

Running head: AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

Re-Bodying Life: An Artistic-Somatic Approach to Trauma

A dissertation submitted

by

Maria del Rosario Sammartino

to

Pacifica Graduate Institute

in partial fulfillment of  
the requirements for the  
degree of

Doctor of Philosophy  
in  
Depth Psychology

with emphasis in  
Somatic Studies

This dissertation has been  
accepted for the faculty of  
Pacifica Graduate Institute by:

Dr. Rae Johnson, Chair

Dr. Jeanne Schul, Reader

Dr. Stephen K. Levine, External Reader

ProQuest Number:27738773

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent on 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 27738773

Published by ProQuest LLC (2020). 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

APRIL 29, 2019

Copyright 2019 by

Maria del Rosario Sammartino

## AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

## Abstract

## Re-Bodying Life: An Artistic-Somatic Approach to Trauma

by

Maria del Rosario Sammartino

This study was conducted to increase the understanding and explore the value of combined somatic and artistic approaches for healing trauma. The Personal Embodiment program offered at the Tamalpa Institute, which utilizes somatic and expressive arts methods, was the proposed therapeutic model. Using a depth psychological perspective, the literature review examined theoretical formulations on trauma in the field of depth psychology, somatic psychotherapy, and expressive arts therapy. Interviews were conducted with five individuals who had completed the Personal Embodiment program and who had also experienced trauma. A descriptive phenomenological method was used to analyze the interviews and discern themes that arose from each of them. Six themes were found that are essential elements of the lived embodied experience: (a) Inhabiting the body; (b) Integrating: Physical, emotional, and imaginal/mental levels of awareness; (c) Artful communication: Aligning inner experience with outer expression; (d) Sense of belonging: Being seen, held, and accepted; (e) Revitalizing self: Expanding and deepening channels of creative expression; and (f) Embodying traumatic experience. The constituent themes showed how the essential roles of the body and creativity, the program's specific methods, and the group environment were primary in the participants' trauma healing. Participants reported reductions in psychosomatic symptoms and described how somatic-artistic interventions positively affected their lives by increasing

## AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

their ability to connect, self-regulate, and identify and express a fuller range of experience.

*Keywords: trauma, somatic psychotherapy, expressive arts therapy, depth psychology, creativity, dance*

## AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

## Acknowledgements

This dissertation reflects many years of personal inquiry and study in the fields of psychology, somatics, and expressive arts therapy. I would like to thank my parents, Martin and Sara Sammartino, for always supporting me in pursuing my dreams. To my mentors and teachers, especially to Anna and Daria Halprin, thank you for your teachings, love, support, and cutting-edge legacy. Thank you to my friends and colleagues Maria Luisa Diaz de Leon and Jessica Brown, for your endless support through the writing process. Thank you to my students and colleagues at the Tamalpa Institute, for affirming my love for this work. Thank you to my chair, Dr. Rae Johnson; my internal reader, Dr. Jeanne Schul; and my external reader, Dr. Stephen K. Levine, for your guidance, support, and wisdom. Finally, thanks to my husband Joshua McClain, for believing in me and giving me the strength to complete this project, this would not have been possible without you. And finally, thanks to Ioan Martino, our newborn son, my co-writer, and inspiration. This is for you.

## AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

## Table of Contents

Chapter 1. Exploring Somatic and Artistic Interventions .....	1
Purpose Statement.....	1
Introduction to the Study.....	1
Researcher’s Interest in the Topic .....	4
Relevance of the Topic for Depth Psychology .....	7
Definition of Terms .....	10
Research Problem.....	12
Research Question.....	15
Organization of the Study.....	16
Chapter 2. Literature Review .....	17
Depth Psychology: Psyche and Body .....	17
Sigmund Freud .....	20
Carl Jung.....	26
Somatic Psychology: Trauma and the Body .....	31
Understanding Trauma .....	34
Body-Self Unfolding .....	37
Towards Change: The Body in Therapy.....	41
Re-bodying Connection in the Therapeutic Relationship.....	45
Building Bridges .....	48
Expressive Arts Therapy .....	51
Dance Therapy: The Art of the Body in Movement .....	59
The Tamalpa Life/Art Process: A Somatic-Artistic Integrative Approach.....	63

## AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

A Journey Towards Embodiment.....	64
A Multimodal Perspective .....	66
Moving Towards Change.....	68
Tuning In. Tuning Up.....	69
Embodying Self.....	71
Dance: An Integrator by Nature .....	74
Building Relationships: A Life/Art Dance .....	77
Returning Home .....	80
Integrating .....	81
Chapter 3. Research Method.....	82
Research Approach .....	82
Method .....	85
Participants .....	89
Informed Consent Procedures.....	90
Risks.....	91
Safeguards .....	92
Benefits .....	93
Procedures: Collection of Data.....	94
Interview Questions.....	94
Psychokinetic Imagery Process.....	96
Data Analysis .....	96
Chapter 4. Presentation of Findings .....	99
Overview .....	99

## AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

Individual Sketches: Essential Descriptions of Participants' Trauma	
Experiences .....	100
Peter.....	100
Theresa.....	102
Cristina.....	103
Sophia .....	104
Ingrid .....	105
Themes .....	107
Inhabiting the Body .....	108
Integrating: Physical, Emotional, and Imaginal/Mental Levels of Awareness .....	113
Artful Communication: Aligning Inner Experience with Outer Expression.....	115
Sense of Belonging: Being Seen, Held, and Accepted.....	118
Revitalizing Self: Expanding and Deepening Channels of Creative Expression.....	121
Embodying Traumatic Experience .....	126
Summary of the Common Themes .....	130
Chapter 5. Discussion, Summary, and Conclusions .....	134
Overview .....	134
Summary of Nature and Findings of the Study .....	134
Limitations of the Study.....	139
Implications for Depth Psychology .....	140

## AN ARTISTIC-SOMATIC APPROACH TO TRAUMA

Implications for Clinical Psychology: Traumatology .....	142
Implications for Somatic Psychology .....	144
Suggestions for Future Research .....	146
Final Thoughts .....	147
References .....	149
Appendix .....	159
Appendix A: Invitation Email .....	161
Appendix B: Questions for the Screening Interview .....	164
Appendix C: Informed Consent Form .....	165
Appendix D: Interview Questions .....	167

The style used throughout this dissertation is in accordance with the *Publication Manual of the American Psychological Association* (6th Edition, 2009), and *Pacifica Graduate Institute's Dissertation Handbook* (2018-2019).

## **Chapter 1**

### **Exploring Somatic and Artistic Interventions**

#### **Purpose Statement**

The purpose of this qualitative study is to explore the value of combined somatic and artistic approaches for healing trauma. The therapeutic model I have chosen for the purpose of this research is a body of work in which I have been trained, have practiced, and taught for more than a decade: the Tamalpa Life/Art Process (TLAP), a movement-based expressive arts therapy practice with foundations in dance, somatics, and arts-based psychology. The TLAP Personal Embodiment program offered at Tamalpa Institute includes artistic, somatic, and therapeutic practices that explore and reveal a body mythology, which supports creative processing of traumatic events and challenging issues in one's life. Utilizing a depth artistic somatic psychological approach, in other words, a depth psychological orientation that takes into account the relevance of psyche as body and its aesthetic dimensions, the intention is to produce a phenomenological description of the impact that this TLAP program model has on individuals who have experienced trauma. Furthermore, this study will generate understanding and propose interventions regarding the therapeutic and transformative value of somatic-artistic interventions in the face of trauma.

#### **Introduction to the Study**

Rooted in the work of postmodern dance pioneer Anna Halprin and developed into a body of work by therapist, artist, and author Daria Halprin, along with other collaborators, the TLAP is a movement-based approach within the fields of expressive arts therapy and somatic psychology. The TLAP approach provides a unique model that

integrates somatic awareness and an intermodal arts approach (movement/dance, drawing, vocalizing, creative writing, and dialogues) that teaches individuals to track and recognize the living connection that exists between their bodily experiences, imagination, and emotional life. According to Daria Halprin (2003), for change and growth to take place in one's life, creativity is the key ingredient. Art making in the context of the TLAP is about "experimentation, exploration and play. It is about working with sensory experience and then working with what arises . . . attempting to reshape our perceptions of ourselves, to find truth and meaning" (D. Halprin, 2003, p. 90). The TLAP approach helps to bring back creativity to everyday life.

Conventional psychotherapies, and psychology in general, have traditionally stressed the importance of verbal communication, paying special attention to the thinking mind and diminishing the sensing body. Verbal interaction is of great value in the therapeutic process; however, it is not the only way and should not be used to the exclusion of other forms of communication in therapy. Based on the assumption that the body has a long memory and an extraordinary capacity for storing unprocessed experiences, somatic and art-oriented psychotherapy suggests an alternative approach to therapy recognizing the body as a *via reggia* to the unconscious.

The innovative work of trauma experts such as van der Kolk (2014), P. A. Levine (1997), Rothschild (2000), and Ogden, Minton, and Pain (2006), among others, has shown that trauma is a psychophysical experience. As van der Kolk's masterpiece *The Body Keeps the Score* (2014) points out, the body remembers what has happened, even if the mind does not. We unconsciously recognize body expressions in a fraction of a second; gesture, tone of voice, and rhythm are all registered nonverbally. Body-oriented

psychotherapy recognizes that the body in movement can reveal our entire life repertoire in postures, gestures, muscle tone, breathing patterns, and psychosomatic symptoms.

Working therapeutically through the lens of the arts can become the natural antidote to healing trauma. According to Jungian analyst Donald Kalsched (1996), “all forms of the so-called, ‘creative-arts’ psychotherapies are extremely helpful toward this end and often these will open up traumatic affect much faster than purely verbal exploration” (p. 27). The creation of a poem, a song, a drawing, or a dance can become an actual and symbolic act that awakens people to their vital force—the impulse to create (D. Halprin, 2003). Individuals dance their fears, paint them, or transform them into a poem. This allows the patients to give shape to what is emerging and meet it artistically. In his book, *Trauma, Tragedy, Therapy* (2009), Stephen K. Levine wrote, “artistic creativity can itself be understood as a form of soul-making which aims to restore sense to the world” (p. 45). Art evokes feelings and images within the body and psyche during the act of creation. The arts, in fact, cause an active involvement of the mind, the emotions, and the physical body. When artistic and somatic practices are combined, both are expanded.

The connection that exists between psyche and soma informs and shapes my research. Based on the principle that the physical anatomy and the psyche influence and mirror each other (D. Halprin, 2003), I hypothesize that when change occurs in the physical body, new connections also occur in the thinking mind and the emotional body, impacting our psyche. The TLAP offers an original approach to therapy in which the living arts and the body converge, focusing on strengthening the connection between body and imagination, between life story and artistic expression. My study will

shine light on the impact of somatic-artistic interventions to support individuals in recovering their capacity to be at home in their bodies, as they move through and out of dissociation towards a life of connection.

**Researcher's interest in the topic.** I am a psychologist, an educator, and an artist, born and raised in Buenos Aires, Argentina. At a very young age, I started my psychology practice in a psychiatric hospital where most patients were schizophrenic. One of my tasks, in my capacity as an intern, was to coordinate a weekly group to promote patients' social re-entry. Following my intuition, I resorted to the arts with the purpose of fostering the patients' active involvement in the creation of community, learning new ways to be with each other, and practicing social skills that prepared them for departure from the hospital. I was surprised when I discovered that making art evoked memories, thoughts, and images for them that probably would never have arisen through conversation or a psychological interview. Some patients considered aboulie or apathetic seemed to be motivated to share a drawing, a poem, or a song they used to sing when they were children, bringing personal meaning to the collective learning experience. Unlike the daily hospital environment, where patients were treated as cases and pathologies, the arts offered something different, something that called for the emergence of authentic expression.

My experience in the hospital led me to reconsider everything I had learned and assumed as dogma while I was in graduate school. I felt the need to relate with my vocation from another place, a place where humanity in all dimensions is honored. As an old proverb states, "sometimes it's necessary to get new eyes rather than changing the

landscape.” So instead of changing my profession I went in search of new lenses to widen my vision.

In 2003 I began my studies in art therapy in Spain, where I trained at Metafora in Barcelona, an institute founded and directed by art therapist Cares Ramos. Ramos is recognized for developing and implementing the first art therapy postgraduate program in Spain. At Metafora I immersed myself in a season of painting, sculpting, and the study of other visual arts. Although the studies in art therapy expanded my understanding of the connection between psychology and art, I had the feeling there was more for me to explore in this arena; I wanted to experience a model that included a variety of artistic expressions, not just visual arts.

In search for a more holistic approach, I was introduced to the *Creative Connection* in 2004, an expressive arts approach developed by Dr. Natalie Rogers in the United States. For two years I trained with Rogers in Sonoma County, California. The daughter of Carl Rogers, the founding father of humanist psychology, Natalie Rogers built on her father’s work and developed her own expressive arts approach. Rogers’s approach opened me up to new perspectives in the use of the artistic process—including movement, sound, visual art, writing, and drama—in group and individual therapy within the framework of the Rogerian person-centered theory, practice, and philosophy. During this training I discovered the incredible healing potential that is stored in the body. I realized that if I wanted to engage with the arts therapeutically, I needed to continue my practice in an embodied way. During my last year training with Natalie Rogers, I started my postgraduate studies in Jungian psychology. Inspired by this new paradigm and in

search of deepening my connection and understanding of the body, I arrived at Tamalpa Institute in Kentfield, California in 2007.

My awareness of the importance of integrating and recalling the body's voice in life, art, and therapy was strongly reaffirmed during my training at the Tamalpa Institute through the guidance of many teachers and mentors, including the founders Anna Halprin and Daria Halprin. At Tamalpa, however, there was one particular teacher who became key for my healing process—the greatest teacher of all, a guide who was pulsing within me from the get-go. I learned to listen to her, to trust her—one day she finally came fully into life: my body spoke. She spoke in words, but mostly in sounds, in colors, and in shapes; she danced. I found that movement and the arts provided me a unique language that allowed me to establish new connections and express things that seemed to have no voice. The arts became the lens that allowed me to enter into the complexities of my own self, teaching me to stay present as an alternative to running away or getting paralyzed when facing the cracks of my existence. This training transformed my life on all levels and led me to listen to my body, which has become my most reliable teacher since then.

In 2011, I had the privilege to become a faculty member in the Tamalpa Institute's Personal Embodiment program. This program is offered in two formats: a 3-month intensive and a year-long monthly weekend. The program attracts an international and ethnically diverse student body of all adult ages and from a wide range of professional backgrounds (including therapists, social workers, artists, and educators, among others). Working with intermodal art mediums, the program focuses on artistic and therapeutic principles to uncover and explore a body mythology. Paraphrasing depth psychologist Stanley Keleman (1999), the lived body is the house of myth; our body

shape, breathing patterns, muscle tone, and movements are echoes of those myths that inform our life. Drawing from the premise that “the entire life of the individual is contained literally and metaphorically in the body” (D. Halprin, 2003, p. 170), the relationship between the anatomical and psychological functions of each body part and its corresponding metaphorical themes are explored during this program, laying out a map to embody personal narratives that constellate personal and collective mythologies. The process that unfolds reflects the nature of interpersonal relationships, family stories, and community issues. It also cultivates collaboration, collective creativity, skillful communication, and the value of differences and diversity among the group members within a supportive setting (Tamalpa Institute, n.d.).

Being involved in the TLAP for more than ten years, both as a student of the work and as a teacher, has been fascinating and life changing. I have discovered how profoundly possible it is to reclaim and develop our ability to authentically connect with self, others, and the world when the sensing, feeling, and imaginal body is given the chance to speak. Over all these years engaged with the TLAP I have not only experienced personal healing but have witnessed the profound healing and transformation that the students in the training program go through, many of them with histories of severe trauma.

**Relevance of the topic for depth psychology.** As recent research in the field of neuroscience has demonstrated, “trauma has profound effects on the body and nervous system”; furthermore, “many symptoms of traumatized individuals are somatically driven” (Ogden et al., 2006, p. xxviii). When trauma enters our lives, the natural capacity of feeling, sensing, and connecting with the body is disrupted. Trauma then grows in the

fields of silence, a silence that is reinforced by the social and cultural stress of disconnecting and moving on. It is a silence that often cannot find the words to express the complex and overwhelming experience of bodily sensations and emotions that takes place in the face of trauma. Disconnection thus becomes the way to survive, offering the ego a fictitious sense of security and stability, but also leaving people as strangers in their own skin.

When speaking of body, it is important to clarify that I am considering not only the physical aspect, but also the emotional and mental dimensions of the body. The way we think affects the way we feel and sense, and at the same time body sensations affect the thinking body and the feeling body (D. Halprin, 2003). Trauma, as explained by van der Kolk (2014), “affects the entire organism—body, mind and brain” (p. 53). A traumatic event leaves an imprint on the physical, emotional, and thinking body, and the imprint plays itself endlessly as a broken record, limiting our capacity to sense, feel, think, and connect.

While working with the intermodal arts in a therapeutic setting, the person is able to exit from the center of the traumatic episode and to see it from different perspectives, allowing for some creative distance from it. The phenomenon of *decentering* through the arts allows the person to step away from the traumatic memory and enter into the world of the imagination to find new perspectives. Central to the aesthetic experience is being moved and being touched. The emerging feelings and emotions that take place in art making help individuals to connect with their physical/sensing body; softening, loosening, and opening up the spaces in between “the bones,” so that they can search for those stories trapped in the walls of body atrophy. Due to the primary role of the body in

the process of art making, I hypothesize that engaging with the intermodal arts within a therapeutic context has the capacity to evoke the traumatic experience in a way that allows for integration.

The arts provide a world beyond analytical thoughts and conventional communication, allowing for a path to access sensations, emotions, memories, and thoughts that may not be able to be expressed solely in everyday language. As stated by Winnicott (1971), “It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self” (p. 54). Knill, Levine, and Levine (2005) asserted that the arts act as a bridge connecting imagination and play. The “doing as if” of play opens up a play-space that allows the person to distinguish between play and everyday reality. The practice of the arts as disciplined ritual-play through painting, sculpture, performance, dancing, music, and writing provides a safe container for the patient to identify and explore distressing issues without becoming overwhelmed.

There are very few studies available in regard to the effectiveness of art therapy, somatic, and mindfulness practices in working with trauma (van der Kolk, 2014); furthermore, the potential of TLAP as an effective process for people who have a history of trauma has yet to be explored in research literature. I believe that the field of depth psychology would benefit from more studies that focus on therapeutic approaches that facilitate the integration of depth somatic and artistic interventions with the intention to bridge the gap between the physical, emotional, and sensing body—interventions that consider individuals as psychophysical aesthetic beings. In other words, approaches that not only sustain the primacy of the psyche, but of the psyche as

body and within its aesthetic dimensions, recognizing art expression and creativity as a human need.

There are frequent discussions about taking care of the basic needs of food, shelter, clothing, sanitation, education, and healthcare. In our society living an embodied life is regarded as a privilege, whereas I maintain that it is a necessity. The field of depth psychology is evolving into a new paradigm of embodiment as a necessary condition to continue tending to the soul of the world. My understanding of soul is based on the work of contemporary depth psychologist James Hillman (1975), who defined soul as the intermediate world between the mind and the matter, the world of the imagination. For Hillman (1975), “to be in touch with soul means to live in sensuous connection with fantasy” (p. 23), and with this understanding, imagination is called into this research. Grounded in the present and evolving paradigm of depth psychology, this study responds to a call that bridges theory with embodied lived practice, reflecting a personal and professional commitment to an embodied life and reclaiming the need for artistic expression as a birthright.

**Definition of terms.** This interdisciplinary study will draw from three main theoretical orientations and fields of study: depth psychology, somatic psychology, and expressive arts therapy—more specifically the subfield of TLAP. Depth psychology is a field of study that has its roots in the humanities and is related to the work of its founders, Sigmund Freud and Carl Jung. The term *depth psychology* has been used to indicate those psychologies that are centered in the idea of the unconscious. “Depth psychologists attempt to understand the language and the dynamics of the unconscious as it manifests in their work with clients and in the world” (Pacifica Graduate Institute, 2019). An

evolutionary paradigm in depth psychology not only sustains the primacy of the psyche, but of the psyche as body. Thanks to pioneer thinkers and depth psychologists such as James Hillman, Stanley Keleman, and Robert Romanyshyn, among others, the field of depth psychology is now evolving towards re-claiming the body.

Barratt (2013) defined *somatic psychology* as the psychology of the body, a discipline that focuses on the living experience of embodiment (p. 21). From a depth psychological perspective, the unconscious material is alive in the here and now of the body. Somatic awareness is grounded in the kinesthetic sense, which allows for the recognition of sensations, feelings, images, and memories. Therefore, through the practice of somatic awareness, the unconscious material becomes a bodily and felt-sense experience.

*Trauma* is a key term used in this study. The *Oxford Dictionary of English Etymology* (Onions, 1966) defines the term *traumatic* as deriving from the Greek, meaning “caused by a wound” (p. 938). Accordingly, to Rothschild (2000), “trauma is a psychophysical experience, even when the traumatic event causes no direct bodily harm” (p. 5). Trauma can be also defined by its repetitive nature, as “the original event recurs as flashback or intrusive memory” (S. K. Levine, 2009, p. 50) and the traumatic scenes keep coming back to the here and now in the life of the person. The roots of trauma lie in our instinctual body, explained Peter A. Levine, and “as a result, it is through our bodies, as well as our minds that we discover the key to its healing” (P. A. Levine, 1997, p. 34).

*Expressive arts therapy* includes the use of artistic practices through which individuals may express and work on those aspects of life that have initially led them to

therapy. The term *arts* are used in plural because it includes multiple characteristics of the different artistic forms of expression, such as painting, sculpture, dancing, and music. Because the therapist uses a variety of arts disciplines to help and accompany the patient in the therapeutic process, verbal work is no longer the only healing modality used in therapy. TLAP is a movement-based expressive arts practice, in which movement and the arts are used as essential elements in supporting the unfolding of the individual and collective body, mind, and spirit. TLAP supports personal, interpersonal, and social change, and teaches new models of health, education, psychology, and art. This innovative practice facilitates, promotes, and leads creative inquiries to access the innate wisdom of the body and the transformative power of the imagination (Tamalpa Institute, n.d.).

**Research problem.** Every cell, bone, and body part is imprinted with our personal and collective stories (Keleman, 1999). The way we stand, walk, and talk tells us about our dreams and nightmares, becoming visible threads to our life stories. Traumatic experiences can be easily traced in the memory of our bones, muscles, and body parts; they leave marks that wound us, piercing into the very core of who we are. Our whole self pays the price when trauma enters our lives, and within us, the natural capacity of feeling and sensing the body gets gravely compromised. Trauma interrupts our lives, our dreams, and spontaneous expression. It shrinks our capacity to feel and imagine, and it prevents us from being fully present.

Any trained psychotherapist understands the persistent, debilitating effects of trauma. When trapped in the walls of trauma not only does the body pay the price, but also the mind gets solidified into a repetitive discourse. The whole body/mind system

hardens and dries up, and when that happens, living loses its bodily moisture. As Kalsched (1996) affirmed, “the person survives but cannot live creatively” (p. 4). The breakdown in the personality of a traumatized person requires a special treatment, a therapy that includes the body in its full dimension, “a therapy of the senses,” as suggested by S. K. Levine (2009, p. 102), that will ultimately restore the patient back to a sensuous and soulful engagement with himself and the world.

All personal patterns or defenses are revealed in our physical structure and in the tension within, including muscle tonality, breathing patterns, and body movements, as well as in our behavior (Todd, 1937). For example, with the rigidity and collapse of the chest in the body, we can expect to find rigidity in the thinking process and the expression of feelings (D. Halprin, 2003). Somatic awareness of bodily sensations evokes feeling tones, images, memories, and fantasies. “Corporeal forms of memory embody an active process of remembering and recycling of meaning” (as cited in Broderick & Traverso, 2010, p. 17). When the body starts to remember, our mind does too. However, in the case of trauma, the journey back to the body is not always easy; often the body is literally and metaphorically frozen on all levels, and the fear is immense.

Working therapeutically through the lens of the body can become the pathway of embodied change. The body is our anchor to reality; breath, pulse, and body sensations keep us rooted in the here and now. The physical experience grows into the primary language of the body, which is movement: internal and external. As stated by Anna Halprin (2000), “when movement is liberated from the constricting armor of stylized, pre-conceived gestures, an innate process of feedback between movement and feelings is

generated” (p. 24), allowing us to access and reclaim those lost pieces of ourselves that may have been frozen or forgotten.

Within the therapeutic context, the artistic process can be considered a transitional and bridging link between our thinking neocortex and our emotional limbic system, “restoring the balance and rhythm between instinct and reason,” which “plays a central part in healing the mind/body split” (P. A. Levine, 2010, p. 72). Art speaks the language of metaphor by re-patterning and exciting the brain in unique ways. Metaphorical dialogues between life experiences and art making create a bridge that can restore our personal and interpersonal divisions. This implies a process of embodiment that begins with the experience of being moved—a felt bodily sensation that projects into the emotional and mental realms. Art making in itself is the alchemical process that transforms the frozen and dried up roots of trauma into an aesthetic experience leading us to enter into what S. K. Levine (1992) would call the *poiesis* of suffering, or soul-making.

The inclusion of somatic interventions is becoming more common in psychotherapy today. Many somatic approaches have influenced modern theories of somatic psychology, including the pioneer body-psychotherapist Wilhelm Reich (1945/1972), Thomas Hanna (1986), who first coined the term *somatics*, and Moshe Feldenkrais with his innovative approach called *awareness through movement* (1990), among others. Given the psychophysical component of trauma, somatic approaches can be one of the therapist’s most valuable resources.

According to Kalsched (1996), art-based or creative therapies have also been demonstrated to be an effective therapeutic approach to trauma, showing that the

nonverbal and symbolic aspects of the arts are ideally suited to working with trauma survivors. In his words, “all forms of the so-called, ‘creative-arts’ psychotherapies are extremely helpful toward this end and often these will open up traumatic affect much faster than purely verbal exploration” (p. 27). However, as pointed out by van der Kolk (2014), even though many expressive arts therapists are demonstrating the value of their work with victims of trauma, there is still “very little known about how they work or about the specific aspects of traumatic stress they address” (p. 244). Although there are several theoretical orientations and scholars that view the importance of considering the body and the arts in treating trauma, there is a lack of research on the effectiveness of somatic and arts-based approaches in the treatment of trauma.

**Research question.** For this dissertation, I have narrowed the scope to the TLAP model, which combines body and the arts in a very unique way. It is my intention with this study to shed light on the impact of depth somatic-artistic approaches to support individuals in recovering their capacity to be at home in their bodies, as they move through and out of isolation, and towards a life of embodiment and connection.

The proposed study will address the following question: How do individuals who have experienced trauma respond to somatic-artistic approaches? Furthermore, how is it that embodied creative expression can be therapeutic? What role can the arts and somatic practices play in the healing process? This study will be both theoretical and experiential. I will approach the research question from a depth psychological perspective, finding new understandings through conversations between theories. Through an experiential perspective, I will seek to capture the lived experience of participants through interviews of individuals who have experienced trauma and have been engaged in the TLAP

Personal Embodiment program.

### **Organization of the Study**

In the first chapter, I have addressed the psychophysical nature of trauma and the importance of including the body in a depth psychotherapeutic treatment. As a way to promote the connection between the physical, emotional, and mental/imaginal body, I proposed therapeutic interventions that combine somatic and artistic practices. The study addresses the following question: How do individuals who have experienced trauma respond to somatic-artistic approaches?

In Chapter 2, I will review the literature on trauma through the theories of depth psychology, somatic psychotherapy, and expressive arts therapy. The value of combined somatic and artistic therapeutic approaches will be discussed ending with the TLAP model that is inclusive of both.

Chapter 3 will describe the somatic-artistic depth psychological lens with which the research is approached. I then will define qualitative phenomenological methodology and outline Amedeo Giorgi's methodological model, which is utilized in this study. Research procedures for gathering data from my five participants will be detailed. Risks, safeguards, benefits, limitations, and delimitations of the study will be highlighted.

Chapter 4 will present the findings by describing and summarizing the central themes in the collected data. Chapter 5 will summarize the nature and findings of the study, discuss the implications to the field of depth psychology, clinical psychology, and somatic psychology, and propose recommendations for future research. Final thoughts will be offered. References and appropriate appendices will complete the dissertation.

## Chapter 2

### Literature Review

This chapter is divided into three sections. The first section unpacks seminal threads of thought in the field of depth psychology, beginning with Freud's hysteria theory and the notion of the unconscious, which set the foundation for the basic principles to understand the connection between soma and psyche in psychological trauma. This is followed by an exploration into Jung's work on the collective unconscious and individuation theory, critical for depth psychology's evolving paradigm towards including the body and pivotal to my holistic understanding of psychological healing. The second section is an overview of the somatic psychology field and the efficacy of current, evidence-based somatic best practice approaches in the treatment of trauma, which will reference the research of van der Kolk, P. A. Levine, and Ogden, among others. The expressive arts therapy field will be presented in the third section, providing relevant and innovative perspectives that generate understanding regarding the therapeutic and transformative value of the body and the arts as interventions in the face of trauma. I seek to illuminate a more embodied and creative manner of treatment options that go beyond traditional talk therapy and seriously consider the body; moreover, I am interested in researching the healing potential of approaches that integrate both arts and somatic practices, and for that reason the TLAP model will be presented and reviewed in this section as well.

#### **Depth Psychology: Psyche and Body**

The notion that psyche and body are of the same nature is not a contemporary concept, but rather can be traced to the earliest beginnings of human history. According

to Freud (1940/2005), early people believed that everything in creation had a soul, including human beings (p. 80). Shamanic cultures set the stage for much of the form of contemporary depth psychology. “Although the systematic investigation of the unconscious and the psychic dynamic is fairly new, the origins of dynamic psychotherapy can be traced back in time through a long line of ancestors and forerunners” (Ellenberger, 1970, p. 3). Shamanic forms of healing involved entering a dream state, or liminal space, often accessed through the sacred arts such as dance, singing, chanting, music, mask work, or drama. It was in this state of altered awareness that the person was able to access deep insight and cultivate true change, which then was carried back to everyday awareness, bringing healing and transformation to both the individual and the community. Borrowing Smith’s (2007) words, “Shamanism represents a vast array of psychological and spiritual insights and healing methods, techniques and rituals, which have evolved over thousands of years; perhaps over millions” (p. 239).

From a shamanistic point of view, depression, anxiety disorders, neurosis, and other mental illnesses are considered human afflictions resulting from the neglect of the soul. One of the primitive theories for such illnesses rests on the idea that the soul of the individual is lost; it has left the body “spontaneously or by accident . . . or [it has been] stolen” (Ellenberger, 1970, p. 6) by some supernatural intervention. Expressive arts therapist Shaun McNiff (1992) stated that the suffering common to mental illnesses is due not to the loss of the soul per se, but to the loss of “contact with its movement within our daily lives” (p. 21) and in that sense the “loss of the soul” is a living metaphor of disassociation.

Dissociation, I believe, is reflected in the actual physical and psychological

disorders expressed in our society, such as violence, addictions, eating disorders, depression, and posttraumatic stress, among others. Most of our society is organized in ways that lead to a disembodied life. People are not living in their bodies, but rather live in the image they have created about their bodies, often mirroring the rhythms of technology and the busyness of city life. This study postulates that in order to reclaim our whole human status we need to find ways back to the body, or to use Abram's (1996) words, getting in touch with "the textures, the rhythms and tastes of the bodily world, and to distinguish readily between such tastes and those of our own invention" (p. x). Following that premise, this research study is interested in psychotherapeutic approaches that take into account that intimate interconnection between all levels of human experience: physical, mental/imaginal, emotional, and spiritual. Furthermore, the current holistic body/mind approach in psychotherapy, on which this research stands, could be considered an innovative paradigm that aims to integrate recently gained knowledge, skills, and tools of modern times with the holistic wisdom of our ancestors to meet the challenges of the present time. The inclusion of the body and the value of spontaneity, expression, and imagination as a vehicle for healing, have strong links and find their theoretical roots in the depth psychology tradition.

From a depth psychology perspective, I understand the body as a powerful means that allows us to make contact with the deeper layers of self. Through the body we are able to bridge the imaginal and bodily experience in the here and now reality of our body/mind. Those of us working in the field of depth psychology stand on the shoulders of the founder of psychoanalysis, Sigmund Freud, and in the context of this dissertation, it is important to honor his work. It was through the work of Freud that we could begin to

identify the concept of body/psyche unity, its expression in the unconscious (Ellenberger, 1970), and his perspectives on certain principles of psychological trauma. In the context of this research, those principles are key, as they opened up the door to a deeper understanding of the complexity of psyche and trauma healing.

**Sigmund Freud.** Sigmund Freud (1856-1939) began his career as a physician. As a neurologist, Freud had always taken into account the biological sources of the psychological symptoms, or in other words, he was interested in the connection between the body and the psyche. His first studies on hysteria, presented and discussed in *Studies on Hysteria* (1895/2012), are a good example of his understanding of such intrinsic connection, and describe how he discovered that the body could symbolically express the psychic life. The relationship between body and psyche seemed to be very obvious in the case of hysteria, in which a physical disability presented without any direct physical cause. As Ellenberger (1970) put it, “the hysterical symptom expressed the trauma in symbolic form” (p. 491). The body becomes the vehicle for metaphor; a gesture, a facial expression, a body posture, even psychosomatic symptoms become the very expression of what psyche cannot make meaning of but is desperate to express.

To understand hysteria and its ethology, history, and evolution, we must travel back in history to the late 19th century in France, and more specifically to the famous clinic and center of medical studies, the Salpêtrier in Paris, where, under Jean-Martin Charcot’s leadership, hysteria became the major focus of study. According to Herman (1992) the term *hysteria* was so commonly understood at the time that no one had actually taken the trouble to define it systematically. Historian Micale (1989) wrote, “for twenty-five centuries, hysteria has been considered a strange disease with incoherent and

incomprehensible symptoms. Most physicians believed it to be a disease proper to women and originated in uterus” (as cited in Herman, 1992, p. 10). Through the use of hypnosis, Charcot demonstrated that the symptoms of hysteria were not just organic but also mental, “since they could be artificially induced and relieved through the use of hypnosis” (Herman, 1992, p. 11). It was at the end of his life that, according to Shorter (1992), Charcot began to accept that the genesis of hysteria was mainly psychological.

Ellenberger (1970) wrote, “Among Charcot’s most spectacular achievements were the investigations on traumatic paralyses . . . how could a pure psychological factor cause paralysis without the patient’s awareness of that factor and excluding the possibility of simulations?” (p. 90). This question is central to my inquiry, as it speaks directly about the mysterious connection between the body and the mind. However, Charcot’s interest did not lie in this possible link or in the psychological life of the women he was treating, but rather in the observation and classification of symptoms. As Herman (1992) noted, “he viewed their emotions to be cataloged. He described their speech as vocalization” (p. 11).

Freud, fascinated with Charcot’s studies, continued the research on hysteria in Vienna in collaboration with his colleague Josef Breuer. Rather than focus on the physical, Freud inclined towards psychological explanations for his patients’ physical symptoms; unlike Charcot, Freud was interested in his patients’ life stories. By the mid-1890s, according to Herman (1992), Freud and Breuer arrived at the conclusion that “hysteria was a condition caused by psychological trauma. Unbearable emotional reactions to traumatic events produced an altered state of consciousness, which in turn induced the hysterical symptoms” (p. 12). Freud recognized that physical symptoms of

hysteria represented those intense and distressing events, which had been disconnected from memory. The nature of those memories echoed the distress and the intensity of the traumatic experience, interrupting the patient's life. Freud (1895/2012) wrote, "the memories which have become the determinants of the hysterical phenomena persists for a long time with astonishing freshness and with the whole of their affective coloring" (p. 9). A well-known reality for trauma survivors, for whom, as we know today, "the emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disrupting physical reactions in the present" (van der Kolk, 2014, p. 206); reactions that over time begin to influence the patients' thinking and imaginative faculties, impacting their physicality and the capacity to feel and express.

The memory loss and distortion in trauma are well documented and discussed in *Studies on Hysteria* (Freud, 1895/2012). We can find an example in Katharina, a hysterical patient with a history of sexual trauma who expressed to Freud, when speaking about the traumatic event, "I was so frightened that I have forgotten everything" (Freud, 1895/2012, p. 128). In response to Katharina's case Freud explained, "this means: the affect itself created a hypoid state, whose products were then cut off from associative connection to the ego-consciousness" (Freud, 1895/2012, p. 128). Another example is the case of Frau Emmy Von N., a 40-year-old woman diagnosed with hysteria, about whom Freud wrote:

The cause of the paralyses lay in the inaccessibility to fresh associations of a group of ideas connected, let us say, with one of the extremities of the body; this associative inaccessibility depended in turn on the fact that the idea of the

paralyzed limb was involved in the recollection of trauma—a recollection loaded with affect that had not been disposed of. (Freud, 1895/2012, p. 89)

Freud's work on patients with hysteria during those years opened up the door to a fuller understanding of the psychic mechanisms present both in the phase of conflict and in traumatic life events: repression and dissociation.

Freud proposed that the mechanism of repression is unconscious, and that repression creates defenses. As his theory developed, Freud came to realize that unbearable feelings from traumatic experiences actually make the consciousness split, leading to dissociation. Repression distinctly differs from dissociation; the former is a tolerable intrapsychic conflict, whereas the latter is unbearable and self-states are so inconsistent that they cannot exist in a single state of consciousness without some form of deterioration of self-continuity (Bromberg, 2011). In trauma, dissociation becomes the norm, as described by van der Kolk (2014), “the overwhelming experience is split off, so that emotions, sounds, images, thoughts, and physical sensations take on a life of their own” (p. 66).

As Freud moved from hypnosis to free association, he was able to uncover and explore further those unconscious defense mechanisms. Ellenberger (1970) wrote, “with Freud's approach of free association, a new approach was introduced. The patient relaxed on the couch, and was told as a basic rule, to tell whatever came to mind, no matter how futile, absurd, embarrassing, or even offensive it seemed” (p. 490). In his extensive work with patients using the free association technique, Freud observed that many of the memories and traumatic events had a sexual nature. He noted that anxiety symptoms often took place in the face of sexual disturbance. Moreover, Freud noted a clear

correlation between his patients' presenting neuroses and incidents of childhood sexual abuse. Herman (1992) wrote that, by 1896 Freud believed that underneath every case of hysteria "there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood, but which can be reproduced through the work of psychoanalysis in spite of intervening decades" (p. 13).

Freud later abandoned this theory. Some authors, such as Herman (1992), sustained that Freud's rejection of his theory was directly connected to the great criticism received not only from the scientific community but also from Vienna's society; Herman (1992) wrote, "if his patient's stories were true, and if his theory were correct, he would be forced to conclude that what he called 'perverted acts against children' were endemic, not only among the proletariat of Paris . . . but also among the respectable bourgeois families of Vienna" (p. 14). However, it seems that the motives that guided Freud to take such a turn in his research are much more complex than just social pressures, and more related to an evolution of his work in which desire and fantasy were placed in the center. In S. K. Levine's (2009) words, "contrary to what is sometimes asserted, Freud nowhere denied the reality of sexual abuse . . . what was significant for him were the fantasies that became aroused, either by the actual occurrence of the imaginal events or by other, primarily constitutional, causes" (p. 70). In fact, Freud's later published writings revisited the notion of trauma and its etiological significance in mental illness when left untreated. He understood that every human being is exposed to traumatic experiences; he wrote, "no human individual is spared traumatic experiences; none escapes the repressions to which they give rise" (Freud, 1949/1969, p. 66).

Freud's (1923/1961) theory of the unconscious is key to the understanding of his work and proposed treatment of trauma. Freud (1923/1961) wrote, "The division of the physical into what is conscious and what is unconscious is the fundamental premise of psycho-analysis" (p. 15). The unconscious, according to Freud (1923/1961), contains all the repressed individual material, impulses, and fantasies, which are not normally available to an individual's conscious awareness. Freud (1913/1950) postulated that unconscious material was not readily available to one's ordinary examination but could be accessed with techniques such as free association or dream analysis. Freud's theory and methods for approaching unconscious material were revolutionary at that time and continue to be relevant today, setting up the stage for the field of depth psychology and its future development.

There are several ideas and methodologies developed by Freud that are considered relevant to this study. First is Freud's view on the intrinsic relationship between mind and body, which introduced a more holistic turn in psychological treatment. However, under the umbrella of the positive thinking of the time, it is clear that the inferiority of body over the mind is still present in his theory and interventions. Second is the recognition of the tremendous psychological suffering in the face of trauma and the notion of the psychological dissociation mechanism operating in such patients. And third was Freud's development of the notion of unconscious with the psychological methods of free association and dream analysis, which introduced a new dimension of the mind to psychological treatment. However, it is important to point out that although dreams and the imagination are included in his methods, in Freud's theory, conscious awareness is the goal. As Bettelheim (1982) pointed out, Freud believed that by

“reducing inner conflicts from which we suffered, psychoanalysis could help us to act more rationally” (p. 33). I agree that consciousness is an important human faculty to develop, but, as we seek to show in this research, it is not always enough. This study proposes that in order to facilitate psychological healing all human dimensions need to be taken into account: the physical, emotional, mental/imaginal, and spiritual aspects of our human life.

**Carl Jung.** A recognized psychiatrist of his time, Carl Jung (1875-1961) was also an artist, a philosopher, a mystic, and an anthropologist. Early in his career, Jung became interested in Freud’s work, and they collaborated for many years on what was initially a joint idea of the human psyche. However, Jung’s psychological theories began to evolve and diverge from those of Freud, creating an inevitable split between Freudian psychoanalysis and what developed into Jungian analytic psychology. According to Ellenberger (1970), Jung’s debt to Freud is great: “Perhaps most important to Jung was Freud’s explorations of the unconscious through free association, his focus on the significance of dreams, and his stress on the role of early childhood experiences in the formation of personality” (as cited in Corsini, 2000, p. 108). Jung further developed and broadened those theories, creating “his own form of psychoanalysis, in which myth, cultural history, and personal psychology were interwoven” (Corsini, 2000, p. 105).

Jung’s holistic understanding of psychological health has influenced my understanding of trauma healing. Moving beyond the medical model and the limits of the therapy room, he saw healing not only as a removal of symptoms during psychological treatment but also as a life-long journey. Jung affirmed that every change must begin with the individual and introduced the term *individuation* “to denote a process by which a

person becomes a psychological in-dividual, that is, a separate indivisible unity or whole” (as cited in Storr, 1983, p. 212). Individuation becomes the key for transformation, both for the individual and the community, making “us aware of the unconscious, which unites and is common to all mankind” (as cited in Storr, 1983, p. 22). Jung defines *individuation* as becoming one’s own self. The self blossoms from and is nourished by the individuation process; “the self, comprehends our whole living organism, not only . . . the deposit and totality of all past life, but is also a point of departure, the fertile soil from which all future life springs” (Jung, 1959, p. 192). The process of individuation becomes the path to healing. This notion is central to this research.

The dilemma of individuation consists of “bringing into wholeness the conscious and the unconscious”; according to Jung, “both are aspects of life . . . that need to relate in an open conflict and open collaboration” (Jung, 1928/1966, p. 288). The conscious and the unconscious are two different and interrelated dimensions of the psyche. The conscious is related to the individual’s direct experience of the world and it helps on the level of adaptation to reality. The unconscious, for Jung, is comprised not only of an individual’s personal repressed material but also contains inherited material from the entire human race, the collective psychic life that we all share. He compares the collective unconscious to our phylogenetic history, which is contained in the unconscious body. The contents of the unconscious, then, “point back to a preconscious, prehistoric world of instincts and potentially anticipates the future” (Jung, 1928/1966, p. 279), and therein lies the basis for Jung to affirm that the fate of the individual is linked to the unconscious. The unconscious is infinite, and it contains “all the psychic material that lies below the threshold of consciousness” (Jung, 1959, p. 127). The unconscious is dynamic,

there is always something going on, and it holds a compensatory relationship with the conscious mind.

The unconscious is a pool of archetypes. These archetypes are “inherited through patterns” (Jung, 1959, p. 138), which have archaic symbolism, “basic instincts and . . . forms of thinking and feeling” (p. 155), as well as being forms that are considered universal. Archetypes present themselves as personalities within dreams or fantasies and they are connected to mythological ideas. There is a primary archetypal category in the unconscious realm that is relevant to the process of individuation: the shadow. Jung described the autonomous nature of the shadow as an “unconscious personality” (as cited in Storr, 1983, p. 87). The shadow is made out of repressed materials that belong to the history and psychology of the person. The personal is intermingled with the collective; as people become “conscious . . . through self-knowledge, and act accordingly, the more the layer of the personal unconscious that is superimposed on the collective unconscious will be diminished” (Jung, 1959, p. 178).

According to Jung, the shadow is first discovered through projection. The shadow can put the person face to face with the darkness of human nature. The shadow triggers our moral values and the conscious mind reacts by projecting it out into the world; denial then becomes a dangerous illusion both for the individual and the collective. Frequently owing to internal or external influences, the shadow can temporarily take hold of the personality, which can lead the individual to become capable of very destructive or malicious behavior. Quoting Jung, “have the horrors of the war done nothing to open your eyes?” (as cited in Storr, 1983, p. 181).

P. A. Levine (1997) wrote about this phenomenon as it expresses in large-scale killing and extreme violent events in our world today: “Our past encounters with one another have generated a legacy of fear, separation, prejudice, and hostility. This legacy is the legacy of trauma fundamentally no different from that experienced by individuals—except in its scale” (p. 225). By confronting our shadow, we experience how divided we are, and this self-confrontation generates psychological consciousness. Although the shadow, with its enormous pool of life and energy cannot be suppressed nor conquered, the more that an individual learns to integrate the shadow aspects of the psyche, the more the collective shadow is reduced. When individuals can come to terms with their own shadow, they are also reclaiming their personal piece of the collective whole. “If things go wrong in this world, this is because something is wrong with the individual, because something is wrong with me,” affirmed Jung (as cited in Sabini, 2002, p. 192). In this lies one great value of the shadow personality—a confrontation with the shadow is essential for healing trauma, and as it is regarded in this research, it is a healing that needs to occur both on a personal and collective level.

The task of analysis is to help patients become aware and to integrate that which lives in the unconscious, including the shadow, by exploring the presenting images, messages, and myths. In his memoir, Jung (1963/1989) described his experience of traumatic breakdown and compared it with the shamanic conception of soul loss—a living metaphor of disassociation. He described his individuation process as a “descent into the unconscious to recover the soul” (Jung, 1963/1989, p. 191). As Jung rediscovered and engaged with the richness of his unconscious through dream work, art, and mythology, a new world of possibilities opened up; a world where the imagination

and the body were alive and re-membering the broken and lost pieces was possible.

Through his own process, Jung showed how individuation is a life-long journey towards psychological integration.

Jung recognized that patients came to him presenting what he called “traumata or psychic wounds” (Jung, 1912/1970, p. 90), and noted the phenomenon of dissociation—a direct effect of psychological trauma on the psyche. He wrote, “A traumatic complex brings about the dissociation of the psyche. The complex is not under the control of the will and for this reason it possesses the quality of psychic autonomy . . . it forces itself tyrannically upon the conscious mind” (Jung, 1928/1966, p. 131). Jung maintained that these dissociated aspects must be integrated into the personality in order for one to individuate and become more whole. Among some of the techniques that Jung used to assist his patients in the process of individuation were active imagination, creative art expressions, and sand tray play. Through the imagination, patients were encouraged to enter into a dream state, opening up the portal to the richness of psyche, and often leading patients to rediscover lost parts of themselves.

Jung’s work with the imagination inspired his understanding of the psyche/soma relationship. Baring (2012) wrote, “the body is being revealed as a miracle of interconnecting systems” and he continued, citing Jung, “for psyche and body are not separate entities, but one and the same life” (Seminar 8). The psyche expresses and takes shape within the physical body in the form of somatic expression: breathing patterns, gestures, posture, and psychosomatic symptoms are just some examples. Jung (1934-39/1988) introduced and spoke about the notion of somatic unconscious; he wrote, “somewhere our unconscious becomes material, because the body is the living unit and

our consciousness and our unconscious are embedded in it: they contact the body” (p. 441). From this perspective, the body can be understood as a powerful translator between the inner and outer world, and body expression becomes a vehicle to manifest unconscious processes into awareness in order to be recognized and integrated—a key principle to begin to understand the complexities of trauma healing.

A resonating psychological paradigm shift that transcends the rational schema is presented in Jung’s work. A view of human nature that includes the subtle domain of the soul/imagination, the domain of the collective, the world of myth, art, and dreams. It is only through those amplifying lenses that our research can be conceived—a world that transcends the material mind-set, a world that embraces all aspects of our nature—which includes others, the community, the natural world, and the psyche in its all dimensions, including its aesthetics qualities. Taking into consideration Jung’s perspective on each person’s multidimensional nature and the individuation process as a path for psychological integration, I ask, is the traditional one-on-one therapeutic setting the most conducive for trauma healing? What are the ingredients needed for trauma treatment? This study is interested in expanding the notion of trauma healing beyond the consulting room; searching for a new paradigm in trauma treatment that takes into account the multiple levels of human life: physical, emotional, mental/imaginal, and spiritual. We begin with the physical body.

### **Somatic Psychology: Trauma and the Body**

The work of Freud and Jung opened up a new portal in psychological treatment, highlighting the interconnected system of the body/mind. Through their work, we learned that the body could be a direct road to the unconscious; but what about the value

of the body itself? Although Freud's and Jung's depth psychological theories highlighted the body-mind connection, their approach to therapy focused primarily on the interpretation of verbal content, giving more importance to the mind than to the physical body. Nevertheless, following the steps of these pioneers, the evolving paradigm of depth psychology has continued deepening and broadening the theoretical development of the value of embodiment in the therapeutic encounter, opening up the door to the field of body-oriented psychotherapy.

Body-oriented or somatic psychology suggests an alternative approach to classical psychology, placing the body as central in the therapeutic encounter and recognizing the body as key to healing. *Somatic approach* is a recent term used to describe therapeutic interventions that focus on the conscious experience of the body-self. The term *somatics* was coined by philosopher Thomas Hanna (1986), who described it as "the field which studies the soma: namely, the body as perceived from within by first-person perception" (p. 4). Somatic psychology postulates that our life-patterns are dynamically connected to the structure and function of our physical body and therefore, it is only in-body that change and transformation can occur. Indeed, the notion of transformation as an embodied phenomenon is an essential principle in this study.

One of Freud's most brilliant disciples, Wilhelm Reich, is considered the father of somatic psychology. According to Lionel Corbett (2010), in 1935 Reich "began to study somatic approaches to psychotherapy, and unlike his Freudian colleagues, he would directly contact the patient's body" (unpublished lecture notes). One of Reich's major theoretical contributions in the understanding of how trauma expresses in the body, is his

theory of character analysis. In his seminal book, *Character Analysis* (Reich, 1945/1972), he proposed that as human beings we are constantly communicating directly through verbalization and conscious movements, and also indirectly through attitudes, characteristic behaviors, and unconscious nonverbal aspects of expression, such as body gesture, muscle tone, and facial expression. According to Reich (1945/1972), a corresponding muscular armor develops when muscles contract to defend against internal or external stimuli that is perceived as threatening; such as in the case of trauma. He described seven primary areas in the body where armoring occurs: *ocular armoring* forms in the eye region; *oral armoring* occurs around the mouth, jaw, and occiput; *cervical armoring* can be observed in the neck and collarbone; *thoracic armoring* expresses in the chest; *diaphragmatic armoring* is mostly revealed in the act of breathing; *abdominal armoring* is located in the lower belly; and the region around the genitals, including the anus, and the feet and legs, is called *pelvic armoring*.

Reich (1945/1972) was able to diagnose trauma according to patterns of activity or paralysis in the muscles and movements of the different body parts. His therapeutic approach lay in the principle that patterns of constriction throughout the body must be undone so that people can live a healthier life. “Reich worked with the psyche as bodily expression” (Conger, 1988, p. 108); some of the techniques he used in therapy includes cathartic expression of emotion, breath work, and hands-on bodywork. He recognized that the emotional life, whether conscious or unconscious, is held in the physical body; therefore, all blocked energy in the body system interferes with the natural flow of the emotional life force, leading to psychological suffering (Reich, 1945/1972).

Reich's revolutionary work has set the theoretical foundations for a deep understanding of how to work therapeutically with the body and has grown into several schools of somatic psychology. Some well-known somatic psychologists and educators who followed Reich's steps and developed their own body of work are Alexander Lowen and John Pierrakos with their work on Bioenergetics, Moshe Feldenkrais with his Awareness Through Movement, and Jack Rosenberg with Integrative Body Psychotherapy. Many cutting edge somatic-based trauma theories and treatments from which this study draws, such as the work of van der Kolk, Somatic Experiencing developed by Peter A. Levine, and Pat Ogden with Sensorimotor Psychotherapy, have also developed out of Reich's groundbreaking work.

**Understanding trauma.** Trauma can be defined as the result of an extraordinary event that overwhelms our lives on all levels: physical, emotional, and mental. Traumatic events can include, but are not limited to, physical or psychological abuse, sexual assault, incest, domestic violence, war, accidents, and natural disasters—"traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death" (Herman, 1992, p. 33). Researchers have also shown that it is not only conscious exposure to death and violence that can be traumatizing. Peter A. Levine (1997) wrote, "Accidents, falls, illnesses, and surgeries that the body unconsciously perceived as threatening are often not consciously regarded as outside the range of usual human experience. However, they are often traumatizing" (p. 24).

Physiologically we often freeze and become paralyzed when perceiving that our life is threatened and when action is not possible. The freeze response, far from being pathological, is a natural physiological response that can be observed both in mammals

and humans when facing a traumatic event. P. A. Levine (2010) explained that posttraumatic symptoms are caused when the freeze reaction cannot be fully discharged and completed (p. 34). In P. A. Levine's (2010) words, "the potentiation, or enhancement, of immobility by fear can lead to a self-perpetuating feedback loop causing an essentially permanent quasi-paralysis in the traumatized individual" (p. 54). The release of energy in the body must be completed in order to both physiologically and psychologically resolve the trauma; when we fail to do so, the nervous system becomes overwhelmed and disorganized. As van der Kolk (2014) explained, "as long as the trauma is not resolved, the stress hormones that the body secretes to protect itself keep circulating, and the defensive movements and emotional responses keep getting replayed" (p. 66). Symptoms include "flashbacks, anxiety, panic attacks, insomnia, depression, psychosomatic complaints, lack of openness, violent unprovoked rage attacks, and repetitive distracted behaviors" (P. A. Levine, 1997, p. 41). Our whole self is affected in the face of trauma, and as a result, our human capacity to sense, feel, and imagine gets disrupted.

The first person to conceptualize trauma into a comprehensive theory on posttraumatic stress was Pierre Janet, who, along with Freud, was one of Charcot's most talented protégés. Janet was able to articulate a theoretical approach to trauma that highlighted traumatic stress, which he initially called "vehement emotions" (van der Kolk, McFarlane, & Weisaeth, 1996, p. 52); an intolerable level of stress unique to trauma, which blocks individuals' capacity to be in their body, and as such, prevents their ability to integrate the traumatic experience "into the totality of their personal awareness" (van der Kolk et al., 1996, p. 53). Janet's work was the first comprehensive

approach to understanding how high emotional arousal alters the body/mind of those who have experienced trauma, interfering “with their capacity to engage in focused and creative actions and to learn from the experience” (van der Kolk et al., 1996, p. 53).

Trauma leaves an imprint on the physical, emotional, and thinking body; the echoes of the traumatic experience constantly interrupt the lives of those who have suffered trauma. As van der Kolk (2014) wrote, “the emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disrupting physical reactions in the present” (p. 206). Life’s natural flow is interrupted by trauma’s repetitive nature. Such a memory is not just a mental picture; it is dressed in powerful emotions, which can cause one’s whole body to shut down. Escaping, just as in the original event, is not possible; the person is frozen in fear. Therefore, in an attempt to live, dissociation becomes the ego’s natural antidote against the fear of disintegration or a complete breakdown of the personality.

The psyche’s normal reaction to a traumatic experience is to withdraw from the scene of the injury. If withdrawal is not possible, then a part of the self must be withdrawn, and for this to happen the otherwise integrated ego must split into fragments and dissociate. (Kalsched, 1996, p. 13)

Janet introduced the term *dissociation* in 1889 and described it as “the uncoupling of the mental processes, the splitting apart of psychological functions that normally go together” (Wilkinson, 2010, p. 143). Dissociation becomes the survivor’s strategy of body/mind against the intolerant stress of the lived experience. However, the cost of surviving can be very high for a victim of trauma. The job of this defense mechanism, borrowing Kalsched’s (1996) words, is “to keep the personal spirit ‘safe’

but disembodied, encapsulated, or otherwise driven out of the body/mind unity” (p. 38). For many victims of trauma dissociation, far from being a transitory state, it becomes the way of being and functioning in the world. Dissociation is at the core of trauma. As P. A. Levine (2015) wrote, “traumatized people have their lives arrested until they are somehow able to process these intrusions, assimilate them, and then finally form coherent narratives that help put these memories to rest” (p. 8). Being able to integrate, including the capacity to identify, sense, and name the traumatic experience, appears to be key to beginning a recovery process. This study further proposes that psychological integration is more likely to happen if physical, emotional, and mental/imaginal body connections are promoted in the therapeutic process.

**Body-self unfolding.** Several seminal theories have laid the foundation for the treatment of trauma and have shown the importance of self-development and the first years of life, as they relate to trauma and trauma recovery. Perhaps one of the most essential lenses from which to review the symptoms and treatment of trauma is attachment theory. In her book, *The Body Remembers*, Babette Rothschild (2000) discussed the importance of early interactive experiences and its direct relationship to developing posttraumatic stress symptoms later in life. She wrote that the “predisposition to psychological disturbance, including PTSD, can be found in stressful events during early development: neglect, physical and sexual abuse, failure of the attachment bond, and individual traumatic incidents” (Rothschild, 2000, p. 24). What happens in the early years of life matters a great deal. According to Ainsworth, Belhar, Waters, and Wall (1978), “a secure attachment is both a psychological and physical mediated achievement that provides ‘the primary defense against trauma-induced

psychopathology” (as cited in Ogden et al., 2006, p. 47). A secure attachment sets up the foundation for our capacity to be in relationship with self and our ability to relate to others and seek out support in times of crisis.

Early experiences sculpt the basis of our being, creating our unique shape in this world. It is during this first period of life that the seeds of self are planted. Self-development, far from being a linear process, is a complex dance that starts at the very beginning of life—*in utero*. For 9 months, all that we can experience is movement; pulse, breath, and vibration become our sphere. As newborn babies we are called to explore and learn from our bodies. Everything in this stage of life is preverbal and takes place in the sacred realm of the baby-mother relationship. The naked process of being loved in our bodies “establish[es] background psychosomatic states of well-being, whereas its absence yields persistent background states of dysphoria” (Kradin, 2011, p. 50). Early attunement greatly supports the ability to regulate, including self-regulation; “the ability to regulate psychobiological states of emotions through interactions with other humans, interactive regulations in interconnected contexts, and without other humans, auto regulation in autonomous contexts” (Schoore, 2012, p. 32). Attachment patterns are preverbal, and as such, they leave imprints on the embodied psyche, which ultimately shape or condition our ability to heal.

The first years of a child’s life are key for the development of a healthy attachment bond. Attachment, as defined by Schoore (2012), refers to the “regulation of biological synchronicity between and within organisms” (p. 32). The connection between the baby and the primary caregiver has a profound effect, creating “the inner maps that chart our relationship throughout life, not only in terms of what we expect from others,

but also in terms of how much comfort and pleasure we can experience in their presence” (van der Kolk, 2014, p. 124). Secure attachment includes a high level of empathy, mirroring, holding, nurturing, and attunement (Heller & LaPierre, 2012). The primary caregiver, in healthy circumstances, attunes to the child’s body/mind needs, which will “establish a warm, empathic way of being with a child that forges a secure attachment, from which the growing child steps confidently into the world” (Wilkinson, 2010, p. 23). On the other side of the spectrum, when the primary caregiver is not attuned to the child’s needs, or when neglect or abuse enters this primary relationship, the child’s fear system gets activated. The child becomes dysregulated, which leads to the development of less-than-good attachment schemas such as insecure, avoidant, and disorganized attachment styles (van der Kolk, 2014).

Integrative Body Psychotherapy (IBP) theory refers to this early stage of life as the “primary scenario” and describes it as “the collection of physical and emotional events we went through in our early years . . . it includes the whole milieu into which we were born—the time and place, the culture, and the sub-culture” (Rosenberg & Rand, 1985, p. 18). These preverbal experiences give shape to our basic patterns and are reflected in the body. IBP sustains that “when these patterns are released, early experiences are relieved” (Rosenberg & Rand, 1985, p. 21). When a child’s basic psychological needs are not met, rigid psychological and physical patterns are created as an attempt to hold together the house of the self. The price for surviving can be very high, as stated by Rosenberg and Rand (1985):

When people are in a state of repression . . . they experience tension, or muscular contraction . . . when this contraction is severe and chronic, it

becomes armoring; the muscles are fixed into patterns and cannot readily expand. Reich called this armoring 'the freezing of emotions.' Its result is deadness. (p. 96)

Through the lens of IBP's theory, we could say that our psyche expresses in body through shape, weight, speed, tension, and relaxation, forming our unique somatic expression; and at the same time our physical patterns are reflected in our thinking and emotional patterns. The way we carry ourselves reflects who we have become, or as Ogden et al. (2006), described it, "the sense of self develops not only in the context of beliefs, metaphors, and emotional responses but evolves organically as the physical organization of the client's body changes" (p. xxxiv).

A continuum and spiraling feedback process operates between soma-psyche, reflecting our holistic nature. We are constantly learning and reinforcing certain movement patterns that respond to our emotional and psychological life, which creates our own unique set of behaviors. At the same time, we develop a system of beliefs that, through the years, becomes unquestionable truth, which on the one hand offers a sense of security and stability, but on the other hand can narrow our vision, inhibiting change to occur. These patterns are revealed in the physical body; "some traumatized clients have a habitually collapsed, frozen, or immobilized body and an accompanying sense of self as ineffectual. Others experience chronic hyper-aroused, affect-deregulated bodies and a sense of a self that seems out of control" (Ogden et al., 2006, p. xxxiv). Trauma lives in the body, and therefore, this study postulates that in order to make changes at a deeper level, the body must be included in the treatment of trauma. In Rothschild's (2000) words, "awareness of body sensations can be a superhighway to the past, a tool for

helping the client connect not only with forgotten traumatic memories but also with forgotten resources” (p. 118). However, more research is needed regarding the integration of body-based approaches in psychotherapeutic treatment; approaches that facilitate not only body awareness but that also actively assist the patients in identifying and changing unhealthy patterns in the physical body.

**Towards change: The body in therapy.** It is true that the early years are key in the formation of basic structures of self, yet our past does not determine exactly how our lives will unfold. Indeed, neuroscience has demonstrated that under the right conditions, the brain can be re-wired and can re-create neurological pathways, giving hope a chance and allowing change to happen. The last two decades in the field of neuroscience have shown that, due to its plasticity, the brain grows and changes until the last breath of life. According to Zeki (2001), “the brain is the most variable and fastest evolving organ” (p. 51) and it re-creates itself, creating new synaptic pathways through constant dialoguing with the world. The brain is a complex and extraordinary network of billions of individual cells called neurons. These neurons are interconnected, and they communicate through electrical and chemical signaling. “Each neuron has a center that is able to carry an electrical impulse. Each has dendrites, tendrils that receive messages from other neurons, and axons that transmit the messages to neighboring cells that fire in their return” (Wilkinson, 2006, p. 14). In response to internal and external stimuli, an eternal feast of synaptic connections takes place within the brain. From this intricate exchange, the numerous systems within the biological-psychological mind are in a constant shaping and reshaping process.

In a feedback loop with the brain, somatic practices contribute to the growth and positive change of an individual. Change goes hand in hand with the brain's plasticity; in Wilkinson's (2006) words, "the plasticity of the brain is a central concept underpinning the understanding of both the development of the mind and nature of the therapeutic cure" (p. 8). In reviewing the research at the time, Lyons-Ruth (1998) affirmed that "it is increasingly apparent that 'something more' than interpretation is needed to bring about change in psychoanalytic treatment" (p. 282). That 'something more' refers to actively including the body in the psychotherapeutic process, crucial for accessing the deeper layers of the self.

As pointed out above, our fundamental patterns are established in a pre-intellectual stage. Early development is nonverbal; therefore, engaging the body gives direct access to early developmental patterns, as well as to all preverbal material. Van der Kolk (2014) explained, "all trauma is preverbal . . . victims of assaults and accidents sit mute and frozen in emergency rooms; traumatized children 'lose their tongues' and refuse to speak. Photographs of combat soldiers show hollow-eyed men staring mutely into a void" (p. 43). Even though trauma responses are not always at this level of intensity, silence is the common melody accompanying trauma victims, a song that has neither words nor rhythm, but an unbearable complex of physical sensations that cannot be comprehended, leaving the person in a "mute state." Ogden et al. (2006) wrote, "cognitive processing is inextricably linked with our bodies" (p. 9); thus, focusing on increasing the capacity to sense and move the body becomes a way for the trauma victims to "find their voice."

The living body can be understood as a gestalt; the whole is greater than the sum of the parts. Our cognitive function is affected by our emotional life and physical sensations, and at the same time our mind affects our emotional and physical body. Wilkinson (2006) explained, “the brain-mind-body being that is the human being develops associatively” (p. 32). Paying close attention to each different realm as a separate yet interrelated member can help us to bring more light into our understanding of how trauma affects our human organism’s natural interconnection (van der Kolk, 2014).

Dr. Paul MacLean, the renowned neuroscientist, suggested that the human brain can be divided into three distinct sub-brains, “each the product of a separate age in evolutionary history” (Lewis, Amini, & Lannon, 2001, p. 21). The reptilian brain is the oldest part and essential to the neurological state of life. It is responsible for some of the most fundamental and rudimentary interactions, but as rattlesnakes would remind us, in their kingdom sensation and instinct reign. The second subdivision is the limbic brain. This brain allows us to develop attachment and dependence; it blesses us with the gift of communication and love. The last of the trilogy is the neocortex, the newer and larger section of the brain in human beings, which houses most of our intellectual functions, including writing, speaking, planning, and reasoning (Lewis et al., 2001).

These three different layers of the brain are connected and affect each other. Depth psychologist Ginette Paris’ (2011) personification of the three sections of the brain gives us a vivid picture of how each of these characters can show up in our daily life; the characters include the cold and reactive Crocodile, the loving Puppy, and the Wise Human. The communication and interaction between those three characters is not always smooth, but it is even more problematic in the case of trauma, where a severe

breakdown in the interconnection between the cognitive, emotional, and physical levels has been created. By including the body as a primary avenue in processing trauma, we begin to mend those gaps between the parts; “therapists can work directly with sensation and movement to affect symptoms and promote change in the client’s cognitions, emotions, belief systems, and capacity for relatedness” (as cited in Ogden et al., 2006, p. 166).

This study postulates that working therapeutically through the lens of the body can become the natural antidote for healing trauma. By means of noticing and turning one’s attention to sensations, images, and feelings, one listens to the body whispering words into the ear. In this way, insights are embodied, rather than analyzed, interpreted, or explained.

The body is clearly an instrument of physical process, an instrument that can hear, see, touch and smell the world around us. This sensitive instrument also has the ability to tune into the psyche: to listen to its subtle voice, hear its silent music and search into its darkness for meaning. (As cited in Schore, 2012, p. 179)

The body is a connector by nature, just as the connective tissue that binds bones and other tissue to each other, the body also connects sensations, emotions, and thoughts, including both our inner and outer experience. It is because of our bodies that you and I are able to connect. In the therapeutic encounter it is the body that cues the therapist in supporting the patient to get in touch with his or her own experience. It is also the body that reveals how the therapist is experiencing the patient’s experience, bringing to the forefront the phenomenon of transference and countertransference.

Schore (2012) wrote, “The intersubjective transactions between empathic clinician and patient include more than two minds, but *two bodies*” (p. 179). Transference reflects the internal experience of the patient waiting to be seen, recognized, and fully expressed in the body. The tone of voice, the facial gestures, the rhythm in which the patient speaks, the posture, and the muscular tonicity, among other aspects, constitute what Frances La Barre (2005) called “*kinetic text*” (p. 249), or in other words, “while actually speaking, a person creates phrases of movement with the whole body and with parts of the body” (p. 249). A subtle movement gesture, a change in the tone of voice, or a pause, animates the story that the patient is telling the therapist. Meanwhile, the therapist’s body is communicating back through different signals: changes in the breath, posture, facial expressions, and gestures, among others. Those bodily enactments between patient and therapist reveal a particular subtext dance. As Schore (2012) stated, “Transference-countertransference transactions thus represent nonconscious nonverbal right brain-mind-body communications. Facial indicators of transference are expressed in visual and auditory affective cues quickly appraised from the therapist’s face” (p. 41). In alignment with this theory, this study supports the idea that bodily responses and kinetic text reach deep layers of the psyche. Somatic awareness is considered key in developing the sensitivity and skill needed to enter the complex dance of transference and countertransference when working with trauma.

**Re-bodily connection in the therapeutic relationship.** One of the most important tasks for the therapist when working with traumatized individuals is to create a safe container for, as Herman (1992) affirmed, “the first rule of any trauma therapy is safety” (as cited in Rothschild, 2000, p. 87). Based on modern attachment theory, as

presented above, creating a safe container evokes the archetypal relationship of the mother-child dyad. Thus, the therapist functions as an archetypal mother, supporting the patient in the process of transforming early patterns of affect regulation and attachment. From this point of view, the goal is for the patient to regain agency in his or her ability to self-regulate. The therapist-patient dyad can intentionally and consciously re-pattern the attachment wounds and arrested development of early childhood by going through the phases of “attunement, mis-attunement, and reattunement” (as cited in Schore, date, p. 32). The body of the therapist—as that of the mother to the infant—becomes the main instrument for the therapeutic endeavor.

When therapists are attuned to their own body, they are able to use that information in the therapeutic process. Learning how to tune in to their own body enables “an experiential understanding of underlying feelings different from those expressed explicitly by the client” (Dekeyser, Elliot, & Leijsen, 2009, p. 118). Herein lies the recognition of the intimacy and connection in the therapeutic relationship and healing process, and the necessity for the therapist to remain sensitive as well as skillful. Bringing the groundedness and connection of the body in creating and holding a safe space supports and encourages the patient to venture into uncharted territories. Moreover, the body becomes the vehicle and container to traverse the territory of the psyche.

Transference is expressing that the patient is expecting something from the therapist: to guide and redirect the patient in making contact back to his or her self and experience the self-touch of affect regulation. As Stern states, “there is a difference between meaning, in the sense of understanding enough to explain it, and experiencing

something more and more deeply” (as cited in Johanson, 2009, p. 169). In other words, meaning is not just a rational understanding but can also point to a full bodily experience which holds healing potential. Meaning as an experience is, I argue, what the patient expects and needs. This experiential understanding emerges from empathic witnessing, which is not limited to what we see or hear, but rather includes the whole body. Somatic modalities such as breathing techniques, movement practices, and massage, take therapists’ training one step further with the inclusion of their own body in the therapy room.

While cultivating a somatic practice, the therapist learns to read the subtle changes in patients’ body language and also becomes keenly aware of how to identify, read, tune in, track, and feel their own bodily resonances. Listening to the messages of our body supports us in listening and tracking the messages in other bodies and developing what Patrizia Pallaro (2007) calls “kinesthetic empathy,” that is, “the embodying of [the] client’s feeling states and movement qualities, by the therapist” (p. 182). Developing and embodying kinesthetic empathy is a process and takes practice.

For Dekeyser et al. (2009), “empathy in the psychotherapy session is essentially [a] cooperative, dialogical process that is at the same time vividly grounded in the body” (p. 113). From a neurological or biological perspective, empathy is the recognition of oneself and the other as sentient organisms that are both differentiated and interrelated. Research in the field of neuroscience is supportive of the importance of the therapist’s understanding of the patient’s experiences, feelings, and attitudes acquired through kinesthetic empathy. As J. C. Watson and L. Greenberg (2009) stated, “The firing of mirror neurons in response to the goal-oriented actions of others informs the observer of

the intentions of the other, thereby illuminating the emotions and motivational significance of the observed acts” (p. 127).

By means of the body therapists develop and embody empathy, which expands and deepens their awareness of the transference and countertransference as well as their repertoire of interventions. The patient’s movement motifs or kinetic text cues the therapist to the patient’s early attachment patterns that unconsciously are put to test or acted out in the transference. As the therapist taps into the countertransference material and experiences it, the therapist gains empathic understanding of the patient’s wounding and remains differentiated. It is then when the therapist can, consciously and responsibly, enter the process of repair and restore; helping the patient to identify and change early developmental patterns, connect with traumatic material, release and integrate emotion blocked in the body, supporting them to increase body-awareness and explore the life-stories or myths that are present in the here and now of the body.

Although this study is in agreement with this theory, I further postulate that in order to evoke the multidimensionality of the body in the therapeutic relationship, more than just somatic awareness is needed. I propose that the integration and stimulation of imaginal and aesthetic qualities of the body is also essential to the therapeutic process. This is a key premise in this study and will be further explored in the next section.

**Building bridges.** Somatic-oriented psychotherapy has demonstrated that including the body in the therapeutic process is vital, especially in the case of trauma; as clients grow their capacity to experience the body more deeply, new connections and possibilities are discovered. Recovering from trauma requires that we recuperate the capacity to inhabit our bodies, mending the gaps between the physical, emotional, and

mental levels of self, or in other words, healing body/mind dissociation. Trauma specialists, including van der Kolk (2014), P. A. Levine (1997), and Ogden et al. (2006), have shown that bottom-up interventions, such as body sensation and movement awareness techniques, which can directly access preverbal stages of self, are more effective than a cognitive approach when treating trauma. The formulation of a coherent and meaningful story is important for the healing process; however, a coherent narrative cannot be developed through memory or cognition alone (P. A. Levine, 1997). When trauma is activated, individuals lose the capacity to integrate their thoughts, emotions, and sensations, or in other words, “integrated cognitive processing is inhibited” by trauma (Ogden et al., 2006, p. 21). From this perspective, a therapeutic approach to trauma should focus on the here and now reality of the body/mind experience, fostering physical, emotional, and mental awareness, and teaching clients to track feelings and sensations and to recognize and regulate arousal levels in the body. When the client connects deeply with the sensing body, cognitive and emotional processes are also activated. When changes occur in the physical and emotional body, the thinking and imaginal levels are also affected and transformed. It is the dynamic interaction between body and mind that sets the integration process into motion.

As we continue exploring various fundamental therapeutic notions in trauma, it is important that we pay attention to the intersection between the mental, emotional, and physical world, indeed, the process of integration is crucial in the healing of trauma. According to P. A. Levine (1997), “until recently, this bidirectional communication between body and mind was largely ignored . . . today it is transforming our understanding of trauma and recovery” (p. 76). When working with trauma,

understanding how to cultivate body/mind connection seems to be key. As therapists, we should ask ourselves questions such as: How can the connection between the sensing, emotional, and thinking/imaginal body be stimulated in the therapeutic encounter? Is ordinary language or conventional communication enough for our clients to name, describe, and express the vast world of sensations and emotions in the body? In my experience as a therapist, I have learned that in order to facilitate and promote embodied processes, particularly in the face of trauma, we need to expand the ways we communicate. It is possible to move beyond our ordinary thinking and find languages that contain and give shape to the richness of the lived experience and help convey the body's different levels of experiencing and perceiving. There are a variety of forms of expression that can convey that which our eyes cannot see but our body senses, that which we cannot describe with everyday language but may speak poetically, a world that needs to be felt deeply, that which does not make rational sense but keeps our imagination alive. The mind/body connection becomes stronger when we recognize the natural bridge from the immaterial body to the physical body. In the search for an embodied approach to the treatment of trauma, we welcome the voice of the arts to support integration and healing.

This study postulates that through the arts, patients are able to find alternative means to engage with their suffering. Moving beyond ordinary ways of expressing, the patients can borrow from the language of the poet, the musician, the painter, the actor, and the dancer so that full body expression can come into being. In that way, individuals' physical sensations, emotions, and imaginal thinking are stimulated and expand while simultaneously working on those themes that brought them to therapy. The arts, I sustain, engage the physical, imaginal, and emotional body in a unique way, in a way that

promotes connection and integration. Thus, I suggest, that the inclusion of the arts in trauma treatment could be of great benefit.

### **Expressive Arts Therapy**

Expressive arts therapy offers an effective therapeutic model that not only recognizes the body in its full dimension, but also facilitates connection to preverbal and symbolic aspects of self, which can be beneficial when working with individuals experiencing trauma. The language of the arts provides a world beyond analytical thought and conventional communication, allowing for a path to access and give form to sensations, emotions, memories, and images that may not be able to be expressed solely in ordinary language. According to D. Halprin (2003), “expressive arts therapy sees the relationship between imagination and sensory expressiveness as the pathway for drawing forth awareness, creativity, and change” (p. 74). Through the use of different art modalities (intermodal arts) patients are able to give their experience a voice through shape, color, texture, sound, poetry, drama, story-telling, and movement. In the words of D. Halprin (2003), “The interplay between psychological and artistic processes is the ground from which disturbance and new options for insight, change, and health are explored” (p. 74).

Shamanic cultures set the stage for much of the form of expressive arts therapy. According to S. K. Levine (1992), “in turning to the arts for healing, we are discovering an ancient tradition” (p. 10). For ancient people, symbols were a necessary language for the expression of the spiritual realm. Art has been shown to be timeless and “rooted in the practice of the imagination” (S. K. Levine, 1992, p. 3), and it is found in the primitive healing methods that relied on symbols as a way to communicate with the soul. Jung

(1964) wrote that the arts have played an important role in healing rituals and processes for centuries. In ancient times, the arts were integral to all aspects of everyday life. The arts played a starring role in healing both the individual and the community. The healing scenario presents images of wholeness, which can only be encountered in an embodied act of embrace with the living archetypes or enacted symbolically through performances and rituals.

“Art is for all!” claimed the expressive arts therapists. The inclusive nature of expressive arts therapy is founded on the idea that everybody can be artistic. According to McNiff (2017), “it’s what defines and differentiates [expressive arts therapy] from other approaches to artistic expression” (p. 113). According to D. Halprin, “in the mid-1970s, expressive arts therapy emerged as part of the movement from modernism to postmodernism” (2003, p. 74). The first academic department in expressive arts therapy was developed on the East Coast at Lesley College by expressive arts pioneers and authors Paolo Knill (Levine & Levine, 1999) and Shaun McNiff (1981). At the same time, on the West Coast Anna and Daria Halprin were developing and teaching their movement-based expressive arts approach at Tamalpa Institute (D. Halprin, 2003). Later in the 1990s the International Expressive Arts Therapy Association was founded. Pioneers in the field include Daria Halprin, Paolo Knill, Stephen K. and Ellen G. Levine, Shaun McNiff, Natalie Rogers, and Jack Weller.

Reflecting on the expressive arts therapy field, McNiff (2017) explained, “our discipline is based upon the activation of the medicine of the creative imagination that operate in ways that cannot be explained by the linear paradigms and the analytic narratives which have characterized psychological thinking during the past century” (p.

21). The therapeutic use of the arts proposes that the nature of the human experience may be more authentically expressed in the logic of the imagination than in the logic of the rational mind. This premise finds its roots in Jung's analytic methods, which, according to Chodorow (1991), were based on the natural healing capacity of the imagination. Jung asserted that therapies based in imagination allow the psyche to find expression.

Expression, from a Jungian perspective, is both discovered and expanded through archetypes, myths, symbols, and dreams. Through the activated image, the psyche finds expression and then integrates the image into consciousness. Scholar Henry Corbin (1972) introduced the term *mundus imaginalis*, and described it this way,

The world of image, the *mundus imaginalis*: a world that is ontologically as real as the world of the senses and that of the intellect. This world requires its own faculty of perception, namely imaginative power, a faculty with a cognitive function, a noetic value which is as real as that of sense perception or intellectual intuition. (p. 7)

The concept of *mundus imaginalis* brings back the imaginal function into the heart of experience, challenging the positivism posture that "juxtapose the real and the imaginary as if the latter were unreal, utopian" (Corbin, 1972, p. 14). The imaginal, as Corbin (1972) assured, is a powerful cognitive function, a transformative and transcendent faculty that allows us to experience our life more fully. Following Corbin's perspective, we can say that recalling the awareness of our imaginal realm becomes key in order to descend into the depths of any kind of experience.

When speaking of the imaginal, it is important to clarify that we are not only referring to a mental activity, but rather to a process that also engages the physical and

emotional levels of the living being. The imaginal expresses in that space in between, in the transitional dimension between what is matter and what is mind. However, it is only in-body that we are able to experience the imaginal. Whatever we imagine, remember, or think has a direct impact on us and takes shape within our physical body. At the same time, our postures, gestures, and breathing patterns are constantly evoking images, feelings, and associations. As stated by contemporary depth psychologist Robert Bosnak (2007), “embodiment is the way in which the image become flesh” (p. 120). The imagination, just like any other human faculty, cannot be separated from the body.

Post-Jungian analyst and writer James Hillman (1977) continues Jung’s tradition of imaginal psychology; however, he introduces a different framework that moves away from the Jungian notion of Self. “Hillman tends to use the word soul, where Jung would use Self” (Knill et al., 2005, p. 53). Hillman’s (1977) understanding of *soul* is about multiplicity, and also about being polytheistic. In S. K. Levine’s words, “Hillman prefers to let the archetypes show themselves in all their multiplicity. In so doing, he demonstrates the fecundity of the imagination, its multiple and variegated forms” (Knill et al., 2005, p. 53). For Hillman (1977), “images are soul” (p. 81), and in order to approach them one has to become close to them, engage with them, and let them speak in their own voice. This study embraces Hillman’s notion of multiplicity and the value of diversity. Artistic expression, from this perspective, can be considered very apropos to embodied imagination as it reflects, expresses, and makes visible the variety of movements, colors, and textures of the soul.

According to McNiff (1992), “art as medicine stays on course as long as we stick with the image . . . including staying with sounds, gestures, body movements, feelings,

environments, and other aspects of art forms. When we leave the image, we leave the context and the presence of soul” (p. 55). Expressive arts therapy puts imagination in the center of the therapeutic process; imagination becomes the medicine and the healer. In S. K. Levine’s (1992) words, “encouraging the soul to speak in its own way transforms darkness into light, the hidden and concealed into the open, and thus provides insight and release” (p. 96). According to Knill et al. (2005), imagination can be expressed through a variety of modalities including images in sound, color, shape, and action. The intermodal nature of the imagination, as discussed above, is not only evident in the arts but also in dreams. Generally, in dreams, images appear, and the individual does not have active control over them. Compared to dreams, the artistic process triggers maximum human capacity for actively interacting with imagination. Such interaction is characterized by a commitment to the task at hand and working on it through the creative act. Expressive arts therapists work directly with their patients’ imaginal and creative expression. Therapists accompany and support patients in their emotional integration process by using the language of the arts. The therapist guides, suggests, and witnesses the therapeutic process. In contrast to conventional therapies, patients are placed in a working situation and they may be observed at the time they are living a new experience (Knill, 1999).

S. K. Levine (2009) discussed the importance of artistic expression in healing trauma, writing that, “only an artistic approach based on what we might call the ‘traumatic imagination’ is adequate for comprehending the essence of trauma” (p. 18). The individual’s capacity to imagine, speaks directly to his or her life quality. Referring to the importance of stimulating the imagination in trauma treatment, van der Kolk

(2014) wrote, “when people are compulsively and constantly pulled back into the past, to the last time they felt intense involvement and deep emotions, they suffer from a failure of the imagination, a loss of the mental flexibility” (p. 17). The intermodal arts process has something to offer in this regard, presenting new ways of thinking and engaging with life material in a nonlinear way; awakening the imagination and engaging the body in its full dimension.

The field of expressive arts therapy has developed an important concept to consider when discussing the use of the arts for trauma treatment, the notion of the *aesthetic response*, which is originated and felt in the body. Expressive arts therapists Paolo Knill, Helen N. Barba, and Margo Fuchs Knill (1995) stated that the aesthetic response is not an evaluation of beauty, but rather, “it describes characteristic ways of being in the presence of a creative act or work of art—ways that touch soul, evoke imagination, engage emotions and thought” (p. 71). When we are engaged in an artistic encounter, whether as the artist or the observer, we are moved. In this creative encounter, we can begin to identify new feelings, shift our emotions, gain new resources, and find new ways of engaging with our own life material. The practice of the arts in the therapeutic encounter teaches one about presence, cultivating the practice of the here and now in relationship with ourselves, with others, and the world around us.

The goal for any trauma treatment, as explained by van der Kolk (2014), “is not only dealing with the past but, even more, enhancing the quality of day-to-day experience” (p. 73). Fostering creativity in the therapeutic encounter is absolutely central in this regard. According to Marks-Tarlow, Solomon, and Siegel (2018), “a common goal of psychotherapy is a creative one: to assist a client to make new choices and changes

which are adapting and enriching” (p. 155). To be creative is to have the capacity to be flexible, to try new ways of thinking, feeling, and being in this world: experimenting, taking risks, and being open to surprises. The blockages in the creative process can be symptomatic of trauma; they indicate a loss of contact with the vital energy and a loss of balance in the ability to digest and integrate the experience. As discussed extensively by experts in the field of trauma healing, to focus on the traumatic situation often produces more of the same, narrowing the possibilities for change and worsening the situation. This blocked energy is transformed into feelings of stress, anxiety, anger, and frustration. Other symptoms include lack of flexibility, constriction in the ability to explore new resources, and dissatisfaction, among others. In order to effectively transform trauma, we need to stimulate the creative mind, assisting the patient in “moving slowly in the direction of flexibility and spontaneity” (P. A. Levine, 1997, p. 215).

The capacity of art to give voice to the speechless and integrate the experience in a way that awakens vitality and creativity, may give us some insight into why many cultures have been using the arts as a language to address trauma healing (van der Kolk, 2014). The discipline of the arts stimulates creative thinking. I hypothesize that within a therapeutic context, artistic activity can itself be understood as the vehicle that allows the individual to exit the center of the traumatic experience and to see it from different perspectives. Expressive arts therapist Meyer DeMott (2017), sustained that in order to effectively work with traumatic experiences the literal trauma story should not be the focus; furthermore, the therapist should present various art modalities so different perspectives are explored in the presence of a witness, the therapist. In Meyer DeMott’s words (2017),

[The] intermodal transfer helps the survivor to move the story through the senses and gain new perspectives. We go to a new medium together with the witness and begin to use the imagination to create a new “story”, a story which also includes the images of the witness. In this way the art will function as a bridge to the world; it will take the person out of isolation and give them a sense of being seen and touched by other. (pp. 153-154)

Unlike other psychological approaches that focus directly on traumatic memories, *decentering* through the arts offers a unique therapeutic model for healing. The process of decentering introduced by Paolo Knill and Herbert Eberhast (Knill et al., 2005) involves moving away from direct expression of trauma, allowing the patients to exit the helplessness of the situation and the narrow logic of thinking, into an alternative world experience of imaginary space. When stepping into the imaginal space “things are, in their surprising, unpredictable, unexpectedness, still logical and describable” (Knill, 2017, p. 36). By entering a space of imagination and decentering, the exit out of the traumatic situation allows a distancing from personal fate (Knill et al., 2005).

Through the arts we enact our right to create new ways to engage with our past and build our future, broadening the perspectives we have about ourselves and about life itself. As stated by N. Rogers (1993), “the creative process as experienced through the expressive arts is one path to self-discovery, self-esteem, and self-empowerment” (p. 22). In the therapeutic setting, the imaginal becomes the integrative glue and the arts the matter, creating bridges between past, present, and future in the here and now of the artistic enactment.

**Dance Therapy: The Art of the Body in Movement**

As we continue exploring the relationship between somatics and artistic practices in psychological healing, it is relevant to mention the field of dance movement therapy (DMT). Similar to somatic psychology and expressive arts therapy, the field of dance therapy is based on the assumption that a potent connection exists between body and mind, and between embodied expression and psychological health (Levy, 1988, p. 1). The Dance Therapy Association was founded in 1966; however, this field of study began decades before. According to Chodorow (1991), dance therapy began to take shape in the first half of the 20th century, when a number of women who were trained as dancers and performers began to use dance and movement therapeutically in hospitals with psychologically challenged patients. Fran Levy (1988), in her book *Dance Movement Therapy*, stated that Marian Chace, Blanche Evan, Liljan Espenak, Trudi Schoop, Alma Hawkins, and Mary Starks Whitehouse were the pioneers in the field of dance therapy. She wrote that these early innovators “developed a broad spectrum of clinical styles which contemporary dance therapists still use today” (Levy, 1988, p. 17).

In the 1940s, Marian Chace began to experiment with dance as a form of therapy. Although Chace had no formal background in psychotherapy, she intuitively developed a model to work with patients, emphasizing group unity and interaction, which according to Bloom (2006), remains a primary model used in DMT (p. 31). Chace’s work was developed primarily in a mental hospital setting. She worked with patients to help them increase “motility of skeletal musculature and recognition of body parts, breathing patterns and areas of tension” (Halprin, 2003, p. 63). Chace worked mostly with groups

as “the shared experience of vitality and mobility seem to have been the goal” (Bloom, 2006, p. 31).

During that same period of time, Blanche Evan began to develop what she called “creative dance as therapy” (D. Halprin, 2003, p. 63). Her early experience as a dance educator was with children and the mentally ill; however, later in life she expanded her work to what she called the “neurotic urban adult” (Levy, 1988, p. 36). Her work eventually evolved into dance therapy, which used personal expression as a vehicle to reach one’s full potential (Levy, 1988). Evan explained that her functional technique consisted of “corrective exercises designed to retrain muscles to move in relation to nature’s design in a rhythmic expansion and contraction” (as cited in Levy, 1988, p. 39). In other words, Evan was teaching people to find their own natural body rhythm, tempo, and self-expression. She firmly believed that dance was a natural instrument for reunifying mind and body (Levy, 1988).

Liljan Espenak is recognized as one of the most influential dance therapists. Under her direction, the first dance/movement therapy postgraduate program was created in 1960 (Levy, 1988). She developed what she called *psychomotor therapy*. She defined her technique as an “extension of dance therapy through application of diagnostic tools for treatment on the medical model of observation, diagnosis, treatment” (as cited in Levy, 1988, p. 52). Espenak’s approach brought together in a unique way both psychological insights, and more specifically Adlerian psychology, with body/mind theory and therapy (Levy, 1988).

Trudy Schoop, another dance therapy pioneer, is considered to have made a unique contribution to the field. She drew on her training and experience as a mime and

began facilitating movement sessions for psychotic hospital patients. “Schoop believes that who we are is reflected and manifested in our bodies. In addition, what happens in the mind has a concomitant reaction in the mind” (Levy, 1988, p. 75); a key principle that has been explored in this study. Her therapeutic goals included the development of a “unifying interactive relationship between mind and body” (Chodorow, 1991, p. 23) and a way to “free up repressed and conflicting emotions” (Halprin, 2003, p. 65). Schoop used improvisation and performance in her therapeutic practice. Her sense of humor, flexibility, and exploratory style were key in her approach and have contributed to many well-known DMT techniques (Levy, 1988).

In the early 1960s, Mary Starks Whitehouse, dancer and former student of the C. G. Jung Institute in Zürich, brought together the worlds of movement and the imagination and created what she named “movement in depth,” maintaining that the body was the unconscious in the flesh (Chodorow, 1999, p. 282). This body-based form of imagination has evolved into what is known today as Authentic Movement. Authentic Movement can be defined as a practice in which the mover allows the sensing, feeling, and thinking body to guide the dance, there is no agenda nor preconceived movements to follow, just responding to the impulses of the body. Jungian analyst Stromsted (2007), defines Authentic Movement as an “unstructured and highly self-directed” practice that “allows individuals to attend more fully to feelings, body sensations, movement impulses, and images that may be present” (p. 2).

In this form of dance therapy, a “mover” moves in response to internal impulses with the eyes closed. Meanwhile a “witness” observes the mover’s experience and notices his or her own personal responses. Janet Adler (1999) explained, “[in Authentic

Movement the witness] is not ‘looking at’ the person moving, she is witnessing, listening, bringing a specific quality of attention or presence to the experience of the mover” (p. 142). In other words, witnessing is tending to, with empathy, the experience of the other. An exercise in Authentic Movement to develop this witnessing sensitivity and skill consists of working in partners and taking turns playing both roles: the mover and the witness. The mover moves with eyes closed and the witness sits and holds the space for the mover. Both the witness and the mover get in touch with their felt-sense. When the time is up, the mover ends the dance, opens his or her eyes and joins the witness. The mover is the first one to talk and share about his or her experience; the witness then shares what they noticed in the mover and what they experienced when witnessing. Then the roles switch. This exercise frees the witness from any pressure of analyzing or interpreting the movement and trains the witness in developing dual attention towards the mover and his or her own experience. In Stromsted’s (2007) words, “The practice develops a sense of embodied presence, of being ‘at home’ in the body” (p. 1). This holistic method includes the body/mind and aesthetic dimensions.

The pioneers in dance movement therapy hold an important place in the discussion of the relationship between the arts, soma, psyche, and trauma healing. Although the field is somewhat limited by solely engaging the creative expression of dance/movement, its innovations by bringing creative movement therapy interventions into hospitals and many other communities have shown the importance of using creative artistic expressions in trauma treatment and to support a healthy body/mind connection. One body of work that has uniquely bridged the expressive arts field with the dance movement therapy field is the Tamalpa Life/Art Process.

**The Tamalpa Life/Art Process: A Somatic-Artistic Integrative Approach**

Originated by postmodern dancer Anna Halprin, the Tamalpa Life/Art Process (TLAP) approach combines somatic and artistic practices in a unique way, focusing on strengthening the development between the body and the imagination, between life narratives and creative expression (D. Halprin, 2003). According to Daria Halprin (2003), a main contributor in the development of the TLAP, this body of work “holds the embodied experience preeminent as a source of learning and change” (p. 103). A subjacent principle to the TLAP, in the words of its originator Anna Halprin (2000), is that “as life experience deepens, personal art expression expands, and as art expression expands, life experiences deepen” (p. 20). Echoing Carl Jung’s individuation process, the TLAP suggests that healing is a lifelong process of fostering the metaphoric and creative connections in our physical, emotional, and mental body (D. Halprin, 2003).

To understand the nature of the TLAP, it is important to go back to its roots, which are directly connected to the history and work of its originator, pioneer in dance and education, Anna Halprin. Born in 1920, A. Halprin is often called the first postmodern dancer. In alignment with postmodernism, A. Halprin has challenged the divisions between art, healing, performance, politics, and science while aiming to deconstruct the rigid forms of classical dance. What is dance? Who can be called a dancer? Why do we dance? These are some of the lifelong questions that guided and still guide A. Halprin’s work at 98 years old. She broke down and re-defined the modern notions of dance and choreography, and most importantly, the reductive conventions about the body (Ross, 2007). She questioned preconceived style and technique—is dance a mere technique? Is dance defined by style? “We are all dancers,” claimed A. Halprin,

“we just need to find our way back into the body” (personal communication, 2010). From this perspective, dance and the arts belong to everybody. This concept is central to this study, which suggests that art should be regarded as a fundamental human expression.

Starting in the 1950s and 1960s, musicians, painters, poets, dancers, architects, educators, and leading figures in different fields of therapy were drawn to collaborate with A. Halprin, including founder of Gestalt psychology, Fritz Pearls, frontrunner of the Humanistic movement, Carl Rogers, and recognized body-work educator, Moshe Feldenkrais (Tamalpa Institute, n.d.). “We became total artists,” said A. Halprin, “as dancers we were able to speak, sing, tell stories, make sculpture, paint.” (personal communication, 2012). Influenced by these postmodern collaborations, A. Halprin called her work the “Life/Art Process”—an approach based on working with peoples’ own life experiences as the most precious source for artistic expression. A. Halprin’s daughter, Daria Halprin—who since a very young age was immersed in her mother’s work—was inspired to continue to expand this Life/Art movement; her focus of interest was in exploring the interface between art and psychology. D. Halprin brought these influences along when she and Anna Halprin founded Tamalpa Institute in 1978. Since that time, D. Halprin and other collaborators have worked on developing the bridge between somatics, art, and psychology, which informs the TLAP and the Tamalpa training programs to this day (Tamalpa Institute, n.d.).

**A journey towards embodiment.** The TLAP Personal Embodiment program offered at Tamalpa Institute has been a place of deep healing and transformative learning for many people over the past 40 years. Guarded by the majestic Mount Tamalpais in Marin County, California, the Halprins’ studio, Mountain Home Studio, has become a

sacred and restoring realm for many people. The sensory experience is deeply embedded in Mountain Home Studio, which, since the late 1970s has been hosting Tamalpa students from all over the world who come seeking both a personal and professional immersion in the TLAP work. The TLAP Personal Embodiment program is offered in two different formats: The Immersion format, in which students are in session 6 hours a day, 5 days a week, for a period of 3 months; and the Weekend format, in which students are in session 6 hours a day, 3 days a month, for a period of a year. This kind of engagement catalyzes a deep personal and group process to unfold. Diversity reigns in these programs, groups include a broad mix of ages, ranging from 23-65, and student groups, made up of psychologists, body workers, educators, artists, and social workers, among others, come from a variety of cultural and professional backgrounds. A multicultural experience is paramount in the TLAP Personal Embodiment program.

Students in the program are taught to utilize the methods and models of the TLAP, developing resources and techniques that can assist them in their personal healing and learning journey. The body is at the center of the TLAP approach, as is movement, which is considered the mother tongue of the body. In D. Halprin's words (2003), "we view the embodied experience as centered in the body, the container of our entire life experience, and as centered in movement, the expression of our biology, personality, and soul" (p. 103). The way we move reveals the way we feel and our state of mind. The way we move also reveals physical patterns in the body. Whatever lives in the body can be revealed as we express it in movement. The students are guided to access the world of the body—physical sensations, emotions, and images—utilizing a wide range of artistic modalities, including movement, drawing, written and spoken poetry, singing, and

creative writing. A. Halprin (2000) stated, “art and healing are lovers, tied together with a silver thread, and bound irreversibly through time” (p. 159). The methods and practice of the TLAP foster this ancient love, a love that calls for creativity and imagination to enter our lives, a love that moves us to connect and feel, a love that “takes us into the aesthetic realm of the soul, where this transformational process is possible” (D. Halprin, 2003, p. 210).

**A multimodal perspective.** Each day in the program typically includes movement/dance, drawing, and creative writing, or dialogue work. An intermodal arts approach is central to all expressive arts practices and is integral to the TLAP practice. This approach, in the context of the TLAP, is referred to as the *psychokinetic imagery process* (PKIP), a process that facilitates “an active and expressive engagement with sensations, images, and narratives” (D. Halprin, 2003, p. 130). This system explores and strengthens the relationship between body, feeling, and imagination, by shifting between different art mediums. To illustrate the process, we can take a look at this PKIP vignette: students are led into exploring a challenge that is present in their life through movement. Sensations, feelings, and images related to the students’ life challenges are awakened during the movement experience. Students are then guided to find resources in the dance that would support the dialogue with that challenging theme. When the dance is completed, the students are invited to draw, having the opportunity to ground the experience in visual art, and letting the imagination take the lead. Through the visual art created, a new image, a new perspective has arrived. The students are now able to take another look, deepening and broadening the relationship to the life narrative that was first identified in the dance. Instead of talking about it or explaining the meaning of the

drawing, the students are then encouraged to write poetry, as inspired by the drawing. Reflection comes at the end: What challenges and resources have I encountered? What did I discover that is familiar or new? How is this related to my life? These are some of the questions that help the students to make the bridge between artistic exploration and their life experience (author's personal notes, 2015).

Different from Knill's (Knill et al., 2005) decentering method described in the previous section, in which the client is encouraged to move completely away from the problem and enter into the realm of the imagination to see what emerges; in this PKIP vignette, we can see an example of how to approach a theme through the lens of the body and the imagination; an alternative creative path when working with autobiographical material.

The PKIP can be understood as a process that facilitates the creation of portals into new levels of meaning and connection with one's own life material. In utilizing this process, an intuitive, imaginal, and emotional way of knowing is cultivated, and within that the human gift of spontaneity and flexibility is recovered, abilities that become gravely compromised in the face of trauma. We can hypothesize that by stimulating the individual's capacity to think creatively, in a way that fosters connection with the physical and emotional body, we can begin to generate the internal movement needed to awaken and re-vitalize that which has been shut down or debilitated due to unresolved trauma. In addition, we can think of the PKIP approach as empowering individuals as they become active agents of their change process, an important aspect for trauma recovery. As van der Kolk (2014) reminded us, the key to healing is "to reestablish ownership of your body and your mind—of yourself" (p. 205).

**Moving towards change.** Another important TLAP map utilized in the Personal Embodiment program, that goes hand-in-hand with the concept of self-empowerment, is the *five-part process*. This map, developed by D. Halprin, aims to facilitate the therapeutic exploration of life themes in order to generate resources for insight, change, and transformation, and to help individuals to facilitate and track their own internal experience as it is expressed externally in the world (D. Halprin, 2003). The five phases are “*identification, confrontation, release, change, and growth*” (D. Halprin, 2003, p. 122). Each phase of the five-part process overlaps at some point in a creative exploration. The phase of *identification* is related to making the first connections, focusing, and establishing a reference point around which the creative exploration will take place. In the context of the program, students may begin with a drawing or a movement, whereupon a theme or an issue may become identified. *Confront* is the next phase and can be understood as the act of encountering and exploring the material that was identified. The confrontation can be explored through another art medium, such as spoken poetry or dance. *Release* may take the form of emotional expression, “or any kind of letting go, or a shift in imagery, movement, or the ‘story’ being told” (D. Halprin, 2003, p. 125). As the students release on a physical and emotional level, they may also experience a release on a mental level, as thoughts and images begin to change (D. Halprin, 2003, p. 126). The phase of *change* refers to the process of discovering something new; in D. Halprin’s (2003) words, “an old impulse has been expressed and released and a new impulse has emerged” (p. 126), both literally and metaphorically. *Growth* then can take place. Growth is related to the capacity to apply and integrate the insights generated during the artistic exploration into everyday life.

In relationship to trauma healing, I theorize that this map can be an important resource, both for therapists and for patients, helping them to move through the repetitive and debilitating cycle of trauma, creating the necessary impulse to move towards change, and giving specific resources so that changes can be registered and sustained over time.

D. Halprin (2003) explained that it is essential that “new changes be explored and enacted in movement,” and not merely verbalized or analyzed:

The nervous system is given a direct message to encourage the whole body in the expression of the new state. The muscular and anatomical structure as well as the psyche and imagination need to be realigned around this positive new imprint. (p. 127)

Moreover, having a piece of art, such as a drawing, song, or poem that represents this change is also key, as it gives the individual the symbolic and tangible piece that speaks to that changing process.

**Tuning in. Tuning up.** A primary principle in the TLAP is that in order to cultivate embodied creativity, all levels of experience and expression should be integrated. When all the levels of awareness are present in the process of creative expression, “we feel authentic, vibrant, and present” (D. Halprin, 2003, p. 110). The *three levels of awareness and response* map is based on the different ways that individuals relate to their experience and are able to express it; the three levels are “the physical, the emotional, and the mental” (D. Halprin, 2003, p. xx). Students are trained to identify the origin and nature of their experiences and responses—is it a physical sensation? Is it a thought or an image, a memory or an association? Is it an emotion? Learning to identify the nature of their experiences helps the students to feel empowered and establishes a

foundation from which they can explore their emotional, mental, and physical world in depth. “Different people have different degrees of sensitivity and range, and often favor one level over another; some favor the physical level, while others are more attuned to feelings, and still others are able to call upon very active imaginations,” affirmed D. Halprin (2003, p. 108). During the course of the program, the goal is that the students begin to expand awareness and range on all three levels, and can start to connect and recognize the nature of their experiences and responses. Furthermore, students are also facilitated through the process of expressing and communicating their feelings, physical sensations, and images through the language of the expressive arts and nonviolent communication.

A central focus in trauma healing, as explained by Ogden et al. (2006), is to stimulate the patients’ learning so they can “become a careful observer of the ebb and flow of internal experience, mindfully noticing whatever thoughts, feelings, body sensations, and impulses emerge” (p. xxv). Teaching individuals to mindfully track the origin of their experiences becomes a first step in recovering the capacity to understand the intrinsic relationship between physical sensations, emotions, and thoughts. In trauma recovery, increasing awareness on all levels of experience and perception seems key, as it has the potential to stimulate not only deep awareness but also to awaken those parts that were frozen or shut down, restoring the balance between the parts, and increasing the window of tolerance. Another aspect that may be of great benefit in trauma healing is the communicational aspect of this model. The language of the arts can hold and give expression to feelings, physical sensations, images, and thoughts in a way that solely using logical thinking cannot provide. As van der Kolk (2014) reminded us,

“communicating fully is the opposite of being traumatized” (p. 237). In treatment, patients can be led to use self-touch to identify an area where the emotional feeling is felt most, or asked to make a gesture or a movement to illustrate a physical sensation, or encouraged to focus on bringing breath into a body part that is creating anxiety—all these techniques are of great value in therapy. However, bringing the vitality of the artistic expression into therapy calls for something else—embodiment—the sense of full integration and expression of the corporeal, emotional, and mental self.

**Embodying self.** The TLAP Personal Embodiment program curriculum is organized around D. Halprin’s *body part mythology* method. Based on the principle that our life experiences live and express in the body, the *body part mythology* supports the development of body awareness, teaching students to listen to and explore the stories, feelings, movement expression, and images that live in each body part. For example, the movement repertoire of the ribcage includes expansion and contraction, open and close, rise and fall. The physical explorations of those movements get the students in touch with a variety of feelings and stories related to the ribcage’s themes. The facilitator can pose coaching questions to explore in movement: What is expanding, opening, or rising in my life right now? What is contracting, closing, or falling in my life right now? While continuing to move in response to the questions and developing the dance of the ribcage through the dance principles of force, time, space, and gravity, the sensations, emotions, images, stories, and memories evoked by the movement experience lead the students to shape their own personal dance, allowing them to embody and express what is present in the life of the body (author’s personal notes, 2015).

For D. Halprin (2003), the relationship between “the anatomical and psychological functions of each body part and its corresponding metaphorical themes” allows the body parts to be approached as “archetypal of human experiences” (p. 145). Interested in listening to the stories that are deeply contained in the body, D. Halprin (2003) asked the question, “If your body could speak what would it say?” (p. 134). This question is an invitation to explore and listen to those stories that are alive in the life of the body, letting it speak in its own voice through movement/dance and other artistic expressions. The relationship between the anatomical and physiological function of each body part and its corresponding metaphorical themes are explored during the program, laying out a map to identify and work with the personal and collective body narratives that constellate what D. Halprin (2003) refers to as “personal mythology” (p. 178).

Each week of the training focuses on a different body part or body part series: head, spine, shoulders/arms/hands, legs/feet, ribcage, pelvis, and abdomen. Different body parts offer unique ways for the mind to enter the body; each one performs a specific movement repertoire, bringing forward feelings, images, memories, and associations intrinsically related to the person’s life story. D. Halprin (2003) explained that when people open their awareness to the body, by exploring a body posture or body part, deep memories are awakened. “Focusing on body parts as metaphors for aspects of life narrative brings the person to the most compelling stories, some never before told or fully encountered” (D. Halprin, 2003, p. 178). As stated by Keleman (1999), “the body is the source of its own images. It fabricates them, like a clothes manufacturer” (p. 37). At the same time, emotions, thoughts, and memories are continuously molding our expressive body. From a Jungian perspective, we can say that the archetypal material is alive in the

here and now of the body. To quote Campbell, “Our mind makes myths not from its own rational programs, but in response to suggestions from the body as to what is needed” (as cited in Keleman, 1999, p. 36). We can hypothesize that when change occurs in the physical body, new connections and possibilities occur in the thinking and the emotional body—a wake-up call is sent to those myths imprinted in each bone and body part, inviting them to join the dance of our lives.

The body part mythology process culminates with the creation and exploration of a life-sized self-portrait, as a way to “reintegrate the body as a unity” (D. Halprin, 2003, p. 146). It is through that in-depth exploration in relationship with each body part that new perspectives are experienced, “discover[ing] what is creating disintegration or conflict, as well as what kinds of creative dialogues can happen within each body part” (D. Halprin, 2003, p. 147). As the individual’s awareness and connection with each body part and the relationship between them deepens, “certain parts can be strengthened, the dominance of others can be weakened or dissolve, and new, healthy parts can be developed” (D. Halprin, 2003, p. 54). I postulate that creating healthier relationships with those wounded parts of self can be the path towards trauma recovery. When individuals are able to contain and hold those challenging parts without feeling debilitated, threatened, or charged, the capacity to experience joy becomes a possibility, and with that arises the opportunity to create a different relationship with the past. As Rothschild (2017) explained, “we can change the effect the past continues to have on ourselves and our clients now and in the future. That is really the aim of both trauma recovery and trauma memory resolution” (p. 24).

**Dance: An integrator by nature.** As we continue unpacking some of the main principles and methods of the TLAP practice as taught in the training program, it is crucial to understand the way dance is regarded in the context of this practice. As a movement-based expressive arts practice, dance is the main artistic expression upon which the program focuses. The TLAP approach to dance highlights the feedback process between feelings, images, and sensations that naturally takes place in a movement experience. Instead of teaching a particular dance technique, the TLAP teaches individuals to understand the way their bodies naturally move, empowering and encouraging students to find their unique style in dance. “Dance has a highly integrative nature” (p. 17), claimed A. Halprin (2000). Dance, understood as a craft of movement through the instrument of the body, brings eloquence to the mind’s discourse and it becomes the most precious vehicle for embodiment.

An original movement practice called *Movement Ritual* is taught in the TLAP Personal Embodiment program. Developed by A. Halprin, Movement Ritual is a structured sequence of movements that increases awareness of the body and its movement; it supports the development of new understandings about the natural way that the body functions, helping to overcome unhealthy patterns and promote creative expression. Movement Ritual is meant to be performed slowly and with ease, in order to increase awareness. The atmosphere is created with soft music or silence, allowing the sound of breath and body to become the melody accompanying the inner journey. Closing the eyes allows the person to travel inward, focusing on the sensations, images, and feelings that arise while performing the dance. The movements are simple though pivotal for developing an understanding of the very fundamental mechanism of our

bodies. The whole movement series is organized around the spinal column. As A. Halprin (1995) wrote,

Along the spine are the essential systems of the body including the nervous system, the digestive apparatus, the circulatory, respiratory, urinary, and reproductive systems. Through the spinal column we are able to integrate the whole body; imagine the axial skeleton is the spine with the head, ribs, and sternum, the pelvis, arms, and legs all being outgrowths. (p. 37)

The key movement in the sequence is the spiral rotation of the spine. This movement, in A. Halprin's words, "integrates the whole body from the fingertips, traveling along the arm, chest, thorax, pelvis, and leg, all the way to the toes. The spirals in the body go in and out into space, accentuating and integrating polarities in the body" (A. Halprin, personal communication, 2010).

Recovering the capacity to fully sense the body is at the foundation of trauma healing. Authors such as P. A. Levine (1997), Ogden et al. (2006), van der Kolk (2014), and Rothschild (2000, 2017) have written about the importance of utilizing mindfulness, breathing techniques, touch, and movement interventions, including yoga and Tai Chi Chuan, in trauma treatment, with the understanding that in order for individuals to feel secure and *at home*, they need to first find their way back into their bodies. Movement Ritual has something to offer in this regard, as it not only assists in reestablishing sensory connection with the body, but also allows individuals to identify and to change those patterns in the body that are creating stress, rigidity, and disconnection. What is unique about this movement practice is that it teaches individuals to understand the mechanics of their own bodies, so that they can find full expression in movement. "We are not looking

for a particular form or posture,” explained A. Halprin, “but that individuals learn about the way their own body could naturally move” (personal communication, 2010).

Learning the principles of movement empowers individuals to actively make those physical changes that are needed to break free from old patterns and physical blocks, and which are preventing a fuller range of movement and expression. When people feel freer in their movement, a sense of joy and connection is experienced, which, as discussed previously, has a direct impact in our thinking and emotional processes.

After the fine-tuning of the body through Movement Ritual, students in the training program are encouraged to step into a personal dance led by the intelligence of their bodies, which, after going through Movement Ritual, is awakened and more liberated from fixed patterns. The somatic foundation of Movement Ritual enables individuals to engage in creative dance explorations that deconstruct movement patterns and expand the movement repertoire by exploring the elements and principles of space and time, rhythm and force, inertia and momentum, body-part articulation, range-of-motion, and gesture, as it applies to creative expression in movement—while articulating the physical, imaginal, and emotional voices emerging in the dance (A. Halprin, 1995).

What phenomenon takes over in dance? Certainly, the intelligence of the body is activated. Dance, in comparison to other art forms, “seems particularly important because it can engage all of the other art mediums: drawing, writing, music, and drama” (A. Halprin, 2000, p. 17). Dancers take the body with them. Different from other art forms, the dancer’s body can become the canvas, the brush, and the paint. The way of the dance can also be compared to the way of rhetoric: circular, spiraling, repetitious, wandering, and metaphoric. “A certain way of moving calls forth a certain kinetic world and a certain

kinetic world calls forth a certain way of moving” (Sheets-Johnstone, 2009, p. 34).

Dance, from this perspective, is not about being in control of the body, nor abandoning oneself to the bodily impulses. Rather, dance offers the individual the opportunity to cultivate a deep listening to the different parts of the body, to sense them deeply. Dance brings something unique to the play, as it calls for an embodied relationship with the images, feelings, and stories emerging in the movement experience. This way, insights are embodied, rather than analyzed, interpreted, or explained.

**Building relationships: A life/art dance.** Dance can also be considered as a process of building relationships between oneself and others. When we dance, we are engaged with our physical body, images, memories, and emotions. When we dance with somebody else, we create an intimate exchange that moves us. We long to be seen with empathy and acceptance; we fear being seen with a judgmental, invalidating, and critical eye. Tending to the group body by cultivating empathy among group members is a vital aspect of the TLAP training. Empathic witnessing sets not only the stage but creates the proper psychic climate for the healing, transformation, and change processes to unfold.

In the case of trauma, “not being seen, not being mirrored, and not being taken into account [is a well-known experience]. Treatment needs to reactivate the capacity to safely mirror, and be mirrored, by others” (van der Kolk, 2014, p. 59). An activity in the program that exemplifies the practice and cultivation of sensitive and skillful witnessing, consists of working in partners that take turns in playing two roles: the dancer and the witness. Witnesses hold their partner’s drawing. Those playing the role of dancer begin to respond to their own drawing in movement, imagining that the drawing can come off the page and become a dance through their moving body. Colors and textures suggest a

certain rhythm, tone, and force. Specific symbols in the drawing take shape in the dancer's body. When the movement section is complete, the dancers join the witnesses to share and process the experience. Then the roles switch.

The dance between the witness and the mover is indeed complex, beautiful, and transformative. This encounter requires that the witness also practices self-witnessing, for “the inner reality of the witness appears to be as vast, as complex, and as essential to the process as the inner world of the mover” (Adler, 1999, p. 142). As such, the witness must develop a keen sense of attunement, and safe, empathic engagement with the mover. The following mirroring activity, also used in the training program, illustrates the development of kinesthetic empathy and attunement. There is a partnership: the mover and the moving-witness. While the mover dances, the mover-witness moves, simultaneously mirroring the movements of the mover. At the same time, a third person is just witnessing, holding the space for both movers. This exercise develops the sensitivity of getting under the mover's skin; it invites both witnesses to pay attention, not only to the shapes created with the body or the direction of the movement, but also to notice the breathing patterns, the muscle tone, the element of time, and the use of space. Over time, both the “active” witness (mover-witness) and the “passive” witness internalize this mirroring exercise by tracking and using micro movements and kinetic imagining, deeply embodying the empathic attunement with the mover.

Many traumatized people, as van der Kolk explained (2014), “find themselves chronically out of sync with the people around them” (p. 81), leading to an isolated life. The ultimate goal of every healing practice, as beautifully put by Tick (2001), is “to restore friendship in every level—between competing elements in our bodies, between

body and soul, patient and attendant, individual and community, individual and cosmos, and, ultimately, each individual and the god” (p. 255). With friendship comes trust, empathy, and compassion, intrinsic elements to the healing alchemical operation. Based on this principle, students in the program also learn specific communication skills for conflict resolution and specific approaches for giving noncritical and nonanalytical feedback, which supports and nurtures the group and the creation of community. Group dynamics reflect the nature of the students’ interpersonal relationships, family stories, and cultural issues. By addressing and working actively through these dynamics, students have the possibility to change and transform unhealthy patterns of relationship. The environment of the group becomes the place in which individual and group change and transformation takes place, teaching students the value of differences and diversity within a supportive setting.

We are social creatures; we live and thrive in relationship. When we lose our capacity to connect with others, and isolation takes over our lives, we lose a sense of meaning and direction—we get lost. “Recovery from trauma involves (re)connecting with our fellow human beings” (van der Kolk, 2014, p. 212). In other words, healing from trauma involves having the certainty that we are being seen, heard, loved, and held by others; knowing that we have a place in the community. Restoring connections is at the center of the TLAP Personal Embodiment program: connection with self, connection with others, as well as connection with the natural world. Turning our attention towards and acknowledging our being as intrinsic to nature is to realize that we are part of something larger and generates a sense of belonging.

**Returning home.** “Wildness is a genetic state” (Shepard, 1998, p. 131). The dance of the cells, the constant pumping of our hearts, our lungs breathing, and blood flowing are all echoes of the forces of nature. We are nature and our bodies are mirrors of our genetic wilderness. No matter how hard we try to deny our nature, our genes are alive and pulsing within us. Our instinctual body, emotions, and even our thoughts are wild. As Shepard (1998) declared, “the savaged mind is ours!” (p. 143). The human psyche knows this and is constantly making “unremitting demands for physical and spiritual (or symbolic) otherness” (Shepard, 1998, p. 172). Luckily, the body keeps holding the map for the land of otherness and remembers the way back home.

The TLAP regards the human body as an extension of the body of the earth. We can look at our own individual bodies as a microcosm of a larger body—“the wind is breath, the ground our support, the river like our veins carrying our blood” (A. Halprin, personal communication, 2012). There is an intrinsic connection between what we experience in our bodies and what happens in nature, indeed, “we are fleshy mirrors of one another” (Fisher, 2002, p. 141). Life, death, destruction, and transformation are natural processes that speak of such extraordinary communion. In trauma healing, reconnecting with nature can be a valuable resource, as P. A. Levine (1997) explained, “we must pay attention to our animal nature to find existing strategies needed to release us from trauma’s debilitating effects” (p. 98). The TLAP suggests that as we tune into cycles and rhythms of nature, we begin to expand the awareness of our own natural body cycles and rhythms (D. Halprin, 2003). The body, from this perspective, becomes the instrument to affirm our human nature and our connection to the living world. Such deep listening can only be felt through a micro-somatic sensitivity and through the magnifying

lens of the imagination, which infuses our life with meaning and brings back the aesthetic qualities of the living body.

**Integrating.** The TLAP Personal Embodiment program, as demonstrated in this section, offers a diversity of somatic and expressive arts methods that take into account the totality of the human being as an interrelated system; that is, the dimension of self (physical, emotional, mental, and spiritual), the dimension of relationships (others and community), and the dimension of psyche (arts, imagination, and nature). The original combination of the TLAP methods used within the supportive setting of the group, the immersive aspect of the training, and the natural environment where the experience takes place, all together create a unique healing scenario. The deep change and transformation I have witnessed in myself and in students of the TLAP Personal Embodiment program, in particular those with trauma histories, has been extraordinary and has led me to a serious inquiry into the potential benefits that somatic-artistic integrative programs can have in the healing of trauma. Through the use of various somatic, artistic, and depth psychological methods, individuals can be supported on their journeys of healing after trauma; reconnecting with their capacity to sense, feel, and imagine, infusing their lives with creativity, and increasing their body awareness and expression. These maps, I posit, can help trauma survivors recover from dissociation and move towards reconnection with themselves and others.

### Chapter 3

#### Research Method

##### Research Approach

This research addresses the following question: How do individuals who have experienced trauma respond to somatic-artistic therapeutic approaches? Trauma, as defined in previous chapters, is understood as a psychobiological phenomenon that affects our lives on all levels: physical, emotional, and mental. The literature review includes a historical understanding of depth psychology's approach to trauma and dissociation, beginning with Charcot's (1835-1893, Ellenberger, 1970, p. 88) and Freud's (1985/2012) work on hysteria, particularly highlighting Freud's early approaches in psychoanalysis, which recognized the intrinsic relationship between body and the mind. As the literature review demonstrates, the theory of psychoanalysis lies at the foundation of all psychotherapeutic approaches to trauma. Recent research and developments in neuroscience bring scientific evidence to a hymn that philosophers, artists, and depth psychologists have been singing for ages: the unconscious is real. Psychotherapists are now benefitting from the enormous empirical advances in neuroscience, re-confirming what our first ancestors took for granted—we are one; “the distinction between mental, and physical is merely an artifact of one's observational perspective” (Solms, 2002, Chapter 2, Section 8, para. 3). Transcending the scientific schema and grounded in a Jungian depth psychological perspective, the literature review explores the multidimensional nature of human experience, including the world of the body, soul/imagination, and the aesthetic dimensions of life, proposing an approach to healing that takes into account the totality of the human being as an interrelated system.

Current somatic-based trauma theories and therapeutic approaches are presented in the literature, suggesting that utilizing body-based interventions in psychotherapeutic treatments are key for healing trauma (P. A. Levine, 1997; Ogden, et al., 2006; Rothschild, 2000; van der Kolk, 2014). Some of the most cutting-edge research in the field, such as recent findings on attachment theory and kinesthetic empathy, are included, demonstrating the value of the preverbal and relational aspect in healing trauma (La Barre, 2005; Pallaro, 2007; Schore, 2012; van der Kolk, 2014). Current researchers are looking at the treatment of trauma; they emphasize approaches that facilitate body awareness to help patients access deeper layers of self. Such approaches give direct access to early developmental patterns, as well as to preverbal material that can support the integration of forgotten traumatic memories (P. A. Levine, 1997; Ogden, et al., 2006; Rothschild, 2000). The notion of healing as an embodied phenomenon is an essential principle in this study. As such, this study further postulates that in addition to utilizing somatic awareness, trauma therapy can also benefit from integrating approaches that assist patients to identify and change unhealthy patterns in their body, as well as to develop the imaginal and aesthetic qualities of body/mind.

The expressive arts therapy field is explored in the literature review, providing an innovative perspective on the role that the arts can play in trauma healing. It is proposed that artistic expression brings forward the imagination in a way that includes the sensing and emotional body and stimulates creative thinking. Artistic expression, from this perspective, is considered a key resource in trauma healing (D. Halprin, 2003; Knill et al., 2005; Levine & Levine, 1999, S. K. Levine, 2009). It is suggested that through the arts, patients can access alternative language to voice their suffering, moving beyond the

ordinary and fixated patterns of trauma, as they gain new perspectives through the lenses of the expressive arts.

In the spirit of integration, this study goes a step further, seeking out creative and embodied treatment models that include both of the suggested approaches: body-based psychotherapy and expressive arts. I ask the question: What roles can both the arts and somatic practices play in trauma healing? In search for such a model, the TLAP, and more specifically, the Personal Embodiment program model taught at Tamalpa Institute, is presented and reviewed in great detail. The TLAP approach, as taught and explored in the program, offers a varied and unique combination of somatic and expressive arts methods that stimulate creativity. It offers resources for participants to develop a deep body connection and to increase awareness on all levels: mental, physical, and emotional (A. Halprin, 2000; D. Halprin, 2003). The TLAP, as the literature review demonstrates, cultivates an imaginal and embodied way of being in relationship with self, others, and the living world; transcending the paradigm in which Western culture has been immersed and opening up to a worldview that is larger, more embracing of others, nature, and the aesthetic qualities of life.

As shown in the literature review, there are some scholars and studies that explore the roles of the body and the arts in trauma and trauma healing. However, there is a dearth of research analyzing the outcomes of body-based and arts-based approaches, including the TLAP approach, in the treatment of trauma. This study delved into this research area, shedding light on the impact of depth somatic-artistic approaches to support individuals who have experienced trauma.

As a researcher, I am interested in expanding the capacity to see, hear, and

understand phenomena from an embodied stance. As Todres (2007) pointed out, researching from an embodied perspective “is far more holistic than theoretical understanding. It includes bodily sensations, sharing of images, and emotional receptivity to the phenomena encountered” (p. 99). Qualitative phenomenological is the method that has been used in this study, as it values multi-modal means of data gathering and analysis. For this research, qualitative interviews of participants’ lived experience of the TLAP Personal Embodiment program have been documented and analyzed using qualitative, phenomenological methodology, and then synthesized using a depth-somatic psychological perspective.

### **Method**

In the historical development of Western culture, body and mind have been divorced. Modernity’s paradigm proposed logical-rational thought as superior to, or truer than, sensory or experiential knowledge. Psychology, following the golden rules of rationalism and positivism, and in an attempt to build its reputation in the field of science, joined the choir of biology and physics, and became the bastard child of medicine. In other words, by becoming more scientific, psychology also became negligent to tending psyche. As a researcher in the field of depth psychology, I wonder, how can we measure that which is subtle? How can we count feelings or evaluate intuition and imagination? It seems that the only answer to such inquiry is to sacrifice the soul, objectify the body, and turn nature into a constant or unchangeable reality. As a result of this reductive equation, a dangerous fiction can be created—the illusion of a soul-less body, a predictable and controlled body that fits perfectly in the scientist’s lab. Modern psychology emulated the medical model that diagnoses and treats illness, offering methods to tap into the

quantitative aspects of human experience and reducing or even ignoring other important aspects such as the sensing, imaginal, and intuitive body. Considered from a scientific perspective as not providing reliable data, the living body was excluded as a source of accountable knowledge. Times have changed and positivism is no longer an unquestionable truth; in the light of phenomenology, psychological inquiry has found a way to reclaim the long neglected philosophical roots of psychology.

Research within the humanistic disciplines requires an approach that addresses not only the objective and quantitative realities but also the individual's lived experience. Originally established as a school of thought by Husserl in the early 20<sup>th</sup> century, phenomenology introduced a completely different way of thinking that collapsed modernity's distinction between body/mind and questioned the inherited positive vision of the world. According to Coppin and Nelson (2005), it was this particular psychological trend in philosophy that contributed enormously to the rise of taking into account the soul dimension in psychological inquiry. A phenomenological perspective calls "for a return of the faithful, rich, and complex descriptions of lived experience" (Coppin & Nelson, 2005, p. 33). This study utilized a somatic-artistic depth psychological approach and a qualitative phenomenological method, both of which value the participants' lived experience, and as such highlights the intrinsic relationship between mind and body, the aesthetic dimensions of human experience, as well as the depths of psychological inquiry.

Phenomenology, and especially the work of Merleau-Ponty (1962/2012), brought the body back to the heart of psychological inquiry. In contrast to a mechanistic position, he introduced the concept of the *lived body*, denoting the body we are versus

the body we have. Merleau-Ponty's integrative and dynamic notion of body implies that we are embodied beings; he recognized that the body, far from being a mechanical or predictable entity, is the very foundation of who we are as human beings. For Merleau-Ponty, as described in *Phenomenology of Perception* (1962/2012), the subject is a body, therefore we can never experience things separately from the body. Through our bodies we feel, we think, and we sense. In our bodies we experience this world. According to Romanyshyn (2007), phenomenology is more than a philosophy, it is an actual way of thinking and being, which "consists in re-learning to look at the world" (p. 88). The place of the body in qualitative research becomes the foundation for awareness and, therefore, a source of accurate qualitative research. We cannot separate our sensations and feelings from our thoughts. Moreover, it is that capacity of embodied understanding that allows us as researchers to comprehend at a deeper level what is going on, it is our door to the root of the surfacing event or subject of study.

Far from being a linear activity, phenomenological inquiry is an intricate way of experiencing and being in relationship with others and the world around us. "Inquiry is more than asking questions" (Coppin & Nelson, 2005, p. 11). Rather, the mind, the imagination, and the senses all come into play and are actively involved. The human act of inquiring can be understood as "a relational art in which researchers and the object of their interest influence one another" (Coppin & Nelson, 2005, p. 15). Integrating the body in such a process allows us to access deeper layers of experience, catalyzing a reflective process that opens up and brings to the surface different sources of knowledge and ideas, which may not be accessed through strictly rational thinking.

When researchers embody a phenomenological attitude, they become present to the phenomena encountered. This attitude allows the researcher to be affected. “Such participation is far more holistic than theoretical understanding. It includes bodily sensations, sharing of images, and emotional receptivity to the phenomena encountered” (Todres, 2007, p. 99). The phenomenological method is sensitive to the psychological value of metaphorical and embodied dimensions of experience. It seeks out the essential and embodied meaning hidden in the unconscious poetry of people’s bodies, a poetry that moves us, a poetry that reveals the aesthetics of the world. The phenomenological process, as explained by Todres (2007), “facilitates openness to multiple profiles of existence” (p. 100). Qualitative research, from this perspective, provides an analytic methodology that can discover the essences and structures of the experience (Creswell, 1998). As Todres (2007) pointed out, “the qualitative researcher . . . is a mediator and facilitator who carries forward understandings distilled from informants’ accounts into a shared world” (p. 28), helping us to understand the living world and psychological experience of the individuals. For this reason, qualitative research was the appropriate method for this study, which aimed to delve into the lived experience of individuals with histories of trauma who have been exposed to somatic-artistic therapeutic processes.

Phenomenology has developed a rigorous method to research the psychological essence of lived experience. This helps to anchor the present research in a comprehensible method that is well established and can meet the standards of scientific practice. (Giorgi, 2009). For the purpose of this study, graduates from the TLAP Personal Embodiment program were interviewed utilizing interview questions combined with the TLAP psychokinetic imaginary process. These techniques are described in detail in the

research procedures section. The interviews have been audiotaped, transcribed, and documented. The raw data has been analyzed to harvest the individuals' lived experience of the TLAP Personal Embodiment program. Following Amedeo Giorgi's (2009) descriptive phenomenological methodology approach, the study details the content and structure of their experience in the program and describes the essences and essential meanings of the individuals' subjective experience of this somatic-artistic therapeutic approach.

### **Participants**

Phenomenologists are interested in understanding an individual's perceptions, feelings, thinking process, perspectives, and what they give meaning to in the world. The central question that we ask from the voice of the phenomenologist is: what is my, your, and our lived experience? It is a question that puts human experience at the heart of the research. As researcher and writer, J. Amos Hatch (2002) explained that "participants are the ultimate gatekeeper. They determine whether and to what extent the researcher will have access to the information desired" (p. 51). The individual's lived experiences were central to this research, and for that reason, participants in this study are considered co-researchers.

The study included five participants who have experienced some form of trauma and who have graduated from the TLAP Personal Embodiment program. I selected the research participants based on accessibility, qualification, and interest in being part of this study. A main criterion was that they have successfully completed the program and that they have an established therapeutic network. All current students in the TLAP Personal Embodiment program, as well as those graduates who have been my students in the

program, or have been or are currently clients of mine, were excluded.

**Informed consent procedures.** Once the list of potential participants was approved, the Tamalpa Institute's program coordinator sent an invitation letter to all identified candidates. The invitation letter covered the purpose of the research, the main features of design and duration, prospective benefits and possible discomforts of participating, and a brief review of the issues of confidentiality and informed consent. Recipients of the invitation were asked to contact the researcher by email or phone to indicate their interest in participating in the study. A copy of the invitation letter is included as Appendix A.

A 15-minute initial screening interview took place to identify potential participants from the larger pool of interested candidates. The purpose of the initial screening interview was to determine if candidates met the criteria to participate in the study. Initial criteria included the following: (a) having successfully completed the Personal Embodiment program, (b) having an established therapeutic network, which would ensure that participants had therapeutic resources available in case they felt distress with the interview process, and (c) having the ability to articulate the experience in depth and describe its impact. A copy of the questions for the initial screening interview is included as Appendix B.

Five participants were selected based on these criteria. In addition, I identified a pool of stand-by participants in the event that any of the five participants were unable to complete the interview process. Candidates identified as stand-by participants had the opportunity to accept or decline, in writing, the offer to remain as part of the study in this capacity.

Once I selected five participants and a list of stand-by participants, I held a half an hour follow up phone conversation with each participant. Participants were given the opportunity to ask questions and raise any concerns about the study and the nature of their participation. This second dialogue also covered the basics of informed consent, the timeframe for participation in the study, and dates for the interviews. Interviews took place privately in my office in Berkeley, California.

Before the first interview began, written instructions were provided by email, consent forms were signed and if requested, copies were provided to the participants. The consent forms described the overall intention of the study, the main features of the design, the approximate duration of the interview process, the limits of confidentiality, and the participants' right to withdraw from the study at any time. Participants were asked to give the researcher the right to audio record the interviews and publish the data in a dissertation and other publications. In addition, the consent form specified how to reach me. A copy of the Informed Consent Form is included as Appendix C.

All efforts were taken to ensure the participants' confidentiality. The identification of the research participants was safeguarded using pseudonyms. In all written, oral, or published presentations of the results, all efforts have been made to conceal any identifying information regarding participants or any individual or group they may mention, such as their program's teachers or cohort.

Participants were offered an opportunity to review the interviews in order to make additions or changes to the transcript. In addition, participants had the right to withdraw from participation at any time, prior to the defense of my dissertation.

**Risks.** Due to the nature of the interview questions and the topics covered, certain

risk factors, as well as psychological and physical discomfort could have arisen. The nature of the in-depth interview questions and the inclusion of movement/dance and the expressive arts can activate painful memories and psychological responses, which participants may find distressing, embarrassing, or unmanageable. In addition, participants were physically active during the interview. Although rare, physical discomfort and pain could occur during or after the interview. As the researcher, I remained aware of this possibility and was prepared with interventions to orient and ground the participants and be ready to provide a referral for medical attention if deemed necessary. If, following the interviews, I noticed that participants became distressed or triggered, I was ready to request that they seek support in their established network as a condition of their continued participation.

There was also a risk that a participant may feel uncomfortable and wish to withdraw from the study, and yet feel pressure to continue. Hence, throughout the study it was important to reassure participants that their safety and sense of wellbeing were a primary concern. In addition, the research proposal was reviewed and approved by the IRB at Pacifica Graduate Institute, and the American Psychological Association ethics criteria and standards were followed and adhered to.

**Safeguards.** The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (as cited in Seidman, 2006) proposed three basic ethical principles to apply in studies involving human participants:

1. Respect for Persons: Respect for individuals' autonomy and the need to protect those whose human condition results in reduced autonomy.
2. Beneficence: The Hippocratic imperative to do no harm, and the stricture to

maximize benefits and minimize risk when considering research with humans.

3. Justice: Research must involve the equitable selection of participants and must be fair to all who participate. Once a positive benefit is discovered, it must be extended to all involved in the research, in contrast to the Tuskegee research. (p. 58)

The design of the present study took these principles into account as it ensured that all participants received proper attention for their therapeutic needs during and after the interview if needed. In line with the American Psychological Association's ethical standards for research participants, I asked the research participants to read and sign an informed consent form before they were interviewed. The consent form specified how participants could contact me, the overall purpose of the research, the main features of the design, the expected duration of the interview process, the limits of confidentiality, and the participants' right to refuse to answer any question and their right to withdraw from the study at any time. All data collected was stored in password-protected software on the computer. Each participant was assigned a number and that number was used on any notes or other documents related to that participant to further protect his or her identity.

**Benefits.** In my research, I have found no previous data relevant to this population or to the research question. Hence, this study provides basic data as a foundation for future clinical research and contributes insight to the value of somatic-artistic approaches for trauma healing.

It is also my hope that the participants have benefited from a new capacity to articulate the role that expressive arts and somatic practices have played in their individual processes. By this I mean that their initial experiences of healing were

subjective, in that they knew an important internal process had taken place. Through the interview process, participants had the opportunity to articulate their experience objectively within the context of a broader dialogue around trauma healing. It was hoped that such expression helped to transform these individuals' stories from an isolated personal experience into perhaps even a shared and collective reality—an experience that reminds us we are not alone, which further nourishes one's healing experience.

### **Procedures: Collection of Data**

There are two primary techniques that were used in the data gathering process: interview questions and the TLAP's psychokinetic imagery process (PKIP), a somatic-based multi-modal arts approach that includes movement/dance, drawing, and creative writing. Audio recording and the research notes from the interviews served as a primary source to capture the data of the interview process. I conducted two interviews with each participant with a time lapse of one week between each interview. The duration of each interview was two hours.

**Interview questions.** I began the first interview with a short conversation to put the participants at ease with the recording equipment, answer any questions, and encourage the individuals to feel free in answering the questions and describing their experience with their own unique style. Below are listed the standard questions that act as a general template that give uniformity and structure to the interview process. These questions were explored verbally and also through the PKIP process, which is explained in detail in the next section. Additional questions, such as, can you tell me more about it? or, is there anything else that you would like to share with me? were uniquely generated

by the embodied resonance and responses of each individual and served to deepen the inquiry. A copy of both interviews' questionnaires is included as Appendix D.

***First Interview: My experience during the TLAP Personal Embodiment program***

1. What brought you to the Personal Embodiment program at Tamalpa Institute?
2. Please describe for me your overall experience in the program.
3. Please share a little bit about your trauma history. Include any details of your history you feel comfortable sharing with me in the context of this interview.
4. During the program, what challenges and resources did you encounter or discover that had a strong impact on you physically and/or psychologically?
5. What physical, emotional, and mental experiences did you have during the program? How did you feel about those experiences?

***Second Interview: My experience after the TLAP Personal Embodiment program***

1. How did your experience in the program impact your quality of life?
2. How did trauma live in your body before the program? And how does it live in your body now?
3. Did your experience in the program shift or change the nature of your personal relationships? Your relationship to your larger community? Your perspective on life?
4. What is the most important learning you gained from the experience?
5. Do you continue to practice the TLAP work? If so, how do you use the TLAP and integrate it into your life?

**Psychokinetic imagery process.** The PKIP was woven throughout the interview process to deepen and expand the interview, engaging the body in dialogue with emerging sensations, emotions, and images, helping to reveal deep realms and resources in the psyche and body. The PKIP, as explained in detail in the literature review, utilizes movement, drawing, creative writing, and dialogue in an interactive way, in which each mode of expression informs the other. Both myself and the participants have been trained and are familiar with the PKIP technique. The PKIP is not a process with static steps, rather the flow is based upon the present experience of the participant and the facilitator. The process may begin with the participant guided to identify a sensation in the body and encouraged to give it expression in movement/dance. The next step may be to take the movement experience and give life to an image through drawing. From the drawing, new insights and perspectives may develop. A poetic, written, or verbal expression may add another layer of understanding to the whole artistic exploration. Additionally, as a result of the exploration, reflective questions are generated. These questions further informed the experience, generating deep insight and providing material for analysis.

**Data analysis.** There are four important steps that Giorgi (2009) proposed for analyzing data: (1) reading the data with a sense of a whole; (2) determining meaning units; (3) transforming natural expression into psychological language; (4) synthesizing and integrating meaning units into a description of the essential psychological structure of the phenomenon.

After procedural and ethical assurances of the phenomenological study were set up and the five participants had been interviewed, I reviewed the transcribed texts and my research notes from the interviews. First, the transcribed texts and data were examined in

their entirety to get a sense of the whole. When a sense of holistic understanding was grasped, the meaning units were established. As Giorgi (2009) explained, “since most of the descriptions obtained from interviews are too long to be dealt with holistically, one has to break them down into parts in order to do them justice” (p. 129). As previously established, the ultimate goal in phenomenological research is to capture the lived experience, in other words, “the meaning of experience” (Giorgi, 2009, p. 129). Meaning units “represent practical outcomes of making the description manageable and help the critical other locate places in the original description that motivate the transformations that the researcher makes” (Giorgi, 2009, p. 130). As I re-read the transcripts and research notes, I paid careful attention to transitions and changes in meaning in order to determine meaning units. My own psychological perspective and embodied understanding were key in this step of analysis, for “meaning units, are determined from a phenomenological psychological perspective” (Giorgi, 2009, p. 129). Therefore, the result of the analysis is related to the level of psychological and somatic sensitivity I was able to bring to the task.

Once the meaning units were identified and established, a meticulous interrogation of each meaning unit took place in order to “discover how to express in a more satisfactory way the psychological implications of the lifeworld description” (Giorgi, 2009, p. 131). This process required a psychological analysis on the meanings and essences of the participants’ descriptions. This process, as Giorgi (2009) described it, aims to transform “participant’s natural attitude expressions into phenomenologically psychologically sensitive expressions” (p. 130). Through this process, it was important to assume the attitude of epoche, or in other words, to continue bracketing my own biases

about the phenomenon and subject in order to be able to capture the psychological lived experience of the participants' embodied narrative.

In the final step, I synthesized and integrated the data of all five participants into a description of the essential psychological structure of the phenomena. This synthesis revealed the lived understanding of phenomena under study so that I could encounter and discover psychological meanings. The key to the success of this process is, in Giorgi's (2009) words, "the ability to discern with accuracy the intentional object of the researchers' experience" (p. 133). In addition, from common psychological themes, individual themes that have the potential to illuminate future research areas were noted. Through the methodical analysis of the data, a universal essence was identified and reflected upon from a depth somatic psychological perspective.

## Chapter 4

### Presentation of Findings

#### Overview

This chapter is a presentation of the results of the phenomenological analysis of the lived experience of individuals who have experienced trauma and have been engaged in the TLAP Personal Embodiment program. To explore the therapeutic and transformative value of somatic-artistic interventions in the face of trauma, I interviewed five individuals with a history of trauma, who volunteered their time and shared their insights and embodied experiences of the TLAP program. To collect information about their personal experience of engaging in the TLAP Personal Embodiment program, participants were asked a set of ten standard questions in two interviews with a lapse of one week between each interview. Each open-ended interview lasted two hours. In addition, the PKIP approach (which uses movement, drawing, and poetic dialogue and was extensively described in Chapters 2 and 3) was woven throughout the interview process to deepen and expand the interview questions. My interviewing, analysis, and understanding of the results followed the outline from Chapter 3, using Amedeo Giorgi's (2009) phenomenological method.

A pseudonym was used to protect the anonymity of each of the five participants. In addition, identifying details of all participants have been intentionally disguised to protect their confidentiality. All of the participants indicated through the interview process that they had experienced some form of trauma that included one or more of the following: death of a family member, domestic violence, abuse, neglect, abandonment, and lack of attunement in early environment. The data reflected the individual

experiences of each participant. For each of them, clearly and consistently, their experience in the Personal Embodiment program had been transformative on all levels—physical, emotional, and mental—and had contributed to a healthier quality of life.

This chapter will be divided into two distinct sections. First, a brief biographical sketch of each participant will be presented. A second section will examine and analyze the common themes and essential constituents of the Personal Embodiment program in greater detail. Specific quotes from the interviews will be used to illustrate the themes. The section will conclude with a synthesis of the general structure of the lived experience of having experienced trauma and participated in such a program—throughout this chapter, I refer to the TLAP Personal Embodiment training program as “the program.” Finally, Chapter 5 will present a summary of the research, discuss implications for the theory and practice in the fields of depth psychology, clinical psychology and somatic psychology, and offer suggestions for further research.

### **Individual Sketches: Essential Descriptions of Participants’ Trauma Experiences**

In each essential description I present a brief biographical sketch of each participant and describe his or her unique trauma experiences, which are illustrated with quotes from the interviews.

**Peter.** The first two interviews I conducted were with Peter, a man in his 50s, who had lived many years of his adult life in Europe. In recent years he had returned to his country of origin, the United States, during which time he completed the Personal Embodiment program. I found Peter very engaging, creative, and open to the interview process.

In his mid-40s, Peter began a psychotherapeutic process due to a crisis and difficult breakup with his partner. It was during that treatment when Peter began to explore the impact that the death of his father had on him. At the beginning, Peter did not understand the connection between the current personal crisis and his father's death; in his words, "What does that have to do with anything?" It did not take him much time to realize the importance of exploring such loss. Peter said,

My father died when I was 20. I hadn't spoken to him for 5 years prior to his death. And I considered him dead from my age of 10 years old. I actually said that to myself when he died, I said he died 10 years ago. I don't care, doesn't matter to me. I'd never grieved for him. I'd never experienced any remorse or a loss for him at the time of his death. Essentially, I'd stored that up for 25 years.

Peter never felt seen by his father, who suffered from alcoholism: "not having a role model and then me, putting hatred onto him as a response to that, and then him dying and me having the guilt of not having spoken to him for 5 years." Being in psychotherapeutic treatment allowed Peter to reconnect with that important piece of his life story that was frozen and forgotten yet influencing his life in multiple ways. "I was completely disconnected from the body . . . I was a mind with legs attached to it. I was obsessed with ideas." The therapeutic process allowed Peter to grieve the death of his father for the first time: "I was in full grief, like he had died the day before, feeling all the things that I've lost that I'd never felt before. It was horrific, and it was beautiful." That was the first step into a healing journey of recovering and reclaiming his full capacity to sense, feel, imagine, and experience this world. Years later, Peter started the Personal Embodiment program with the intention of becoming a certified Somatic Movement

Educator. He explained that “after 4 years of psychotherapy, I didn’t think there was anything more to come and I was kind of knocked over by the things that still were able to come out from the TLAP process.”

**Theresa.** Born and raised in the United States, Theresa is a woman in her 50s. She came across as artistic, warm, and present. Before starting the interview, Theresa shared that she felt excited to contribute to the research but was also anxious imagining how the process could stir up old feelings and memories for her as she discussed her story with me. I reminded her that I would follow her lead, going as far as she was willing to go. I assured her that she could tell me at any time if she needed to pause or conclude the interview.

Theresa was raised by a father whom she described as mentally ill and who expressed violent, aggressive, and sadistic behaviors towards his children. She explained that “he enjoyed the sense of power that came from setting us up—my sister and brother and me—for disappointment, for humiliation, for physical abuse.” Her mother, who in Theresa’s early childhood played the role of the protector, radically shifted her relationship with Theresa when she turned 13 years old. In Theresa’s words, “I remember her saying to me one day: I want you to know that I can’t protect you from him anymore. You’re on your own and what’s more, you’re responsible for protecting your sister, who is a year younger.” During the same time, Theresa found a suicide letter from her mother, an act that she never followed through with, but that became a burden for Theresa, who kept this secret her whole life. “My family was so full of secrets,” explained Theresa, “and I didn’t have any other adults in my life I could talk to anyway. I lived in terror.” It

was not until she started psychotherapeutic treatment in her adult life that she was able to begin speaking about her traumatic experiences.

Theresa had always been drawn to the arts. When she was a young girl she used to draw and read as a way to escape from her hostile domestic reality. Her relationship with the arts accompanied her whole life. “I felt like I could shine, you know, be, have a talent, have something that was special. That was huge for me,” Theresa explained. Even though she was always attracted to dance, it was not until early adulthood that Theresa began taking dance classes. She described her encounter with dance as the most precious gift, “It saved my life,” she affirmed. As a way to continue her healing journey through the arts, Theresa began the Personal Embodiment program in her early 50s.

**Cristina.** Now in her 40s, Christina was born and raised in Europe. She came to the United States a decade ago to participate in the Personal Embodiment program. Before starting the interview, she expressed both her excitement and also her fears about the interview process. I reminded her that if at anytime during the process she felt overwhelmed, we could pause or conclude the interview.

Cristina began by sharing some memories of her childhood, specifically in relationship to her father. She described him as an angry and unpredictable man and recognized mental illness as the cause of his behavior. The domestic environment in which she was raised as a child was deeply impacted by her father’s behavior. She gave some examples:

There’s no warning. He would just kind of freak out for reasons that I couldn’t really understand and was very scary because he was very loud. I think that trauma came from the repetitiveness in his behavior; sometimes he was this

loving dad and then other moments he was this scary monster. You never knew what would happen when he came home.

Cristina explained how her mother never took an active role to counterbalance or stop her father's behavior; she imagined that her mother was also afraid of her father. The way her mother dealt with the situation was by asking her children to do whatever their father was demanding, often to "be nice and quiet." Cristina remembered how unsafe she felt in that early environment, "not physically," she explained, "it was more like an emotional and psychological dysfunction that was going on." During her adolescence Cristina dealt with anger issues; not being able to express it directly towards her father, she directed it towards herself and also projected it onto her male relationships at the time. "There was a lot of revenge on my side, because then I felt like, I have . . . an equal male that is not on top of me or my authority. I would throw at those guys . . . anger I hadn't expressed to my dad." Cristina's trauma symptoms began to escalate in her adult life, specifically in professional relationships with male authority figures. She stated:

I had to present something to my boss and my body went into fight or flight, out of control, and even though I tried with my mind it didn't work, I didn't feel safe. It was out of proportion. That is how I came later to understand that I was having a trauma response.

In search for healing, Cristina made the decision to quit her job and move to California, where she immersed herself in the Personal Embodiment program.

**Sophia.** Sophia is an American woman in her 60s. Before starting the interview, Sophia expressed her gratitude to have the opportunity to share her story in a way she

may not be able to do with other people, an opportunity “to be heard and seen,” she stated.

At the age of 19, Sophia and Steve met, and a year later they married. They had two children and lived together for 30 years. Without any warning, Steve came home one day and asked Sophia for a divorce; he had met another woman and was ready to move on. Sophia described her experience as having felt “stabbed and deeply wounded; something broke inside of me.” The process that followed was incredibly painful for Sophia, “I couldn’t eat. I couldn’t sleep. I lost 30 pounds . . . everything that I thought I had, was gone. I just cried and cried and cried.” Her physical body was also deeply affected, Sophia developed a thyroid and autoimmune disease, which her doctor at the time suggested could be caused by the stress of the separation. “I know that there’s probably worse traumas,” Sophia rationalized, “no one beat me to a pulp or raped me or anything, but your emotions can be raped too, you know? Betrayal is like one of the worst feelings in the world. I felt mythical levels of anger and pain.”

To help her deal with this overwhelming experience, Sophia started psychotherapeutic treatment. “At the beginning, my therapist was afraid that I was maybe psychotic or having a breakdown. However, it was just a reflection on how deeply disturbed I was at that time.” In her efforts to get better and heal, Sophia continued her therapeutic process while also joining the Personal Embodiment program.

**Ingrid.** Ingrid is a woman in her 60s. She was born and raised in Europe and immigrated to the United States when she was a young adult. Ingrid arrived at my office excited to have the opportunity to share her experience and contribute to the research.

Ingrid began the interview by sharing that it took her many years to identify what was ailing her in life. It was shortly before she applied to the Personal Embodiment program that Ingrid began to realize that she was a trauma survivor. Growing up, Ingrid was exposed to immense emotional abuse and neglect by both of her parents. In her words,

My parents are basically insane, and my father is super narcissistic. Everything I did was completely unimportant to them, they didn't take care of me . . . there was no physical connection . . . I felt so lonely in the world. I remember needing to be touched and hugged. I remember this time watching TV and just clinging to the couch as if this was a living being giving me shelter . . . It was like celebrating death all the time.

At the age of 10, Ingrid began to experience anxiety attacks, "I thought I was going insane. I felt as everything around wasn't real. A derealization and depersonalization experience." As a way to deal with the symptoms her parents put her on psychopharmacological drugs. Nevertheless, Ingrid continued experiencing anxiety attacks throughout her adolescence, feeling completely alone and terrified. She remembered an episode that illustrated her experience: "I am 15 years old. I want to hug my mom. I tell her, 'Please hold me, I'm so afraid, I have so much anxiety.' And she pushes me away and said: 'why are you so complicated?'"

Ingrid remembered how her belly was tense all the time, even breathing was difficult for her. She described how during her childhood and teenage years, she had the experience of her brain and body shutting down. She had episodes when she was not able to feel her physical body and her mind would become blurry, as the boundaries between

being and not being were erased. As a young adult, Ingrid began to immerse herself in the world of dance. “That was what made me a normal person,” she asserted, “working with the body, feeling the inside spaces . . . finding my body boundaries . . . I realized how much dance was helping me to bring the body and the thinking together, and feel it.” With the support of dance and other artistic expressions, such as music, Ingrid began to find her way back into her body, stating that “it was what kept me alive.”

### **Themes**

A review of each participant’s story revealed the uniqueness of his or her lived trauma experience. After listening to the digital recordings of the interviews, transcribing them, and reading the transcriptions numerous times, I began my analysis of each interview by breaking down the interviews into natural meaning units (NMUs) to determine what was most meaningful to each person with regard to his or her experience of trauma and the impact that the Personal Embodiment program had. Six common constituents were identified. The common themes are (a) Inhabiting the body; (b) Integrating: Physical, emotional, and imaginal/mental levels of awareness; (c) Artful communication: Aligning inner experience with outer expression; (d) Sense of belonging: Being seen, held, and accepted; (e) Revitalizing self: Expanding and deepening channels of creative expression; and (f) Embodying traumatic experience. This section examines these key constituents in detail. The way each of these constituents was experienced and described by individual participants will be discussed and analyzed to highlight and make its essence explicit. From a refined synthesis of common constituents, a structural description of the lived experience of those participating in the Personal Embodiment program will be developed.

**Inhabiting the body.** For all of the participants I interviewed, a key component of their healing process was directly related to the focused attention given to the physical body during the program and to the opportunity to learn and experience the principles of their own bodies in movement. This somatic emphasis supported the participants' development of body awareness and the creation of new connections with their physical bodies and expanded possibilities of expression. Three of the participants described this experience as a "homecoming."

*Peter.* Describing his practice of inhabiting the body as "feeling alive," Peter compared his current experience to how he felt before embarking on his healing process, when he felt so disconnected from his physical body: "I was completely in my mind and trying to control things through that mind process . . . I didn't do anything that was physical. I was obsessed with ideas." He described how connecting with his physical body became key to his healing process, helping him to recognize psychosomatic illnesses that were affecting him in all areas of his life. He chose to describe one story in particular that had an impact on his healing process and was related to another traumatic episode in his life. Peter was born 10 weeks premature and spent six weeks in an incubator at the hospital. During the program when the ribcage body part was explored, he had a strong encounter with this material during a Movement Ritual session. Peter described the experience this way:

My body just had to explode movements and I've never felt anything like it . . . It felt like it was an evolutionary representation . . . I got the sensation that I was a fish taken out of the sea and flopping around on land because he couldn't breathe

. . . It was all about the experience of feeling for the first time, as a conscious adult, what it felt like to not be able to breathe properly and being able to move . . . I was letting out that, releasing an energy . . . I survived, and I thrived.

Peter explained how this experience helped him to connect with the capacity he has as a human being to survive and to be resilient, something that he was not able to either acknowledge or understand before that movement experience. In his words, “it helped me understand that part of me and celebrate it.”

*Theresa.* For Theresa, connecting to her physical body gave her a sense of confidence and freedom. In her words, “I felt more confident physically in my ability to move and what I would even take on in my life, things that I would do that I would have been afraid to do physically.” In relationship to her trauma, Theresa reflected on the direct impact that increasing her body awareness and movement ability had on the way she is now able to identify and work through traumatic symptoms expressing in the body, such as anxiety responses. A significant healing experience that Theresa recalled that took place during the program was in relationship to her physical body. She explained how she had suffered from an injury in her tailbone and sacrum for most of her life, “there was a big bump on it that I thought was congenital, but my osteopath said, no, no, that’s an injury that happened at some point of your life.” It was not until she explored in depth the relationship between the physical injury and her personal story that she accessed the memory of the accident:

I remembered that I had gone horseback riding for the first time. I think I was 12. I had never been on a horse before and I was really scared. My father rode in front of me on a trail and he pulled a big branch out of the way of me, but he let it go, it

came back, and the horse flew up on its rear legs and took off galloping across this field. I had no idea how to stop it or how to ride properly. So, my tailbone kept hitting the horse and I had an enormous bruise there for a very long time afterwards . . . it was another moment to feel so betrayed by my father.

These memories, according to Theresa, started to come back during the program in a guided movement exercise focused on the tailbone and sacrum. Through dance, drawing, and poetic dialogue, Theresa was able to explore and process the emotions and physical sensations that had seemed forgotten but were still expressing in her body as physical pain. “The pain was completely gone, showing me the power of the work. Even traumatic history would come forward and give you the opportunity to really heal something there.”

*Cristina.* Speaking greatly about this theme during the interview, Cristina referred to it as “rising her body awareness,” an ability she was able to cultivate during the program that became vital to her trauma healing journey. She referred to the specific physical practices that she learned during the program, such as Movement Ritual, and described how these practices supported not only a deeper connection with her body, but also helped her to recognize and address somatic symptoms in relationship to trauma-related symptoms, such as anxiety and stress. In her words, “by engaging my physical body, I noticed how stress, for example, was triggering the body into all of this flight and fight stuff.”

Cristina explained that before starting the program, she had a very limited awareness of her physical and emotional body; she had the tendency to shut down emotions by analyzing and explaining, or in her own words, “being too much in my

head.” Engaging in the daily practice of movement helped Cristina to rebuild her connection to her physical body, awakening her senses, and opening up her emotional world. She shared with me a specific example:

I realized through the process that my energy has been always located from the pelvis up, my legs were unstable and fragile. Through the TLAP I worked in reconnecting with my pelvis and my legs and then one day it happened . . . I remember there was one dance . . . it was so amazing, I cried . . . there was my pelvis feeling open and something that wasn’t connected before. I just stood; it was just standing in alignment as I never did before. I’m standing for the first time in my life with two feet and my legs! From ungrounded to grounded.

Cristina affirmed how she can now identify those somatic cues and work through them by using movement, breath, and other somatic resources she learned during the program.

*Sophia.* For Sophia, the process of inhabiting her physical body was, in her own words, “a struggle.” She described how painful it was to engage in such in-depth physical practice, “I’ve always had a lot of aches and pains . . . sometimes it just felt like everything hurt.” However, it was through the practice of connecting with the physical pain and staying with it, instead of trying to avoid it, that she was able to move through the pain and transform it. In Sophia’s words, “I wanted to just go there and cry, but then moving through it, learning to move through it and turn it into something else. The transformative part of it was what was so miraculous.” Sophia talked about how the program helped her to begin identifying and processing that which had no name or shape, but was affecting her health.

*Ingrid.* The journey to the Personal Embodiment program began many years ago for Ingrid, when she discovered Anna Halprin's Movement Ritual, a practice that helped her to begin feeling the depths and connections between her body and her mind. Ingrid stated that it was "through that practice I started to realize that the 3D world is real, feeling my body and observing my mind."

Ingrid remembered how, before the program, the boundaries between her physical and mental body were confusing and blurry, "the inside spaces of my body were unknown to me," she explained. Working with the body part mythology model gave Ingrid the time, space, and support to be able to slowly build her body awareness and identify the life themes that were living in different parts of her body. In the case of her trauma, Ingrid had an important breakthrough when working with the ribcage, which she remembered vividly:

When I drew my chest, it became an underground cave. Also, in the drawing, there was something like blood, the blood of a chalice . . . I realized it was related to something in my childhood, abuse, a metaphor of a real sacrificing blood . . . I named the drawing *Sacrifice*. When we danced the drawing, all the sudden I could take that out of my chest and it became a ball and I could play with this energy, which was completely unknown to me. And then in my dance I came into a rage and noticed I don't want this anymore! I smashed it onto the ground and I stomped on that. A real visceral liberation.

Ingrid explained how after that powerful experience, her chest area felt completely free, and the breathing constrictions that she had dealt with for so many years, were completely gone.

**Integrating: Physical, emotional, and imaginal/mental levels of awareness.**

The process of integrating physical, emotional, and mental levels of experience was a significant part for every single case. All five participants mentioned how important it was for their healing process to be able to deeply connect and understand the nature and origin of their perceptions and experiences. Through the artistic and active engagement with the physical body in relationship with the emotional and imaginal/mental worlds, participants reported an expansion in the range of awareness on all three levels, helping them to integrate their body-self experiences.

*Peter.* The *three levels of awareness and response* map, which is taught during the program, gave Peter the ability to listen and understand the nature of his experiences, which became key for his healing journey. As Peter explained, “during the program I was consciously spending time in the physical and the emotional parts of myself . . . recognizing the different levels: what is physical, what’s emotional, and what’s mental? Material that I’d always thought were physical or emotional were actually imaginings.” He explained how, in the past, he had a tendency to stay on the mental level, and how this practice had begun to change that pattern, as he started to learn and enjoy the process of exploring other ways to be in contact with his inner world, discovering new ways to listen and understand the language of his body. This map, in Peter’s experience, helped him to reconnect with his physical and emotional life, impacting not only the way he related to his inner world but also expanding and deepening his expressive capacity.

*Theresa.* As she talked about her healing process during the program, Theresa referred to the physical, emotional, and mental growth she experienced and described how the physical/somatic aspect of the program helped to build her strength, confidence,

and ability to move: “I discovered how to really inhabit my body.” In Theresa’s case, raising her awareness on all three levels allowed her to break free from unhealthy patterns that were limiting her body-self experiences and capacity for expression. She described herself as “like a soldier,” “bracing myself,” rigid, and always alert. Theresa now feels more in tune with her emotions, has learned how to soften and “let go,” and has the capacity to respond and express in new ways.

*Cristina.* Having the time and space to sense her body and connect with her feelings and imagination without judgement or expected outcomes was an important aspect of Cristina’s journey back into her body-self integration. Cristina spoke about the value of engaging in a daily practice of movement and the arts, which not only helped her to cultivate a deeper awareness of her physical body but also connected her to the emotional stories living in it in a more creative way. For Cristina, this practice has become an important tool in her everyday life and she described it as having given her a “bird’s perspective,” and explained that “it’s like honoring my feelings and my physical, emotional, mental experiences by doing check-ins, like, hey, how are you, Cristina, today?” Cristina explained that when she feels anxious, by engaging with the three levels of awareness and checking-in with herself, she is able to connect with her physical experience, as well as observing and tending to her emotions and thoughts. In Cristina’s words, “I might be experiencing mental stress, but I’m also experiencing somewhere in my body a calm place . . . feelings are changing, our thoughts are changing . . . being aware how often in a day we change our experience, then I got less and less identified with it.”

*Sophia.* Sophia defined her process of integration as her imagination, body, and feelings “becoming entwined” and spoke about how the program supported her physical, emotional, and mental experiences to become more accessible and interconnected. Similar to Cristina, for Sophia engaging with the three levels of awareness and response map has become a practice that she has taken into her everyday life. She gave the example of, “I’m feeling horrible. What do I do? Let’s do a three-level check-in . . . this feels like this right now, but I really can shift it . . . doing a three-level check-in is one thing that I still use today when I’m looking for a way into what’s going on for me.”

*Ingrid.* Ingrid described a “deep place of unification” developing between her body sensations, emotional responses, and thinking process, “a real sense of being present and being here.” Reflecting on the tools she learned during the program as they specifically related to her trauma experience, Ingrid spoke about how she has developed a capacity to feel her body deeply, which allows her to access her emotional and mental worlds in ways she never experienced before. “When I feel paralyzed or deeply anxious, I start to shake, to move, to dance . . . my body then becomes the pathway to the emotions and I can express and move out from it.” As she reflected further, Ingrid added, “It has to do with the ability to be present at any moment. Really inhabiting the spot I’m in . . . bringing it to life and embodying it.”

**Artful communication: Aligning inner experience with outer expression.**

Being able to align inner awareness and experience with outer communication was a theme described by all the participants. All of the individuals made reference to the value of learning specific skills in the program that taught them how to communicate their feelings, sensations, images, and thoughts in ways that felt authentic and noncritical. In

addition, all of the participants expressed that developing these communication techniques helped them to change unhealthy patterns in their relationships.

*Peter.* The nonviolent communication model taught in the program helped Peter to improve his relationship with himself and others. In his words, “with the help of the communication model I’m more courageous in confronting things . . . I respond rather than reacting.” Peter described that while reacting was similar to being defensive or triggered, the ability to respond required an attitude of self-reflection and deep awareness, “anything from taking a breath or reflecting on . . . how is this landing with me? What’s the message that’s appropriate to go back?” He shared how this way of communicating has become a part of who he is, “I’m always seeing, hearing, noticing, feeling, sensing, and imagining, it’s the only way that I communicate now.”

*Theresa.* As a result of the program Theresa recognized a shift in how she related to others, describing it as “more open, free, and playful.” This also impacted the types of relationships that she now chooses to cultivate, “real heart connection, ease, and mutual support; that’s what matters to me. I realized that I have become more selective in my relationships. I say no to superficiality.” Theresa provided an example of the shifts she began to notice in her choices and communication in intimate relationships. She shared with me that midway through the program she engaged in a relationship with someone who started to dominate and control her. Theresa recognized the behavior quickly and realized that this power dynamic of control was something that she had experienced in previous relationships and that usually took her longer to recognize. “I really stood my ground this time . . . I didn’t second guess it, I didn’t question it.”

*Cristina.* Cristina reflected on how the program in general not only impacted her inner life but also her interpersonal relationships—in her work life, her partnership with her husband, her life as a mother, and her relationship with the larger community. Cristina described how she has become more receptive and empathetic. She explained how she learned to track her own experiences and responses and developed an increased awareness in distinguishing what is hers and what belongs to others, or in other words, she learned to build healthy boundaries. During the program, Cristina also specifically described how she learned to identify her anxiety and how the communication skills have helped her to process, shape, and share her challenging experiences. “I think once the anxiety lessens there’s more space to be clear also in your communication,” Cristina asserted.

*Sophia.* Sophia also described changes in how she relates with others. She said, “I always thought of myself as an extrovert, but I think that I’ve become more introverted. I’m now really interested in one-on-one relationships that can go deep.” Sophia explained how learning the communication model, as well as the practice of dance and improvisation—which helped her experience the value of “going with it” rather than blocking an impulse—have contributed enormously in developing her ability to be more spontaneous in her expression and to “meet others where they are.” She recognized herself as feeling more spiritual and expressive, and able to form more caring connections with others. Sophia used as an example her relationship with her son, which she described as having been very difficult for many years. As a result of the shifts she experienced from the program, particularly in her ability to communicate, Sophia noted that their relationship had improved.

*Ingrid.* Ingrid explained how the program helped her to work through her social anxiety. Since she was a child, Ingrid was a self-described “loner”; being in groups or big crowds felt awkward and produced anxiety in her. She did not know how to interact, what to say, how to behave, and had the sense of “losing herself” in groups. The work Ingrid did during the program helped her to identify and embody physical, emotional, and mental boundaries that gave her a stronger sense of self. In her words, “I could not really stand being with people in a room on a very subtle, very visceral level, and that has changed through the Tamalpa work. I don’t lose myself anymore. If I do, I notice the signals and I can, you know, go out. I can now actually stand in front of a group and talk.”

**Sense of belonging: Being seen, held, and accepted.** All of the participants emphasized the role of the group in their healing process. All five of the participants referred to the importance of seeing and being seen by others in the intimacy of their personal process. It was also the experience of being held and accepted with no judgment by the members of the group that became a healing antidote against isolation. In addition, all participants described the importance of the facilitator in creating a safe container.

*Peter.* Seeing and being seen was central for Peter during the course of the program. It was a theme directly related to his early relationship with his father; in his words, “The alcoholism, the not being seen, not having a role model and then me, putting hatred onto him as a response to that, but not knowing why and then not speaking to him and then him dying.” For his self-portrait performance ritual, Peter printed a full-size photograph of his father and placed it on the back of his portrait. He explained,

My father was on the back, not asleep on the sofa . . . my father was watching me for the first time because of my self-portrait performance. Just a magical outcome of the Tamalpa work . . . they [the witnesses] were all watching me, so it wasn't just his photograph watching me, but they were watching me with their eyes open instead of my role model with the eyes closed . . . I felt fully seen for the first time.

Peter also explained that at the beginning of the program he had the tendency to close his eyes while performing in front of his cohort and teachers. This became a pattern in his performances until he began to explore this challenge and the program facilitator encouraged him to engage directly with the witnesses. Peter described the process this way:

I decided to confront that fear of looking at the audience . . . this parallels my father looking at me . . . I started engaging with the audience as opposed to keeping my eyes closed and pretending they weren't there; everything shifted . . . this resulted in overcoming 30 years of closing my eyes for photographs . . . So that's still a resource now. Seeing the individuals rather than the whole. Looking people in the eye.

Peter acknowledged the role of the group in his healing process, noting how different he imagined the outcome would have been without the presence of witnesses: "the group process achieved different things than sitting in my therapist's office once a week. No question about that. It's hard for me to articulate specifically what, but I know it."

*Theresa.* Theresa described her experience with the group as a “love fest,” referring to the happiness that she experienced during the program.

I felt like I was really becoming myself. I felt seen and accepted. I didn't feel like there was anything I needed to hide or be ashamed of, which was huge for me . . . the sense of community that I've always wanted where people really feel like family.

Sense of belonging was a primary theme explored by Theresa during the program; the lack of judgment and the creative container created by the facilitators and members of the group supported her in reconnecting with her own creative and playful self, “a process of re-discovery and self-acceptance,” as she described during the interview.

*Cristina.* Being seen in a nonjudgmental environment was key for Cristina's healing process. She spoke about how, in the past, she always second-guessed her spontaneous actions and decisions and compared herself to others. Being witnessed and accepted by her peers and facilitators helped Cristina to strengthen her confidence and relieve her anxiety. “My anxiety was because I was afraid to be doing something wrong, like the thunderstorm of my father's angry face. In the program I had a space to be exactly who I am, it was so good for my anxiety.” She began to trust herself in new ways and learned to listen to her inner world.

Cristina described the program as a safe environment in which she was able to explore in depth what was going on in her body/mind. “I felt at peace, which was a new place for me.” She described that such trust and safety was created by the container, which was generated by the facilitators, the structure of the program, the curriculum, and the cohort. “It was a freeing experience for me. Free from my story, free from shadows.”

*Sophia.* The support that Sophia experienced from the group and the facilitators contributed significantly to her healing process. Being seen and held by others in a nonjudgmental environment where she was able to express and share her story was key for Sophia. She remembered a specific moment that felt relevant to her process when, during a class, Sophia had an emotional breakdown. “This woman in the class came and held me. It was kind of embarrassing to be out of control, but also wonderful to have some arms to be held by. From that experience I learned that I could survive it.”

Sophia also referred to her performance experiences during the program in which she felt held and seen by others. She explained how the act of performing in front of others was essential to her healing process: “I think the performance piece of it was so essential . . . just being able to express and get feedback . . . just helped me feel less invisible.”

*Ingrid.* As she discussed her personal journey in the program, Ingrid emphasized the impact that the group had on her personal growth. She highlighted some of the qualities that she experienced by being a part of her cohort, including feeling nurtured, safe, unjudged, held, and seen. Ingrid described an encounter she had with another participant who hugged her from the back and tenderly held Ingrid as an act of friendship and support. For Ingrid this was a significant moment. She stated, “I thought, oh, you don’t need anything else. I never experienced that with my mother. And then I thought, how simple it is, right? I was grateful for that hug . . . just having that body embrace, and it’s like a gift and realizing that it’s also normal.”

**Revitalizing self: Expanding and deepening channels of creative expression.**

The data in the interviews clearly illustrated how, by using the language of the arts,

participants were able to move beyond ordinary ways of expressing and developed a new sense of vitality and freedom that awakened their creativity. Stimulating their capacity to feel, imagine, think, and express creatively, according to the participants, was central in their journey towards health, as it allowed them to experiment with different ways of being in relationship with self, others, and the world.

*Peter.* Peter described the process as a “journey of self-acceptance.” He discussed the impact that the process of exploring each body part creatively through the arts and through its mythology, along with the culminating creation of the self-portrait, had on his image of self. He spoke at length about his encounter with the self-portrait:

I had a volcano in my drawing which was my father, and there was a set of lava coming out of the volcano, there was red spots coming out of the volcano and I was capturing those through an umbilical cord. I danced the volcano. I danced the part of my father that was alcoholic. I danced the anger. I danced all of that.

That’s part of me that I no longer want to pretend isn’t there, but that I want to harness as part of my identity . . . It was through the encountering with the self-portrait that it came out.

For Peter, exploring and developing his performance skills was a breakthrough in his life; “the biggest, most obvious outcome for me was becoming a performer, which two years ago it would’ve scared me to heart attack.” He described his experience of performing as feeling completely free and present in his body. He explained how central this had become in his everyday life, in which he now is able to embody that sense of presence and aliveness that he feels while performing. “Having performance skills gives

me life skills . . . being committed, present, alive, aware, and responsive; participating in my life,” he described.

*Theresa.* Remembering her initial experience in relationship with the arts during the program, Theresa recalled, “I was terrified because I thought, I don’t know . . . I hadn’t picked up a pencil or a paintbrush or anything like that since college . . . it had been at least twenty years since I’d really done anything . . . I rediscovered that I still had a great deal of skill.” Reclaiming her artistic self was key for Theresa, who, during her childhood and early adult life found in the arts a way to express herself, which she claimed had saved her life. For Theresa, being able to reconnect and develop her creative expression during the program not only made her feel happier, but also helped her to connect to her very core, to what made her feel alive. In her words, “I learned how life was more rewarding to have that kind of play and creativity as a daily experience . . . it’s not optional for me to have creative self-expression . . . [it] puts the juice back into the dried-up fruit . . . I don’t think I ever realized how much I was starving for that.”

*Cristina.* Cristina shared that before entering the program she was aware that there was some kind of life force in her that she was not able to access, she referred to it as “not living my full expression.” Being engaged in a daily artistic practice of drawing, moving/dancing, writing poetry, journaling, and performing during the program, opened up a new experience for Cristina, which she described as feeling alive and present with her life as she had never felt before. She began to realize how this new state of being changed not only her relationship to her own inner world, but also to the world around her. “I draw how the anxiousness feels right now and . . . I feel so much better. It’s like a way to also let it out and not hold it.” Cristina referred to the PKIP approach and

explained how that process helped her learn the art of staying present to challenges rather than running away from them.

You listen to your dance and then your drawing, it was like coming down. Then in the journaling it was really like: what if I stop running away from it? It takes a lot of courage sometimes, to get present with it, because it's so overwhelming and it's so big. But then you know, you can go little by little and ask: what is troubling you? What's your size? What's your color? In what body part do you live?

In addition, Cristina proudly spoke about her use of creativity as a mother, allowing herself to play with different voices and faces, as well as singing and drawing with her toddler son; "I am thinking about writing a book about the creative mom and how the TLAP and the creativity within yourself is just an amazing parenting tool," she concluded.

*Sophia.* Sophia described creativity as something magical that lives inside her: "there's always that thing inside you that knows where to go. And knows how to be optimistic or to heal . . . it is in that process of writing or drawing or moving that you can just find it." Through the arts, Sophia shared how she found ways to express and give form to the overwhelming pain she experienced after her divorce. She gave a specific example, "[at the beginning of the program] I didn't remember how to draw . . . so it started out as a stick figure . . . and then the magic started happening when I drew the aches and pains that I was feeling in my pelvis and I drew the stab wounds, and I drew the broken heart." She described the creative process as transformative on all levels.

Sophia talked about the death of her ex-husband, who passed away several years ago. As a way to process the loss and say goodbye, Sophia created a ritual using the PKIP

approach and explained that “this was one of the most powerful expressions of the TLAP in my life that I can think of.” At the end of our second interview, Sophia shared with me the poem she wrote to him as an example of her artistic healing journey. An excerpt from the poem she wrote reads:

I'll use my imagination and mind's eye, my body embodied to lay you to rest. I am sending tender heart fertilizer into the ground around your bones, so you can rest in peace. I lay to rest the pain and regret, the anger. I wish you peace and I can feel the possibility of peace in my lifetime.

An additional creative resource for Sophia was the environmental work and the connection with nature that was fostered in the program. The richness of the sensible world and the living metaphors that it offered her helped to expand her vision and allowed her to gain new perspectives: “The access to nature became one of the most important parts of my process, like a source of renewal . . . nature to serve as spiritual connector to something bigger, metaphors for my internal landscape.” Experiencing her own depths and the depths of the world around her opened up a new body/mind dimension for Sophia on both personal and interpersonal levels.

*Ingrid.* Similar to Peter, developing performance skills was life-changing for Ingrid. She described that while performing, she is “not overcome by fright and all that, it's kind of surprising and it's completely enjoyable . . . it's coming from such a depth of unknown, authentic self that I feel it's very true in this very moment.” Ingrid spoke about how the creative process allowed her to go into what she called “vast spaces” inside herself. She went on to describe how the creative process helped her fully inhabit these

spaces and brought life back to them, leading her to feel more vibrant, in her words, “super vibrant . . . before not; I was dead.”

**Embodying traumatic experience.** All participants shared their insights into how their bodies are now able to hold, identify, and work through their traumatic experiences in a way that feels connected and integrated. Learning to track their physical sensations, emotions, and thoughts, and having specific skills to self-regulate, gave the participants a sense of empowerment and self-agency.

*Peter.* Before going through the program, Peter explained that he had the predisposition to store emotions in the body that then expressed physically in the form of illness, or in other words, somatization. In his reflection, Peter acknowledged that psychotherapeutic treatment and the somatic aspect of the Personal Embodiment program helped him to transform this psychosomatic pattern that was affecting his health and well-being:

I thought I had HIV for 12 years, which I wasn't, but I was having manifestations of that disease for 12 years. There's lots of ways that particularly the grief from my father dying was manifesting, which for 20 years I held . . . And now that I don't hold onto my emotions, for the most part, I don't have any physical manifestations of health problems, which I believe are reflective of holding onto the emotional disturbances. I have a sense of ease, peace, and wellness that I've never had in my life before.

Peter shared with me that he is no longer lets his emotions “get stuck” and reflected on the importance of actively practicing and applying the skills learned during the program into his everyday life in order to reinforce and strengthen these new ways of

being. He explained, “I kind of fully live and embody the maps and tools of the work, they are part of my everyday existence.” Peter explained how he thinks about his practice as muscles that he needs to exercise in order to keep him strong, and he concluded by saying, “to maintain something, it has to be given attention.”

*Theresa.* In relationship to her traumatic experience, Theresa shared how her trauma lived in her body before she attended the program. She spoke about having a posture with a lot of rigidity, like bracing herself, and referred to it as a survival mechanism, a functional masking she developed in her life:

Bear that stuff, don't burden people with it. Don't burden myself with it. Carry on. That same rigidity, that same bracing from the inside and the outside—bracing against the world, but also bracing for these floods of emotion, which are very powerful.

In working through the program's lenses of the physical, emotional, and mental body, Theresa was able to bring awareness to her posture, finding ways to expand her movement repertoire from rigidity to collapse and unearthing her own sense of alignment, helping her soften and reconnect with her sensory and emotional world. This fine-tuning of awareness has become an important resource for Theresa, who has learned how to identify and locate the origin of traumatic triggers in her body by focusing and directing her breath into those areas of the body that get activated, and by using creative tools, such as drawing and writing, which allow her to tune in and express her feelings and needs. In Theresa's words, “I have a lot more awareness of self-care than I ever did before; that self-care is at the basis for everything else in my life now.”

*Cristina.* In working through the body part mythology process, Cristina began to discover that the right and left sides of her body were out of alignment. “It was in the leg week where I discovered that my left and right side aren’t equal and that my right leg feels actually really strong and calm and my left side feels tense, angry, and hot.” She associated this with the trauma generated by her father’s behavior in her childhood and adolescence. Cristina explained, “I was the one, with no exception, sitting next to my dad on my left side. He would constantly scream, I remember the red face and the puffy eyes, and stuff thrown through the air. I was always in fear.” In working with this theme Cristina discovered that her anger was “stuck” in the left side of her body. She described how she worked through this anger by engaging in stomping, pushing, and letting go dances, which allowed her to express the anger and then feel the sadness that was underneath. After the physical movement, Cristina explained that she “process[ed] by drawing and dialoguing with it. Giving it a voice. I felt really relieved because it became so much more something that I could actually meet instead of running away from.”

Cristina emphasized the empowerment that she experienced by learning how to use the TLAP tools and apply them in her everyday life to support her growth. She shared how before the program her anxiety was out of control and overwhelming, which made her feel disempowered and dissociated from her body. Cristina recognized the transformation that she experienced during the program. In her words, “through the TLAP work I have learned how to work with my anxiety. My trauma in my life right now lives in a warm light, that’s just what comes to me. I’m not in the dark anymore.”

*Sophia.* After having completed the program almost a decade ago, Sophia reflected that “this work was there for me right when I needed it to be. More than

anything else.” She shared how the tools that she learned in the program, such as the three levels of awareness and response, the practice of journaling, her connection with nature and dance, among others, have given her life more meaning and expression. In relationship to her trauma experience, Sophia shared that her heart is still broken; however, she recognized the major changes since completing the program. In her words, “my body has become healthier and more equipped to deal with chronic pain than before that . . . it doesn’t mean that the sadness isn’t there, but I feel more balanced.”

*Ingrid.* During her second interview, Ingrid remarked how “stiff” her physical body was prior to entering the program, which included tightness in her abdominal muscles and feelings of being imbalanced and ungrounded. Ingrid also recalled being stuck in her emotional body, “no free flow of emotions. Always having that sense that life is really hard and every moment feeling not comfortable.” She remembered how her trauma used to make her feel constantly on the abyss and she felt she had to “really close myself up,” to protect herself. Being able to feel and recognize her physical experience of muscles, bones, body parts, and sensations, helped Ingrid to re-inhabit places in her body that were numbed or frozen by her early trauma.

Ingrid shared how the tools and resources she learned and embodied throughout the program have helped her change and transform her relationship with her trauma in a radical way. The key, she explained, was in the body, which she referred to as her inner agent, “it is my body which gives that pathway to my emotions in, or into resolving stuckness . . . it’s not the mind. The body for me is the pathway of truthful connection.” Body awareness became the solid ground that helped Ingrid to build a sense of body-self.

It was through body movement awareness that Ingrid was able to stay connected in the here and now and trust her experience.

### **Summary of the Common Themes**

A structural description, which illuminates the general patterns of the lived experience of those participating in the Personal Embodiment program, follows. It is a synthesis of all of the research participants' data distilled through the common themes that are described above. The structure conveys what is representative and essential about the phenomena of the lived embodied experience of individuals who have experienced trauma and participated in the Personal Embodiment program.

The Personal Embodiment program (described in detail in Chapter 2), is comprised of an artistic-somatic therapeutic approach in which the participants are guided to explore their personal mythology through the lenses of the physical, emotional, and mental/imaginal body. Throughout the program, participants are engaged in the practice of movement/dance, the expressive arts, performance, the art of communication, and other therapeutic and artistic techniques that support the individual and group learning and healing process. The six themes generated by the participants' experiences emphasize the role of the body and creativity, as well as the specific tools and methods learned in the program, along with a healthy group environment, as central for their trauma healing.

The attention given to the cultivation of physical awareness and the development of movement skills during the program supported a deep connection with the physical experience, which contributed to the revitalization of particular areas of the body that had been numbed or dissociated as a result of traumatic experiences. There was also evidence

that in some cases psychosomatic symptoms were resolved and there were self-reported reductions in symptoms of posttraumatic stress and anxiety. The data from the participants demonstrated that effectively tracking and linking somatically based sensations and movements to emotional and imaginal/mental processes in the here and now supported both self-integration and self-regulation. Throughout the interviews, the participants stated that numerous TLAP tools and models learned during the program (such as the *three levels of awareness and response*, the *communication model*, *PKIP*, which are all described in detail in Chapters 2 and 3) stimulated the body/mind connection and sense of alignment, and taught them alternative ways to identify, relate to, and express their full range of experience.

The participants' experience of a sense of belonging was a key finding in the research and showed the importance of creating a foundation for emotional safety from which participants could explore the physical, emotional, and mental life of their experiences on both a personal and interpersonal level. The role of the facilitator was also found to be significant in creating a safe container for the program participants. The group dynamic added an additional dimension, which was emphasized by all research participants—the experience of being seen, held, and accepted by others. The TLAP curriculum and program structure supported and facilitated this experience as the practice of movement and the arts opened up new channels of expression and connection. In that context, activities such as witnessing and being witnessed, giving and receiving feedback, and the practice of nonviolent communication, nurtured the development of healthier patterns of relationship and the creation of a supportive group environment. Developing and restoring interpersonal connections was a phenomenon that not only took place in the

context of the program and among the group members, but also extended into the participants' social life in general. The value of learning specific skills in the program to identify and to communicate their experiences was also central to this theme as well. As reported, this had a profound effect on the participants, leading to more connected and meaningful lives.

The program curriculum, with its emphasis on movement and the arts, as expressed by the participants, generated a sense of revitalization of the self. A strong sense of presence and aliveness was experienced as the muscle of creativity was exercised and strengthened throughout the program. In exploring the depths of their personal mythology through the language of movement and the arts, participants were able to work through their traumatic experiences in a creative way, in other words, exiting the center of the traumatic experience to gain a wider perspective. Through this process, participants were able to connect and give expression to a world of experiences that had been overwhelming, blocked, numbed, or dissociated, and which had been affecting them in multiple areas of their lives.

With embodied awareness, the participants came to understand how their past experiences affected their past and present sense of identity, behaviors, symptoms, and relationships. This illumination of processes of self, led to a new sense of agency and fostered resiliency and recovery. A new connection to a more regulated, organized, creative, and embodied sense of self affected the participants' capacity for aliveness, vitality, and authenticity. A sense of empowerment and self-agency was catalyzed through this process as participants were able to embody the practice and integrate it into their everyday life. In conclusion, this study demonstrates that being engaged in a

somatic-artistic program can positively affect the lives of participants who have experienced trauma. Furthermore, this research suggests that the embodied lived experience of being in the Personal Embodiment Program is life changing.

## Chapter 5

### Discussion, Summary, and Conclusions

#### Overview

The final chapter reviews the nature and findings of this research study and presents the implications for the field of depth psychology, clinical psychology, and somatic psychology. First, a brief reiteration of the structure of the research is presented. This is followed by a summary of the findings and their inherent limitations. Next, implications of the results for the field of psychology are discussed. Suggestions for future research in this area will be suggested. Lastly, final reflections on the material are expressed.

#### Summary of Nature and Findings of the Study

This study explored the lived embodied experience of individuals who have experienced trauma and who participated in the Personal Embodiment program, which integrates both arts and somatic practices. As presented in the literature review, there is considerable material articulating theoretical formulations that propose body-based interventions in psychotherapeutic treatments as central for trauma healing (P. A. Levine, 1997; Ogden, et al., 2006; Rothschild, 2000; van der Kolk, 2014). Body-based trauma treatments focus on methods that facilitate the development of body awareness, giving access to early developmental patterns, as well as to preverbal material that can support the integration of forgotten traumatic memories (Ogden et al., 2006; Rothschild, 2000). P. A. Levine (1997), Ogden et al. (2006), van der Kolk (2014), and Rothschild (2017), have all discussed the importance of utilizing mindfulness, breathing techniques, touch, and movement interventions in trauma treatment. Indeed, to develop a person's ability to feel

safe and secure in the world, the first step is to find a way to feel safe and at home in the body. In trauma there is a breakdown in the connection between the cognitive, emotional, and physical levels. Through treatment, as the connection with the sensing body increases, cognitive and emotional processes are also activated. Body-based trauma treatments have shown that changes that occur in the physical or emotional body affect and transform the thinking and imaginal body, shifts that allow for healing to occur. Body-based trauma treatments and theories have been supported by recent research in the field, such as findings in attachment theory that demonstrate the value of body-based interventions (La Barre, 2005; Pallaro, 2007; Schore, 2012; van der Kolk, 2014).

The expressive arts therapy field provides an innovative and complementary perspective for body-based trauma healing, addressing and stimulating body/mind imaginal and aesthetic qualities. The arts provide individuals with an alternative language to voice their suffering, moving beyond the ordinary and fixed patterns of trauma. By decentering from the trauma and its symptoms through the arts, new perspectives and choices are possible. As described in the literature review, the arts have an ancient role in healing practices. Primitive healing methods relied on symbols and the imagination as a way to communicate with the soul (S. K. Levine, 1992; Jung, 1964). Indeed, it can be said that Jung's analytic methods were focused on the natural healing capacity of the imagination. Jung also found that therapies that utilized the imagination allowed the psyche to find expression (Chodorow, 1991). The intermodal arts process utilized in expressive arts therapy allows for new ways of thinking and engagement with life material in a nonlinear way and with the body in its fullest dimension. Creativity leans towards a capacity to be flexible, whereas trauma is often related to blockages,

constriction, numbness, and dissociation. To transform trauma, the individual's creative body and mind must be stimulated. By bringing imagination and creativity into the therapeutic process, resiliency and recovery from trauma are possible.

This study was conducted to increase understanding of depth psychological embodied treatment models that include both of the suggested approaches: body-based psychotherapy and expressive arts. The TLAP, and more specifically, the Personal Embodiment program, is the proposed therapeutic model, which offers a varied and unique combination of somatic and expressive arts methods. As described in the literature review, the Personal Embodiment program, developed at Tamalpa Institute, is offered in two formats: a 3-month intensive and a year-long monthly weekend. Working with intermodal art mediums, the program focuses on artistic and therapeutic principles to uncover and explore a body mythology. The body and movement are central to the TLAP approach. Participants in the program access the body—from its physical sensations, emotions, and images—by utilizing a range of artistic modalities, including movement, drawing, written and spoken poetry, singing, and creative writing. This intermodal process is referred to as PKIP (*psychokinetic imagery process*) within the TLAP approach. Utilizing the PKIP allows for explorations and strengthening the relationship between body, feeling, and imagination, by shifting between the different art mediums. The methods and practices of the TLAP approach hold the body and its creativity as central. Additional methods, such as the *five-part process*, *three levels of awareness and response*, *Movement Ritual*, and *body mythology*, foster body awareness, communication skills, empathic witnessing, and the ability to connect to oneself, others, and the world.

Recovering the capacity to fully sense in the body and feel safe and express through the body is at the foundation of trauma healing and the Personal Embodiment program.

This phenomenological study is comprised of data from interviews with five individuals who had successfully completed the Personal Embodiment program. Each of the individuals completed two interviews with me. The research participants included four women and one man, ranging in age from 40 to 65. The data was analyzed using Giorgi's (2009) phenomenological method. Six themes were found that are essential elements of the lived embodied experience of participants in the Personal Embodiment program: (a) Inhabiting the body; (b) Integrating: Physical, emotional and imaginal/mental levels of awareness; (c) Artful communication: Aligning inner experience with outer expression; (d) Sense of belonging: Being seen, held, and accepted; (e) Revitalizing self: Expanding and deepening channels of creative expression; and (f) Embodying traumatic experience.

Synthesized from the above-mentioned constituents, the structural description of the lived embodied experience of those participating in the Personal Embodiment program, who had also experienced trauma, illuminates what is essential from the research data. The six constituent themes showed how the essential roles of the body and creativity, the program's specific methods, and the group environment were primary in the participants' trauma healing.

It was found that through the practice of body awareness and movement skills, previously dissociated parts of the body were connected and revitalized. Increased ability to self-regulate and self-reported reductions in psychosomatic symptoms were tied to the tracking of body sensations and movements, and integration with the emotional and

imaginal levels. TLAP methods such as the *three levels of awareness and response*, the communication model, and PKIP were all discussed as essential to supporting participants in identifying and expressing their full range of experience.

The role of the group and the facilitator was also key for participants. Finding safety within the group dynamic, participants reported the importance of exploring their physical, emotional, and mental life on both the personal and interpersonal levels. Furthermore, all research participants discussed the healing process of being seen and accepted by the facilitator and group cohort. Through the program's methods of witnessing, feedback, and nonviolent communication interpersonal connections were restored for the research participants, both within the program and in life outside of the program. The participants reported more connected and meaningful lives as a result.

The role of the arts and movement in the program also led to a revitalization of the self, as expressed by the research participants. The use of creativity and explorations of personal mythology allowed participants to work through trauma in a creative context. The creative arts and program methods allowed participants to move through experiences that had been overwhelming, blocked, numbed, or dissociated, and which had affected their lives in many ways. Embodied awareness led to new understandings of how past traumatic experiences affected the participants' past and present sense of identity. With new connections to a regulated, creative, and embodied sense of self, the participants' capacities expanded. Resiliency, empowerment, and self-agency were evident not only in the program, but were also integrated into the participants' daily lives. In conclusion, this research study showed how somatic-artistic interventions can positively affect the lives of participants who have experienced trauma.

**Limitations of the Study**

The qualitative approach used in this study does not allow for empirical statistical generalizability of these findings. Giorgi's (2009) descriptive phenomenological method is systematic and methodical. Although I used a phenomenological reduction instrument, there was room in this method for human error. The method helped separate the essential meaning units of the participants' experience, but some of the ways that the meaning units were examined and put into psychological language may have been influenced by my subjective interpretation and may have not fully reflected the participants' subjective view. In addition, the six common constituents found in the research will not be valid for every individual who experiences these phenomena, however, the results should illustrate the essence of the experience. Part of my method involved a search for essences.

Although many of these were relevant and common to all participants, I was aware that some important moments of the individuals' stories did not come up as significant in all the interviews. This meant that they could not be generalized, even though they may have been singularly profound to a particular individual.

Another limitation of this study is the lack of socio-economic and cultural diversity among participants. All of the participants were Caucasian and from a middle to upper social-economic status. Looking at participants with different socio-economic and cultural profiles might have produced other results. An additional limitation of this research is the result of a group of participants well-versed in the field of somatics, expressive arts, and specifically in the TLAP. Given this familiarity with the topic of this dissertation, it is possible that participants had inherent biases about the efficacy of somatic-artistic therapeutic approaches in general.

Another known limitation is my minimal experience as a researcher employing a phenomenological method. For instance, without prior experience using participants and collecting data, I have no experiential reference point. I am disadvantaged simply by never having tackled a research study of this magnitude. A related problem regards the question of objective interpretation. I have a particular philosophical stance about the phenomena of this study and what my research might reveal about it. Although I made the effort to maintain objectivity and bracket my own personal biases, I am aware that my own involvement and expertise in the subject of study might as well have influenced the results of this research.

### **Implications for Depth Psychology**

From its inception, the depth psychological tradition has taken into account the connection between soma and psyche. However, as previously discussed, the traditional methods of treatment have emphasized the mind, focusing on analyzing verbal content and leaving the body in a secondary place. Times have changed, and the future of depth psychology is moving in a new direction, towards a paradigm in which both the psyche and the body are central. It is on those grounds that this research can be conceived, understood, and appreciated.

This phenomenological study was concerned with the inclusion of the body in depth psychological treatment for individuals with a history of trauma, and postulated that in order to make changes at a deeper level, the body must be included. It is important to highlight that this research considers the body not just as an objective physical reality of bones, muscles, and body parts, but also takes into account the emotional, cognitive, and aesthetic dimensions of the body. As established in this study, somatic-artistic

approaches provide powerful and effective models of how to incorporate the body into depth therapeutic processes. It was demonstrated that as individuals are able to identify and connect their physical, emotional, and cognitive experiences, psychological integration is promoted. This premise of addressing individuals in their whole dimension is key for depth psychologists when facilitating individuation processes.

Depth psychology has used Authentic Movement as a therapeutic approach to engage the imagination and its embodied expression (Chodorow, 1999). This research studies in depth the implications of movement/dance and the benefits of utilizing such approaches in working with individuals with a history of trauma. It is demonstrated that movement helps individuals to recover their capacity to fully sense the body, which, as has been shown, is at the foundation of trauma healing (van der Kolk, 2014). Moreover, this research showed that teaching individuals to understand the mechanics of their bodies helped them to identify and actively change body-based patterns and physical blocks that created stress and disconnection as a result of the traumatic experience. This body awareness led to an increased ability to free up the individuals' movement experience, creating a sense of empowerment, joy, and connection, which in turn had a direct impact on their capacity to feel, think, and imagine. As a result of this research, it is indeed important for depth psychotherapists working with trauma to have a deeper and broader understanding of the healing aspects of movement.

As mentioned previously in this study, the importance of expression and the imagination as vehicles for healing find their roots in the depth psychology tradition, and more specifically in Jung's analytic methods that focused on the healing power of the imagination (Chodorow, 1991). Echoing depth psychology, this study postulated that the

imagination and creativity are not a privilege for the few but a human necessity, without which human life loses its soul. This study proposed and explored the inclusion of somatic and artistic-based techniques to work with the imagination in trauma healing and demonstrated that somatic-artistic approaches help not only to stimulate the imagination but also to explore difficult material in a creative way, leading to new understandings and insights and helping to integrate traumatic experiences. Moreover, stimulating the imagination with the inclusion of the body regenerated life energies and vibrancy, allowing for new possibilities in and visions for one's life.

### **Implications for Clinical Psychology: Traumatology**

As it was established in this study, trauma is a psychophysical experience (van der Kolk, 2014; P. A. Levine, 1997; Rothschild, 2000; Ogden, Minton, & Pain, 2006). With the emergence of somatic psychology, it is vital for clinical psychologists to understand how to work with the body. This research clearly shows that the physical body plays a central role in trauma healing. This study further demonstrates that developing body awareness through somatic-based activities catalyzes notable changes in the body/mind, such as increases in self-esteem, expansion in the possibilities of self-expression, a deeper connection to the imagination and the emotional world, and increased ability to identify the bodily origin of symptoms and to recover memories related to the traumatic experience. A better understanding of therapeutic processes of change is indeed beneficial to clinical psychologists.

Several findings from the research highlight therapeutic approaches and methods that are incorporated in the Personal Embodiment program and that are important for clinical psychologists to consider when working with clients who have

experienced trauma. A foundational finding from the study suggests that a holistic approach to trauma, one that stimulates the connection between the multiple levels of human experience—physical, emotional, cognitive, and spiritual—is key in treating trauma. Moreover, the study further demonstrates that healing is more likely to happen when individuals are able to identify and track their experiences and responses.

Teaching individuals specific skills to ground and self-regulate was proven to generate a sense of empowerment and self-agency. Examples of grounding and self-regulation skills illustrated in this study include movement exercises, breathing techniques, and artistic engagement, among others.

The importance of stimulating creative expression in trauma healing is also a relevant clinical aspect to consider. The data in the interviews clearly illustrated how, by engaging in art making, the individual's capacity to connect and express with self, others, and the world was expanded, which, according to the participants, gave them access to feelings of freedom and aliveness. Recovering their capacity to create, as reported by the participants, was key in their healing process. This research provides valuable suggestions to clinical psychologists about ways in which creativity can be stimulated in the therapeutic encounter.

Clinical psychologists also need to understand that in order for transformation to take place, a sense of safety must be established first and foremost in the therapeutic relationship. Feeling seen, heard, and held in the relationship is at the foundation of trauma healing. This safe container, as demonstrated in this study, begins with the body. When those who are engaged in the therapeutic encounter are attuned and grounded in their bodies, an experiential and empathic understanding is cultivated. This understanding

is not limited to what is seen or heard but includes the whole body. Tone of voice, posture, bodily gesture, and movements become an important aspect of the communication, leading to a deeper connection and understanding. A fuller understanding of therapeutic processes that recognize the importance of including the body in healing trauma is beneficial for clinical psychologists and their patients involved in psychological treatment.

### **Implications for Somatic Psychology**

Somatic psychology places the body as central in the therapeutic encounter. In working with the body, somatic psychology practitioners address not only the physical dimension, but also the sensing, cognitive, and emotional body. A body-based therapeutic approach focuses on the body/mind experience. Using bottom-up interventions, such as focusing, breathing, touch, and movement techniques, somatic therapists guide their clients to identify feelings and sensations, as well as to recognize and regulate arousal levels in the body (van der Kolk, 2014, P. A. Levine, 1997, Rothschild, 2000, and Ogden et al., 2006). This study has demonstrated the therapeutic value of a body-based approach and provided numerous examples of bottom-up interventions that were shown to be beneficial when working with individuals with histories of trauma.

Recovering from trauma requires that we recover the ability to inhabit the body (van der Kolk, 2014; P. A. Levine 1997; Ogden et al., 2006). The interviews in this research study offer important new understandings for somatic psychologists about the importance of providing clients with specific skills and methods to detect and transform unhealthy patterns in the body. One example of an effective method found in the study was the impact that the daily practice of Movement Ritual had on the research

participants. Through this practice, individuals not only deepened their body awareness but also learned about anatomy and the principles of their own body in motion. By deepening their connection with and understanding of their physical body, the research participants were able to identify and address trauma-related symptoms stored in the body.

Most of the literature available that discusses somatic psychology treatments and addresses trauma healing focuses on one-on-one interventions. In this study, the participants' lived experience offered unique insights into the value of working in group settings. Group activities, such as performing, witnessing, mirroring, aesthetic feedback, and the practice of the communication model, supported embodied interaction among the participants and restored healthier patterns of relationship and communication. It was demonstrated that such experiences had a profound impact on the participants' interpersonal lives, leading to more connected and meaningful lives both in and outside the program. The research provides valuable suggestions to somatic psychologists of the impact that embodied collective experiences has on the healing process.

In a therapeutic setting, artistic expression engages the body in a way that promotes connection and integration. This is an important notion to be considered by somatic psychology practitioners that are interested in cultivating body/mind connection. Research participants were unequivocal about the role that the arts had in their healing process. It was clear, from the information they provided, that moving beyond conventional language through the practice of movement and the arts allowed them to expand the awareness and expression of their physical, emotional, imaginal, and cognitive experience—moving them towards a more connected life. An understanding of

effective therapeutic processes that engages the multidimensionality of the body is of great benefit for somatic therapists working with individuals who have experienced trauma. Furthermore, the findings of this study show the importance of the therapeutic value of somatic-artistic interventions in the face of trauma and suggest that further research on the topic is worth pursuing.

### **Suggestions for Future Research**

The findings of this study suggest the need for a considerable increase in the research regarding the effectiveness of expressive arts therapy and somatic psychology in working with trauma. The field of depth psychology would benefit from additional research into other therapeutic approaches that integrate depth somatic and artistic interventions and that also consider all levels of the individual—physical, emotional, and imaginal. It is also important that the research deepen the understanding of these varying levels of human perception and expression and how they relate to and influence each other.

There is a significant need for a more detailed analysis and further investigation into the use of depth somatic-artistic approaches in the clinical setting. In order to establish a relationship between diagnosis and treatment, additional research needs to be conducted on the experience of traumatized individuals going through a depth somatic-artistic psychotherapeutic treatment. Also, qualitative studies involving a larger number and more diverse group of participants, which investigate the efficacy of integrative somatic-artistic approaches, would bring more diversity and detail to these initial findings. This would add to our understanding of the processes of change and transformation in trauma healing. I also encourage quantitative studies that compare

different somatic-artistic therapeutic theories and their applications to determine their efficacy. Lastly, future qualitative research needs to be done in prevention, by attending to the issue of early intervention and the prevention of trauma.

### **Final Thoughts**

As a depth somatic-artistic therapist and teacher, I began this research with great curiosity about the role of the body and creativity in trauma healing. As a researcher, I was called to question and to suspend my assumptions. As I began my study, I was hesitant about my ability to translate the richness of embodied experience into theories; there was a clear gap between the sensual world of the body and the realm of conceptual thinking. Are theories capable of describing and expressing the multidimensional world of the body? How can academic writing capture the richness of the imagination? Is it possible to translate aesthetic experiences into concepts? That same dilemma, I realized, was echoed in the therapeutic room, where conventional language seemed to not be sufficient when engaging the living body in a healing process. It became clear that new languages needed to be explored—embodied languages to help create a bridge between soma and mind.

I am grateful for the discoveries and learnings that have been revealed in this research, reminding me of the incredible healing capacity that we have as human beings when given the right conditions. I was excited to learn how the combination between somatic-based approaches and artistic expression can create such an effective therapeutic method, a powerful catalyzer of life force, creativity, and connection. I also acknowledge the limits of somatic-artistic psychotherapy. I recognize that psychotherapy cannot always cure the complex issues and symptoms caused by trauma.

However, it is also true that the healing muscles get activated when we engage in embodied art-making; expanding our capacity to connect with self, with others, and the world, which in turn, can lead to an improved quality of life.

May we find in deep listening, our way to acknowledging the different fibers that weave together our human experience. May we find in dance, a new modeling for our encounters with one another. May the act of art-making keep us in continuous dialogue with both our light and our shadow. May our bodies continue teaching us how to awaken from the soul's inertia and move us to be rooted in this world.

## References

- Abram, D. (1996). *The spell of the sensuous*. New York, NY: Vintage Books.
- Adler, J. (1999). Who is the witness? A description of authentic movement. In P. Pallaro (Ed.), *Authentic movement: A collection of essays by Mary Starks Whitehouse, Janet Adler, and Joan Chodorow* (pp. 73-105). London, UK: Jessica Kingsley.
- Baring, A. Seminar 8: The Brain and the Neuro-Psycho-Immune System. Retrieved April 29, 2012 from [http://www.annebaring.com/anbar08\\_seminar8.htm](http://www.annebaring.com/anbar08_seminar8.htm)
- Barratt, B. (2013). *The emergence of somatic psychology and bodymind therapy*. New York, NY: Palgrave MacMillan.
- Bettelheim, B. (1982). *Freud and man's soul*. New York, NY: Vintage Books.
- Bloom, K. (2006). *The embodied self: Movement and psychoanalysis*. London, UK. Karnac.
- Bosnak, R. (2007). *Embodiment: Creative imagination in medicine, art and travel*. New York, NY: Routledge.
- Broderick, M., & Traverso, A. (2010). *Trauma, media, art: New perspectives*. New Castle, UK: Cambridge Scholars.
- Bromberg, P. M. (2011). *The shadow of the tsunami and the growth of the relational mind*. New York, NY: Routledge.
- Chodorow, J. (1991). *Dance therapy and depth psychology: The moving imagination*. London, UK: Routledge.
- Chodorow, J. (1999). The body as symbol in dance/movement in analysis. In P. Pallaro (Ed.), *Authentic movement: Essays by Mary Starks Whitehouse, Janet Adler and Joan Chodorow* (pp. 279-299). Philadelphia, PA: Kingsley.
- Conger, J. (1988). *Jung and Reich: The body and shadow*. Berkeley, CA: North Atlantic Books.

- Coppin, J., & Nelson, E. (2005). *The art of inquiry: A depth psychological perspective*. Putnam, CT: Spring.
- Corbin, H. (1972). *Mundus imaginalis or the imaginary and the imaginal*. Spring, 1-19.
- Corbett, L. (2010). *Introduction to the body and its treatment in psychology and psychotherapy: Lecture notes of Dr. Lionel Corbett (Private distribution only, 2<sup>nd</sup> draft)*.
- Corsini, R. (2000). *Current psychotherapies*. Belmont, CA: Brooks/Cole.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Dekeyser, M., Elliot, R., & Leijssen, M. (2009). *Empathy in psychotherapy: Dialogue and embodied understanding*. In J. Decety & W. Ickes (Eds.), *The social neuroscience of empathy* (pp. 113-124). Cambridge, MA: The MIT Press.
- Ellenberger, H. (1970). *The discovery of the unconscious. The history and evolution of dynamic psychiatry*. New York, NY: Basic Books.
- Feldenkrais, M. (1990). *Awareness through movement*. San Francisco, CA: HarperSanFrancisco.
- Fisher, A. (2002). *Naturalistic psychology: A sketch*. In *Radical ecopsychology* (pp. 117- 153). New York, NY: State University of New York Press.
- Freud, S. (1950). *The interpretation of dreams* (A. A. Brill, Trans). New York, NY: Modern Library. (Original work published 1913)
- Freud, S. (1961). *The ego and the id*. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19, pp. 3-68). London, England: Hogarth Press. (Original work published 1923)
- Freud, S. (1969). *An example of psycho-analytic work*. In J. Strachey (Ed. and Trans.), *The*

- standard edition of the complete psychological works of Sigmund Freud (Vol. 23, pp. 64-78). New York, NY: Norton. (Original work published 1949)
- Freud, S. (2005). On murder, mourning and melancholia (A. Phillips, Ed.). New York, NY: Penguin Books. (Original work published 1940)
- Freud, S., & Breuer, J. (2012). Studies on hysteria (J. Strachey Trans.). Basic Books. (Original work published 1895)
- Giorgi, A., (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Pittsburgh, PA: Duquesne University Press.
- Halprin, A. (1995). Moving toward life: Five decades of transformational dance. Middletown, CT: Wesleyan University Press.
- Halprin, A. (2000). Returning to health. Mendocino, CA: Life Rhythm.
- Halprin, D. (2003). The expressive body in life, art and therapy. London, UK: Jessica Kingsley.
- Hanna, T. (1986). What is somatics? *Somatics: Magazine-journal of the bodily arts and sciences*, V(4), 4-8.
- Hatch, J. A. (2002). Doing qualitative research in educational settings. Albany, NY: State University of New York Press.
- Heller, L., & LaPierre, A. (2012). Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship. Berkeley, CA: North Atlantic Books.
- Herman, J. (1992). Trauma and recovery: The aftermath of violence from domestic abuse to political terror. New York, NY: Basic Books.
- Hillman, J. (1975). Revisioning psychology. New York, NY: Harper and Row.
- Hillman, J. (1977). An inquiry into image. *Spring*, 62-88.

- Johanson, G. (2009). Nonlinear science, mindfulness, and the body in humanistic psychotherapy. *The Humanistic Psychologist*, 37, 159-177.
- Jung, C. G. (1959). Two essays on analytical psychology (R. F. C. Hull, Ed.; H. Read, M. Fordham, & G. Adler, Trans.). New York, NY: Princeton University Press.
- Jung, C. G. (1964). *Man and his symbols*. New York, NY: Dell.
- Jung, C. G. (1966). Part 1. The archetypes and the collective unconscious (R. F. C. Hull, Ed.; H. Read, M. Fordham, & G. Adler, Trans.). New York, NY: Princeton University Press.  
(Original work published 1959)
- Jung C. G. (1966). The therapeutic value of abreaction. In H. Read et al. (Eds.), & R. F.C. Hull (Trans.), *The collected works of C. G. Jung*. Princeton, NJ: Princeton University Press.  
(Original work published 1928)
- Jung, C. G. (1970). The theory of psychoanalysis. In H. Read et al. (Eds.), & R. F. C. Hull (Trans.), *The collected works of C. G. Jung*. Princeton, NJ: Princeton University Press.  
(Original work published 1912)
- Jung, C. G. (1988). *Nietzsche's Zarathustra: Notes of the seminar given in 1934-1939 by C. G. Jung* (J. Jarrett, Ed.; 2 Vols.). Princeton, NJ: Princeton University Press. (Original work published 1934-1939)
- Jung, C. G. (1989). *Memories, dreams, reflections* (Rev. ed.; R. & C. Winston, Trans.). New York, NY: Pantheon Books. (Original work published 1963)
- Kalsched, D. (1996). *The inner world of trauma*. London, UK: Routledge.
- Keleman, S. (1999). *Myth and the body*. Berkeley, CA: Center Press.
- Knill, P., Barba, H. N. & Fuchs Knill, M. N. (1995) *Minstrels of soul: Intermodal expressive therapy*. Toronto, Canada: Palmerston Press. In

- Knill, P. (1999) Soul nourishment, or the intermodal language of the imagination. In Levine, E., & Levine, S. K. (1999). *Foundations of expressive arts therapy*. London, UK: Jessica Kingsley.
- Knill, P., Levine, E., & Levine, S. (2005). *Principles and practice of expressive arts therapy*. London, UK: Jessica Kingsley.
- Knill, P. (2017). The essence in a therapeutic process, an alternative experience of wording? In Levine, E., & Levine, S. K. (Ed.). *New developments in expressive arts therapy. The play of poiesis*. London, UK: Jessica Kingsley.
- Kradin, R. (2011). Psychosomatic disorders: The canalization of mind into matter. *Journal of Analytical Psychology*, 56, 37-55.
- Kvale, S. (1996). *Interview: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- La Barre, F. (2005). The kinetic transference and countertransference. *Contemporary Psychoanalysis*, 41, 249-279.
- Levine, E., & Levine, S. K. (1999). *Foundations of expressive arts therapy*. London, UK: Jessica Kingsley.
- Levine, E., & Levine, S. K. (2017). *New developments in expressive arts therapy. The play of poiesis*. London, UK: Jessica Kingsley.
- Levine, P. A. (1997). *Waking the tiger. Healing trauma*. Berkeley, CA: North Atlantic Books.
- Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.
- Levine, P. A. (2015). *Trauma and memory: Brain and body in search for the living past*. Berkeley, CA: North Atlantic Books.

- Levine, S. K. (1992). *Poiesis. The language of psychology and the speech of the soul*. London, UK: Jessica Kingsley.
- Levine, S. K. (2009). *Trauma, tragedy, therapy. The arts and human suffering*. London, UK: Jessica Kingsley.
- Levy, F. (1988) *Dance movement therapy: A healing art*. Reston, VA: National Dance Association, American Alliance for Health
- Lewis, T., Amini, F., & Lannon, R. (2001). *A general theory of love*. New York, NY: Vintage Books.
- Lyons-Ruth, K., (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal*, 19(3), 282-289.
- Marks-Tarlow, T., Solomon, M., & Siegel, D. (2018). *Play and creativity in psychotherapy*. New York, NY: Norton.
- McNiff, S. (1992). *Art as medicine. Creating a therapy of the imagination*. Boston, MA: Shambhala.
- McNiff, S. (2017). Cultivating imagination. In Levine, E., & Levine, S. K. (Ed.). *New developments in expressive arts therapy. The play of poiesis*. London, UK: Jessica Kingsley.
- McNiff, S. (2017). The question of quality art in expressive arts therapy. In Levine, E., & Levine, S. K. (Ed.). *New developments in expressive arts therapy. The play of poiesis*. London, UK: Jessica Kingsley.
- Merleau-Ponty, M. (2012). *Phenomenology of perception* (D. Landes, Trans.). New York, NY: Routledge. (Original work published 1962)

- Meyer DeMott, M. A. (2017). The garden of praise and lament: Expressive arts group psychotherapy with trauma survivors in exile. In Levine, E., & Levine, S. K.(Ed.).New developments in expressive arts therapy. The play of poiesis. London, UK: Jessica Kingsley.
- Ogden, P., Minton K., & Pain, C. (2006). Trauma and the body: A sensorimotor approach to psychotherapy. New York, NY: Norton.
- Onions, C. T. (Ed). (1966). Oxford dictionary of English etymology. Oxford, England: Clarendon Press.
- Pacifica Graduate Institute (2019). Retrieved from <https://www.pacifica.edu/about-pacifica/what-is-depth-psychology/>
- Pallaro, P. (2007). Somatic countertransference: The therapist in relationship. In P. Pallaro (Ed.), Authentic movement: Moving the body, moving the self, being moved. A collection of essays (Vol. 2, pp. 176-193). London, UK: Jessica Kingsley.
- Paris, G. (2011). Heartbreak: New approaches to healing. Minneapolis, MN: World Books Collective.
- Reich, W. (1972). Character analysis (M. Higgins & C. Raphael, Eds.; V. Carfagno,Trans.; 3rd ed.). New York, NY: Farrar, Strauss and Giroux. (Original work published 1945)
- Rogers, N. (1993). The creative connection. Palo Alto, CA: Science Behaviours Books.
- Romanyshyn, R. (2007). Embodiment: Creative imagination in medicine, art and travel. New York, NY: Routledge.
- Rosenberg, J. L. with Rand, M. L. (1985). Body, self and soul: Sustaining integration. Atlanta, GA: Humanics.

- Ross, J. (2007). *Anna Halprin: Experience as dance*. Berkeley, CA: University of California Press.
- Rothschild, B. (2000). *The body remembers. The psychophysiology of trauma and trauma treatment*. New York, NY: Norton.
- Rothschild, B. (2017). *The body remembers. Volume 2. Revolutionizing trauma treatment*. New York, NY: Norton.
- Sabini, M. (2002). *C. G. Jung on nature, technology and modern life*. Berkeley, CA: North Atlantic Books.
- Schore, A. N. (2012). *The science of the art of psychotherapy*. New York, NY: Norton.
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NY: Teachers College Press, Columbia University.
- Sheets-Johnstone, M. (2009). *The corporeal turn*. New York, NY: Academic Imprint.
- Shepard, P. (1998). *Coming home to the Pleistocene*. Washington, DC: Island Press.
- Shorter, E. (1992). *From paralysis to fatigue: A history of the psychosomatic disorders in the modern era*. New York, NY: Free Press.
- Smith, C. M. (2007). *Jung and shamanism in dialogue. Retrieving the soul/retrieving the sacred*. New York, Manwah, NJ: Paulist Press.
- Solms, M. (2002). *The brain and the inner world: An introduction to the neuroscience of subjective experience [Kindle DX version]*. Retrieved from Amazon.com
- Storr, A. (1983). *The essential Jung*. New Jersey, NJ: Princeton University Press.
- Stromsted, T. (2007). *The dancing body in psychotherapy: Reflections on somatic psychotherapy and authentic movement*. In P. Pallaro (Ed.), *Authentic movement: Moving the body, moving the self, being moved* (pp. 202-220). Philadelphia, PA: Kingsley.

- Tamalpa Institute (n.d.). Retrieved from <https://www.tamalpa.org/>
- Tick, E. (2001). *The practice of dream healing*. Wheaton, IL: Quest Books.
- Todd, M. E. (1937). *The thinking body*. Gouldsboro, ME: The Gestalt Journal Press.
- Todres, L. (2007). *Embodied enquiry: Phenomenological touchstones for research, psychotherapy and spirituality*. New York, NY: Palgrave Macmillan Read.
- Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body and society*. New York, NY: Guilford Press.
- Van Der Kolk, B. (2014). *The body keeps the score: Brain mind and body in the treatment of trauma*. New York, NY: Penguin Group.
- Watson, J. C., & Greenberg, L. (2009) Empathic resonance: A neuroscience perspective. In J. Deceity & W. Ickes (Eds.), *The social neuroscience of empathy* (pp. 113-124). Cambridge, MA. The MIT Press.
- Wilkinson, M. (2006). *Coming into mind*. East Sussex, NY: Routledge.
- Wilkinson, M (2010). *Changing minds in therapy: Emotion, attachment, trauma and neurobiology*. New York, NY: Norton.
- Winnicott, D. W. (1971). *Playing and reality*. London, UK: Tavistock.
- Zeki, S. (2001). Artistic creativity and the brain. *Science*, 293, 51-52. Retrieved from <http://www.neuroesthetics.org/pdf/scil.pdf>

## Appendix A

**Invitation Email**

*Copy of the email message that Tamalpa Institute's program coordinator sent out to Tamalpa graduates.*

Subject: Invitation to participate in a research project

**Invitation for Tamalpa Graduates to participate in a research study. Please read Rosario Sammartino's letter below. If you are interested, contact Rosario directly (her information is included at the end of the letter). Thank you.**

Dear \_\_\_\_\_

I hope this letter finds you well. I am reaching out to graduates of Tamalpa Institute as I am conducting a research study for my dissertation as a Ph.D. candidate at Pacifica Graduate Institute. In my dissertation I am exploring the value of combined somatic and artistic approaches in the healing of trauma. The therapeutic model I have chosen for the purpose of this research is the Tamalpa Life/Art Process and more specifically the Personal Embodiment training program at Tamalpa Institute.

My intention is to interview individuals who have experienced trauma at some point in their lives and then completed the Personal Embodiment program at Tamalpa Institute. My hope is to generate understanding of the lived experiences of those who have participated in the Tamalpa Life/Art Process and to propose interventions regarding the therapeutic and transformative value of somatic-artistic interventions in the face of trauma.

To determine whether you might be a candidate to participate in this study, please review the attached definition of trauma being used for this study (Attachment 1) as well as a summary of how the study will be conducted (Attachment 2).

My wish is that participating in this research study will be an enriching experience and an opportunity to contribute new knowledge to the fields of depth psychology, somatics, and the expressive arts; further illuminating the process of healing and transformation in psychotherapy.

Please contact me via phone or email should you have any questions about this letter and involvement in this study. I will be delighted if you are able to participate. Please review the following description of the study and respond to me via email or phone within 10 days of receiving this letter if you are able to participate. My sincere thanks for considering being a part of this project.

Rosario Sammartino

Email: rochi.sammartino@gmail.com

Phone: 415-419-620

**Appendix A (Attachment 1)****Definition of Trauma**

Trauma can be defined as the result of a psychophysical experience that overwhelms our life. Traumatic events can include, but are not limited to, physical or psychological abuse, sexual assault, incest, domestic violence, war, accidents, and natural disasters.

Researchers have also shown that it is not only conscious exposure to death and violence that can be traumatizing; “accidents, falls, illnesses, and surgeries that the body unconsciously perceived as threatening are often not consciously regarded as outside the range of usual human experience. However, they are often traumatizing” (P. A. Levine, 1997, p. 24).

**Appendix A (Attachment 2)****Summary of how the study will be conducted**

1. Interviews will take place privately in my office in Berkeley, California. There will be a total of two interviews, both of which I will conduct. Each interview will last two hours and the interviews will be scheduled one week apart from each other. Interviews will be conducted on a mutually agreed upon day and time, preferably during the month of May 2018.
2. During the interview you will be asked to answer a series of questions about your experiences in the Personal Embodiment program at Tamalpa Institute. Although I will initiate the discussion with specific questions, the dialogue will be open and you will be free to comment on anything significant to you. You will be invited to explore these questions verbally and also through the language of the arts, using the PKIP model. Each interview will be audiotaped. The taped interviews will then be transcribed into a written format. Your confidentiality will be respected at all times.
3. The ethical guidelines for doing a research study like this includes safeguards for the participation and confidentiality of the participant. For instance, there will be an Informed Consent Form to read and sign before the interview process begins. This form will outline such things as the use of a pseudonym to protect the participants' confidentiality, the participants' right to refuse to answer a question or withdraw from the study at any time if they wish, the estimated amount of time the study will take, how to reach me with any questions, and my rights to use the interview data in my dissertation or other publications.

4. There are both benefits and risks of participating in a research study like this. One risk is the possibility of experiencing psychological discomfort due to personal material that may come up during the interview process. The safeguard provided for this is that each participant has complete authority over what they are willing to talk about and they may decline to answer any question, or can withdraw from the study or the interview at any time. You are free to take a break from the interview or discontinue the interview at any point. If, following the interviews, I notice that you have become distressed or triggered, I will request that you seek support in your established network as a condition of your continued participation.
5. The interview process will be free and supportive. The intention is that the data collected through the interviews will describe the embodied experience of graduates of the Personal Embodiment program.
6. Following the transcription of the two interviews you will be sent a copy of the transcripts. After reviewing the interview transcripts, I will contact you by email and ask you to offer any corrections or comments on the interview material.

Appendix B

**Questions for the screening interview:**

1. Please explain briefly, what attracts you about this research?
2. In a few words, how do you imagine your experience can inform this research?
3. Are you currently in therapy? If you should need therapeutic support, what resources do you currently have available?

Appendix C  
**Informed Consent Form**

1. I agree to allow Rosario Sammartino to ask me questions and guide me in a PKIP process in two audiotaped interviews about my personal experience in the Personal Embodiment program at Tamalpa Institute.
2. The interviews will be audiotaped and conducted at Rosario Sammartino's office. Both interviews will be 2 hours long and will take place one week apart from each other.
3. The purpose of the interviews is to support Rosario Sammartino's dissertation, which explores the question: How are people who have experienced trauma effected by the somatic-artistic approach as used in the Personal Embodiment program at Tamalpa Institute?
4. Rosario Sammartino, the researcher, has explained that my name will not be indicated in the research data and that a pseudonym will be used unless I otherwise request to be identified. Also, the instructors and group members' identities who were in the Personal Embodiment program with me will also be kept confidential and will not be revealed in the data.
5. I understand that this study may result in research findings or publications, which will not benefit me personally.
6. Information about this study and the role of my interview in it has been given to me by Rosario Sammartino. I am aware that I can reach her anytime if I have questions or concerns by calling 415-419-6206 or emailing her at rochi.sammartino@gmail.com.
7. I understand that the interview may bring up material of a personal nature. I

understand that I can refuse to answer any question and can withdraw from this study at any time without any adverse consequences for myself. I also acknowledge that the researcher may discontinue the interview at any time.

8. I am not receiving any compensation for participating in this study.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

## Appendix D

**Interview Questions*****First interview: My experience during the TLAP Personal Embodiment program***

1. What brought you to the Personal Embodiment program at Tamalpa Institute?
2. Please describe for me your overall experience in the program.
3. Please share a little bit about yourself and your trauma history. Please include any details of your history you feel comfortable sharing with me in the context of this interview.
4. During the program, what challenges and resources did you encounter or discover that had a strong impact on you physically and/or psychologically?
5. What physical, emotional, and mental experiences did you have during the program? How did you feel about those experiences?

***Second interview: My experience after the TLAP Personal Embodiment program***

1. How did your experience in the program impact your quality of life?
2. How did trauma live in your body before the program? And how does it live in your body now?
3. Did your experience in the training program shift or change the nature of your personal relationships? Your relationship to your larger community? Your perspective on life?
4. What is the most important learning you gained from the experience?
5. Do you continue to practice the TLAP work? If so, how do you use the TLAP and integrate it into your life?