauma van der Kolk (2014) recounted

Dr. Spencer Eth . . . conducted a survey of 225 people who had escaped from the Twin Towers [On September 11, 2001]. Asked what had been most helpful in overcoming the effects of their experience, the survivors credited acupuncture, massage, yoga, and EMDR, in that order. Among rescue workers, massages were particularly popular. (p. 233)

In the study referenced above, van der Kolk noted acupuncture was the number one modality New York residents chose to effectively treat trauma after the terrorist attack.

**Energy psychology and the emotional freedom technique.** The emotional freedom technique (EFT) works by stimulating acupoints through gentle tapping, referencing the same meridian system used in acupuncture and acupressure (Feinstein, Eden, & Craig, 2005). The general EFT recipe begins with tapping the top of the head, points on the face, the trunk of the body, and the sides of the hands. EFT falls within the overall category of energy psychology (EP). “EP has been used to treat traumatic stress in various groups, and is establishing itself as an evidence-based treatment for post-traumatic stress disorder (PTSD), depression, anxiety, phobias, and other psychological disorders” (Church, Piña, Reategui, & Brooks, 2012, p. 73; Feinstein, 2008). By legitimizing energy psychology techniques as having profound results in one’s overall health and wellbeing, the discussion of what constitutes effective psychotherapy is broadened. Psychologist David Feinstein, energy healer Donna Eden, and EFT expert Gary Craig (2005) explained that EP

approaches traumatic memories by sending electromagnetic impulses to the brain that interrupt the intense emotional response the memory has been causing. Unlike many other therapies, the emphasis is not on analyzing the memory and its meaning. Rather, you work with acupoints. (p. 76)

EFT has been shown to affect neural responses including emission of a fear-dampening signal to the amygdala and reduction of pain and fear in the limbic system of the brain (Church et al., 2012, p. 74). To clarify the universality of energy work, all



human hands have “an electromagnetic field extending beyond the fingers, so simply holding one’s hand over an affected part of the body can have a therapeutic effect, as can massaging, tapping, or holding specific energy points on the skin” (Feinstein et al., 2005, p. 5). Van der Kolk (2014) has had effective results utilizing EFT with his patients. He has used EFT “to help patients stay within the window of tolerance and [this method] often has positive effects on PTSD symptoms” (p. 267).

**Eye movement desensitization and reprocessing.** The modality of eye movement desensitization and reprocessing (EMDR) was developed by psychologist Francine Shapiro. Clinical psychologist Laurel Parnell (2013) trained under Shapiro and described EMDR as “a powerful tool for catalyzing integration in an individual across several domains, including memory, narrative, state, and vertical and bilateral integration” (p. xii), and it “can work on reprocessing the traumas so that they lose their emotional charge” (p. 139). Shapiro and Forrest (2016) explained that in EMDR therapy, “rather than trying to talk through the problem, the processing occurs on a physiological level and allows new associations, insights and emotions to emerge spontaneously” (p. 2).

EMDR therapy helps to reunite traumatic memories with the more resourced aspects of memory and self-regulation. Shapiro and Forrest (2016) illuminated that traumas and other experiences perceived as distressing can be held “in the wrong form of memory. Instead of being stored in memory where they can be remembered without pain, they are stored in memory where they hold the emotions and body sensations that were part of the initial event” (p. 2).

Parnell (2013) created attachment-focused EMDR (AF-EMDR), a specific relational trauma subcategory of EMDR that focuses on healing the wounds stemming from insecure attachments, especially those in childhood with primary caregivers. Both the original practice of EMDR and AF-EMDR utilize alternating stimulation with physical tapping of the client's limbs, subtle electrical impulses with paddles the client holds, or eye movement stimulation conducted by an EMDR trained therapist to reduce the heightened affect surrounding a memory or relationship.

Developmental and relational trauma have an impact on genetic expression and brain processes can have long-term effects on how a person relates to and interacts with life and with others (Siegel, 2013, pp. xiv-xv). AF-EMDR assists in catalyzing greater levels of integration and flexibility for those who experience insecure attachment and developmental trauma (Parnell, 2013). Siegel (2013) summarized AF-EMDR as a way to treat “suboptimal regulation, such as difficulty balancing emotion, experiencing joy, and ease or focusing attention in a flexible and adaptive manner; challenges with painful traumatic memories; and unhelpful patterns of interaction with others that result in troubled relationships” (p. xiv). As a somatic and energy-based rather than talk-based modality, AF-EMDR may be helpful for those who find verbal exploration of their trauma a threatening endeavor (Parnell, 2013).

**Hakomi mindfulness-centered somatic psychotherapy.** Hakomi mindfulness-centered somatic psychotherapy was founded by the late therapist Ron Kurtz (1990) in the 1970s. The word *Hakomi* comes from the Hopi Indian word, the current usage of which means, “who are you?” The older meaning is, “How do you stand in relation to these many realms?” The word Hakomi came to one of the Hakomi originators, David

Winters, in a dream (Kurtz, 1990, p. i; Weiss et al., 2015, p. v). Hakomi therapists assist their clients in observing the consciousness that arises within them through practicing mindful awareness, thus serving clients as a gentle witness. Hakomi therapists embody what they call *loving presence* with the intention of attuning to clients in such a way that they feel safe and held. Kurtz summarized key components of Hakomi:

The basic method is: create a relationship which allows the client to establish mindfulness, evoke experiences in that mindful state, and process the experience evoked. Experience mirrors internal organization. It reflects memories and beliefs and those images of self and world which organize all experience. With mindful evocation we move close. Just a step or two, a gesture, staying a little longer with the experience, and we are at the core. Core material goes deep; organizing beliefs are held firmly and defended strongly. . . . Core material is not accessible through the intellect. But it *is* through mindfulness. (p. 4)

Psychotherapist Richard Schwartz (2008, 2015) founded internal family systems therapy (IFS), a modality for interacting with unconscious parts of one's self, or inner figures, to create greater psychological integration and wholeness. Schwartz (2015) validated Hakomi as facilitating a state of mindful observation that supports clients to “release core, often unconscious, beliefs,” noting that “through this process, they were helping clients access what I call the exiled parts of themselves—vulnerable, young, hurt parts that I was trying to get to in a different way” (p. xi).

Psychotherapist and international Hakomi trainer Manuela Mischke Reeds (2015) observed, “Clients categorize their lives in terms of before and after the trauma experience” (p. 274; Herman, 1997; van der Kolk, 2014).

Many traumatized clients are not able to mobilize intellectual and physical requirements for addressing . . . their trauma. They cannot operate within the window of tolerance where the ventral vagal nerve facilitates our capacity for social engagement, with ourselves or others. (Reeds, 2015, p. 273)).

For therapy to be effective, clients need to be able to make coherent sense out of their trauma narratives. Facilitating states of mindfulness as a part of Hakomi can be an effective way to encourage this growth (Reeds, 2015, p. 273). Reeds (2015) articulated,

All somatic psychotherapy that aims to negotiate the arousal of the nervous system in elegant ways seeks to track and address activations and dissociations beyond the client's window of tolerance, so clients can actually be present with their experience and find new ways of relating to triggers. (p. 276)

Hakomi therapists bring attunement, limbic resonance, compassion, and love to their clients in an atmosphere of calm and quiet, paying attention to the present moment and the client's direct experience (Reeds, 2015). This above all is what trauma clients seek in therapy—to feel safe, loved, and recognized with understanding (pp. 276-277).

### **Sensorimotor Psychotherapy.**

In the instinctive psyche, the body is considered a sensor, an informational network, a messenger with myriad communication systems—cardiovascular, respiratory, skeletal, autonomic, as well as emotive and intuitive.

C. P. Estés, 1992, p. 200

Ogden, Sensorimotor Psychotherapy founder and educational director of the Sensorimotor Psychotherapy Institute, and assistant educational director Janina Fisher (2015) made the distinction, “The body's intelligence is largely an untapped resource in psychotherapy. . . . The story told by the ‘somatic narrative’—gesture, posture, prosody, facial expressions, eye gaze, and movement—is arguably more significant than the story told by the words” (p. 13). Sensorimotor psychotherapy is “a body-oriented talking psychotherapy that specifically addresses trauma and attachment wounds, emphasizing the body as an avenue for exploration and vehicle for change” (Ogden & Fisher, 2015, p. 776). This modality was specifically designed to work with trauma and attachment misattunements. “Resolving past trauma is not an act of will. It is the felt sense that the

trauma or threat is over. To experience a sense of having survived rather than a sense of anticipatory threat requires autonomic and physical recalibration” (p. 537). Ogden and Fisher (2015) explained,

A relational, attachment-focused therapy is a healing process not because therapists are treating trauma and attachment; but because they are helping to restore belief in the existence of human relatedness. The process of enactment accomplishes this especially powerfully because it generates a here-and-now reality that is created by both people in which the endangered attachment becomes repairable right in the room. (p. 51)

Much of what sensorimotor psychotherapy does for clients is to slow down processes and bring attention to breathing, posture, movement, and ways of relating, and assess whether they are still valid or whether a change might increase wellbeing (Ogden & Fisher, 2015). This form of therapy works with the edge of a client’s window of tolerance to expand the window itself. This modality emphasizes the wisdom of both the body of the therapist and the client as self-awareness is tracked and explored.

**Somatic Experiencing®.** Levine (2010) created Somatic Experiencing® as a trauma treatment modality from his recognition that trauma resides not only the brain or mind, but also in the body. This modality addresses the held patterns of tightness, tension, and what the body somatized as real or imagined threat. Levine (2010) synthesized multiple techniques inclusive of eye movements, vocal toning, postural changes, talk therapy, and verbal cues. In a video recording of a portion of a session, Levine guided a former Marine with PTSD through vocally toning while tracking Levine’s finger back and forth, and up and down; at the end of the exercise, Levine gave the verbal cue: “And rest” (Brooks & Walkenhorst, 2014). Levine (Brooks & Walkenhorst, 2014) summarized that Somatic Experiencing® “...helps individuals have new experiences in their bodies, where they feel more powerful, more centered, more grounded, then they’re able to deal

with those traumatic memories in a much better way—in a way that is embodying and empowering” (3:01).

Nine key principles form the framework of Somatic Experiencing®: establishing safety; exploring sensation; establishing pendulation and containment; titrating small drops of trauma experience; providing a corrective and empowering experience; separating conditioned associations of fear from biological immobility responses; supporting self-regulation and dynamic equilibrium; and orienting to the present moment (Levine, 2010, p. 75). Levine highlighted the essential importance of kindness and noninvasive support when practicing this modality.

**Soma Neuromuscular Integration® Bodywork.** Soma Neuromuscular Integration® is a structural integration modality created in 1977 by psychologist and Rolfer® Bill Williams and his wife Ellen Gregory Williams (Bolesky, 2017). In Greek, *soma* means “the body as distinct from the soul, or psyche,” but in the ancient Greek language *soma* included mind and spirit (“Soma,” 2017, def. 2). Director of the Soma Institute Karen Bolesky (2004) explained “The added layer of acknowledging body, mind, and spirit as an inseparable whole system supports the multidimensional human being” (p. 1). She recognized,

Our bodies want to heal, to feel great. But sometimes with accidents, stress, abuse, trauma, and self-criticism, we forget to allow our body to listen to itself. We forget, literally. If the body can return to being a listening mechanism, it will heal. All touch therapy whether structural integration or massage, has the goal of supporting the client’s body to heal—to feel great. Perhaps what we are doing as somatic educators is pointing the client’s attention (which has often wandered) back to their own precious body. (p. 1)

Soma is a method that takes place in 10 sessions to align the connective tissue of the body to function as it was biomechanically designed to function, with an optional

11th session for further integration, known as Somassage®. Clients experience body reading; fascial manipulation on a massage table; are guided to practice integrative movement exercises; draw their bodies before and after sessions; and have the ability to utilize a client notebook throughout the 10-11 sessions. Soma Neuromuscular Integration® deep tissue massage encapsulates processes that address mind, body, and emotions by accessing the fascial web that wraps every organ and links every muscle (Bolesky, 2004). Thus, working one part of the fascial web influences associated parts elsewhere in the body. The deep tissue massage releases trauma from the fascia and connective tissue that hold body memories and associations.

**Authentic Movement.** Authentic movement opens the body into a state of free association in which the contents of the psyche translate into spontaneous movement, vocalizations, and emotions, and are witnessed by an observer (Konopatsch & Payne, 2012). Founder of authentic movement and dance therapist Mary Whitehouse (2007) initially conceptualized this method of work through her own journey as an analysand in Jungian therapy where she was inspired by the relationship between active imagination and free association of movement (Konopatsch & Payne, 2012). Psychiatrist Carl Jung (1956/1970) developed the process of active imagination in which one focuses on a dream or fantasy as reflective of “psychic processes in the unconscious background, which appear in the form of images consisting of conscious memory material. In this way conscious and unconscious are united, just as a waterfall connects above and below” (pp. 495-496).

In this way of connecting above and below, conscious and unconscious, implicit memory with explicit memory, practicing authentic movement in individual or group

settings offers a new way to communicate within oneself and with the therapist facilitating the session (Konopatsch & Payne, 2012). Often there is music playing that helps to evoke kinesthetic and emotional experiences across a range from sorrow to ecstasy. “Authentic movement, as an approach to self-exploration, intends to create a space for hidden, unconscious and sensitive personal themes to be explored. The ground form of Authentic Movement involves two people, termed ‘mover’ and ‘witness’” (Konopatsch & Payne, 2012, p. 342). Authentic Movement can evoke the release of many forms of trauma as the mover is silently received by the witness. If there are body issues, shame might arise, followed by tears, or sighs—small movements or sweeping gestures. The witness acts as a source of loving presence and affirmation, which in redressing issues of traumatized attachment, is cathartic in and of itself.

### **Attachment and Bonding: What Love Has to Do With It**

Clinical psychologist and founder of emotionally focused therapy (EFT) Sue Johnson (2013) wrote, “We need emotional connection to survive. Neuroscience is highlighting what we have perhaps always known in our hearts—loving human connection is more powerful than our basic survival mechanism: fear. We also need connection to thrive” (p. 23). There are many components to self-regulation that dovetail with attachment and bonding. There seems to be a correlation between affect regulation and the ability to experience self-love and self-worth (Bram & Peebles, 2014, p. 255). “These states of mind can be based on secure attachment experiences in which we feel seen, safe, soothed, and secure—the ‘four S’s of attachment’ that serve as the foundation for a healthy mind” (Siegel, 2013, p. xiii). For those who did not grow up with relationships that facilitated feeling securely attached, indeed there is hope. There is



recognition among many experts in the fields of psychology and neuroscience that secure attachment can be cultivated at every phase of development throughout one's lifespan (Crain, 2011; Johnson, 2013; Siegel, 2012). Chapter III builds on the research discussed above in presenting an analysis of the creation of a sacred space that provides for the four S's of attachment.

## Chapter III

### Findings and Clinical Applications

#### Encountering the Sacred Temenos

The body is a multilingual being. It speaks through its color and its temperature, the flush of recognition, the glow of love, the ash of pain, the heat of arousal, the coldness of non-conviction. It speaks through its constant tiny dance, sometimes swaying, sometimes a-jitter, sometimes trembling. It speaks through the leaping of the heart, the falling of the spirit, the pit at the center and rising hope.

C. P. Estés, 1992, p. 200

To approach the human body with a sense of its dynamic, awe-inspiring, and wondrous nature allows for the *sacred* to enter back into the practice of psychotherapy and somatic psychology. I think the word *sacred* has become loaded with religious connotations—whether favorable or unfavorable. But I would like to resurrect the word *sacred* to mean a deep sense of honoring soul essence. Moore (1992) wrote, “Soul has to do with genuineness and depth, as when we say certain music has soul or a remarkable person is soulful. Soul is revealed in attachment, love, and community” (p. xii). When I conceptualized the title of this thesis as *Encountering the Sacred Temenos: Somatically Integrating Cumulative Trauma and Discovering Wellbeing Within*, I very consciously added the word *sacred*. To me being invited to witness the inner and confidential processes of a client or a friend or family member is an honor and in that way sacred. The word *sacred* comes from the antiquated verb *sacren* “to make holy” and from the “Latin *sacrare*, to make sacred, consecrate; hold sacred; immortalize; set apart; dedicate” (Harper, 2017, para. 1). It is my belief that life and all of nature is miraculous and I

intentionally chose to elevate the safe container and the members held within it to honor the presence of soul and spirituality.

Levine (2010) concurred about spirituality as an essential focus in trauma work when he wrote, “In a lifetime of working with traumatized individuals, I have been struck by the intrinsic and wedded relationship between trauma and spirituality” (p. 147). What he meant by this was that the process of catharsis from wounding to releasing trauma to reintegrating into wellbeing has brought profound and spontaneous expressions of ecstatic joy, tears of gratitude, and “an all-embracing sense of oneness” (p. 147). This can occur for clients, health professionals, wilderness therapy guides, and therapists who witness and help to facilitate such a metamorphosis. I have experienced this in my own practice as a body and energy work practitioner as well as in my training to become a psychotherapist.

Somewhere along the way, in modern society, government, and the insurance industry, the broad recognition of sacredness and soul in therapy got lost as an overall tenet to treating emotional balance and wellbeing. This is true of the healing that occurs in the myriad of modalities that tend to the body and mind. In ancient Greece there were references to healing temples, places of great beauty and architecture with fountains and interior courtyards—a *temenos*-like space in honor of the healing gods and goddesses in the polytheistic pantheon such as Hygiea and Asclepius (Campbell, 2013, pp. 120-121). The word *temenos* originates from the ancient Greek notion of a sacred healing temple and, according to Jungian analyst Daryl Sharp (1991), when defined in a Jungian sense it means “a sacred, protected space; psychologically, descriptive of both a personal container and the sense of privacy that surrounds an analytical relationship” (p. 133).

Jungian analyst and somatic therapist Jean Chodorow (1991) defined working with the concept of a *temenos* as “a safe and secure space within which unconscious fantasies and conscious dilemmas can be safely dealt with. The nature of this dialectic between patient and therapist is fostered by an empathic mirroring on the part of the therapist” (p. 7).

The term *temenos* as I use it is a place of safety and wholeness where the sacred work of depth psychotherapy can occur—honoring the ancient tradition of creating an exalted space. This creation of a *temenos* can happen in a windowless office on the corner of a busy street in a community mental health clinic. I make use of soft lighting, images of peace in nature on the walls, comfortable seating, plants that detoxify and oxygenate the air in the room, and work with a steady and calm tone of voice as subtle influences in the creation of a *temenos*. Yet above all, creating a *temenos* is about the energetic held by the therapist, facilitator, or health professional. Being surrounded by the beauty of nature or in an architecturally uplifting space certainly adds to the creation of such energy, but it is not essential. The sacred *temenos* is largely about intentionality. Historian and archeologist Asia Shepsut (1993) acknowledged the universe and Earth as macrocosmic representations of the sacred *temenos* and spaces created to reflect the sense of being held as microcosms of that greater, cosmic container. Shepsut furthered this concept when she explained,

Wherever it is, however you do it, create some spot which ritualizes The Centre of the World. . . . You will notice that creating this sacred space will have an immediate, regulating effect on activities of a more practical nature that go on outside it. (p. 29)

One of the primary clinical or facilitative functions of the creation of a *temenos* is to create a sense of emotional safety where deeper and more vulnerable layers of human

experience, inclusive of cumulative trauma, can be revealed while being securely contained by the loving presence of the therapist or other health professional.

### **Trauma as Cumulative and on a Continuum**

Both PTSD and developmental trauma are considered macro levels of trauma, but if trauma is seen on a continuum, varying degrees of micro traumas may occur in which an event causes subtle neurophysiological fear reactions. There are professionals and individuals in all walks of life who have encountered various forms of trauma or traumatic stress and these instances can occur at any time in one's lifespan (Parnell, 2013; van der Kolk, 2014). An employer, spouse, professor, or other person in power can be an influential figure in relational micro or macro trauma for an adult, just as a parent can be a tremendous source of wounding for a child (Parnell, 2013). After years of accumulated micro traumas, peoples' ways of relating to others and to themselves can become in a sense clogged or distorted and in need of relief from the struggle to maintain emotional equilibrium and defend against further trauma.

Psychotherapy and somatic modalities that address trauma are ways to work with transforming cumulative trauma. Aron (2010) further clarified and broadened the definition of the forms of trauma people experience:

When we say someone has had a traumatic physical injury, it means the body has lost its wholeness in some way: the skin has been deeply cut, a bone has been broken, or an organ has been injured. Trauma happens to the mind as well, either with or without physical trauma. It occurs when emotions are not just overwhelming but in some real sense unbearable. With enough stress and a sense of powerlessness to prevent more stress, the mind loses its wholeness and "falls apart," "breaks down," or "goes to pieces." The brain goes through changes that, although often reversible, are equivalent of an injury. Trauma can be acute, an abrupt experience, or chronic, something that grinds you down over time. (p. 77)

Aron's (2010) description hints that trauma can be seen on a spectrum from physical to emotional, or psychological. Psychologist and faculty member of the Seattle Psychoanalytic Society and Institute Margaret Crastnopol (2015) defined *micro-trauma*

as way to differentiate repeated, built-up, minor hurts . . . less obvious or direct in destructive quality. . . . The hurtful quality may reside only in the tonal undercurrents or peripheral implications of the act rather than in its main message. (p. 5)

Crastnopol (2015) further discussed her observations about micro-trauma when she wrote, "In the area of micro-trauma at least, telescoping betrays itself when the reaction to the event seems truly disproportionate; under these circumstances, we often discover on further inquiry that the particular blow was only the latest in a series" (p. 10). A therapeutic temenos needs to invite and hold as sacred the process of deepening, paying the depth of attention to a client that does not overlook, but rather looks within, micro as well as macro traumas.

### **Cocreating the Sacred Temenos with Patients and Clients**

It was the fall of 2010 and I was at a crossroads in my life. I was desperately ready for a change, pondering what was calling me from within. Nature is a healing balm for me, so I hiked to sit perched on a rock outcropping atop Mount Erskine on Salt Spring Island, British Columbia. As I gazed out over the labyrinth of calm, sun-sparkling waters, an insight came illuminating what I believe to be the core emotional needs of humanity. The words *safety, trust, acceptance, belonging, and love* came forth. I realized then that emotional wounds stem from a lack of these qualities.

### **STABLE©: Safety, Trust, Acceptance, Belonging, Love, Earth, and Ecopsychology**

As I worked with these needs, one additional need came forward, and that was the human need to connect with Earth as a living being. To further honor and clarify the vital

synergy of nature and psyche, I added the term *ecopsychology*. From these foundational needs the acronym STABLE© formed, which stands for Safety, Trust, Acceptance, Belonging, Love, and connection with the vibrancy of Earth and Ecopsychology as a source of nourishment. Ecopsychology can be thought of as the connection between one's psychological and emotional state being inextricably interrelated with the energy and physical health of Earth (Roszak, 1992; Roszak, Gomes, & Kanner, 1995).

During my clinical practicum I found that many of my clients were seeking stability within themselves and in their outer life circumstances that were often dominated by financial strain and, for some, homelessness. I wanted to offer something that could add hope and be a reminder of the qualities of life that are available to everyone. STABLE© evolved to align with the seven colors of the rainbow to help my clients visually connect with the concepts, especially the children and teenagers. During my final sessions with several of my clients ranging in age from six into adulthood, I drew the image of a vibrant rainbow with the acronym and the words that comprise it. The drawing was meant to be a transitional object that my patients could keep to remember the important work we did together and the bond we shared. It seemed from their responses that the simple gift of the drawing added meaning and closure to our therapeutic relationship. The rainbow STABLE© drawing (Appendix A, Figure 5) offered clients a way to remember some of the emotionally supportive core values that were addressed during sessions.

The drawing below (Figure 1) is a result of my continued and deepening work with the acronym I conceptualized to represent the key elements of mind, body, and emotional nourishment that lead to resilient and effective functioning. I noted its

relevance in accord with the seven chakras, which are Ayurvedic energy centers that correlate with the spine of the body from the perineum to the top of the head, root to crown (Judith, 2004).



*Figure 1. STABLE©. Illustration of relationship between the human needs and the chakras. Drawing by author, 2017.*

Chakras align with rainbows, as they share the same color spectrum and they are often represented as lotus flowers with specific geometric shapes, as shown above (Judith, 2004). Working with the framework of STABLE©, one can conceptualize the image to begin from the root chakra whose color is represented as red and is located at the perineum, or base of the spine, which is Safety. The second chakra is located just below the navel and is considered the sex chakra or center of creativity. Its color is orange, which aligns with the word Trust. The third chakra is yellow and is considered



the will chakra; its word is Acceptance. The fourth chakra is green, is located in the center of the sternum, and is known as the heart chakra; its word is Belonging. The fifth chakra is associated with the color blue, is located at the throat, and its word is Love. The sixth chakra resides just above and between the eyebrows. Its color is indigo and it connects with Earth. Ecopsychology, the study of psyche and Earth as interrelated, is represented with the color violet. It resides at the top and center of the head (Judith, 2004).

I imagined that physical and emotional safety and grounding in the root chakra was the foundation upon which all other energies are built. I saw this leading to a greater sense of trust in the second, relational chakra, which can then open the door to feeling acceptance from others, adding to experiencing greater self-acceptance, which is related to the energy of confidence at the third chakra in the solar plexus. This can lead to a deepened sense of belonging, related to the energies of the heart chakra and love. The world becomes more dependable when the solid foundation of the first three core needs have been redressed by a reliable therapist as respectful and honoring witness within a sacred temenos. When there is a felt sense of safety, trust, acceptance, and belonging it becomes more possible to give and receive love. From this place of stability, connecting with Earth adds to self-care by communing with nature to resource oneself.

### **Earth and Ecopsychology**

Earth is represented by the sixth chakra at the third eye in the center of the forehead, which has to do with intuition, visualization, imagination, and dreaming (Judith, 2004). Connecting with the essence and energy of the natural world adds to a sense of being able to imagine and dream. Van der Kolk (2016) reported that research has

shown that when people can imagine their future again—create goals and seek to accomplish them—they are healing their trauma. This is a sixth chakra function, and spending peaceful time in nature can add to one’s ability to visualize, rejuvenate, and create. This is possible when the core needs of maintaining a certain degree of felt safety; trust in the world; acceptance of self and others; a feeling of belonging; and some sense of love has occurred.

For people in a state of crisis, receiving the healing power of nature and the chance to dream is often not on the radar. I can think of a female victim of domestic violence who could not remember the last time she had gone to the ocean even though she lived 15 minutes away and had loved going in the past. Leaving her home did not feel safe and due to somatized trauma she lacked the psychic and physical energy to go to the beach. Tending unresolved trauma and her core needs for safety, trust, acceptance, and love had to come first before she would resume going to the beach again regularly.

I added ecopsychology as the seventh chakra and the hidden *E* in STABLE© because when people feel higher levels of their wholeness, a felt sense of the wellbeing and connection with all of life can occur. The late Theodore Roszak, social activist and social scientist (1992, Roszak et al., 1995), first coined the term *ecopsychology*—in essence blending the words and concepts of ecology and psychology. Roszak (1992) explained,

Once upon a time, all psychologies were “ecopsychologies.” Those who sought to heal the soul took it for granted that human nature is densely embedded in the world we share with animal, vegetable, mineral, and all the unseen powers of the cosmos. (p. 14)

And yet, so many people experience feelings of separateness, a lack of belonging, a lack of safety, a longing for love, and on the whole a longing for connection. This

blended field of therapy arose out of the notion that people have cast a spell on themselves and ascribed to the notion of being separate from nature. This spell needs to be broken so that humanity can live from a place of wholeness within the web of life.

Therapy for people has existed in a bit of a vacuum—as though the four walls surrounding client and therapist could contain all the healing necessary to put a person back together. By opening to therapy in natural settings outside, there is a chance to feel one’s nature as “the Wild Indigenous One [who] is our most instinctual dimension, every bit as natural and at home on Earth as any elk, elm, or alp” (Plotkin, 2013, p. 51). Human bodies are ecosystems, walking around completely influenced by the other systems they encounter. As an ecosystem the body can become physiologically unbalanced by and contain remnants of the trauma. This then can be seen linking ecopsychology with the importance of somatic-oriented therapy.

### **Exploring the Application of Somatic Modalities**

I am fascinated by how trauma resides in the body and in one’s memory at the same time. Professor of somatic psychology at the Naropa Institute, Christine Caldwell (2012) discussed the neuroscience of what happens when clients in a therapeutic relationship experience memories:

When we remember, we bring the past into the context of the present, and as that past surfaces, it is exposed to the different experiential elements residing in the here and now. If those new elements are safe, calm, welcoming, and relationally secure (i.e. a therapeutic relationship), a painful memory can be consciously worked with on a body level, as a way to re-encode the past situation with new, more regulated associations. (p. 261)

I participated in these exact phenomena with my clients during my clinical practicum when I worked with them utilizing the somatic methods of deep breathing, mindfulness, and EFT tapping to release and integrate trauma. First and foremost, as I

began my exploration of somatic modalities in the literature with breath work, I began with something free and simple: breathing. Trauma can cause people to hold their breath unconsciously, among other symptoms. I have witnessed this firsthand in my own body through the practices of Vipassana meditation and mindfulness techniques, as well as being the recipient of many forms of body and energy work over the past 25 years. In essence, mindfulness of holding one's breath begins with simply bringing one's attention to it in the present moment.

Different modalities can be effective for different clients. In both my practice as a Soma Neuromuscular Integration® bodywork practitioner and as a psychotherapist in training, my experience with mindfulness breathing and EFT tapping have been highly effective for many clients. The youngest clients with whom I have tried mindfulness breathing and EFT tapping were 6 years old. Perhaps it might work with children even younger. For example, one delightful and precocious 6-year-old girl liked the mindfulness breathing and worked with it at home, but did not like the feeling of tapping. Other clients ranging in age from 6 to in their mid-60s also enjoyed the mindfulness breathing but did not prefer the EFT tapping, whereas others experienced greater ease and more calm when in heightened states of arousal using the simple tapping technique. I found combining mindful belly breathing and EFT tapping a great way to work with teenagers when I cofacilitated a group on mindfulness and emotional regulation.

As a client, I have found acupuncture, EFT self-tapping, EMDR, Soma Neuromuscular Integration® bodywork, chiropractic care, and energy medicine particularly effective in the somatic release of cumulative trauma. Each of these modalities assists in a process of reintegration from trauma into a felt and lasting sense of

wellbeing. EMDR seems specifically indicated for single incident trauma, whereas Parnell's AF-EMDR (2013) has been adapted to work with cumulative, relational, and developmental trauma. One can imagine that this methodology, especially from a relational trauma perspective, could be useful in treating levels of trauma across a continuum—from micro interactional traumas to more egregious incidents or durations of highly charged relational instability.

### **Affect Regulation and the Introduction of Conscious Co-Regulation**

Ogden and Fisher (2015) summarized regulation as it relates to self, affect, and emotion as “the ability to monitor and modify internal processes; to soothe or intensify our emotions, arousal, and sensations until they do not feel uncomfortably low or high, to bring arousal within a window of tolerance” (p. 776). During my clinical practicum, I tracked the state of regulation in my clients and their families as part of ongoing assessment. One particularly interesting example of dysregulation coming back into balance with somatic methods is discussed in Appendix B. I include how I used the framework of STABLE© with this caregiver and the effect it had on the overall session.

The concept of co-regulation was introduced to me by the supervising psychologist at my practicum during a session of group supervision. “Co-regulation is an important quality of interaction during which the dyad functions as an integrated entity to regulate each other's behavior” (Fogel, 2000, p. 1150). Sitting with this new concept, I found myself making associations of how often co-regulation occurs. As a therapist, bodyworker, and energy medicine practitioner I reflected on how I have been in co-regulating loops of interaction with my clients without calling it as such. Previously, I called co-regulating with another person empathic attunement or helping someone to

ground their energy, but the term co-regulation gets to the heart of what is happening. In family systems Bowen and Kerr (1988) referred to this as a borrowing or trading of self. I prefer the concept of co-regulation because it fits with an attachment perspective of the affiliative nature of human beings; that as communal creatures, people can assist one another in co-regulating in a strength-based way when they become aware that co-regulation is an option.

Consciously co-regulating one another is far different from unconsciously entraining to the energy of others, which can have negative or positive effects depending on the affect present. I have been experimenting with conscious co-regulation with family members and specific friends who have a calming and regulating effect in my life and whom I in turn co-regulate. As a therapist co-regulation can help a client stay present to memories as they arise from the unconscious and as well as return to a state of equilibrium when encountering the arousal of distressing affect.

### **Shadow Integration**

Trauma work is depth work inclusive of shadow. Sharp (1991) defined *shadow* as hidden or unconscious aspects of oneself, both good and bad . . . either repressed or never recognized. . . . All those things about oneself one is not proud of. The unacknowledged personal characteristics are often experienced in others through the mechanism of projection. (p. 123)

I have found shadow integration to be a key component in coming to terms with the wounds life brings for me and for my therapy and bodywork clients. Although there are the wounds of trauma that are socially acceptable, such as being the victim in a car accident, there are also trauma wounds that people would rather not share aloud. These wounds are crying to be met with the arms of love. Levine (2010) spoke to working with one's shadow and to the notion of healer heal thyself when he sought the original wisdom

of shamanic cultures and then contrasted two methods of going about the treatment of patients.

In common therapy . . . the therapist instructs the PTSD victim to assert control over his feelings, to manage his aberrant behaviors and to alter his dysfunctional thoughts. Contrast this alignment to that of shamanic traditions, where the healer and the sufferer join together to re-experience the terror while calling on cosmic forces to release the grip of the demons. The shaman is always first initiated, via a profound encounter with his own helplessness and feeling of being shattered, prior to assuming the mantle of healer. Such preparations might suggest a model whereby contemporary therapists must first recognize and engage with their own traumas and emotional wounds. (pp. 34-35)

Jung (1937/1966) wrote, “An analyst can only help his patient just as far as he himself has gone and not a step further” (p. 330). I agree with Jung’s assertion that as a therapist or any health practitioner, it is essential to explore and heal personal wounds. It is a part of shadow integration and movement toward a felt sense of wholeness within. This is certainly true in the practice of effective trauma work.

Integration in the practice of psychotherapy involves bringing aspects of a client’s shadow to consciousness. Shame and anger are two energies that are essential to meet in the process of shadow integration. There is a saying that shame is anger turned inward. Once shame is identified, how can one work with it to help this frightened expression of self return to equilibrium and wellbeing? To shed some light on how to work with shame, an emotional experience so often encountered in the treatment of trauma, Gestalt therapist Robert Lee (2007) revealed,

The phenomenon of shame encompasses much more than our common cultural sense of having done something wrong, this being shameful, or of being flawed in some manner. At its core, shame is about pulling back. It is our way to attempt to protect ourselves or others when we perceive that we won’t be received. (p. 2)

Schwartz (2008) acknowledged that there are different parts of the self that have needs and their own unique voice—parts such as the protector or an exiled one. In this

method of seeing the various parts of self, the one who feels ashamed and the angry one could be added to help in the understanding of what part is acting out, and thus seeking to be integrated back into wholeness. Jungian analyst Monica Wikman (2004) discussed shadow integration in a way that speaks to my understanding of the process.

Integration experiences come as the fruit of the hard work, and the journey, and stem from a life lived close to the unconscious for the sake of this inner development of unity itself. Integration experiences also stem from weathering the storms of inner and outer life in such a way that instead of splitting between the opposites, a new unity is born. When the alchemical processes have cooked the complexes long enough into ash, the manifest Self emerges, and acceptance and joy return. (p. 280)

The image of inner processes being cooked and turned to ash, ready for the phoenix of the soul to emerge, awakens the poetic beauty that can be present in trauma work and the healing of emotional wounds. When they are not seen as something to hide from they can represent the strength that comes from surviving and emerging, wizened and more whole. Wikman's (2004) summarization of being catalyzed by alchemical transformation segues into what I see as a myth that demonstrates the initiation potential of trauma integration.

### **The Myth of Inanna as an Allegory for Processing Trauma**

Trauma experiences can be seen as taking the form of a kind of initiation. The myth of Inanna depicted an initiation into and a return from the underworld—a theme in ancient myths recorded in numerous cultures (Perera, 1981). Jungian analyst Sylvia Perera (1981) noted,

There are many myths and tales about the descent of and to the goddess . . . Japanese Izanami, the Greek Kore-Persephone, Roman Psyche, and the fairytale heroines who go to Mother Hulda or Baba Yaga or the gingerbread house witch. (p. 9)



The myth of Inanna from 3rd millennium BCE is considered the oldest recorded allegory that acknowledged this theme of a descent, an alchemical transformation, and an ascent back into usual life—forever changed with the opportunity to honor oneself for the pain and sacrifices made to do one's inner work (Perera, 1981, p. 9).

Inanna's descent through the seven gates to the underworld can be a helpful lens when reflecting on a client's experience of trauma symptoms. A correlation can be made between the underworld's gates and the seven chakras in the human energy system. The root chakra would begin at the crust of the earth where heaven meets Earth—the seat of safety in the world that is lost when trauma occurs. From there life force must be rebuilt. A stripping away of vitality and life force occurs when trauma shakes the foundation of one's being—the root, the first gate. Some people may experience a more subtle or mild death, transformation, and rebirth process and others may experience a cycle of initiation, or dark night of the soul, that lasts for years (Henderson, 2005; Moore, 2004). This depends on what kind of wound or relational trauma occurs and on the level of one's resilience at the time of the psychic injury. How long a person's transformation through trauma takes is not to be taken as a value judgment about how evolved a person is. Rather it reflects the nature of trauma as on a continuum from micro to macro, and as cumulative as well. There may be parts of a person in multiple layers of death and rebirth processes simultaneously, while on the outside, they are performing all the duties of their life with seeming ease. Humans are complex creatures.

The final chakra correlates to the seventh gate, entering into the heart of the underworld, to experience the process of alchemical metamorphosis, or shadow integration. The myth of Inanna is an analogy of being alchemically changed by facing

one's trauma and transforming through it. When one goes through a traumatic event or experiences a resurfacing of cumulative trauma symptoms, it may feel as though the person is experiencing a loss or a death, just as Inanna did at the hands of Ereshkigal, queen of the underworld.

For some clients descent may involve the depressive or anxious symptoms of apathy, grief, tearfulness, hyposomnia, hypersomnia, nervousness, hypervigilance, anger, verbal outbursts, or even physical altercations when extreme dysregulation or substance use is involved. Learning to own one's own shadow can be highly effective in the process of transforming mental behavior from judging others and one's self to seeing through the eyes of compassion. Symptoms then become cues that soul is seeking to point out a certain wounded part of self in an attempt to rebalance into a state of wellbeing and wholeness. Cultural anthropologist and mythologist Joseph Campbell (1988) illuminated some of the essential and universal wisdom that is born out of the hero's journey:

We have not even to risk the adventure alone, for the heroes of all time have gone before us. The labyrinth is thoroughly known. We have only to follow the thread of the hero path, and where we had thought to find an abomination, we shall find a god. And where we had thought to slay another, we shall slay ourselves. Where we had thought to travel outward, we will come to the center of our own existence. And where we had thought to be alone, we will be with all the world. (p. 123)

Campbell (1988) alluded to Ariadne with her spider's thread guiding the hero by way of offering a path to return home—being a priestess or facilitator in the journeys of psyche and soul. The theme of entering the process of transformation—the labyrinth—and returning home, experiencing unification with all of life showed up in the myth of Inanna as well (Perera, 1981). The myth of Inanna is a hero's journey. Ninshubar, Inanna's handmaiden, waited for her at her point of descent and when Inanna failed to

reappear at the appointed time sent for help—Ninshubar played the same role for Inanna as Ariadne in the labyrinth myth by holding the knowing of Inanna's wholeness.

The theme of departing, going through trials, and returning changed shows up in stories and myths throughout history with male and female protagonists. So many therapists and health care professionals can relate to the journey of being transformed through rites of passage inwardly or outwardly in their own lives. Some might say to be truly effective in helping others the wound of Chiron is inevitable. The myth of Chiron centered on receiving a wound or trauma (Ronnberg & Martin, 2010, p. 738). The wound itself became the wizing agent of initiation—one where compassion and empathy grew out of being able to relate to the pain of another. Out of vulnerability, woundedness, and experiencing trauma wisdom emerged.

### **Discovering and Cultivating Wellbeing**

If you travel far enough, one day you will recognize yourself coming down the road to meet you. And you will say YES.

Woodman, M. & Mellick, J. 2000, p. 98

When I conceptualized the importance of the topic of wellbeing in this thesis, I recognized that every time I experienced trauma, whether micro accumulations or macro incidents, I went through a catharsis and reintegration that led to greater wholeness and wellbeing. Siegel (2010) brought to light the idea that “integration is at the heart of wellbeing” (p. 32). I observe this with my clients as well. There is another way that I saw wellbeing as essential, which is to connect with the restorative properties of the natural world. The *E* in STABLE©, stands for Earth as it relates to experiencing solace in nature in addition to pertaining to the potential for ecopsychological connection with Earth,

where psyche experiences oneness with all of life—the miraculousness and the degradation.

I resonate with Siegel's concept of returning to the river of wellbeing from the shores of chaos and rigidity (Siegel & Bryson, 2011, p. 11). I use this metaphor with many of my clients. It appeals to clients of all ages. I think of the river of wellbeing as a place of balance and cortical calm between the vacillation of depression and anxiety experienced by so many of my clients. In fact, I see depression and anxiety symptoms on a continuum. Professor and clinical neuropsychologist at Cal Poly University in San Luis Obispo, California, Mike Selby (2016) reflected that he most often sees depression and anxiety symptoms as co-occurring. Selby's assertion that anxiety and depression are often co-occurring was eye opening for me in addressing these symptoms clinically. Whereas I had been working with a mental model of depression being on one end of a continuum and anxiety being at the other end, Selby (2016) added an interactive dimensionality to these two categories of emotional symptoms. Now, I see these states as far more dynamic, almost as if a person who experiences depression and anxiety is in an inner dance with his or her symptoms in an attempt to find balance and wellbeing.

The use of adjunctive therapy in collaboration with other practitioners can be highly effective in supporting clients to re-enter the river of wellbeing (Siegel & Bryson, 2011). Mindfulness is an integral component cultivating a connection with the river of wellbeing within oneself. Like a waterfall that is tumbling into a deep pool someplace on this vast jewel of a planet in this very moment right now, the river of wellbeing is constantly flowing awaiting the return again of an earnest and attentive explorer.

## **Clinical Applications**

The framework of STABLE© can be applied universally. Addressing the human needs of feeling emotionally and physically safe; being able to trust others; feeling accepted; experiencing a sense of belonging; receiving the energy of loving or compassionate presence; and resourcing with a connection to the earth adds to a felt sense of wholeness. Moreover, it is important to recognize how inextricably connected the body and human psyche is with planet Earth and with one's environment in an ecopsychological sense. It is my belief that all people need what STABLE© encapsulates, and that these are healing balms to the wounds of humanity. This model can be adapted to work environments, government structures, social justice practices, post war adjustment, conflict resolution, school and university settings, family values, spiritual practices, and health clinics as tenets for mindfulness. As a model, STABLE© can be used in conjunction with Maslow's (1943, 1954) hierarchy of needs to add the dimension of the chakra analogy to cast new light on his hypothesis of emotional needs in a hierarchical representation. Both of these methods of seeing human needs complement each other.

An additional hope and intent in offering the framework of STABLE© is that I will use this model when designing curricula for outdoor and adventure education and in the facilitation of retreats. In addition to mental health clinic or private practice settings, I have found this need for containment, mirroring, and safety for emotional activation to be the most optimal way to facilitate outdoor trips and wilderness therapy. This does not mean that every participant on such trips will have an experience of emotional activation from current or previous trauma, but it is well documented by organizations such as

Outward Bound and NOLS that forming, storming, norming, and performing occur in the backcountry—storming being the operative concept connected with emotional activation among adventure education participants (Jostad, Paisley, & Gookin, 2012, p. 24).

## **Chapter IV**

### **Summary and Conclusions**

#### **Summary**

In designing my thesis, there was a feeling tone I hoped to convey. My intent was to incorporate a mythopoetic voice and a tone honoring the sacred feminine that could emerge so that in the process of exploring the somatic release of trauma, a deeper quality of soul could be revealed. Chapter II encapsulated many of the underlying key concepts upon which somatic release and integration of trauma are based (Kerr & Bowen, 1988; Johnson, 2013; Levine, 2010; Porges, 2011; Siegel, 2012; van der Kolk, 2014). I explored 10 different modalities in the literature review to acknowledge some of the most effective treatment methods for the release of somatically stored trauma (Bolesky, 2017; Epstein, 2013; Konopatsch & Payne, 2012; Kurtz, 1990; Levine, 2010; Ogden & Fisher, 2015; Parnell, 2013; Siegel, 2012; Shapiro & Forrest, 2016; van der Kolk, 2014; Weiss et al., 2015).

In Chapter III, seeing trauma as a continuum from micro traumas that slowly accumulate, which can include relational trauma and attachment wounds, to macro traumas was added to the definitions of trauma in Chapter II. There was also a focus on the cumulative nature of trauma where incidents can build up over time (Crastnopol, 2015). Within the clinical findings, the concept of a sacred temenos and its clinical use to honor patients and their symptoms in a strength-based way was highlighted. The acronym STABLE© was introduced as a model for relating both internally and externally. Its

nonlinear and recursive nature add to the exploration of personal growth by offering a foundation from which to work. The importance of shadow integration to the process of healing trauma added to the allusion that experiencing trauma can be seen as an initiation journey similar to that of the Sumerian goddess Inanna's descent to the underworld to emerge with greater wholeness (Perera, 1981). The recognition of wellbeing and cultivating a relationship with the natural world were added to the conceptualization of trauma work.

### **Suggestions for Further Research**

I was not able to find studies or research articles on cumulative trauma or micro trauma, as this seems to be an emerging subcategory of trauma on a continuum. I was able to find one text that spoke to a psychoanalytic model for treating micro traumas (Crastopol, 2015). Cumulative and micro trauma could be an area of further research that might assist therapists and health professionals as well as wilderness therapists in treating their patients and clients. In addition, I did not come across any research studies or scholarly articles on acupuncture and the treatment of cumulative trauma, emotional regulation, affect regulation, or emotional stress. Further research in this area could be very useful in the field of the somatic treatment of trauma.

Research could be done on what somatic modalities treat which kinds of trauma on the continuum most effectively. I have begun to research this, but I was unable to find comparative studies of how trauma is treated differently among the modalities explored in this thesis and the multitudes of modalities that were not discussed in this thesis.

Acknowledging addiction as a method of coping with trauma symptoms and cumulative trauma seems to be an area where greater focus on substance abuse could be



quite beneficial. This research could support the success rates for sobriety in treatment centers, hospitals, and therapy practices by encouraging the therapists and other care professionals to keep this connection in mind and might perhaps lead to an increase in compassion for those who end up using substances in the process of attempting to come to terms with their trauma. The next step in that process could be helping such clients and patients to explore other methods of reducing overwhelm and learning to tolerate the discomfort of life with greater self-love and increased self-care without the use of toxic substances (Flores, 2004).

Exploring the effects of trauma on outdoor and adventure education participants who display symptoms of dysregulation could be a fascinating way to expand trauma research focusing on cumulative trauma and the entire spectrum of trauma with its effects on human behavior in wilderness settings. This research could be factored in when designing adventure education and wilderness therapy curricula and then utilized when facilitating programs.

## **Conclusions**

The body of this thesis is contained within the concept that trauma work of any kind must begin with establishing safety by the therapist attuning to what the patient's definition of safety is. There is an opportunity for the therapist and client to cocreate a sacred temenos to contain, deepen, and enrich the safety of delving into trauma work. This synthesis of research aimed to add to the openness and inclusivity of trauma research. Using myth as metaphor in trauma work can add soul, depth, and meaning to this work both for practitioners and for patients, clients, and participants alike. There is an opportunity to experience self-compassion through safety, trust, acceptance,

belonging, love, and a connection to Earth and ecopsychology for practitioners and those they serve when embodying these truths. The co-occurrence of anxiety and depression symptoms often results as a response to unresolved trauma. Each of the somatic modalities presented in this thesis have beneficial and lasting effects on the reduction of trauma symptoms and can add to greater levels of wellbeing. Conscious co-regulation between therapists and clients can aid in stabilization and have positive ripple effects into clients' lives.

Appendix A  
STABLE© Rainbow Drawing Used Clinically



Figure 5. *Rainbow Drawing of STABLE©*. Drawing by author, 2017

## **Appendix B**

### **Using *STABLE*© to Address Client Dysregulation: A Clinical Example**

The following is an amalgamation of experiences I facilitated in therapy sessions to give an example of how I worked using the *STABLE*© acronym. Many of my clients worked with me using belly breathing and EFT tapping. Thus, the anonymity of any individual cases has been expressly protected, such that no personal identification is presented.

“When people move beyond their windows of tolerance; they lose their capacity to think” (Siegel, 2012, p. 305). An example of trauma having a profound effect on everyday functioning occurred when I worked with a caregiver of a troubled child who came in for a therapy session with me. The caregiver’s affect included hypervigilance, pressured speech, and it was clear just being in my office caused the caregiver to leave their window of tolerance. I knew that before I could be of any help to my child patient, I needed to help regulate the child’s caregiver if this child had any chance of going home with a greater sense of stability than when arriving at my office. I worked one on one with the caregiver by slowing down the process and attuning with the caregiver’s energy. I suspected the caregiver had a trauma history in witnessing the caregiver’s highly dysregulated affect during the session. My primary role was to meet that affect with love, compassion, and security. I held the knowing that this was a safe place and that the caregiver’s survival was not threatened in the present moment because at that time the caregiver could not hold that awareness steadily and needed my support in the form of

conscious co-regulation. We began to regulate together, my calming presence helped to ground the caregiver and transform the office and clinic into a safe container, a temenos of Safety, the first element of STABLE©.

Opening the door into Trust became evident through checking in to see if the caregiver would be willing to do some breathing and EFT tapping with me. The caregiver consented to try it. I sat in front of the caregiver and modelled belly breathing—expanding my belly on the in-breath, placing my hand on my belly to exaggerate the air expanding, and contracting my belly on the outbreath. Once the caregiver was able to follow the in-breath and out-breath, I modeled tapping the top of my head and paired it with following my breath. The caregiver tapped head, trunk, underarms, and hands in sequence through mirroring what I demonstrated.

The caregiver opened into huge sobs, and a verbal outpouring of an extensive trauma history ensued. In the midst of this the caregiver trembled and shook into tears of happiness for the release and began to laugh. Levine (2010) wrote extensively about this kind of body response as in and of itself having a regulating effect. The caregiver relayed not having experienced that much joy in many years! By me listening to the caregiver's trauma narrative with openness, huge parts of the caregiver's self were welcomed back into Acceptance, the third aspect of STABLE©. "Feeling listened to and understood changes our physiology; being able to articulate a complex feeling, and having our feelings recognized, lights up our limbic brain and creates an 'aha moment'" (van der Kolk, 2014, p. 234). I gave verbal cues of the universality of shame, guilt, fear, abandonment, and that the caregiver was a normal human being who had gone through horrific experiences.

By me contributing validation and genuine caring to what the caregiver shared, the caregiver stepped up the ladder of STABLE© into a felt sense of Belonging in the world again. The caregiver experienced dignity and through being truly seen by a me as therapist or in the role of a person in a position of some authority, the caregiver started to feel safe again and articulated that transformation. Now the caregiver could live with head raised from the downcast gaze focused solely on survival to join in a sense of Belonging and be a part of society, a part of community. I offered something like, “You’re safe now. In this moment, all is well.”

I have found reassuring statements to have a profound effect on regulating affect when a patient is ready to release the tight hold of a trauma state—this has been true for me on a personal level in transforming my somatic releases of trauma as well, so I understand the process from the inside out. This kind of reassurance can often open a client into a place where the energetic experience of Love is welcome.

With the caregiver, a heart resonance occurred between us by me remaining in a state of neutral yet loving presence (Kurtz, 1990). The caregiver shifted from a state of hypervigilance, where crisis was the normal response to life, to one remembering the caregiver’s connection to nature, to self-care, and to life again. Although I did not speak with the caregiver about the phases of STABLE©, the caregiver had gone through all seven, into a state of seeing the self in symbols of nature—a state of ecopsychological connection. When my primary patient returned to the room, the relationship between the two of them changed; there was a noticeable lightness with a sense of possibility and hope for the future. Our work had just begun.

## References

- Abram, D. (1996). *The spell of the sensuous*. New York, NY: Vintage Books.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Aron, E. (1996). *The highly sensitive person: How to thrive when the world overwhelms you*. New York, NY: Harmony Books.
- Aron, E. (2010). *The undervalued self*. New York, NY: Little, Brown.
- Bolesky, K. (2004, June/July). Soma. *Massage Bodywork Magazine*. Retrieved from [http://www.massagetherapy.com/articles/index.php/article\\_id/715/Soma](http://www.massagetherapy.com/articles/index.php/article_id/715/Soma)
- Bolesky, K. (2017). *Soma Neuromuscular Integration®*. Retrieved from <http://www.soma-institute.org/>
- Bram, A. D., & Peebles, M. J. (2014). *Psychological testing that matters: Creating a roadmap for effective treatment*. Washington DC: American Psychological Association.
- Brooks, J., & Walkenhorst, R. (Producers). (2014). Inner world: Somatic experiencing [Video file]. *Healing Quest TV*. Rescue, CA: Lightbridge Media. Retrieved from: <https://www.youtube.com/watch?v=-Y9thBpfUDk>
- Brown, R., & Gerbarg, P. (2012). *The healing power of the breath: Simple techniques to reduce stress and anxiety, enhance concentration, and balance your emotions*. Boston, MA: Shambhala.
- Caldwell, C. (2012). Sensation, movement, and emotion: Explicit procedures for implicit memories. In S. Koch, T. Fuchs, M. Summa & C. Muller (Eds.), *Advances in consciousness research: Body, memory, metaphor and movement* (pp. ??-??). Amsterdam, Netherlands: John Benjamin.
- Campbell, J. (with Moyers, B.). (1988). *The power of myth* (B. S. Flowers, Ed.). New York, NY: Anchor Books.
- Campbell, J. (2013). *Goddesses: Mysteries of the feminine divine* (S. Rossi, Ed). Novato, CA: New World Library.

- Chodorow, J. (1991). *Dance therapy and depth psychology: The moving imagination*. New York, NY: Routledge.
- Church, D., Piña, O., Reategui, C., & Brooks, A. (2012). Single session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study. *Traumatology*, 18(3), 73-79.
- Coppin, J., & Nelson, E. (2005). *The art of inquiry: A depth psychological perspective*. New York, NY: Spring Publications.
- Crain, W. (2011). *Theories of development: Concepts and applications* (6th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Crastnopol, M. (2015). *Micro-trauma: A psychoanalytic understanding of cumulative psychic injury*. New York, NY: Routledge.
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Dane, F. (2011). *Evaluating research: Methodology for people who need to read research*. Thousand Oaks, CA: Sage.
- Epstein, M. (2013). *The trauma of everyday life*. New York, NY: Penguin Books.
- Estés, C. P. (1992). *Women who run with the wolves*. New York, NY: Ballantine Books.
- Feinstein, D. (2008). Energy psychology: A review of the preliminary evidence. *Psychotherapy: Theory, Research, Practice, Training*, 45, 199-213.
- Feinstein, D., Eden, D., & Craig, G. (2005). *The promise of energy psychology: Revolutionary tools for dramatic personal change*. New York, NY: Penguin.
- Flores, P. (2004). *Addiction as an attachment disorder*. Lanham, MD: Jason Aronson.
- Fogel, A. (2000). Developmental pathways in close relationships. *Child Development*, 71(5), 1150-1151.
- Greene, R. (2014). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them*. New York, NY: Scribner.
- Harper, D. (2017). Sacred. In *Online etymology dictionary*. Retrieved from: <http://www.etymonline.com/index.php?term=sacred>
- Henderson, J. L. (2005). *Thresholds of initiation*. Wilmette, IL: Chiron.
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence—From domestic abuse to political terror*. New York, NY: Basic Books.



- Johnson, S. (2013). *Love sense: The revolutionary new science of romantic relationships*. New York, NY: Little, Brown.
- Jostad, J., Paisley, K., & Gookin, J. (2012). Wilderness-based semester learning: Understanding the NOLS experience. *Journal of Outdoor Recreation, Education, and Leadership*, 4(1), 16-26.
- Judith, A. (2004). *Eastern body, Western mind: Psychology and the Chakra system as a path to the Self*. New York, NY: Celestial Arts.
- Jung, C. G. (1966). Appendix: The realities practical psychotherapy (R. F. C. Hull, Trans.). In H. Read et al. (Eds.), *The collected works of C. G. Jung* (Vol. 16, 2nd ed., pp. 327-339). Princeton, NJ: Princeton University Press. (Original work published 1937)
- Jung, C. G. (1970). *Mysterium coniunctionis* (R. F. C. Hull, Trans.) (H. Read et al., Eds.), *The collected works of C. G. Jung* (Vol. 14). Princeton, NJ: Princeton University Press. (Original work published 1956)
- Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Bantam Books.
- Kerr, M., & Bowen, M. (1988). *Family evaluation: The role of the family as an emotional unit that governs individual behavior and development*. New York, NY: W. W. Norton.
- Konopatsch, I., & Payne, H. (2012). The emergence of body memory in Authentic Movement. In S. Koch, T. Fuchs, M. Summa & C. Muller (Eds.), *Advances in consciousness research: Body, memory, metaphor and movement* (pp. ??-??). Amsterdam, Netherlands: John Benjamin.
- Kornfield, J. (1993). *A path with heart: A guide through the perils and promises of spiritual life*. New York, NY: Bantam Books.
- Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method*. Mendocino, CA: Life Rhythm.
- Lee, R. (2007). Shame and belonging in childhood: The interaction between relationship and neurobiological development in the early years of life. *British Gestalt Journal*, 16(2), 1-13.
- Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-397.

- Maslow, A. H. (1954). *Motivation and personality*. New York, NY: Harper and Row.
- McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality in the clinical process* (Rev. ed.). New York, NY: Guilford Press.
- Moore, T. (1992). *Care of the soul: A guide for cultivating depth and sacredness in everyday life*. New York: NY: Harper Collins.
- Moore, T. (2004). *Dark nights of the soul: A guide to finding your way through life's ordeals*. New York, NY: Gotham Books.
- Morris, W. (2015). *Transformation: Treating trauma with acupuncture and herbs*. Austin, TX: 33 Publishing.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and attachment*. New York, NY: W. W. Norton.
- Ogden, P., Kekuni, M., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: W. W. Norton.
- O'Malley, M. (2011). *Belonging to life: The journey of awakening*. Seattle, WA: Awaken.
- Paris, G. (2016). *Wisdom of the psyche: Beyond neuroscience*. New York, NY: Routledge.
- Parnell, L. (2013). *Attachment-focused EMDR: Healing relational trauma*. New York, NY: W. W. Norton.
- Plotkin, B. (2003). *Soulcraft: Crossing into the mysteries of nature and psyche*. Novato, CA: New World Library.
- Plotkin, B. (2013). *Wild mind: A field guide to the human psyche*. Novato, CA: New World Library.
- Porges, S. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, self-regulation*. New York, NY: W. W. Norton.
- Porges, S., & Buczynski, R. (2014). The polyvagal theory for treating trauma. Retrieved from: <http://stephenporges.com/images/stephen%20porges%20interview%20nicabm.pdf>

- Reeds, M. (2015). Mindfulness and trauma states. In H. Weiss, G. Johanson & L. Monda (Eds.), *Hakomi mindfulness-centered somatic psychotherapy: A comprehensive guide to theory and practice* (pp. ??-??). New York, NY: W. W. Norton.
- Ronnberg, A. & Martin, K. (Eds.). (2010). *The book of symbols: Reflections on archetypal images*. Hohenzollerning, Koln, Germany: Taschen.
- Roszak, T. (1992). *Voices of the earth: An exploration of ecopsychology*. Grand Rapids, MI: Phanes Press.
- Roszak, T., Gomes, M., & Kanner, A. (Eds.). (1995). *Ecopsychology: Restoring the earth, healing the mind*. San Francisco, CA: Sierra Club Books.
- Schwartz, R. (2008). *You are the one you've been waiting for: Bringing courageous love to intimate relationships*. Oak Park, IL: The Center for Self-Leadership.
- Schwartz, R. (2015). Foreword. In H. Weiss, G. Johanson & L. Monda (Eds.), *Hakomi mindfulness-centered somatic psychotherapy: A comprehensive guide to theory and practice* (pp. ??-??). New York, NY: W. W. Norton.
- Selby, M. (2016, September). *Psychopharmacology*. Unpublished lecture presented in the course, Course Name, at Pacifica Graduate Institute, Carpinteria, CA.
- Shapiro, F., & Forrest, M. (2016). *EMDR: The breakthrough therapy for overcoming anxiety, stress, and trauma*. New York, NY: Perseus Books.
- Sharp, D. (1991). *C. G. Jung lexicon: A primer of terms and concepts*. Toronto, Canada: Inner City Books.
- Shepsut, A. (1993). *Journey of the priestess: The priestess traditions of the ancient world—A journey of spiritual awakening and empowerment*. San Francisco, CA: Aquarian Press.
- Siegel, D. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York, NY: W. W. Norton.
- Siegel, D. (2012). *The developing mind: How relationships and the brain interact to shape who we are*. New York, NY: Guilford Press.
- Siegel, D. (2013). Foreword. In L. Parnell, *Attachment-focused EMDR: Healing relational trauma* (pp. xiii-xv). New York, NY: W. W. Norton.
- Siegel, D., & Bryson, P. T. (2011). *The whole brain child: 12 revolutionary strategies to nurture your child's developing mind*. New York, NY: Bantam.

- Soma. (2017). In *English Oxford living dictionaries*. Retrieved from <https://en.oxforddictionaries.com/definition/soma>
- Stolorow, R. (2008). The contextuality and existentiality of emotional trauma. *Psychoanalytic Dialogues*, 18, 113-123.
- Van der Kolk, B. (2011). Foreword. In S. Porges, *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, self-regulation* (pp. xi-xvii). New York, NY: W. W. Norton.
- Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.
- Van der Kolk, B. (2016, April 12). *Trauma, attachment & neuroscience: Brain, mind & body in the healing of trauma*. Unpublished lecture given in Seattle, WA.
- Weiss, H., Johanson, G., & Monda, L. (Eds.). (2015). *Hakomi mindfulness-centered somatic psychotherapy: A comprehensive guide to theory and practice*. New York, NY: W. W. Norton.
- Whitehouse, M. (2007). C .G. Jung and dance therapy. In P. Pallaro (Ed.), *Authentic movement* (pp. 73-101). Philadelphia, PA: Jessica Kingsley.
- Wikman, M. (2004). *Pregnant darkness: Alchemy and the rebirth of consciousness*. Berwick, ME: Nicolas-Hays.
- Wilson, E. O. (2016, March 3). The global solution to extinction. *New York Times*. Retrieved from: [http://www.nytimes.com/2016/03/13/opinion/sunday/the-global-solution-to-extinction.html?\\_r=0](http://www.nytimes.com/2016/03/13/opinion/sunday/the-global-solution-to-extinction.html?_r=0)
- Woodman, M., & Mellick, J. (2000). *Coming home to myself: Reflections for nurturing a woman's body and soul*. San Francisco, CA: Conari Press.