Somatic Experiencing: The Impact
On Therapists and Therapy

by

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B.Sc., University of British Columbia, 1999

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of

MASTERS OF ARTS

in the Department of Educational Psychology and Leadership Studies

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ABSTRACT

The purpose of this study was to further the understanding of the effects of training in Somatic Experiencing (SE), a body-centred approach to therapy. The following question was investigated: What are experienced, Master's level counsellors' perceptions of how senior level training in SE counselling approach has impacted their practice of psychotherapy? A modified qualitative, phenomenological methodology was used that incorporated individual interviews, a focus group and a collaborative data analysis process. The lived experiences of four counsellors trained in SE were investigated. There were a total of 22 emergent themes. The three deemed most central by participants were the following: aliveness as the goal of therapy, increased sense of spirituality in therapy for the therapist, and the central role of resources for therapist and client with increased lightness/ humour/ fun. Of the remaining themes, four related to influences on the person of the therapist, ten related to influences on the process and practical aspects of therapy, three related to therapists' understanding of human suffering and two related to imagery and metaphor.

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ACKNOWLEDGEMENTS

I would like to thank Dr. Norah Trace for supporting me in realising this vision. With her enthusiastic leadership and thoughtful feedback I was able to make this research both personally meaningful and academically relevant. I am also deeply grateful for the heartfelt participation of each of the four participants, without whom this research would not have been possible. I would like to further thank Dr. Jane Milliken, Dr. Geoff Hett, and Dr. Elizabeth Banister for their support in helping me finalise many important details of this work. Finally, I would like to acknowledge Dr. Peter Levine and Dr. Sharon Stanley for their inspiring passion for this therapeutic approach.

DEDICATION

I would like to dedicate this work to the Source of All Creation and to my beautiful community of family, friends, teachers and mentors. Your continual love, support and inspiration are at the core of everything I achieve: Mark, Mom, Dad, Julie, Christine, Grandma Marg, Grandpa Bill, Grandma Lil, Grandpa Ken, Barb, Eric, Glen, Joe, Alda, Laura, Damara, Damir, Laura, Leah, Nathan, Donyne, Dawna, Jess, Sue, Peter, Sharon, Norah, Sadie, Leo, Huna, Christ, Adya, Eckart, Thich Nhat Hanh, Gangaji, and the most precious recent addition, Avery.

CHAPTER ONE

INTRODUCTION

> Self-reflection is a desire felt by the body as well as the soul. As dancers, healers, and saints all know, when you turn your attention toward even the simplest physical process- breath, the small movements of the eyes, the turning of a foot in midair- what might have seemed dull matter suddenly awakens.
> (Griffin, 2001, p.183)

Introduction to the Topic

The impetus for this study came from my own personal experience with body awareness, my observation of the lack of inclusion of bodily experiences in traditional western psychotherapy, and my exposure to the Somatic Experiencing® method as a potentially powerful means of incorporating bodily experience into psychotherapy.

My experiences with body awareness practices, that is activities involving the conscious awareness of my inner felt sense of my body, have been deeply transforming in a variety of ways.

My first conscious practice of embodiment occurred on an intensive ten-day Vipassana meditation retreat. The Vipassana practice of Buddhism involves systematically moving one's awareness through each area of the body, observing sensations as they arise and pass. Over time I was able to sense increasingly subtle sensations in my body. Even between meditation sits, I was feeling more conscious of the ever-changing experiences in my body. This transition brought with it not only incredible feelings of peace, serenity, "groundedness", and clarity of mind, but also a profound felt experience of being physically connected to the earth. I was feeling more alive and present than I ever knew possible.

While the intensity of this experience wore off once I returned to the busy demands of every day life, these experiences have changed me forever. Since then, I

continue to use my ability to experience the felt sense of my body as an anchor to the present moment, an application of body awareness documented in the literature (Gendlin, 1981). When I notice that I have become lost in the frenetic concerns of my mind, I tune into the present experience of my own body. Moreover, my sense of self has been shifting from being based entirely in thoughts and memories about who I am, to including the moment to moment lived experience in my body. Buddhist meditation teacher and psychologist Jack Kornfield (1993) writes, "In meditation, we can slow down and sit quietly, truly staying with whatever arises. With awareness, we can cultivate a willingness to be open to physical experiences without struggling against them, to actually live in our bodies" (p.43). I am realising that I am not just a sum total of my thoughts, but am also an embodied, alive being. This expansion has enriched my life more than words can describe.

In addition to facilitating very peaceful and fulfilling states, learning to tune into my body has given me a new language for understanding and recognising less conscious dimensions of my experience. Guided from a Buddhist perspective, I am discovering that my bodily states often express parts of my psychological, spiritual, emotional, behavioural and cognitive experiences that I am less conscious of (Kornfield, 1993; Hanh, 1991). Discomforts in my body such as tightness in my chest, for example, often show me that I am having anxiety about something before I have consciously recognised it (Kornfield, 1993). This kind of clear indication has helped me notice when there is either incongruence between my actual and ideal behaviour, or when I am being triggered by something.

Coming into my body has been creating profoundly positive changes in my sense of self and wellbeing in the world by expanding my tools for self-discovery and

psychological growth. Despite the powerful potential I had experienced from body awareness, I was surprised to discover that there was little mention in the graduate level counselling theories course of the value or significance of including the body in therapy. Even instruction in deep muscle relaxation was an optional aspect of the curriculum at the small Canadian University where I studied.

When I was introduced to the Somatic Experiencing® (SE) method by some of my instructors, I was able to see parallels between this technique and my meditation experience. SE provided a framework for inviting clients to incorporate their physical experience into therapy sessions (Levine, 1997). This theory also allowed me to conceptualise my experience with Vipassana in psychological terms. After being sufficiently inspired by literature and demonstrations on SE theory and practice, I decided to pursue beginner's level training in SE. I began the first part of this training at the beginning of this study in January, 2002.

Within mainstream western psychological theory, attempts have been made to incorporate the body into theory and practice (Cormier & Cormier, 1998; Perls, Hefferline & Goodman, 1977; Raskin & Rogers, 1995). Within cognitive behavioural, experiential and client-centred models there are techniques that incorporate the body to varying degrees (Cormier & Cormier, 1998; Perls, Hefferline & Goodman, 1977; Raskin & Rogers, 1995). To date, however, there are few comprehensive therapeutic approaches that, like SE, address all aspects of individual experience, including the felt sense. Other approaches that incorporate the felt sense in various ways include, for example, Lowen's (1995) Bioenergetic Analysis, Gendlin's (1981) Focusing, and Shapiro's (1995) Eye Movement Desensitisation and Reprocessing. I have little doubt that body-centered psychotherapy and Somatic Experiencing®, in particular, will make tremendous

contributions to the research, theory and practice of Counselling Psychology. There is much to be learned about the specific contributions made by this approach as we explore therapists' perceptions of how they have been impacted personally and professionally by SE training.

As the field of counselling and psychotherapy grows, the strengths and limitations of traditional psychotherapy are being recognised. In facilitating recovery from Post Traumatic Stress Disorder (PTSD), for instance, traditional psychotherapy has been helpful but often unable to facilitate complete recovery (van der Kolk, McFarlane & van der Hart, 1996). Mood altering drugs help people to manage some of the debilitating symptoms, but clients must often remain on the medication to maintain the effects (Turnbull & McFarlane, 1996).

Life experiences impact people in a variety of conscious and unconscious ways. At a conscious level, experiences affect cognitive memories and the moment to moment meaning we make about the world and ourselves. Slightly less than conscious are the underlying core beliefs we maintain, also about the world and ourselves (Ellis, 1995). Closely linked to various cognitive dimensions are the positive and negative emotions of happiness, sadness, fear, security, love, and anger (Siegel, 1999). Each of these impacts the choices we make and the actions we take. Traditional psychotherapy methods, including humanistic, psychoanalytic, cognitive, behavioural, constructionist and experiential approaches have made tremendous contributions through the exploration and transformation of these cognitive, emotive, and behavioural aspects of experience (for examples, see Corsini, 1995; Cormier & Cormier, 1998; Watson, Greenberg, & Lietaer, 1998).

Life experiences not only impact cognition, emotion, and behaviour, but they also impact bodily states. The implicit memory system makes associations with external stimulus through the body (Siegel, 1999). Even without conscious recall of a stressful event, for example, implicit memory can activate bodily changes in heart rate, perspiration, and muscle tension when we encounter a stimulus that is in some way similar to the historical situation (Siegel, 1999). Our nervous systems can become activated. We might unknowingly attribute our bodily responses to present circumstances, and project a coloured meaning into the present moment. In short, our bodies remember, even if we do not, and they can in turn have a strong impact on our cognitions, emotions and behaviours (Siegel, 1999).

With a non-specialised masters degree in Counselling Psychology from a Canadian university, counsellors receive some basic techniques for addressing the physiological component associated with stress. With an overview of client-centred, humanistic training, most counsellors are taught to pay attention to clients' body language. Empathic reflections might include references to shifts in body posture observed by the counsellor (Egan, 2002; Hackney & Cormier, 1996; Moursund, 1993). Likewise, counsellors are taught to be aware of the messages conveyed by their own body posture (Egan, 2002; Hackney & Cormier, 1996; Moursund, 1993). Many general programs also provide basic instruction in cognitive-behavioural techniques, at least as an optional course (Simon Fraser University, 2001; University of Saskatchewan, 2002; University of Toronto, 2001; University of Victoria, 2001). Some of the basic cognitive-behavioural techniques that incorporate the body are deep muscle relaxation, creative visualisations, and systematic desensitisation (Cormier & Cormier, 1998). In systematic desensitisation, clients are led to imagine a stimulus that is increasingly anxiety

provoking while keeping their bodies in a state of relaxation (Cormier & Cormier, 1998). With these cognitive-behavioural techniques the body is involved in therapy, but not the central focus (Cormier & Cormier, 1998).

After a masters degree, there are a variety of popular training programs that counsellors might pursue that also incorporate the bodily dimension of psychological stress. Some of these might also be offered as optional courses in some universities (University of Toronto, 2001; University of Victoria, 2001). Training with experiential approaches, such as Gestalt, Satir, or psychodrama might have clients dramatise or exaggerate particular physical stances or postures in order to strengthen the experience of particular emotions (Perls, Hefferline, & Goodman, 1977; Satir, 1983; Watson et al. 1998). Again, these approaches do involve the body with particular interventions, but the body is not a primary focus of therapy.

With knowledge of the neurophysiological impact of stress, some theorists propose bodily activation might be a central aspect of how historical events continue to influence us. Levine (1997; 1996a, 1996c, 1996d, 1996e) and Shapiro (1989) suggest, for example, that the activation in the body is more readily discharged if the focus of therapy remains primarily on the body rather than the memory, and that the discharge of bodily activation is central to recovery from stressful events.

Levine (1996b; 1997), the founder of Somatic Experiencing®, a psychophysiological treatment for Post Traumatic Stress Disorder, proposes the use of body-awareness to heal imbalances in the autonomic nervous system. While there has been no empirical research to document the relative effectiveness of the technique, a vast array of documented case studies and one qualitative study have been very promising. These preliminary findings indicate that the technique has tremendous potential for

expanding the treatment options for the resolution of PTSD in particular, and non-specific historical stress in general.

After therapists graduate from university with a masters degree, they often expand their knowledge and develop professional specialties by pursuing additional professional training. One such training that is available is in Somatic Experiencing®. masters level counsellors and other helping professionals are currently being trained to use this technique in Canada and the United States. To my knowledge, there is no research that documents the experiences and perceptions of such individuals. This study is an exploratory contribution towards helping us better understand the practice of Somatic Experiencing® in general, and how post masters training in this method influences therapists and their practice of psychotherapy.

Statement of the Problem

The problem investigated in this study is expressed through the following question: What are experienced, masters level counsellors' perceptions of how senior level training in Somatic Experiencing® counselling approach has impacted their practice of psychotherapy?

Purpose of the Study

The purpose of this study is to further the understanding of the SE approach to therapy, and its place in the field of Counselling Psychology. By qualitatively researching the experiences of masters level counsellors who have pursued beginner and intermediate level training in SE, I hope to meet this goal. The counsellors I will be interviewing will have invested their time and money over two years in pursuit of this training, and I am curious how it has impacted them.

With no research in this area, the present study is an exploratory one. As such, no conclusions can be drawn about the causality of the experiences reported. Nevertheless, my hope is that the present study will help to expand the understanding of the possibilities of how this theory and approach to therapy might influence how counselling and psychotherapy is practiced. How can SE training potentially influence the following: the goals of therapy, the roles of therapist and client, the therapeutic relationship, therapists awareness of themselves and their bodies during therapy, a therapist's way of being with clients, his/her experience of emotions during therapy, specific techniques or styles used in therapy, his/her way of understanding human change and human suffering, and their own self-care and resiliency in their work as therapists? I am also curious about how they have integrated this training with other approaches, any metaphors they have for describing how SE training has influenced their practice of therapy, and any personal influences of the training which have in turn impacted their work as therapists. These areas will be investigated throughout this research for the purpose of gaining knowledge that will be useful for counsellors, psychologists and the field of Counselling Psychology.

Definition of Terms

Specific terminology is used in this study. To ensure proper interpretation of these terms I offer the following definitions to be used for the purpose of this study:

Somatic Experiencing: "A short-term naturalistic approach to the resolution of post-traumatic stress reactions. It is based on the ethological observation that animals in the wild utilise innate homeostatic mechanisms to regulate and neutralise the high levels of arousal associated with defensive survival behaviours. Through focal awareness of bodily sensation, individuals are facilitated to access these restorative physiological

action patterns, allowing the highly aroused survival energies to be safely and gradually neutralised. Unregulated arousal previously locked in the neuromuscular and central nervous system (CNS) can be discharged and completed, thus preventing and resolving traumatic symptoms" (Levine, 1996d, 1996f, 1997).

Therapist/psychotherapist/counsellor: "Persons who create and work within a relationship in a way that focuses on the other person called the client or patient and his [sic] needs... [They] develop a form of being-with this person that is unique in that it involves genuine two-way contact at a deep level of knowing and caring, and yet has as its purpose the personal growth and enrichment of only one of the parts" (Moursund, 1993, p.2).

Senior Level Training in Somatic Experiencing: The completion of at minimum all the requirements for beginner levels I, II, & III and intermediate levels I, II, & III of Somatic Experiencing® training offered by the Foundation for Human Enrichment (Foundation for Human Enrichment, 2002).

Therapeutic Approach: A theoretical orientation guiding a therapist's way of conceptualising and behaving within a relationship with their patient or client (Moursund, 1993).

Shock Trauma: A psychological state of severe fright that we experience when we are confronted with a sudden, unexpected, potentially life-threatening event that overwhelms an individual's capacity to respond effectively (Levine, 1997).

Developmental Trauma: Referring primarily to the psychologically based issues that are usually a result of inadequate nurturing and guidance through critical developmental periods during childhood. Such cruelty or neglect can result in symptoms that are similar to and often intertwined with those of shock trauma (Levine, 1997).

Experienced masters Level Counsellors: Practicing counsellors with either a minimum of two years of full time experience (or equivalent) working with clients who have, at minimum, completed all of the course work for a masters Degree in either Counselling Psychology or Social Work. This includes persons in the process of completing the thesis/project portion of the masters degree.

Explicit Memory: The form of memory requiring conscious attention for encoding and involving the subjective experience of recollection. It includes factual and autobiographical memory (Siegel, 1999).

Implicit Memory: The form of memory that occurs in absence of the conscious awareness that something is being recalled. It includes behavioural, emotional, perceptual and possibly somatosensory memory (Siegel, 1999).

Naturalistic movement: Gestures or postures produced by an individual which, appearing from a therapist's point of view to belong to their own repertoire of physical motion, encompass what has come to be popularly known as body language (Simonds, 1994).

Renegotiation of trauma: The completion or resolution of unfinished neurological or psychomotor patterns through a conscious, gentle energetic discharge (Levine, 1997).

Self-regulation: The manner in which people come to modulate their own processes consisting in part of the modulation of emotions (Siegel, 1999). This "can involve any of the basic levels of emotion: physiology, subjective experience, and behavioural change" (Siegel, 1999, p.156). Effective emotional modulation allows people to achieve a "wide range and high intensity of emotional experience while maintaining flexible, adaptive, and organised behaviour" (Siegel, 1999, p.156).

SIBAM model: "A model that includes the neurophysiologic, behavioral and somatic aspects of the trauma experience. SIBAM includes the dimensions of (S)ensation, (I)mage, (B)ehaviour, (A)ffect, and (M)eaning which together form the gestalt or wholeness of fluid, continuous, coherent, responsiveness and experience" (Levine and Heller, 1997, p.18).

Sensation: "Subjective internal bodily experiences that include kinesthetic experiences known through muscle tension and movement impulses, proprioceptive experiences known through joint position, vestibular experiences known through the inner ear that allows the integration of kinesthetic and proprioceptive in gravity and time, and autonomic known through temperature, digestion, gurgling sounds in the internal organs, eye motion, heart rate, tremblings and other involuntary functions" (Levine and Heller, 1997, p.18).

Images or impressions: "Internal representations of external stimuli. The sensorium includes visual (sight), auditory (sound), tactile (touch), olfactory (smell) and gustatory (taste)" (Levine and Heller, 1997, p.18-19).

Behaviour: Aspects of experiences that can be observed on the outside by another individual such as a movement of a body part (Stanley, 2003). These include voluntary movements, emotional expression in face or body movement, postural shifts, intentional movements, autonomic movements such as sweating, pupil dilation and shaking, and symbolic behaviours including spiritual mudras (i.e. hands in prayer position) and archetypical movements of gestures (i.e. mother holding baby) (Levine and Heller, 1997, p.19).

Affect: Raw, un-languaged experience in the body governed by the limbic system, moving in a pattern, that colours all real and imagined experience with emotion (Stanley,

2003). Examples of affect include strong emotions, nuance of affect including subtle feeling tones and moods, primary emotion as the fresh emotional response to something, and secondary emotion describing a pattern of response that remains recurrent and unevolving (Levine and Heller, 1997, p.20).

Meaning Making: Aspect of experience that includes beliefs, interpretations, cognitive functions, labeling of experience, judgements, analysis, thoughts and knowledge (Levine and Heller, 1997, p.20).

Felt Sense: The subjective experience of the inner sensations of the body, which can be associated with or accompany emotional experience. It is "not a mental experience but a physical one...A bodily awareness of a situation or person or event. An internal aura that encompasses what you feel and know about the given subject at a given time- encompasses it and communicates it to you all at once rather than detail by detail" (Gendlin, 1981, p.8). "The felt sense includes the whole SIBAM and organises the totality of experiences. The felt sense is the gestalt of everything that forms your internal experience and tells you at any given moment where you are and how you feel" (Levine and Heller, 1997, p.18).

Resonance: "The capacity of the therapist to sense into the client's inner felt experience without being invasive" (Levine and Heller, 1997, p.18).

Titration: A client's movement that is directed by a therapist to guide them between experiences of expansion and contraction, between constriction and relaxation, or from one element of SIBAM to another (Stanley, 2003). It is the breaking down of stimulus or charge into manageable pieces that can be integrated and moved through (Heller & Levine, p.45, 1997).

Ellipse: A symbol in the shape of a horizontal figure 8 used to describe the process of titrating between the trauma and healing vortices (see illustration 1).

Pendulation: An organism's experience of moving between expansion and contraction, between constriction and relaxation, smoothly, gently and gracefully that is directed by the innate wisdom of the organism (Stanley, 2003).

Coupling Dynamics: The parameters of connection between the elements of experience referred to as SIBAM (Levine and Heller, 1997, p.32).

Overcoupling: When images, sensations, emotions, and motor patterns fuse together into an overwhelming set of associations (Bernheart, 1998, p.153).

Undercoupling: A lack of coherent connectedness among and within the elements of SIBAM. The elements split apart in dissociated, disintegrated fragments of under associated experience (Levine and Heller, 1997, p.32).

Traumatic Coupling: A mixture of overcoupling and undercoupling that perpetuate fixed traumatic patterns. These units of consciousness referred to as SIBAM can become fused, fixed, disrupted, split apart and disorganised during overwhelming experience (Levine and Heller, 1997, p.32).

Dissociation: A state of mind involving a lack of association "in the usually integrative functioning of the mind" (Siegel, 1999, p.319). It is when aspects of a subjective experience are separated and isolated from one another either as they are experienced in the present tense and/or as they are retained in the memory system. It involves an "impairment in the ability to achieve coherence of the self", and "includes the phenomena of depersonalization, derealization, and psychogenic amnesia" (Siegel, 1999, p.319).

Joining: When a therapist effectively conveys to a client the feeling that they are being listened to, cared about, and taken seriously (Moursund, 1993).

Merging: A therapeutically counterproductive emotional reaction to a client or the entanglement of the counsellor's needs in the therapeutic relationship (Hackney & Cormier, 1996).

Delimitations

This is an exploratory qualitative study. It is not the intention of this research to explain the phenomenon, generate theory, or generalise. I intend instead to provide a glimpse into the life worlds of counsellors who have been trained in the Somatic Experiencing® approach at an intermediate level. This study is limited in that it cannot generalise to the experience of all persons or counsellors trained in Somatic Experiencing®. It further cannot generalise to counsellors or persons who might pursue Somatic Experiencing® training in the future.

It is beyond the scope of this report to consider the relative effectiveness of various therapeutic modalities, including Somatic Experiencing®, for treating post-traumatic stress disorder or other psychological conditions. The goal is to explore the perceptions of counsellors.

Assumptions

Creswell (1998) proposes that good qualitative research is guided by the following five assumptions which apply to the present research:

1. There are multiple truths in all phenomena, shifting in terms of the subjective stance of the observer. This assumption allows participants, readers and myself to experience the same phenomenon in different ways.

2. There is a close relationship between myself as a researcher and the participants. From this perspective there will be an effort to decrease the distance between the phenomenon being explored and myself.
3. Personal values have a role in the inquiry. This will lead me to actively document my personal biases as they arise and explore those that might be present in the data collected from participants.
4. The personal style of the narrative, which propels me to incorporate my personal narrative into the study and use the first person in these descriptions, and throughout the research. I will also use specific terms germane to qualitative inquiry such as *credibility* in place of *internal validity*.
5. The use of an inductive methodology where meaning and categories will emerge out of the participants' statement rather than be determined in advance.

In accordance with these assumptions, therefore, I must state the values and beliefs I held as I began this research process.

Assumptions about the research:

- It was my assumption that allowing participants to describe their experiences in their own terms would be of most benefit to the field of Counselling Psychology by providing a deeper understanding of the subjective realities of the impact of SE training on experienced counsellors.
- It was my assumption that the present research would be a useful contribution to the body of knowledge about Somatic Experiencing®.

- I assumed that practitioners already being trained in Somatic Experiencing® would be a valuable source of knowledge for understanding the potential impact of body-centered psychotherapy and this method in particular.

Assumptions about SE and how training in SE might influence the practice of therapy:

- The Somatic Experiencing® theory and method inspire me, and I believed that they could uniquely contribute to counsellors and their practice of psychotherapy.
- I valued the importance placed on cognitive, emotional, and behavioural dimensions of experience in mainstream western psychotherapy, and believed that the somatic, spiritual and imaginative dimensions were under-emphasised.
- I believed that there is inherent wisdom in the body's processes, and that it is possible to be in or out of harmony with that wisdom.
- I believed that SE training has the potential to allow counsellors to discover and become more in tune with the wisdom of their own bodies.
- I believed that there is no one right psychotherapy technique or healing approach, but rather multiple healing perspectives, each useful in different ways.
- I believed that the practice of psychotherapy is inherently influenced by the "personhood" of the practitioner, and as such the ways therapists are impacted personally by SE training might also impact their practice of psychotherapy.

As a researcher, my "stance" was postmodern, social constructionist, and feminist. By postmodern, I refer to the belief that there are multiple truths in all phenomena, shifting in terms of the subjective stance of the observer (Creswell, 1998; Kvale, 1996). By social constructionist, I refer to the belief that meanings of self, world, experience, and interactions amongst them are co-created or co-generated in the relationships between individuals and their environments (Hoyt, 1998; Kvale, 1996).

Finally, my stance was feminist in that I sought throughout this research to equalise power imbalances wherever possible, allowing participants to be the experts of their own experiences and fostering collaboration wherever possible (Creswell, 1998). Being multiplie situated within these perspectives led me to be much more curious about how people understand the phenomena in their lives than determining a quantifiable measure of those phenomena.

Summary of Chapter 1

In summary, what follows is a qualitative study that investigates experienced, masters level counsellors' perceptions of how senior level training in Somatic Experiencing® counselling approach has impacted their practices of psychotherapy. I have outlined my rationale for pursuing this inquiry, the statement of the problem, and purpose for the research. Through my personal experience with meditation, I have first hand knowledge of the potential benefits of body awareness to psychological growth. While many techniques of counselling incorporate the body to some extent, many of the techniques most commonly taught in graduate level training do not place central emphasis on the benefits of incorporating the body into therapy. Somatic Experiencing® is an approach with this emphasis, and despite the lack of research on the method, therapists are currently pursuing training in it. The purpose of this study wa to further the understanding of the effects of training in SE on the counsellors' approach to therapy, and the place of SE in the field of Counselling Psychology. I have defined relevant terms and discussed the limitations of the research and the assumptions it is based on. In chapter 2, the literature relevant to this study will be presented. Subsequently, in chapter 3, I will be discussing the research methodology that was used for this investigation. The results obtained of the study will be described in chapter 4 and discussed in chapter 5.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

The purpose of this review is to provide a rationale and conceptual framework for the present study. I have explored the relevant research in the following areas: (1) theoretical foundation for including the body in psychotherapy; (2) traditional psychotherapeutic modalities incorporating the body; (3) Somatic Experiencing® as a psychophysiological treatment: theory, practice, training.

Literature and research on the theoretical foundation for including the body in psychotherapy is provided to establish the importance of expanding the research on psychophysiological treatment approaches, such as Somatic Experiencing®. An overview of psychotherapeutic modalities incorporating the body is provided to offer an understanding of the experience and training counsellors may have or seek out in this area prior to SE training. Finally, a summary of the theory, practice, and training process of the Somatic Experiencing® method will be provided to establish a context for the present study. The purpose of all of the literature presented is to provide readers with a clear foundation and context for understanding the experiences of the therapists interviewed. It is beyond the scope of this report to consider the relative effectiveness of various therapeutic modalities for treating post-traumatic stress disorder or other stress-related psychological conditions.

Theoretical Foundation for Including the Body in Psychotherapy

One of the earliest scientists to assert that the body, mind and emotions are a whole system, needing to be studied as such was an associate of Freud's, named William Reich (Lowen, 1995). In 1949, Reich wrote that he believed that in addition to their

psychological component, emotions had an important physical aspect as well. Reich (1949) proposed that unexpressed emotions created energetic blockages in the body, most strongly manifested as chronic muscular tension he referred to as 'armor'. He further theorised that the primary mechanism for regulating this energy was through sexual orgasm (Reich, 1972).

With the advances in neuro-physiological research, it is beginning to be well recognised that the subjective experience of emotion is directly influenced by our bodily state. Adelman and Zajonc (1989) conducted an experiment where college students were asked to tighten their facial muscles in patterns, which unbeknown to them corresponded to the typical expression of emotions of happiness, anger, fear and joy. The students were then presented with a standard story while they held the facial pattern. The study found that their interpretation of the meaning was directly influenced by the emotion that their facial pattern represented. In his discussion of this study, Siegel (1999) writes, "the brain looks to the body's response to 'know how it feels'" (p.154).

Lyman and Walters (1986) who asked participating college students to describe the physical sensations they experienced with a variety of emotional states also established the link between emotional states and body sensations. Bodily sensations of tightness, tension, weakness, burning and pain were associated with negative feeling states, while pleasant physical sensations of warmth were associated with positive feeling states. Other researchers have employed an electrocardiogram (ECG) to measure the physical dimension of the feeling of being appreciated (McCraty, Atkinson, Tiller, Rein, & Watkins, 1995). It was found that self-induced positive, supportive emotional states in participants were associated with improved cardiovascular functioning as indicated by smooth, even heart rhythms and reduced heart rate variability.

As the association between emotional states and bodily sensations is established, one might consider what factors influence bodily sensations. How we interpret present events and respond to them is shaped by our historical experience. This process is mediated through both the implicit and explicit memory profiles in our nervous systems (Siegel, 1999). Both implicit and explicit memories shape our interpretation of present day events. The influence of non-conscious, implicit memory is believed to be mediated through neurophysiological patterns that are associated with present-day reminders of historical events. Neurologist Antonio Damasio (1994) has theorised that our experiences establish learned associations between external stimuli and bodily responses. Physical components that are sensitive to emotional reactions (namely muscle changes in the face and limbs and changes in the stomach, intestine, heart and lungs) send input to the brain and become neorologically associated to an external stimulus. Thus when we are exposed to a similar stimulus in the future, our bodies respond in a similar manner. In summarising Damasio's (1994) work, Siegel (1999) writes, "memories of emotional experiences evoke 'as-if' somatic markers, which can feel as real as direct body responses and can deeply enliven the associated imagery and recollection" (p.144). The somatic markers enliven the conscious recollection when it is involved, and can also occur in the implicit recall alone, where no explicit memory recall is taking place (Siegel, 1999).

The influence of neuro-physiological memory systems on our interpretation of present day events is particularly well documented with individuals suffering from PTSD (Siegel, 1999). Research in the area of PTSD has focused significantly on the physiological dimensions of the disorder, since many of the symptoms of PTSD are physiological. Individuals with PTSD have been conclusively found to show greater

autonomic reactions when exposed to stimuli reminding them of the trauma, and further evidence suggests they may also have elevated baseline levels of autonomic activity (Prins, Kaloupek, Keane, 1995). Kaloupek and Bremner (1996) proposed that physiological reactivity to reminders of trauma is generally recognised as an expression of unresolved conflict from the traumatic experience. Kolb (1984) postulates that many of the symptoms of PTSD (sleep disturbance, hypervigilance, physiological arousal, and exaggerated startle response) could be related to alterations in the sympathetic nervous system, creating a conditioned emotional response. In Bakal's (1999) review of writings by Aaron Beck, one of the founders of cognitively based psychotherapy, she writes, "despite Beck's theoretical and clinical emphasis on the cognitive aspects of anxiety, he remained acutely aware that anxiety has powerful biological origins, and he wrote at length of the psychobiological nature of a primitive 'fight-flight-freeze" reaction" (p.64).

Dr. Bessel van der Kolk (1996), a leader in the field of the neurophysiology of post traumatic stress disorder writes the following:

> Brain, body, and mind are inextricably linked, and it is only for heuristic reasons that we can still speak of them as if they constitute separate entities. Alterations in any one of these three will intimately affect the other two. For example, emotions and perceptions are both psychological functions and part and parcel of neural machinery for biological regulation. Their core consists of homeostatic controls – drives and instincts. Mental processes are products of the brain and body, which continuously interact with each other through nerve impulses and through chemicals carried by the bloodstream: neurohormones and neurotransmitters. (p.216)

It seems, then that the mind-body link is well recognised in psychological and physiological literature. The question then becomes, what is the significance of directly addressing the bodily dimension of experience in psychotherapy?

Meurs and Cluckers (1999) in their exploration of psychosomatic symptoms in neurotic and borderline children emphasise the importance of facilitating clients to

strengthen the conscious awareness of how affect is experienced in their bodies. They recommend helping child clients find the words for what they are experiencing in their bodies throughout therapeutic sessions. Alan Schore (1994), a developmental infant psychologist studying how brain development is impacted by the infantile experiences, suggests that trauma in these years is recalled only in bodily form. He suggests that in order to render traumatic effects available for understanding, it is necessary to work to help clients translate bodily experience into the symbolic realm. Lynch (2000), who works with children who have been multiply placed in foster homes, asserts the central role of "listening to the child's experience through her body language" (p.178). The children she works with are often operating at the emotional developmental level of an infant. Lynch (2000) believes that therapists need to attune to these children's bodies, as mothers ideally do with their infants, in order to foster the development of these underdeveloped characteristics.

A number of theorists have asserted that encouraging clients to attend to their bodily felt sense increases the ability to detect and discriminate feelings (Dosamantes-Alperson, 1981; Gendlin, 1978; Ogden & Minton, 2000). Dosamantes-Alperson (1981) further asserts that attending to the felt-sense allows clients to stay grounded in the present moment, and to re-experience incomplete, personal experiences contained in the body in order to discover their current effects and re-examine them from a fresh perspective. Through a series of case study observations with clients of all ages, Ogden & Minton (2000) propose that developing an awareness of internal sensory motor reactions can increase the capacity for self-regulation. They suggest that the key factor for this process is having mindful awareness, where one observes internal sensations without consciously changing them. They theorise that by engaging cognitive capacities

to support sensory motor processes without controlling them, balance is restored between cognitive and bodily levels of control in the organism.

Two significant conclusions can be drawn through this review of the literature thus far. There is strong support for the significant role that is played by the body in emotional and psychological experience. Furthermore, there is a growing recognition of the importance of directly incorporating the body into the psychotherapeutic process. It thus becomes clear that expanding the research on psychophysiological treatment approaches, such as Somatic Experiencing®, is a worthwhile and important endeavor for the field of Counselling Psychology at this time. It is also important to become aware of how traditional psychological approaches incorporate the body.

Traditional Psychological Approaches Incorporating the Body

Client-Centered Psychotherapy

As mentioned previously, therapists with the basic interviewing skills of the client centered model, are taught not only to empathise with what clients express with words, but also to notice and, at times, acknowledge the body language of the client. In this way, clients who are either unaware of or trying to hide a particular feeling currently reflected in their body language are invited to notice their own physical expression. In this form of intervention, sharing observations about a client's non-verbal behaviours is not central to therapy (Simonds, 1994). It is only done tentatively, in the context of a collaborative, therapeutic relationship, since it might be threatening to clients (Simonds, 1994). Things that might be tracked by the counsellor are the client's ability to make eye contact, whether they have an open or closed posture, and any bizarre, unexplainable movements (Simonds, 1994).

Cognitive Behavioural Approaches

The cognitive-behavioural techniques that incorporate the body to varying degrees are as follows: deep muscle relaxation, creative visualisations, and systematic desensitisation. Deep muscle relaxation involves systematically directing clients to each muscle group in their bodies, tightening the muscles in the area for a few seconds and then relaxing them (Bernstein & Borkovec, 1973). Counsellors might be taught to ask clients to feel their breath as it enters their body, allowing themselves to feel calm with each breath. In creative visualisation, relaxation is followed by asking clients to visualise themselves in a safe place, noticing the multisensory experiences associated with this place, and feeling their bodies completely relaxed (Simonds, 1994). In traditional systematic desensitisation, therapists work with clients to establish a hierarchy of anxiety-evoking situations or stimuli (Wolpe, 1990). Counsellors are taught to direct clients to visualise a mildly stressful scenario, and indicate to the practitioner when they experience stress. Clients are then directed to visualise their safe place until they feel completely relaxed. The counsellor repeats the sequence with clients until they can visualise the anxiety-producing scenario without feeling stress, and then they move on to a slightly more stressful scenario and repeat the process. Wolpe (1990) has proposed that through this technique, clients learn a new conditioned response to anxiety-evoking stimuli, namely physical relaxation, that is incompatible with feeling anxious.

Experiential Therapies

Gestalt therapeutic methods sometimes involve paying particular attention to naturalistic body movements (Perls, Hefferline, & Goodman, 1977). The Gestalt therapist might invite the client to exaggerate a body movement and explore the experience. Such focused concentration on unconscious bodily expression often leads to

an emotionally evocative or cathartic release, where clients might experience some of the emotion associated with particular response (Perls, Hefferline, & Goodman, 1977). Clients might be invited with this approach to be aware of their bodies in the here and now, focus on bodily sensations that accompany certain feelings, and make associations to historical occasions where they may have experienced a similar sensation in their body (Simonds, 1994).

Virginia Satir (1983) used physical movement in therapy, where she asked clients to take the physical postures of particular communication stances. She created specific postures corresponding to patterns people enact in communication: placating, irrelevant, blaming, super-reasonable and congruent (Satir, 1983). She would have clients explore these postures as a way of more deeply experiencing their own defensive patterns, so they could move toward a more congruent style of being either in their families or in the world.

Somatic Experiencing

Theory

Levine's (1996a, 1996b, 1996c,1997) psychophysiologically based therapeutic model, Somatic Experiencing® (SE), was initially developed as a method for healing human shock trauma. When an individual encounters a stressful situation the sympathetic nervous system becomes automatically activated. A cascade of mediating neurotransmitters and hormones starting at the amygdala portion of the brain and ending with a serge of testosterone, result in increased heart rate, respiration, and blood pressure. Proportional blood concentration in the large muscles of the body also increases (Levine, 1997; Siegel, 1999). This sequence, and the role of the amygdala in the fight-or-flight response has been well established in research (Davis, 1992). These responses prepare

humans and other animals for a flight or fight response to increase chances of survival when there is a threatening situation. If the initial sympathetic fight or flight response is followed by the subjective experience of being helpless or without any control, then another physiological response believed to be mediated by the hippocampus and septum regions of the brain occurs (Siegel, 1999). A different cascade of hormones occurs that ends in the reduction of testosterone secretion. Individuals experience a freeze-like state, where they become passive, exhibit deadened motor response, blocked awareness of fear, blocked expression of fear and aggression, and a complete block of the explicit memory system (Levine, 1997; Siegel, 1999). This degree of dissociation experienced by individuals in trauma has been shown to correlate with the severity of posttraumatic stress disorder (Siegel, 1999, Van der Kolk et al., 1996).

The regions of the brain known to govern the fight-flight-freeze responses are often termed the mammalian and reptilian regions of the brain since, unlike regions controlling complex cognition, we share the parts of our brains with other members of the animal kingdom. We do not decide with our complex cognition to go into the fight-flight-freeze responses, they occur automatically at an instinctually level similar to that of animals.

With this in mind, Levine (1997) attempted to discover methods for helping people overcome trauma by observing how animals subject to predation recover from near-death situations. The animal equivalent of dissociation is to freeze or play dead. This mechanism evolved to give organisms unable to fight or flee a last resort for survival, to play dead in hopes of gaining an opportunity to escape. He observed that animals recovering from playing dead often exhibit physiological shaking and a large, deep breath before returning to normal behaviour. He postulated that animals entering a

freeze response in the moment of fight-flight activation have an enormous energetic store in their nervous systems, giving them the potential to escape. When the animal is out of danger, it has an innate balancing mechanism allowing it to discharge the unused physiological arousal activated in the moment of trauma.

Levine (1997) proposes that while humans also have this innate balancing mechanism, we are not able to remain instinctually tuned in to our bodies long enough after the trauma to allow the necessary discharge to take place. States of fear and willed, self-control prevent humans from tapping into their instinctual restoration capacity. When defensive arousal is blocked or thwarted and never discharged, the energy from the activation remains unresolved in the nervous system, showing up as trauma. And so, Levine (1997) writes, "the key to healing traumatic symptoms in humans lies in our ability to mirror the fluid adaptation of wild animals as they shake out and pass through the immobility response becoming fully mobile and functional again" (p.19).

Levine (1996a, 1997) further proposes that when someone encounters a stimulus that reminds them of a trauma, their implicit memory system is activated, and the sympathetic nervous system returns to the initial fight or flight response. This leads to common symptoms of PTSD such as hypervigilance, exaggerated startle response and disturbed sleep. In response to this activation, people often find themselves in patterns of reenactment, by either initiating violence, or entering a dissociative state where they are vulnerable to re-victimisation. He discovered, however, that the activation of the nervous system provides an alternative to reenactment, where even long after the original trauma clients can renegotiate and release the charge of the trauma, and gradually heal from post-traumatic stress. SE practitioner and trainer, Sharon Stanley writes (2001), "SE affirms that each person has innate abilities to heal intensive and extreme experiences and that

each human life has a powerful inner thrust toward self-regulation" (p.2). With appropriate techniques, highly aroused, survival energies locked into the body can be safely and gradually discharged. Consequently, the destructive impacts that such unresolved energy have on cognition, emotion and behaviour are also resolved.

In her discussion of Levine's work, SE practitioner Lynn Zettle (1999) writes:

> "The primary goal of shock work is not emotional release or psychological understanding but to help the client find a successful resolution of neurological and psychomotor patterns that have been overwhelmed or given up during the shock situation" (p.62)

Since these physiological blocks are believed to play such a central role in the maintenance of cognitive, emotional, and behavioural dimensions of trauma, they remain central to the therapeutic process. This said, however, working with all other aspects of experience, namely images, behaviour, affect, and cognitive meaning making are integral aspects of the SE therapeutic process as well. As clients describe their shock experiences, each of these sensory modalities is closely and precisely tracked to see how it is held in the body. All of these levels of experience are integrated naturally into the renegotiation of trauma and the recovery of self-regulation. The approach of SE, and how it supports this renegotiation will be elaborated upon in the following section.

Practice

On a Base of Resiliency

In establishing a therapeutic relationship with clients, therapists are trained to use their own somatic awareness to differentiate between the subtleties of joining and merging with clients; working to establish the prior and avoid the latter for optimal health of the client and the practitioner (Stanley, 2002). Within this kind of therapeutic relationship, the first stage of the therapy process is for both client and therapist to become thoroughly knowledgeable of the clients' resources. Before working with any

traumatic or stressful material, the therapist must have detailed knowledge of a client's inner and outer strengths, expanding them wherever necessary and possible. These might be strengths a client was not previously aware of, and it is therefore the SE therapist's job to tease out and expand on whatever strengths emerge from the client spontaneously. In order to renegotiate trauma successfully, clients must first be stabilised and strengthened in this way (Stanley, 2001). SE therapists are trained to prioritise this step before progressing with other stages of therapy.

While therapists gain this knowledge of their clients, they are all the while educating and empowering them to understand and take hold of their own healing process (Stanley, 2001). Clients are educated about the SE model, and how the therapeutic process will proceed. This way, clients can understand that the initial focus on strengths and resiliency is an important step in meeting the goals and changes they are looking for. Without this education, clients might misinterpret a therapist who chooses not to focus on the problem immediately. Clients could, for example, think that therapists are trying to avoid dealing with traumatic material, rather than realising that beginning with a strong experiential base of resources is an effective way to resolve difficult issues.

In the process of building a client's resources, the therapist begins to invite clients to become aware of the felt senses that accompany positive experiences of their resources. Therapists ask clients questions to help them elaborate on the specifics of the sensations they are experiencing and the images they picture as they talk about the ways they are strengthened and supported in life.

Tracking Sensations and Self-Regulation

SE therapists do not go searching for traumatic memories, but believe instead that they will naturally emerge when they are ready to be processed (Levine, 1997; Stanley,

2001). That said, therapists are also trained to ensure that all processes unfold in a slow, gradual speed, so that physiological processes can be fully and thoroughly experienced with conscious awareness.

As clients begin to discuss an element of their lives where the therapist recognises the presence of physiological activation, they are encouraged by SE therapists to locate sensations in the body associated with the described feelings, images, thoughts and behaviours. Once they become aware of internal sensations they usually transform something else (Levine, 1997). Levine (1996e) explains, "The changes can be extremely subtle: something that feels internally like a rock, for example, may suddenly seem to melt into warm liquid. These changes have their most beneficial effect when they are simply watched, and not interpreted," (p.3). Therapists guide clients to track sequences of sensations in this way, maintaining a slow conscious recognition of thoughts, sensations, images and behaviours that arise, staying grounded in the here and now, with a strong foundation of established and felt resources.

Levine (1996d, 1997) uses a symbol of a "trauma vortex" to describe how the energy of incomplete fight/flight responses pulls individuals into strong reactions that manifest as various psychological problems and symptoms of trauma (see Illustration 1). This vortex is once again, made of experiences at the somatic, behavioural, cognitive, affective, and imaginal levels of experience. Alternatively, the innate energetic thrust that arises to counter balance and regulate the energy of trauma is symbolised as a "healing vortex". Once again, Levine (1997) does not recommend urging clients to re-experience the full depths of the "trauma vortex" through graphic, detailed retelling of traumatic memories. To the contrary, he cautions that such cathartic practices might in fact be re-traumatising and further reinforce debilitating energetic patterns.

Alternatively, it is proposed that therapists guide clients to process unresolved trauma in small 'titrations' by encouraging them to oscillate between brief, digestible experiences from the trauma vortex and experiences from the healing vortex (see Illustration 1). For example, a client might be invited by a therapist to describe a small part of a traumatic memory and associated sensations and then be encouraged to return to the felt sense of resiliency or strength that was established at the start of the session. In this way, blocked traumatic memory is renegotiated rather than re-experienced.

Bernhardt's (1998) describes how Levine's work allows the nervous system to shift and form new associations:

> He observes how a client moves from describing a sensation, to a fragment of an image, to unconscious intention movements or autonomic nervous system activation (shaking or vibrations, changes in skin color, temperature, pupil size, etc.), to talking about meanings associated with the shock event. He observes whether these elements are dissociated or overcoupled, whether they might be amplified and associated, or isolated and allowed to ferment or whether they need to be "resourced" (infused with a positive image, sensation, idea, or motor pattern). As he moves the system along far enough past the shock core, the nervous system will reassociate and form a new organization which is then resilient to dissociation, and in fact may be a higher, more integrated organization" (p.168).

Here, Bernhardt describes the gentle and precise oscillations that therapists support between the healing and trauma vortices in support of the re-establishment of self-regulation. He explains that SE process moves the system beyond shock to reorganise and heal patterns of dissociation and overcoupling.

In order to facilitate this re-establishment of balance more accurately, therapists are trained to detect very subtle physiological cues, appearance and behaviour, allowing them to differentiate between sympathetic and parasympathetic activation (Stanley, 2001). Therapists gently bring some of these shifts to the attention of clients, so they can contact and more fully process the experiences in their bodies (Ogden & Minton, 2000).

For instance, a therapist might say, "I notice that your fingers are shaking. Can you feel that in your fingers? What do you notice as you bring your attention there?" In this way, the therapist acts as a coach, supporting clients to re-negotiate unresolved psychological blocks gradually and safely, with the use of somatic awareness as an entry point and central focus throughout therapy.

Training

In order to be a certified SE practitioner at an intermediate level, 144 credit hours of instruction, eight hours of personal Somatic Experiencing® sessions with certified practitioners, and ten hours of consultation are minimally required. The following is the official training outline for beginner and intermediate levels as listed in the Foundation for Human Enrichment brochure for Somatic Experiencing:

"Beginner:

- Understand the physiological basis for trauma.
- Learn about containment, re-sourcing and empowerment.
- Study tracking skills, titration and establishing continuity through the felt sense.
- Practice establishing defensive orienting responses, completion and discharge.
- Explore coupling dynamics, the elements of internal experiences (Sensation, Image, Behavior, Affect, Meaning Making [SIBAM]), and integrating experiential polarities, in order to restore creative self-regulation.
- Be able to identify, normalise, and stabilise traumatic reactions.
- Attain skills to avoid pitfalls of re-traumatisation and false memory.
- Learn to uncouple fear from immobility; reestablish and maintain healthy boundaries.
- Investigate the transformative qualities of trauma.
- Integrate trauma work into ongoing therapy.
- Acquire short-term solutions to acute and chronic symptoms.

Intermediate:

- Examine the differing categories and causes of traumatic shock and approaches to treating each case including;

1. Global High Intensity Trauma i.e. electrocution, hallucinogens, drowning, suffocation, strangulation, fetal distress (hypoxia/hypercardia), traumatic birth, intrauterine stress, invasive procedures in utero.
2. Inescapable Attack i.e. by wild animals, rape, war, bombings, physical abuse, mugging rape, incest, molestation.

3. Physical Injury i.e. surgery, anesthesia, burns, poisoning, hospitalisation, stabbing, gunshot wounds.
4. Failure of Physical Defense i.e. falls, high impact accidents, head injury.
5. Emotional Trauma i.e. earthquakes, fires, tornadoes, floods, social dislocation from the natural world and community.
6. Horror i.e. seeing an accident (especially with blood, gore), watching someone else be abused, rapes, killed or tortured, killing or hurting someone yourself.
7. Torture and Systematic Abuse i.e. war torture, rape in war, concentration camps, and systematic abuse (sometimes with the person drugged).

Advanced:

- Learn about the relationship of trauma to various clinical syndromes.
- Further integrate SE theory and practice into the specialty area of the therapist.
- Practice direct SE bodywork for working with the different categories of trauma.
- Research the psychophysiology of trauma" (Foundation for Human Enrichment, 2001, pp.2-3)

Each level of training usually consists of three, four-day-long seminars spread over six months to a year. An experiential education model is used at each level of training. A combination of didactic instruction, live and video demonstrations, practice sessions, supervision and feedback are incorporated into each training level.

Summary of Chapter 2

This literature review provided readers with support for including the body in psychotherapy, including evidence gathered in the fields of psychology and neuroscience. It continued by reviewing some of the methods for incorporating the body within standard therapeutic practice, and concluded with a summary of the literature on Somatic Experiencing®, including the theory, practice and training for SE. The absence of direct literature investigating therapist' experience with, or understanding of the theory, indicates room for investigation into this phenomenon.

Chapter 3 outlines the qualitative approach chosen for this study. Specific areas that will be addressed will include research design, sampling, instrumentation, data

collection and procedure for data analysis. The results obtained from the data collection will be described in chapter 4 and discussed in chapter 5.

CHAPTER 3

METHODOLOGY

Introduction

The literature review in chapter 2 illustrated that while the SE theory and training guidelines have been documented, research has yet to be conducted on how counsellors trained in this method are influenced in their practice of psychotherapy. Bentz and Shapiro (1998) suggest that phenomenological methods be used when there "is no established understanding of the phenomenon and nothing closely related enough from which to make valid inferences" (p.98). Denzin and Lincoln (1998) further encourage researchers to invent and piece together strategies and methods to suit the particular question and context of the particular research question. Accordingly, I have chosen a modified phenomenological research methodology to explore counsellors' perceptions of how senior level training in SE has influenced their practice of psychotherapy. Within the current chapter, areas addressed include research design, sampling, instrumentation, data collection and procedure for data analysis.

The Qualitative Approach

> "A fundamental assumption of the qualitative research paradigm is that a profound understanding of the world can be gained through conversation and observation in natural settings rather than through experimental manipulation under artificial conditions...the qualitative research community seeks an understanding of phenomena from multiple perspectives, within a real world context" (Anderson & Arsenault, 1998, p.119).

According to Anderson and Arsenault (1998), "qualitative research is a form of inquiry that explores phenomena in their natural settings and uses multi-methods to interpret, understand, explain and bring meaning to them" (p.119). As the purpose of this study is to understand the perceptions of counsellors who have already pursued training

in Somatic Experiencing®, this is indeed an exploration of phenomena in their natural settings. Denzin and Lincoln (1998), further add that in qualitative research, phenomena are explored "in terms of the meanings people bring to them" (p.3). Since it is the intent of this study to make explicit counsellors' own perceptions of the influence of SE training on their practice of psychotherapy, the methodology chosen further supports the endeavor.

Creswell (1998) asserts that a qualitative approach to research is appropriate in the following instances: 1. research questions beginning with *how* or *what*, 2. topic areas in need of in-depth exploration, 3. researchers positioning themselves as active learners rather than experts in the research process.

The nature of my research question, beginning with *what* rather than *why*, therefore makes it appropriate for this paradigm. Furthermore, the lack of research in this area creates a need for in-depth exploration that is possible with a qualitative approach. Data gathered in the present study can be used to increase an understanding of the phenomenon and generate hypotheses to be tested and explored in future research. Finally, I was an active learner rather than expert in the process, which also lends itself to qualitative inquiry.

The disadvantages of the qualitative approach must also be addressed. Firstly, as previously mentioned, this methodology cannot be used to draw conclusions about *why* phenomenon are occurring (Creswell, 1998). Establishing an in-depth understanding of the phenomenon can be viewed as an important starting place for future research addressing causality of the phenomenon. Further critiques of the method include researcher bias in interpretation, reliability of data, internal validity and generalisability, are addressed throughout this chapter (Anderson & Arsenault, 1998).

Research Design

With respect to a researcher's choice of a specific qualitative methodology, Ely, Vinz, Downing, and Anzul, (1997) write that while, "one's research stance, one's framework for thinking and doing in light of the spirit of a theoretical position, must be a conscious choice; at the same time, there is room here as one goes along to alter one's stance, to amalgamate it with others, to create one's own, to select another, and begin all over again" (p.33). They suggest that the various theoretical frameworks "become alternatives and possibilities rather than rigid corsets" (Ely et. al., 1997, p.33). This is further supported in Denzin and Lincoln's (1998) discussion of the "qualitative researcher as bricoleur" (p.3) emphasising that tools and methods should be pieced together according to the question being asked and the context it is embedded in. While the organising perspective for the present research was phenomenological, in order to adapt this framework effectively to the present context, the instrumentation and analysis incorporated group interviews more commonly used in ethnography or case study, and collaborative analysis, more commonly used in participatory inquiry. The rationale for these modifications to the phenomenological methodology will be discussed in sections describing the instrumentation and analysis.

According to Bentz and Shapiro (1998), "phenomenology is a school of philosophy that focuses on the description of consciousness and of objects and the world as perceived by consciousness" (p.40). It follows then that the phenomenological method of qualitative research is the study of the "life world" (Kvale, 1996, p.38) of individuals. Creswell (1998) further describes a phenomenological study as one that "describes the meaning of the lived experiences for several individuals about a concept or a phenomenon" (p.51). In studying counsellors' perceptions of the effects of training in

SE on their practice of therapy, this study explored the "life worlds" of individuals and the meanings that they bring to their experiences. Consequently, the use of the phenomenological approach was appropriate .

In accordance with the phenomenological method, the present research involved "a search for invariant essential meanings in the description" (Kvale, 1996, p.38). While there was no expectation in this approach for common themes to emerge across all subjects, it was assumed that "essential meanings" would be shared and mutually understood among some participants (Patton, 1990).

Phenomenological inquiry is characterised by certain attitudes on behalf of the researcher that are compatible with the post modern, social constructionist and feminist views with which I align myself. Situated within these paradigms, my goal as a researcher was to allow participants an opportunity to explore and express their own experiences and meanings, both individually and collectively, without being limited by my biases and assumptions. In order to meet this goal I used as little interpretation as possible, documented my biases and perceptions throughout the research and this report, and made every effort to keep descriptions and themes in the participants' own words. Likewise, within a phenomenological framework, the researcher maintains an attitude of openness to all aspects of the experiences of the subjects with a goal of obtaining precise descriptions of the experiences of participants and the meanings they attribute to those experiences (Kvale, 1996). The research process is inductive, where categories emerge from the words of participants rather than specifying them in advance (Creswell, 1998).

In accordance with the Somatic Experiencing® approach, I considered the following dimensions of participants' experiences throughout this study: the somatic, cognitive, behavioural, affective, and imaginative (Levine, 1997).

Credibility, transferability and dependability are three criteria that can be used to judge the soundness of qualitative research (Guba & Lincoln, 1989). In the following three sections I will outline the measures taken to enhance these criteria throughout this study.

Credibility

Credibility is the qualitative research criterion that is analogous to the quantitative research criterion of internal validity. In order to establish that a qualitative study is credible, the results of the research findings need to be considered believable from the perspective of the participants of the study (Guba and Lincoln, 1989). Since the participants of this study were involved in the data analysis and collaboratively decided how to word, group and prioritise the themes that emerged from the interviews, credibility was well established in this study.

Anderson and Arsenault (1998) continue to use the phrase 'internal validity' in relation to qualitative research and discuss the importance of triangulation in strengthening this aspect of the research. If multiple data collection methods are used and the data gathered does not conflict across collection methods, then there is increased internal validity in the research. Triangulation is defined as (1998, p.133) as "the use of multiple data sources, data collection methods and theories to validate research findings" (Anderson & Arsenault, 1998). Accordingly, the data of this study was triangulated. The data sources included an individual interview with each participant, one group interview with all participants, and written journal entries about the participants' reflections on the phenomenon being studied.

According to Anderson and Arsenault (1998), internal validity in qualitative research is further strengthened by "keeping meticulous records of all sources of

information used, using detailed transcripts, and taking field notes of all communications and reflective thinking activities during the research process...[demonstrating]...how the links and conclusions between the data and analysis were derived" (p.134). Therefore, one of the sources of data was the part of my own field notes where non-verbal data from the interviews and focus groups were documented. In accordance with phenomenological method, my personal biases were bracketed. I maintained a thorough journal of my personal responses and interpretations throughout the research process so that my ever-changing perceptions and judgements as the primary researcher could be acknowledged (Ely et al., 1997). This process will be further discussed in the upcoming 'instrumentation' section.

Transferability

The criterion of transferability refers to the degree to which the results of a study can be generalised or transferred to other contexts or settings (Guba and Lincoln, 1989). While this criterion is viewed as the responsibility of the person doing the generalising, the researcher can enhance it. Providing a thorough description of the assumptions and context that are central to the research gives readers the information needed to make a sensible decision about whether the results might transfer to a different context or setting. In order to enhance this aspect of the study, I have provided detailed descriptions of the SE theory, the SE practice, the SE training, the research assumptions, the background of the individuals interviewed, the research context and research method throughout this report.

At the outset, it is recognised that the participants interviewed are not necessarily representative of the larger population of counsellors given the small sample size, the voluntary nature of their participation, and the familiarity that the individuals involved

have with each other. While statistical generalisations are not possible with a small sample size, Schofield (1990, cited in Kvale, 1996) speaks of various *targets* of generalisability that can apply to qualitative research. In accordance with Schofield (1990, cited in Kvale, 1996), the target of "*what may be*" applies to this research. The data gathered can help readers envision possibilities of how individuals with similar backgrounds and interests might be influenced by training in Somatic Experiencing® or similar training experiences. Once again, this is beneficial in opening up areas of future research.

Dependability

Dependability is the qualitative criterion that is analogous to the quantitative notion of reliability (Guba and Lincoln, 1989). This term emphasises the need for the researcher to describe in detail the research steps and the contextual factors that influence decisions about the research process. The rationales for contextually driven research decisions, such as the decision I made to continue the focus group despite the absence of one participant, were explained throughout this report to enhance dependability.

Denzin and Lincoln (1998) continue to use the term 'reliability' for qualitative research and suggest that it can be strengthened through data triangulation. Having several data collection methods helps to highlight relationships between the results and the context of the data collection. As described previously, the data of this study was triangulated.

Sampling

According to Anderson and Arsenault (1998) there are no rules about sample size for qualitative research. It is determined instead by other factors such as usefulness, credibility and availability of time and resources.

Criterion procedures were employed. Participants were solicited on the bases of the following criteria:

1. Participants must have completed at minimum the intermediate level III training in Peter Levine's Somatic Experiencing® psychotherapy technique (as offered by the Trauma Healing Institute).
2. Furthermore, participants must have been practicing counsellors with either a minimum of two years of full time experience working with clients, or the equivalent amount of time accumulated on a part time basis over a longer period of time. For example, someone who had been working as a counsellor for 20 hours/week for four years would have qualified.
3. Participants needed to have, at minimum, completed all of the course work for a masters Degree in either Counselling Psychology or Social Work. A participant who was in the process of completing the thesis/project portion of the masters degree and who met all other criteria would have qualified for this study.
4. Participants must have been willing to participate in an interview, focus group, and journal writing.

An individual who helped organise the intermediate level training in Somatic Experiencing® provided the names of potential participants to me.

There were five potential participants situated within 500 km of my geographical area who had undergone many or all aspects of the training together. Since these five members were part of the same learning community, and any selection among them would have been arbitrary, I accepted participation from all that were willing and able.

Four of these individuals agreed to participate, and the fifth person provided no explanation for declining.

Instrumentation

For this phenomenological study the principal data collection instrument was myself. The primary source of data was the participants. The four data collection methods used to gather participant data were interviews, a focus group, journal writing and my field note observations of non-verbal data from the interviews and focus groups.

The rationale for naming myself as the principle data collection instrument comes from Anderson and Arsenault (1998) who assert that "in qualitative research, the researcher is the principal data collection instrument" (p.123). They explain that it is the researcher's task to understand the phenomenon from how participants experience their world and from their own limited viewpoint and how that might influence the data collection. Therefore, throughout the entire process of my work, I kept a journal of my thoughts and experiences in order to incorporate my own personal experience as an aspect of the integration and discovery process being undertaken. I articulated and recorded my personal responses and interpretations throughout the research process. Where such reflections are included in the write-up, it is in a distinct manner, so that the reader can identify my personal voice. Making explicit how my own subjective experiences have influenced the discovery and interpretation of meaning created a type of "pastiche" or "layered story" (Ely et al., 1997, p.97). In this way, the multiple realities contributing to meanings being discovered were emphasised (Ely, et al., 1997). Subjectivity is thus recognised as an integral part of the research. This subjectivity is also emphasised by my decision to write in the first person rather than describing myself as

"the researcher" and by my statement of assumptions and beliefs in the first chapter of this report.

Three different data collection methods were used to understand how participants experience their world with respect to the phenomenon being explored: in-depth interviews, a focus group, and an invitation to make journal entries regarding any aspect of this research topic. In-depth interviews are the primary process used in phenomenology for data collection (Creswell, 1998). For the purpose of this study, in-depth, semi-structured interviews were used to obtain individual descriptions of the phenomenon (Kvale, 1996). In this method, an interview guide was used outlining themes to be covered and provisional questions (Ely et al., 1997; Kvale, 1996). "...There is an openness to changes of sequence and forms of questions in order to follow up the answers given and the stories told by the subjects" (Kvale, 1996, p.124). In accordance with Kvale (1996) I used open-ended questions to probe more deeply. To elicit a full and open description of each participant's experience of the phenomenon under investigation, I began the interview with a single open-ended question: "Tell me about your experience of how training in Somatic Experiencing® has influenced your practice of psychotherapy". I was prepared with provisional questions to draw out more description if needed. The provisional questions have been developed from Corey's (2000) way of differentiating between different approaches to counselling and psychotherapy and from Somatic Experiencing® theory (Levine, 1997) that emphasises the somatic, imaging, meaning-making, behavioural, and affective aspects of experience. For an outline of the interview guide please refer to appendix A.

The second participant data source was a two-hour focus group. All participants who participated in individual interviews were invited and had intended on participating.

One of the four individuals was unable to make the focus group and the participants were not able to re-schedule for another time. Consequently, the focus group proceeded with three of the four participants. The fourth participant agreed to read the focus group transcript thoroughly and add any comments and opinions that she believed she would have added had she been there. She also agreed to answer any clarifying questions that I had for her to create a similar opportunity for dialogue with me that was available in the focus group. Furthermore, we agreed that if necessary I could circulate comments from this participant to the rest of the group to gain group feedback regarding any proposed changes to group agreements on data organisation.

The first hour of the two-hour focus group was used to collect additional data and the second hour was used as a part of the data analysis as discussed below. While focus groups are not a typical instrument for phenomenological studies there are a number of rationales for my use of one in the present context. Crabtree, Yanoshik, Miller and O'Connor (1993) discuss the advantages provided by group interviews that relate to the present research context: 1. the release of inhibitions, 2. widening the range of responses and activating forgotten detail, and 3. its usefulness for revealing both subtle individual variation and shared cultural understanding. While the phenomenon being studied is primarily an individual one in that it involves each individual's practice of psychotherapy, it also has a collective aspect since the individuals being interviewed have been involved in a learning community together for between one and two years of their study. Therefore part of the individual "life worlds" being explored in this study becomes the narrative that evolves in the collective of the learning community. To exclude this dimension from the data collection would diminish my ability to effectively understand the essence of the phenomena under investigation. Finally, the use of a focus

group follows a feminist approach to research in that it fosters collaboration and allows for a "potential for deeper probing and reciprocally educative encounters" (Creswell, 1998, p.83). This first half of the focus group was guided by a provisional outline available in Appendix B.

In addition to documenting my personal perceptions, biases and experiences, my field notes also were a source of data about the non-verbal content of the interviews and focus group that were not captured on the transcripts.

The third participant data source was providing an opportunity for participants to make journal entries over the two-month period of data gathering to document any spontaneously arising thoughts related to the research question. Participants were asked to use journals provided by me for this purpose. This both increased the credibility and allowed respondents an opportunity to document additional insights that might arise as a result of the interview process thus adding to the database.

Data Collection

Prior to individual interviews, approval was received by the human ethics committee of the small university where the research was being conducted. Written consent was obtained from participants for all aspects of the study outlined here (see Appendix C). As a part of this consent form, I informed them that they were free to choose to terminate their participation at any point in the research process without penalty. They were also provided with phone numbers of my research supervisor, the human ethics committee and myself whom they could contact if they had any questions or concerns related to the research.

The individual interviews were approximately one hour long at private locations of each participant's choice. The interviews began with a statement informing

participants about the general goal of the interview and the fact that it was not an evaluation (see Appendix A). They were given an opportunity to ask any questions before beginning. The interviews were audio-recorded with a minidisc recorder provided by myself. Before closing the interview, participants were asked if there was anything they wished to add (Kvale, 1996). At the end of the interview participants were provided with a small journal and instructed to use it to record any additional thoughts or insights related to the phenomenon under investigation that spontaneously arise throughout the two-month period of the study.

The individual interviews were transcribed verbatim by myself, and the data was analyzed for emergent themes following a procedure to be described below. Participants then received a copy of the transcripts and a summary of the themes from their interview and were given an opportunity to make any corrections or omissions. At that point I asked for their consent (see appendix D) to share a copy of the theme summary from their interview with other participants in preparation for the focus group.

Within a month's time participants were invited to take part in a two-hour focus group. As described above, only three of the four participants were able to attend. The first half of this focus group (1 hour) was used to encourage deeper probing of existing themes, and allow participants an opportunity to discuss their responses to the theme-summaries from other members. The second half of the focus group was used to begin the data analysis and is described below. The focus group was facilitated and audio-recorded by me. The setting of the focus group was a private space deemed suitable by all of the participants. Participants were reminded that the focus group was being audiotaped. I acted as the moderator in keeping time, operating the audio equipment, ensuring all themes were addressed as well as monitoring the level of participation of

each group member so that all participants were encouraged to participate (Anderson & Arsenault, 1998). Participants were asked to keep their journal to record any further insights that might arise spontaneously for one week after the focus group.

I forwarded a copy of the focus group transcript and the map of the themes that had emerged out of the group process to the participant who had been unable to attend the focus group. She received this information within two weeks of the focus group after the transcripts were prepared. She read it thoroughly and responded via email to the focus group transcript and other participant individual theme-summaries with two pages of comments. She and I dialogued back and forth for clarification of what she had written as well as other points of clarification I had intended on asking her in the focus group regarding her original interview. This participant was in agreement with the rest of the group about which themes to include and how to prioritise them. She made some specific requests that certain concepts be included within particular themes if they were not already present. It was not necessary to circulate her comments to other participants, as there were no major discrepancies or desired changes to group agreements.

Throughout the entire research process I have been keeping a journal to record my own perceptions and insights as they arise throughout any aspect of the research process. Within these field notes I made every effort to document not only my thoughts and ideas but also the experiences that triggered or inspired my response to provide the chain-of-evidence described by Anderson and Arsenault (1998). One example of how this took place was that as participants described some of the ways that this training had influenced them, I was inspired to consider whether I had been similarly influenced by the initial SE training I had received. There were often similarities. Yet as a less experienced therapist with less training in the SE approach, my experiences often included examples of the

potential pitfalls of certain influences. I later incorporated some of these kinds of considerations into the discussion.

Procedure for Data Analysis

Once the transcripts were complete and my field notes well documented in accordance with the rationale provided above, I followed the procedure outlined by Moustakas (1994) to arrive at tentative themes from each transcript. In this procedure, each transcript was first read in its entirety. Significant statements were then extracted from the descriptions. Statements were then grouped into clusters of meaning, and then the meanings were clustered into tentative themes. Each participant then received a copy of their transcripts and a summary of the tentative themes I had compiled. They had an opportunity to verify the accuracy, make corrections and omissions. I obtained each participant's informed consent to share the verified, theme-summaries with the other research participants in preparation for the focus group (see appendix D). Each of the verified themes from each participant was recorded separately on large cue cards. Throughout the first hour of the focus group I also recorded any new themes that emerged from the discussion of participants' responses to reading other theme-summaries and narrative descriptions. During the second half of the focus group, the participants and myself participated in a collaborative analysis process.

A collaborative analysis process is a commonly used procedure in participatory inquiry (Reason, 1998). This technique follows a feminist approach to research in that it allows for a more equal distribution of power between researchers and participants, and allows the participants rather than the researcher to be the experts in making sense of the data (Creswell, 1998). It was particularly appropriate in the present context where the participants had masters level training in counselling. Furthermore, three out of four of

the participants had already completed masters theses using qualitative methodology. The full procedure for co-operative inquiry described by Reason (1998) where participants are involved in every aspect of the research beginning with the question formulation was not feasible in light of the time constraints of the participants. Nevertheless, I believed there was a strong rationale for incorporating as much collaboration as possible. Participants were not involved in the question formulation or research design aspects of the study. They were invited to collaborate, however, in the data analysis.

The collaboration on data analysis took place in the second hour of the focus group. The procedure was to place the cue cards, containing verified themes from the first hour of the focus group, on the floor in front of participants. I then asked group members to continue to verify the themes and consider collaboratively whether they can be grouped in any meaningful way (See appendix E). Following one participant's suggestion, the group members began to pull out the themes they saw as most important. Before placing them in a new grouping of importance they stopped to seek agreement. At this time, another member suggested grouping themes that overlapped enough to be amalgamated into a single theme. We developed the symbol of physically overlapping the cue cards to indicate where this decision had been made. Illustration 2 is a reconstruction of the map that was created during the focus group. This map includes as much information from the focus group records and transcripts as possible.

As a moderator, I took special care throughout the entire process to ensure that each participant was given an opportunity to contribute to the discussion. In particular, I had a goal in moderating the group of seeking a consensus on whether to include specific themes or not, the appropriate language for describing particular themes, and the way

each individual wanted to group and organise the themes. Discrepancies were discussed, and consensual agreement was reached in each case within five minutes. Once the themes were identified, I gave each participant an opportunity to refer back to the original themes in order to validate them. This step was performed to check if any elements in the original descriptions were not accounted for in the cluster of themes, or vice versa, if the clusters described something not present in the original statements. Once again, this aspect of the focus group was audio-recorded for the same reasons described above.

The fourth participant who had missed the focus group was given an opportunity to have input on the group decisions that were made about the priorities, organisation and languaging of the various themes that had emerged.

Two weeks after the focus group, I gathered the participants' journals. Only one of the four participants had made any entries as the others indicated that they had not noticed any additional thoughts or insights arise that were not already captured in the data. For the participant who had made journal entries, it was used to further validate the themes that were created, ensuring once again that all elements in the journal description were accounted for in the themes. If any adaptations were needed, I contacted the participants and achieve a consensus before doing so. As a final step I developed a description of meaning from the themes, the essence of the experience (Creswell, 1998).

As a final means ensuring the themes were representative of the data from the interviews and focus group discussions, I examined the original transcripts again at this stage. In this process I discovered that one theme discussed by three participants in individual interviews and further discussed in the focus group was not represented in the final themes. Several participants spoke of the shift in understanding of seeing trauma as part of living – and as developing from both common and shocking incidents.

Somewhere in my original writing of the cue cards and the final sort through the themes, this theme was overlooked and not formally represented. I added it to the group of themes after receiving verbal agreement from the participants. See Illustration 3 for a representation of how the themes from the focus group were finalised for this report. A total of twenty-two themes emerged, with three deemed most central by participants.

Summary of Chapter 3

In this chapter I have provided a rationale for the use of a qualitative approach to investigate the lived experience of how senior level Somatic Experiencing® training impacts the practice of psychotherapy. In addition, I have discussed the modified phenomenological research design selected to support this inquiry. Detailed procedures, including sampling, instrumentation, data collection and data analysis were discussed.

The research findings, including introductions to each participant and the results obtained from their interviews will be presented in chapter four. In Chapter five, a summary of the themes that emerged from the interviews and a discussion of their significance to the field of Counselling Psychology will be presented.

CHAPTER FOUR

RESEARCH FINDINGS

Introduction

The purpose of this chapter is to describe the results obtained from the interviews conducted with each of the four participants who took part in this study. The results include an introduction to each participant and a description of their experience of how senior level training in Somatic Experiencing® counselling approach has impacted their practice of psychotherapy. Selected quotations are included to illustrate basic concepts, with an overall goal of describing the experience of the impact of SE training. To maintain the integrity of each participant's voice I have organised the initial, detailed presentation of the results into categories corresponding to the provisional questions from the interview guide. In doing so, I hoped to allow readers to first experience participant responses as they emerged prior to the analysis. Following this detailed presentation of the results, the specific themes that came out of the data analysis process will be provided. The following categories were used to organise the initial presentation of the results:

1. Shifts in understanding:
    a. Shifts in views of the goals of therapy – In this section the participants describe the ways this training has influenced their understanding of the goals of therapy.
    b. Shifts in views of the roles of therapist and client – Here participants describe how SE training has impacted their views of the roles of therapist and client in therapy.

c. Shifts in understanding of human suffering – In this section, participants describe shifts in how they make sense of human suffering.

d. Shifts in understanding of how change happens – Here the interviewees describe how the SE training has influenced their understanding of how change happens in therapy.

e. Other shifts in therapist's way of making sense in therapy – Here therapists describe how the model has influenced their thinking and perceptions in therapy in ways that are not accounted for in the above four categories.

2. Shifts in behaviours/actions taken as a therapist – In this section, participants highlight the changes in the actions or behaviours they take as therapist with clients.
3. Shifts in the therapist's felt experience during therapy and being a therapist - Here participants describe shifts they have noticed in their own experiences in therapy and as therapists in general including their emotions and physical sensations.
4. Therapist's impressions of clients' experiences during therapy – Here participants describe their perceptions of shifts in their clients' experiences during therapy.
5. How SE integrates with other approaches to therapy – In this section, participants discuss their experience of integrating this model with other therapeutic approaches.
6. Metaphors for shifts in her practice of therapy - In this final section, participants use metaphors to describe how SE training has influenced their practice of therapy.

The results are presented below in the order of the interviews. Participants are identified by a "code name" of their own choosing. In order to keep this report aligned with the participants' original meaning the participants' own words are used as much as possible.

Marge

Marge is a woman older than 50. She is presently completing her MA in Counselling Psychology from a small Canadian University. She has completed the course and practicum requirements and is presently working to finish the final thesis portion of the degree. She also holds Bachelor of Arts and Bachelor of Education degrees and a teaching certificate. Her career as a helping professional began over twenty years ago with teaching and counselling. Nine years prior to this study, in 1993, she began to work as a personal counsellor outside of the school system on a part-time basis. It was then that she started working with an employees' assistance program that she now coordinates. Her full-time work as an in-depth psychotherapist began four years ago, in 1998.

She is currently a therapist in a clinic focusing on helping people with dissociative disorders like dissociative identity disorder, PTSD and eating disorders. The therapists at this clinic also work with other client issues, such as depression. Many of these clients have been involved in the mental health system and residential mental health facilities in particular.

Marge spends 30% of her work week working in her own private practice. She considers her private practice to have a counselling focus (which she distinguishes from psychotherapy). Her clients in private practice present with a broad range of issues and the work is typically less "in-depth" than the work she does with clients in clinic. Marge's clients are both male and female and currently range in age from eighteen to eighty-one years old. These are my impressions of Marge, as recorded in my field notes:

> *The introspection, insight, passion and spirit that drives her work as a therapist and her pursuit of SE training came alive in this interview. The beauty I felt in the room as she put it all together was almost palpable. The word surrender was coming up for me several times listening to her*

> *speak about learning to trust in the natural, universal wisdom unfolding. Not naïve surrender but held in a net of the subtle and profound wisdom of this model. As she spoke of the subtlety of the connection, I could feel the same between us – like a magical field we had entered into, where deep humanness could join us and anyone we work with. She was so authentic and present with her words. The subtle ways that her speech slowed as she remembered that aspect of the influence. Discoveries were being made for both of us as she worked to articulate this alive and dynamic experience she has been growing with and integrating- the wisdom inherent in the body, the depth of connection and what a healing space that can allow; how being ever watchful and alert to the subtleties unfolding in a person's whole being (instead of being strictly focused on the story) can deeply enhance that connection, the importance and beauty of having precise enough training and experience to be able to safely let go of mental preoccupations, analysis and evaluation during therapy, the powerful images, and the alive curiosity and amazement she has with all the gifts SE has brought her (as a therapist, client, and human being). Wow. It is moments like this that I feel blessed and thankful for being in this field and for all the beautiful beings out there who are called to do such profound and incredible work with themselves and with others.*

Shifts in Views of the Goals of Therapy

Marge describes how her understanding of the goals of therapy have been influenced by the SE training. She speaks about the goal of living with aliveness and distinguishes it from goals of living well or living functionally. She defines aliveness as an attunement with oneself that is experienced inside. For Marge there is a grace to that state. She expresses that the goals of therapy seemed to have become much more fine-tuned and less nebulous:

> And that's the goal after all...More than to live functionally or to live well, it's to live with aliveness, to live out loud... I think of aliveness as an attunement with yourself. It's that grace of your inside matching your outside. You can't fake it for yourself. You might be able to fake it for the world, but I think you know inside, if you're not as alive as you want, if there's something missing...The goals have become much more fine-tuned, less nebulous.

Shifts in Views of Roles of Therapist and Client

In this passage, Marge describes some of the changes she has noticed in the role she takes with clients. She assumes the role of a teacher more than before the SE training

– both in providing information to clients about what she is doing in therapy and why, and in directly teaching skills to clients. She demonstrates and speaks about drawing the Somatic Experiencing® ellipse (see illustration 1) in the air for clients, and explaining the related aspects of the theory – the importance of touching the edge of the trauma vortex rather than diving into the center and the value of pendulating between the trauma and the resource:

> I certainly do more informing- what I'm doing, why I'm doing it and why it's important. I also teach clients more skills. Teaching the client to fish – "If you give a person a fish and they have one meal. If you teach a person to fish they have food forever". I find myself drawing the ellipse in the air with my hand a lot, or something similar, and they really get it. They really get it after a while. And I'll tell them, "we're going back and forth because we only want to touch around the edges."

Later on in the interview, Marge elaborates more on her views of the roles of therapist and client since her SE training. She states with tremendous conviction her belief that each client has within himself what he needs to heal. She can facilitate their ability to access that potential by watching, noticing and drawing their attention to the ways it manifests, but the work and the healing is their own. She not only understands the principle that clients have what they need inside themselves, but she has a felt sense of it in her body:

> And having my client realising, and me get out the way, that they have everything they need inside to do the healing. You know it's just a matter of accessing it. And they are the ones that are going to access it. I can help facilitate. I can watch. I can notice. I can draw their attention to things they might not notice, but the work and the healing is theirs. It's strengthened not just the intellectual understanding, but the body, the felt sense of it, because I can feel it myself.

Shifts in Understanding of Human Suffering

Marge responds here to my question about whether the training has influenced her understanding of human suffering. She tells me about how the training has deepened her

awareness that she is connected to all people and their suffering. Having the realisation that her own suffering is similar in texture to all other human suffering allows Marge to have a sense of all suffering whether or not she has directly experienced it herself. This gives her a sense of oneness and a heightened ability to connect and have compassion with nearly any person that comes before her. She feels this has in turn increased her competence as a therapist:

> That's a big question. I'm not sure whether it's changed. I think it's clarified. I think it's made me very much aware that I connect with every other human being and every other human being's suffering. That even though my sufferings may be different, different in detail, that they are not different in texture. So I do feel a oneness. A much greater oneness with humanity, and the collective suffering of humanity. And I don't mean that in a down the mouth sort of way or a distraught way. There's a poignancy about it that lets me know I'm connected to every other human. Every other human's pain and suffering and experience. And though I might not have experienced it all in my lifetime, I can have a sense of it. And I think that's -and SE has played a big part -I think that, I know that that has made me, has contributed greatly to my competence, to my feeling of being of use to people. It's not a self sacrificing no boundaries sort of thing, but it is a knowing, a very deep knowing that I can connect with just about every experience that comes before me. Part of that might be that I'm older than some therapists... I don't find anything -I haven't so far anyway -found anything so repugnant that I couldn't sit with it and be there for the person and have compassion. Even though they may have done things that I may hate, I can still have compassion for the person. And I don't know whether I always could have done that.

In this brief passage, Marge specifies that she understands trauma not as an event, but as a perception of an event and how that event is absorbed into the body:

> ...A trauma, of course, not being the actual event but our perception of it. And how we absorb it into the body.

In another brief passage she speaks to the understanding that trauma can result from either intense or mundane events:

> Trauma can be something really loud like September 11th but it also can be something small like having a fall on the street, a tonsillectomy. Things that just seem like ordinary mundane things.

Shifts in Understanding of How Change Happens

Marge uses an example to describe her understanding of transformation. She describes some of the ways she works with clients to support the release and completion of movements frozen in the body from a time when they were overwhelmed. She explains that this release can manifest as shivers, as shakes and as the completion of motions involved in fight or flight responses. With a particular client example, she describes starting with resources, and then asking the client to describe bodily sensations and slow down spontaneous movements. She indicates that she could see visible indicators that the client's stress level had diminished:

> Each one is different, and it's hard to predict sometimes, but almost all of the frozen reactions, in my understanding, are incomplete reactions. They are movements that are frozen when the body is overwhelmed for whatever reason... Once they start to come out of the frozen place their bodies shiver and shake and complete the running action or fighting action or whatever it is... I had this with one of my clients recently... The long and the short of it was that she had fallen outside and the rational brain had said, 'oh my gosh this is embarrassing' and didn't pay attention to the fact that her nylon was torn, her knee was bleeding. She had various bumps and bruises, but her rational brain took over so that the shock of the fall was already getting frozen. We went through some somatic work...settling down, getting some resources going. And then getting those issues, "What's going on? What does it feel like? Does it have any edges? Does it have any colour? Can you..." and she was moving her leg a bit, "OK, can you just slow that down a bit? Where is that connecting?" And then, you know, going between that and the resources. And during the course of that session, and it was probably only a half an hour, you could see the change in the stress level.

Here Marge describes another case that she worked with. Once again, on a foundation of having the client resourced, she asked him to slow down spontaneous movements and feel what it was connected to in his body. In this case, the client expressed his experience of the significance of this process without further explanation. Once again, Marge explained that she could see the discharge of stuck energy. She

defines the transformation as the release of energy held in the body. Once this energy is released, she believes that it can be transformed into usable life energy instead of manifesting as symptoms:

> In some cases, I haven't even identified the transformation, but I can see it in the reaction... I had one client who has very many issues. He started to raise his arm. And he used to like to smack on walls. And one day he was going into that position with his fist up and I asked him if he would just like to slow it down – do a little experiment with me... He was well resourced. I had worked with him for sometime, but then I had him look at and said to him, "what is that connected to in your body?" and he just had this stunned look on his face, and he said, "wow". And I never knew what wow was, but it was very meaningful to him. And you could see that discharge of some very old stuck energy. So the transformation is that here's energy that doesn't need to be held on tight. It can be energy used for living...Trauma energy can be transformed into usable life energy... It's not stopping the energy or getting rid of it, it's using it... Rather than reenactment we're renegotiating, and we're renegotiating with the point, with the intent of achieving transformation. So that the trauma energy is no longer sitting in the body manifesting as symptoms of all sorts, but in fact has become usable positive energy.

In discussing her work with dissociated clients, she indicates an understanding that if they can start to feel some bodily sensation without getting overwhelmed then they can begin to heal.

> I don't want to force it, but I know if they can start to feel some sensation without getting overwhelmed, they can then begin to heal. And I have to really watch with these clients because the danger of reenactment or re-traumatisation is really great.

Other Shifts in Therapist's Way of Making Sense in Therapy

Marge describes that the training has deepened the awareness she already had that the body and its messages are important. She believes that those messages are revealed if one listens and pays attention to them:

> So the training has really deepened my awareness of the importance of the body...I always gave it great importance, but even more importance. And it's really educated me that the body has its messages. And the body will tell you if you are ready to listen and to pay attention.

In this passage, Marge describes her shift in understanding about the importance of a client telling their story and describes how she might explain this to clients. She describes a shift in emphasis from "telling the whole story" to feeling the sensations that are experienced with the story. She describes being aware of the potential for re-traumatisation and overwhelm in telling one's story:

> "Its ok if we don't get the whole story. It's ok if we don't get it all today. It's ok if we don't ever hear the end of it. It doesn't mean it's not important. But what's important is how you're feeling it, what the sensations are that are going along with it." You know because the story itself can be so overwhelming that it re-traumatises and it's like reliving it, reliving it, and reliving it. Sometimes that feels good, but some part of it is pretty masochistic. And so I think I had less awareness of that before.

Shifts in Behaviours/Actions Taken as a Therapist

In this passage Marge describes some of the skills she has gained from the training, how she uses these tools, and their significance. She talks about having an increased ability to watch, notice and discern what is going on with clients through observation of body movements. She describes having clients slow down their movements and notice bodily sensations, and the amazement she and her clients experience with this process. She encapsulates this description with the phrase "watch, wait and wonder":

> And Somatic Experiencing® has given me much greater discernment, much greater ability to watch and notice what's going on with my client. To watch the tiny body movements, things I might have missed before because I wasn't looking for them. Because in Somatic Experiencing® we are looking at accessing frozen states through the sensations of the body. So for the people I CAN work with, and I will expand on this in a bit, for the people who are fairly well integrated in their bodies, it has been an amazing experience for them and me to have them notice as I'm noticing. To have them slow down their movements, for example, and to notice what connection is going on, what sensations are going on in the body, as that movement is slowed down. And then to realise that this slowed down movement is some sort of incomplete response to some sort of trauma... And one of the phrases that comes up periodically was 'watch, wait and

> wonder', and that really rings true for me. The whole training has just made me much more observant, much more attuned to my client.

In the next quote, Marge describes some less direct approaches she uses with dissociative clients to incorporate the body and facilitate these clients to start feeling sensations. She explains her understanding of the importance that such clients begin to feel some sensation, as well as her understanding of the risk of re-traumatisation with this population:

> But some of my clinic clients don't have an idea of what it is to be in the body. They are very dissociative, and so I have to come at things really indirectly. So rather than saying things like 'what do you feel in your body?' when they can barely relate to what I'm talking about, and often can't at all. Sometimes I'll say, 'I'm wondering if you'd like to hold this for me,' and give them something that is maybe bumpy or edgy and say, 'gee that's interesting, I wonder what that feels like for you.' Some little thing. Some grounding, as far as feeling your feet on the floor. And they will often have socked feet, and I will have them notice if they can feel the carpet under their feet. And these are very tiny things, but they're the beginning for them to be able to feel, because they are dissociated. They're frozen and often still in shock from whatever things have gone on in their lives. So getting them to feel their body. I don't want to force it, but I know if they can start to feel some sensation, without getting overwhelmed, they can then begin to heal. Certainly in my belief, because if you can't ever touch it, if its hidden away, then it's kind of hard. And I have to really watch with these clients because the danger of reenactment or re-traumatisation is really great. So I go very, very carefully.

Marge describes another approach to working with dissociative clients somatically involving the use of laughter:

> I was talking to a SE supervisor in a case consult about this client who was extremely dissociative. And he said, "can you catch her in a moment of feeling?" And that moment of feeling that I could catch her in was when she laughed. Because then I could say to her, "oh wow, right in that moment, what does that feel like?" She knew what it felt like; she had a sense of her body. She would not have ever admitted it if I hadn't caught her. And it's not threatening. So we use that. I see that client three times a week still. And we use a lot of laughter.

In this passage, Marge reiterates some of the SE methods she uses in therapy: beginning with clients' resources, pendulating, titrating between trauma and resource and

avoiding overwhelm. She explains her understanding that it is this slow and measured approach that allows for the renegotiation:

> This is another thing with Somatic Experiencing. The whole starting point is resourcing, is getting those dependable strengths front and centre with the client so that they have a place to go. To go to get away from the trauma vortex. So you can use it to do that pendulating, that titrating. You know we use the form of the ellipse, going back and forth. So you're just touching on the trauma, and before it becomes overwhelming again you're back to the resource. It keeps things really modulated and that modulation, because it's going slowly and in a measured way, allows for the renegotiation.

Marge continues here to describe some of the shifts in her behaviours as a therapist. She explains that she talks less. She does not look for explanations or focus on the story as much with clients. She contrasts this with how she practiced before the training. She describes that the focus is now on the sensations that accompany the story:

> Usually I do less talking. Usually I don't look for explanations so much. I don't try to figure everything out, and I encourage my client not to worry about having to figure everything out. That it's OK to have mysteries. And the story itself, while it's important, is not the big thing. It seemed from much of my training, and maybe it was just my propensity, I think I did feel that it was really important to get the story out. Get the story told. And I think now that while I validate the story and I say to them, "this is really important and I want to hear it, but I want to just do it in very small bits. It's ok if we don't get the whole story. It's ok if we don't get it all today. It's ok if we don't ever hear the end of it. It doesn't mean it's not important. But what's important is how you're feeling it, what the sensations that are going along with it."

Finally, Marge notices that she feels more able to challenge clients, particularly when it comes to working with clients that repeat the same story. She states that she now has an ethical basis for that kind of challenge:

> My experience is that SE has helped me be able to challenge clients more. To not go with this recycling story. Saying, "OK, lets do something different". You're not afraid to speak it ethically.

Shifts in the Therapist's Felt Experience During Therapy and Being a Therapist

In this passage, Marge explains how SE training has deepened the experience she already had of counselling as sacred. She has gained a heightened awareness of the complexities and beauties of people, and the exquisite ways they can be reached. This gives her a spiritual feeling and a sense of having help from a higher power. Marge values that this work is neither extreme of counselling according to statistics and research alone nor working in a way that has no logic or connection to rational theory. She describes this method as both logical and poetic:

> Well for me anyway, working with clients has always been... I've always felt humble. I've always felt it to be a really sacred experience. And I think the Somatic Experiencing® has really made it even more, because as you become aware of the beauties and complexities of people and where their difficulties lie, and how you can help reach them in these exquisite ways, it makes me feel spiritual. It makes me feel like I'm not out there by myself. I'm out there with a lot of help from I don't know where. People call it God or the universe, or Buddha or whatever. Yeah. It feels very holistic. And its not a 'do it by the numbers' or by the other extreme of 'out in the blue with no tether at all'. It seems to me like it's just a very logical and yet very poetic way of working.

Marge elaborates in the next passage on the spiritual dimension of SE's influence on her. The experience of being observant, joined, and attuned to her clients feels transcendent to her. She searches for words to describe how her connection with clients has changed. She already felt very connected to her clients, but now experiences a new openness to the therapeutic field and a different state of consciousness. She describes this as a coherent and attuned energy between herself and her clients that leads the process. She experiences it as a higher plane and something she cannot impose or set out to create:

> It's such a whole being experience to me. That's what's sacred about it and takes it to the spiritual realm. When I'm really connected, when I'm really joined with somebody else so that my body... I'm working with my body and their body at the same time, and it's just a flow between us. And

> that's what I see as really spiritual, because its beyond... it's beyond what I could deliberately set out to do. It's like a transcendent sort of experience... The whole training has just made me much more observant, much more attuned to my client. I always felt a really good therapeutic bond between my client and myself, if things were working. And I can't recall one that didn't at some level, but this is quite different. It's a different way of operating. It's another level, or a different state of consciousness. When the therapeutic field is really open, and I'm really with my client at the same time. What was the word? Coherence. Like there's this really attuned energy and then just go with it and it leads you. That coherent resonance. That is, you know that you are on another plane, but it's very real. It's higher. It feels higher to me than my ordinary way of being... It's not an artificial thing. It's not something that I deliberately set out to create as I would perhaps if I was doing hypnosis with somebody. This is not the same kind of thing... It's not imposed.

With respect to the spiritual dimension described above, Marge explains that it is her own experience, but not necessarily something she discusses with her clients:

> ...I don't talk about it very often with clients, because what one person means by spiritual is sometimes different than what you're saying...If I've known someone for quite a while and it gets to that point where we know what's going on, I will talk to them about spirituality. But then I will use their own language, and talk about whatever that means to you, whether it means higher power or God or Buddha, or nature or you know... and just leave it really open. But as far as the spirituality that I feel in the relational joining, that's something I experience.

She further elaborates that part of the spiritual dimension that has shifted in her experience is being able to sit with anybody's mystery without having to know:

> For me the mystery is a part of the spirituality. And I think SE has taught me that I can sit with anybody's mystery and not have to know. But I can still sit with it. And for me that's wonderful grace to know that you can be there with somebody and you don't have to know.

In this passage Marge describes shifts that have occurred in her awareness of her own body in therapy. She describes using this information to tell her about her connection to clients. She describes an example of her use of this body awareness when she was being personally triggered by one of her clients:

> So for me anyway, I became much more aware of my own body movements and feeling sensations in the body as I was observing the

> client. How am I connecting with this client? Am I heart to heart? And I had this experience yesterday with a client. It was a bit of a trigger, in fact. But she was a woman of similar age and life circumstance and children and so on, and she had some experiences that were very much like some of mine, and I was not merged. We were doing really well. But I was certainly connected. I was aware of what was going in my body. And I could feel the heart-pangs that she was feeling. I mean, that I think she was feeling. You know? I could feel a tear in my eye because it was pretty close to home. But I was aware of it. I was aware that stuff was happening in my body too…I'm aware of it for both of us.

Marge elaborates on the personal implications of being less intent on clients' verbal content and planning what to do next in sessions. She describes experiencing a tremendous freedom from shifting from "doing something" to "really being there". It feels safe and productive to her:

> I would have been so intent on the verbal content. The client's verbal content, and perhaps thinking about 'OK what are we going to do here? How can I best help?" Rather than simply being there, alert, watchful, waiting, wondering. All of these things- that set you free from wondering what comes next… Because if you're planning what you're going to do next, you're not truly there. You're not truly there one hundred percent - or as close to one hundred percent as you can get- because your mind is working on other things. It has to be distracting in some way. You know? But if you can simply be there, knowing that the body will tell you what it needs to tell you. That's such a sense of freedom for the therapist, because I don't have to do anything. I have to be there. I have to really be there. I have to be on this pendulum with them, but that's OK. That feels safe. That feels productive.

In this passage, Marge describes a shift in attitude that has occurred as a result of the training with respect to making mistakes. She explains that she has confidence in the wisdom she has, and yet experiences an acceptance of not having all of the answers and being wrong:

> Well I think it does, but it has become less important for me to be right. Yeah. That actually… Yeah, that's a big deal. I, like a lot of people, probably was really invested with not making mistakes. It was part of my own growing up in a family of school teachers and so on, who were wonderful kind people, but who certainly… the message I got was that it was not OK to make mistakes. It was not OK to be wrong. And so that carried through with me for most of my life and is probably still with me

> to a certain extent, but I think SE has really made a difference there too. It really doesn't matter. It's really OK to be wrong. I don't have to have all the answers. I don't have to be seen to be this marvelous guru of infinite wisdom. And I can be confident with my wisdom, with my life experience and know that it will be very valuable. It just doesn't have to be something I hang out and display...

In the next passage, Marge talks about another shift that has occurred in her personal experience as a therapist. She describes experiencing an increase in her intuition. She describes her experience of her own intuition as informed and arising out of knowledge, training and experience:

> And for me as a counsellor, as therapist right now, I would say that my intuition, which is very valuable, has greatly increased. And intuition, I think of it, or I did, as a basic thing that doesn't change. But for me now this is not the case. My intuition has always been very valuable. I never depended on it entirely because I think that's really a recipe for disaster. But my intuition now, I feel is informed. When I feel now, instinctively, that here's the way to go, that instinct is coming from a lot of knowledge, a lot of training, some experience... and the Somatic Experiencing® has really honed that.

Here Marge explains that the tools and the spiritual components of SE resonated with her and attracted her accordingly. She has experienced increased sense of confidence and competence that she describes as arising out of the tools and structure of this approach. She describes the knowledge as both simple and complex, and also logical. It has helped her make sense of many things:

> It's given me some really concrete tools as well as some very spiritual approaches that resonate with me. And maybe that's why I'm attracted to it. I mean just the tools of resourcing, joining, pendulating, doing that titration around the resources, around the trauma, the renegotiation. Even if it is different with each person, it gives me a structure to feel competent and confident. And I don't want it to be a false confidence. The more we learn, the more we realise how valuable this is. And yet how simple, and how complex. How simple but how useful. It's not rocket science, but when you think about it, and you think about the basic principles, it just makes sense. It just makes sense. And I think for me, it's helped make sense of a lot of things.

In the focus group Marge responds to other participant experiences of "more humour, lightness and fun". She discusses that this has also been true for her. She describes feeling free to have fun. She views it as important and a resource for clients:

> "More humour and lightness and fun". This is really important for me and I feel free to have fun and it also is a huge resource for the client. Because the ability to laugh or even smile in the midst of all this crummy stuff that they're dealing with is just so huge.

Therapist's Impressions of Client's Experience During Therapy

In this passage, which appeared earlier in this chapter, Marge mentions that the process of slowing down movements has been amazing for her clients:

> It has been an amazing experience for them and me. To have them notice as I'm noticing. To have them slow down their movements, for example, and to notice what connection is going on, what sensations are going on in the body, as that movement is slowed down.

In another passage quoted above, Marge mentioned that her clients really understand the psychoeducational pieces after a while:

> I find myself drawing the ellipse in the air with my hand a lot or something similar and they really get it. They really get it after a while.

In this passage, Marge speaks to some of the frustration she has noticed that clients experience when she challenges them to slow down and stop to experience sensations rather than continuing with the story:

> It can be fairly frustrating for them at first too. Because they are used to working...- for those who have been through various types of therapy- they're used to spilling the story. And so they're not used to being...saying, "OK can we stop there for a moment." I mean after a while that's ok but...

In the focus group discussion, some of the therapists were commenting on the metaphors and images that have been arising with this work. Marge responds to that in this passage, adding that with dissociative clients she often will work with images rather than sensations:

> Yes, absolutely, I notice that a lot. So I go very, very carefully. I also found the training around work with images hugely helpful with dissociative clients because when you can't go with sensation or they're not ready to go with sensation you can use image.

How SE Integrates With Other Approaches to Therapy

Marge describes her process of integrating the SE training with other approaches to therapy. She tells of never being without it. She mentions some of the other modalities she works in. She has noticed that SE does not conflict with other approaches, but instead has tied them together and made them flow better. The training has helped her organise her training and her experience:

> Although I do use it wherever possible, and I don't think I am ever without it now. It just integrated into where I was as a therapist, and that was pretty eclectic. I've always been very humanistic had a very humanistic approach, with some practical tools thrown in- some cognitive bahavioural things, certainly some constructivism...certainly some very existential. But it seems to me that Somatic Experiencing® has tied them all together. Made it flow better. And with the other work I do, the Reiki and the hypnotherapy, which I do a lot of- I've had a fair bit of training there. It doesn't clash at all. It all seems to flow together and come together...We go out with our training and our life experience, and I don't think they are very well organised, and maybe they shouldn't be, maybe it takes time to do that. But I think Somatic Experiencing® has really helped me organise everything else.

Metaphors for Shifts in her Practice of Therapy

In her discussion of shifts in her own experience during therapy and the confidence she feels, Marge used the following image:

> Yeah because you feel like you're doing something really worthwhile. It's not that you know all the time, because you sure don't, but you feel like you're at least going in the right direction. You know this is a good road to be on. I might get distracted sometimes and go off on the byways when I shouldn't, but I'm on the right road.

When I asked Marge if there is a metaphor that can summarise the influence SE has had on her practice of therapy she spoke to me about a net that holds everything

together. The adjectives she chooses to describe in detail what that net is like, what the influence of SE training has been, paint a rich picture:

> Well I talked about a net at one point, a net that holds everything together. But I would go beyond that and say that it's a - to act somewhat poetic - it's kind of like a gossamer net, one that is very fine in its strands. It's not like a fishing net. The net that encloses and illuminates, and um, defines my way of being as a therapist, my practice, however you want to put it. That net is very, very fine. It has no... It's not restrictive. It's not holding the things in so much as holding things together. And it changes. Its fluid but its, I see it as a shining... the finest of spider webs, but with golden strands that part and move and change, but are always there as a safety net. A safety net that is forgiving and flexible and protective. Yeah. I think that's as close as I can come right now.

Faith

Faith is a 32 year-old woman. She holds a masters of Arts in Counselling Psychology and a Bachelor of Arts in Creative Writing and psychology. She began volunteering as a paraprofessional lay counsellor in 1992, ten years prior to this study. She worked with children with developmental disabilities for five years. She currently works as a counsellor in private practice focusing on adults. In this current practice she sees more women than men. The main presenting issues she deals with are relationship, disability, developmental/complex trauma, boundary work, self esteem, grief and loss, and some specific physical symptoms that people are curious about. These are my own impressions of Faith, as recorded in my field notes:

> *Many parts of Faith came alive for me in this interview. She is very gifted, not only with intellectual insight and intelligence, but also with an amazing ability to articulate her understandings clearly and precisely. Throughout the entire interview, her warmth, and kindness were consistent, natural and very authentic. She seems quite at ease with who she is. While I was initially most aware of her rational, pragmatic and intellectual nature – she quickly revealed many other dynamic, integrated aspects of herself. She is funny, playful and quite witty. She seems to have been deeply nourished by the ability to bring that part of herself into the therapy room. She is also a deeply spiritual woman. As she spoke of the unexpected spiritual transformation that occurred with this training, I could feel tears coming to my eyes – the ability to care for one another,*

> *connect with and support each other, and trust in universal healing mechanisms – "that there is someone to watch over the herd while we go and take a drink". She views the counselling relationship as the key ingredient to supporting human change. SE has impacted her ability to support that change by deepening her ability to stay engaged with herself and her clients, strengthening her ability to care for her clients, and by adding immensely to her skill. Each of these are in her mind, essential ingredients to a healing relationship. How beautifully she summarised and described this for me – articulating so clearly some of my own beliefs about effective therapy.*

Shifts in Views of the Goals of Therapy

In response to focus group discussions, Faith agreed with other participant's descriptions about the SE training's influence on the goals of therapy. She agrees that the goal of therapy is to be more alive. She actively looks for aliveness (signs of movement and joy) in this work, and views aliveness as moving out of the fixity that comes with facing death. She adds that the goal is not only to help foster aliveness in clients, but also to help them integrate it into their daily lives:

> "The goal of therapy is to be more alive"- absolutely. I see this in my own work and in my clients- looking for and developing life energy. Coming through trauma is about survival and there's a huge energy to that. I see it in nature, in people's gestures, in finding the inner oscillations/movements in our bodies that go on all the time. Trauma is about coming through death in some way, and that experience profoundly changes us. Everything is different after surviving, and sometimes it's like our minds don't know that our bodies and souls are still alive. I'm always looking for aliveness because it's about movement and joy and coming out of fixity. Thawing. Also, the goal of therapy is not just to foster that aliveness but to integrate it and make it accessible for people on a daily basis.

Shifts in Views of Roles of Therapist and Client

For Faith, the training has reinforced her understanding that the role of the therapist is to be the presence. In practice this translates to focusing on the relationship and human comfort:

> And that's a piece that's been very profound about the work too, is just realising more of the role of the therapist is very much to, is the presence. And I mean all the research shows that…So really focusing on the

> relationship and the sense of comfort, and just human comfort. "Would you like some water? Are you comfortable in the chair?" You know, just really simple things like that. Being a human being with another human being. In an appropriate and boundaried way, but a caring way.

In this passage, Faith describes a paradoxical aspect of the influence of this training in working both non-assertively and assertively. On the one hand, it confirmed for her that clients are their own experts, the need to follow their pace, and the desire to be on an even level with clients. On the other hand, it has given her a framework to support the instinctive understanding she already had of when to assertively slow people down rather than follow them:

> I think there's a sense of permission in this work to be both very non-assertive and assertive. Which is interesting to me. There's the working at the client's pace, working at a very even level with people. So very much that people are their own experts. So not trying to diagnose people or anything like that, which is how I always practiced anyway. But also a lovely background for understanding when to take over a little bit, and when to slow people down, mainly. And when to say, "I want to get all of the story but let's just get a piece at a time right now." So that's just validated, again, my own instincts about that, and I just didn't have a framework for that before.

Faith describes here that this theory supported her view of the therapist as teacher. She discusses her goal of minimising, what she views, as the inevitable power difference between therapist and client. She expresses that by relying on a client's own experience and sensations, it keeps the power balance more equal and minimises boundary confusion. According to Faith, it is the role of both therapist and client to be curious:

> Well I've always seen the counsellor as being a teacher. And that is really true, because this model is psycho-educational. And I've always seen the process as equal between the client and the therapist. But there is always a power difference, so I have never kidded myself that things are truly egalitarian or truly equal, they're not. There is a power difference. It's how you use that power in a way that's helpful to the client, but I don't abuse it... So given that there is that difference, by relying on the person's own experience, that's how you kind of navigate your way out of a lot of those kinds of problems - transference, just general confusions of boundaries. It's really, I'm separate, they're separate, we're joined for this

> moment for this time and, but because we're relying on their personal experience, their physical sensations. It keeps things more equal. Their role is to be curious. My role is to be very curious.

Shifts in Understanding of Human Suffering

In this passage, Faith describes that SE training has strengthened her understanding that human suffering is part of life. She describes her belief that suffering occurs from not accepting what is. She discusses her understanding, supported by the model but not unique to this model - that to be effective in helping heal pain, therapists must be able to face and witness "terrible knowledge" in our clients, stay engaged within ourselves at the same time, and be with clients in a non-judgmental way:

> Human suffering is part of life, one side of the vortex. We build the resources to better tolerate the pain and suffering. Suffering is about attachment to how we want things to be, rather than accepting what is. SE, and any kind of good counselling really, requires being able to face what Peter calls "terrible knowledge" in our clients. We have to be able to witness, to stay engaged but within our own selves. Much of human pain can be healed through companionship, being with another in an open and non-judgmental way. This is what SE is about.

Shifts in Understanding of How Change Happens

In this passage, Faith describes how SE training supported the view she had before that the opportunity for change arises from being in a relationship with a safe, caring, skilled and compassionate human being. She describes her belief that we all have the capacity to heal and also a tendency to get in our own way. Effective relationships can support people to do what is needed:

> I found it to be really helpful for being able to really hone in on what I thought about that and what all these different theories were finding useful - that it is about relationship. I guess I thought that before. That being in relationship with a safe and caring human being- a skilled, caring and compassionate human being is what provides the opportunity for positive change. Change. Yeah. That's what its about I think is the safety, the containment of that relationship. And that, we all want to heal. We all have the capacity. It's just sometimes, boy we get in our own way, so much. And to be able to have somebody else to keep us company but that

> can help us do what we need to do. That's my philosophy in a nutshell I think.

In Faith's view, change is being able to see and to experience a problem or trauma in a new way. The context of a healthy and helpful relationship can provide that opportunity:

> Being able to see things in a different way. That's what I think change is. Perhaps it's just getting a different perspective, being able to see things from another angle, another dimension. And to be able to see a problem, to experience a problem or a trauma in the context of that healthy, helpful relationship can lead to change.

In a passage quoted here previously, Faith spoke to an element of her understanding of human change as coming out of fixity and into aliveness and learning how to integrate that into the day to day life:

> I'm always looking for aliveness because it's about movement and joy and coming out of fixity. Thawing. Also, the goal of therapy is not just to foster that aliveness but to integrate it and make it accessible for people on a daily basis.

Other Shifts in Therapist's Way of Making Sense in Therapy

In this passage Faith explains that a lot of the scientific understanding she has gained about trauma throughout the training helps her understand certain client behaviours and normalise them. In particular, she mentions the knowledge of the sympathetic and parasympathetic nervous systems and how it has helped her to hone her ability to track what is happening for her clients and help clients develop that ability to witness for themselves what is happening:

> There's been a lot of factual information about trauma: the ways... the physiological parts of things, how trauma works in the body, the parts of the body, the nervous system that are affected and how and why. So there's a lot of the kind of 'sciencie' things that I've learned about which has been very interesting. And that's helped me to understand when I'm working with clients, when I'm seeing certain things, I can understand. And why certain responses are happening and it helps me to normalise what's happening for them. Like the sympathetic and parasympathetic

> responses and how those work in the body. So I've learned a lot about that. And that's allowed me to hone my tracking a lot. With watching people and being able to track what's happening. To witness that and help people to develop their own witness of that.

In response to her review of the focus group transcript and themes map, she wrote this passage about the significance of pendulation and moving through the elements of SIBAM. She describes how this training has taught her about the human nervous system processes, and how it oscillates between sensation, image, behaviour, affect and meaning making. In practice with clients, moving through these elements enlarges their experience, helps them find choices, move out of freeze, unwind what has been unhelpfully over/undercoupled in the nervous system and re-couple the elements of SIBAM in a way that is more helpful:

> I don't think pendulation was mentioned and I think that's really important. It fits with the neurology really well of what's actually happening in our nervous systems all the time. Moving between the elements of SIBAM is critical, so you help enlarge the person's experience, help them find choices, move out of freeze. That's the re-coupling of elements, unwinding what's been unhelpfully over/undercoupled. There's something very elegant to me about the SIBAM star, the moving around so we don't get stuck on emotion or sensation or what have you... Pendulation does fit with resources, yes, but it's also integral to the neurology. Our nervous systems are constantly oscillating at a certain frequency and pendulation through SIBAM is the way of riding that horse, so to speak. Our neurology is our resource at the most fundamental level. We can move between trauma and resource, e.g., a burning feeling to an image of a forest. This is also moving between SIBAM, from sensation to image. It's the same thing. Our bodies are geared to move internally and externally, at the most minute molecular level. With SE we make that movement explicit by attending to it and naming it.

Faith summarises that the main influence of the training has been an increase in knowledge, confidence and understanding in both the trauma process and the relationship process:

> I suppose the main influence has been a sense of much greater knowledge and confidence and understanding of the trauma process. And the relationship process. So not just the trauma piece but ways of relating to

> other people both in the community of the people who I'm training with and with my clients.

Here, Faith speaks of how the training has affirmed her certainty that she does not support cathartic models of therapy, either for herself or in her work with clients:

> I think the sense of pacing is something that has been very affirmed by the training. That I've always really felt strongly that a cathartic model is not one that I agree with or that I have ever been interested in pursuing myself, either as a client or as a therapist.

Shifts in Behaviours/Actions Taken as a Therapist

One of the shifts that has occurred in Faith's therapeutic practice is that she encourages people to look or track outside. Rather than considering it a distraction, she might ask them what they are attracted to:

> So I have people tracking outside a bit more. So I don't see people looking out the windows as a distraction. I might ask them what they're attracted to.

In this passage, Faith talks about her appreciation of the symmetry that has developed in her practice since the training. She describes that she always seeks to pair the trauma and the healing vortex and search for aspects of an experience that were positive. She finds it profound to learn to attend to the positive and neutral elements of difficult experience:

> There's a symmetry to the SE, in the training, that's been very useful. Doing trauma history, which you will do in intermediate III, we're always pairing, you know, there's the trauma and the healing vortex- always the two. You always have a place to go and a choice- always pairing an experience of trauma with an experience of resource. I just find that really intriguing. And I'm very drawn to that notion. And it's a very helpful way of working with people, to always be able to find something about an experience that was positive. That's been really useful. Being able to draw on that. Because even the most horrific things, and I've used it with my own history, to be able to say in that moment of trauma, whatever it was, "what were your resources in that experience." And that's a very profound thing, I think. Being able to attend to the positive, or at least the neutral elements of an experience.

Faith describes a shift in her practice of paying more attention to and ensuring that clients are comfortable:

> And really looking to comfort and paying a lot more attention to that then I ever did. And really taking the time to ensure comfort. The lighting, the temperature, whatever it is they need and to really allow time for that nurturing.

In this passage Faith elaborates on the process of slowing clients down. She initiates this action when she notices a client is becoming overwhelmed. She describes how she explains her behaviour to clients. She includes in this description examples of allowing people time to process, re-orient in the room, and absorb what's happened before moving on:

> That's been really, really useful throughout this training. Is to be able to understand why it is that it's important to slow people down, and to not let them get overwhelmed by the story. So when I can see the overwhelm is starting to happen, to be able to have absolute, just comfort in being able to say, "let's slow that down, and let's just take that piece and work with that and then get rid of, you know discharge, the activation, and let things settle before we go on to the next piece." And that's been really helpful for my work... Even simple things like allowing some peace and quiet and some silence while people sit with the experience, or they kind of track around the room and take time to re-orient themselves to what's happening. Be able to absorb whatever's occurred rather than moving on too quickly.

Faith describes the shift of doing a little more initial screening, while being much slower at getting the details than she used to be:

> I'm probably much slower with getting information than I used to be. I still do initial kinds of screening. I actually probably do a little bit more, of the screening stuff. I make sure that I get information that I'm getting, but I'm much slower about asking for details...

In this passage, Faith describes shifts that have occurred in how she works with emotions. Rather than helping clients to manage them, or focusing on them and getting absorbed by them, she encourages clients to notice them and notice the related sensation:

> Not as absorbed by sadness and especially anger. It's a really important one I think and Yeah, a lot of that anger management business I think I've thrown out too, because I know that's not what it's about. It's not about anger management, it's 'what are the sensations?'...So I don't give as much airtime to anger or other emotions. It's not about ignoring them, it's just, I know they're there, and what's the sensation?

As she touched on earlier, in this passage, Faith explains that the training has increased the skill she already had in tracking the body. This involves paying attention to all of her own sense, watching what people are doing, and working with their gestures with them. This does not necessarily involve working with clients with their eyes closed, but rather being able to have the training to catch small body movements and draw a client's attention to them. In her view, this has made the training very concrete and practical:

> For me, more of an ability to be able to track the body for sure. I did my lay counselling in Hakomi style, so that was very naturally to me, to be paying attention to that and to slow things down. This just comes at it from a different angle, but I think it's a similar kind of thing. You're paying attention to all your senses and watching what people are doing and being able to work with gestures. It's so interesting, just all the richness that you can pull out other than the voice. Taking time and being able to really work with people... Not necessarily working with somebody with their eyes closed. Just little pieces of it here and there. You know, "what do you notice there? And do you feel your hand doing that?" You know, it's being able to have the training to be able to catch those moments and not let them go by. So that's very practical. There's a lot of very practical components to the training which I like. Yeah, it's very concrete. So I value that a lot.

Faith speaks here about the shift that has occurred toward a less cognitive style of working. Using the SIBAM model of SE, she describes working with the felt experience first and then allowing the meaning making to arise out of that. She seems to enjoy this approach which involves less figuring out:

> And I really like the meaning making part of things. And that's a neat thing with that at the end of the process. Through the elements of SIBAM. Rather than trying to make the meaning prematurely, but just working with the experience first off and seeing where that goes, is very

> interesting. Rather than working too cognitively, which is more the framework that I come from, is probably more cognitive, with Hakomi in there as well. It's a less intellectual kind of way of working, I guess, than what I'd been used to, or less figuring out of things.

In this passage, Faith explains that she no longer considers techniques that intentionally expose people to anxiety-provoking stimuli as part of her repertoire. While she sees many similarities between the SE approach and systematic desensitisation, she prefers the SE approach of working with the client's natural activation rather than using explicit scripts:

> So really explicit kinds of scripting, or, things where I'm intentionally exposing people to desensitisation, or that kind of stuff. Yeah, I've just kind of thrown that one out, because I think it's just more efficient, and healthier for the person, more helpful for the person to work with an activation and use the resourcing. It's really similar, if you look at something like desensitisation, it really is. Because what you are doing is you're getting activation and you're resourcing. I just don't present it in the same way. For me it's much more organic... I'm very conscious of flooding so a lot of those kinds of strategies I wouldn't even bother with now.

Shifts in the Therapist's Felt Experience During Therapy and Being a Therapist

Here Faith talks about shifts she has experienced in her relationships with clients. She feels more relaxed, allows for more of her humour to emerge, and takes things less seriously. In this way her work with adults now reminds her of how she formerly worked with children. She speaks to the regular occurrence of clients shifting between sadness to laughter or a sense of them. She finds this aspect of work gratifying, fun, and healing for both her and her clients:

> So that sense of relationship has been shifting with the SE. It's almost a more laid back way of being with people. It's more like, I worked with children for a long time, and it's a lot more like that work. So it's kind of given a little more of a framework for being more with adults the way that I was with children when I was in that role, which is a little bit more relaxed, and just allowing my own sense of fun. Like there's a playfulness to this work for me that, again it's the framework, or the permission, or whatever, to be more playful and to allow my own humor to come out... I

> think it's sort of helped me in a way take it less seriously, and to be able to, you know, it's a rare session when I don't have at least one laugh with a client; at least one. So that's really fun, and I like to have fun with what I'm doing. So that's really gratifying. And there can be times when I'm working with somebody and there's lot's of tears. Then a moment later there can be just laughter, or you know, a joke or something- some sort of lightness or, just that wonderful sense of meeting. And that's so healing- for me as much as for my clients.

In the following passage, Faith remarks that the shift of bringing more humour into her work is a large resource for her that sustains her and keeps her from getting caught in the trauma vortex herself:

> And that's a huge resource for me as a person. As a therapist. To be able to bring that humor, you know, that sustains me and keeps me, you know, from going around the twist myself.

In this brief passage Faith articulates that there has been a shift in her experience of her relationship with clients. She feels connected and joined. She experiences this quality of the relationship as an alive, felt sense:

> It's a different sense of being with people. Or a validation of how I always thought I wanted to be with people. So that sense of connection, of joining. That's been a huge piece of the work... It's something I've always believed is the most important thing, but it's, it's more of a felt experience now for me, or more of a living thing now that sense of relationship; that sense of contact of being in connection.

Here, Faith elaborates on a point she briefly touched on in an earlier passage. Having less emphasis on figuring things out, making things fit and making things happen gives her great relief. This training has strengthened her ability to tolerate the mystery and ambiguity in her work and accept the truth that she can't always know and figure things out. The work challenges her to accept uncertainty and learn to witness it without judgement:

> Less figuring out. Yeah. So that's been a great relief. That's different for me. That's changed in my style I think, not having to try so hard to make things fit or make things happen. So that's my evolution as a practitioner...Yeah, I think it is a relief. Being able to let go of

> understanding. The instructor calls it the mystery. I think that, I think there is a lot to that. There is a great mystery in life and the work that we do; being able to tolerate that ambiguity as one counselling professor always loved to say in our classes. And to live with the uncertainty sometimes of not knowing why things are occurring. And I think that's a very profound truth in life as well as in this work, is being able to tolerate not knowing and not being able to figure it out... So it is a permission, and also a challenge to live with that uncertainty and not always knowing why people are having certain experiences. But just to accept it. To not judge it. To be able to witness it. And that's an ongoing challenge. It's a very hard thing to do. I find it hard to do never mind anybody that I work with. To try to be able to just witness it.

In this passage, Faith describes that this process of witnessing makes this work feel sacred to her. She describes some of the spiritual dimensions of the influence of SE training that she had not expected. The training has strengthened her ability to see the essence of another and find some elements she can love, relate to and join with. This leaves her feeling connected to God or Spirit – which is also a relatively new experience for her. It has developed her faith in the universe's healing ability and given her a sense of being sheltered or watched over:

> So there is a great comfort for me in the work because it's something about being that witness. It's a very, a very sacred kind of work. I hadn't expected this be such a spiritual experience, but it really has been. That's been a lovely dimension to add too, that beyond all the physiological stuff, it's very much about being able to live in mystery and seeing that in the other and seeing the essence of the other, and just working with people and finding whatever elements in them that I can love, that I can relate to, that I can join with. So there's a real humanity to it that's very appealing to me. That lovely sense of being sheltered...Yeah, I just find that a real comforting concept, a comforting way of being and being connected to the spirit. And that's what it's about to me. It's about trauma, sure and all that stuff, but it's much more about connection with spirit or God. Not something I ever particularly related to before, or at least in a kind of traditional way, so it's sort of given me more of a framework for understanding about faith- You know, faith in our own healing, faith in the universe's healing. That we have to help it along sometimes and that we sure can't do it ourselves. So also the spirit element, is the part about not being alone and having somebody there to witness, to watch, to watch over the herd while we go down to the stream to have a drink. That there is a God, or there is another human being, whether it is a counsellor or some other member of the community who is watching over us, that's

> holding us -holding that space for us so that it's safe for us to do what we need to do to survive and to thrive.

Faith describes some of the shifts that have occurred in her experience of her own body during therapy. SE training supported her use of her own bodily sensations as a potential barometer for what her clients are experiencing. She is also more aware of her own comfort while she is working:

> I've always seen my body as being sort of a barometer for what's happening for the other person, and I'm always wondering if that's what happening for the other person. I'm wondering, 'how can I use the information of what I'm experiencing and take the information about what they might be experiencing... I'm not saying that they are but if I'm feeling it then they might be as well... More awareness of my own comfort, that's certainly new, and I'm still very much learning about that. I've got to make sure that I'm comfortable throughout the experience.

Faith continues here to talk about how the training has confirmed the importance she had been placing on looking after herself and her own rest. She describes integrating this learning into all aspects of her life. The training has increased the respect she has for her own sense of pacing in her own life:

> I try to walk my talk and pay a lot of attention to my own rest. It's challenging, but it's important to have to look after ourselves. I'm not much of a role model if I'm feeling like hell and trying to push myself through something and I'm feeling really bent. There's sort of that degree where you do suppress to an certain extent, your own... You know, you have to keep your own stuff on the other side of the door. Yeah, just paying lots of attention to my own rest. That's been very confirmed by this work, probably not a change...So it's always, yeah, it's trying to find the little pieces to bring into the work, and I do that out of my whole life. Wherever I go. It's certainly not just working with clients. It's just more of a sense of respecting my own sense of pacing with my own life.

Therapist's Impressions of Clients' Experiences During Therapy

Faith mentioned in an earlier passage that it is reassuring for her clients to have permission to laugh during therapy. They gain the awareness that while there is the potential for great pain, there is also the potential for great joy:

> And it's also reassuring for people to be able to laugh here. Because, not in a laughing you sort of way, oh isn't it hilarious that you're in pain, but that's the other side of the trauma. You know there's always the other side, that potential for great pain and also great joy, the potential for great joy.

In this passage, Faith describes her impression that it is both relieving and challenging for clients to realise that it is OK to be not always figuring things out logically or conceptually. She encourages them to work with their present experiences, even if they cannot understand the historical cause:

> And just being OK with not always figuring out, and that's I find a relief to people because they come in sometimes saying "I'm sure that I've had this experience" and they're really afraid, because there's that sense of "is there something in my history that I've really forgotten about that's really terrible." And I don't go hunting for that. I don't go hunting for, "well let's find the secret abuse in your history." "Let's try and make logical sense of it." If that comes, that's great. But let's do what we can with what's here and now, rather that worrying too much about making historical fact. And that's, that's both difficult I think for people and it's also a relief to know that it's OK to just work through the experience without necessarily even knowing sometimes.

Faith describes noticing that with this model, helpful images and metaphors arise for people as they track their experience and feelings. She finds it very interesting to notice that those images and metaphors that arise organically often help people make sense of that which is not understandable:

> And the metaphor that emerges out of that experience is to me very interesting as a writer. Just the things that people come up with, just naturally and organically as they work with this SE model and you know, "what are you noticing as you feel that", or just the imagery and the metaphor that come out of that. It's very interesting how the system, the body system, the body-mind, creates those images and metaphors as a way to try to help us make sense, and to provide healing for us. It provides a way for us to understand the non-understandable. So that's very interesting to me. So there's a trust that that will emerge. And it always does. It always does. That's what's really interesting about this work.

How SE Integrates With Other Approaches to Therapy

In this passage Faith articulates her process of integrating this training with other approaches. Having a cognitive style has made it challenging to shift her focus toward the body. Her background with another somatically oriented approach facilitated this shift. The basic SE principles underlie her approach, and there are also strategies and styles she stopped using entirely. Overall, she continue to describe herself as humanist:

> Integrating with other approaches- in some ways hard, because I tend to have a cognitive style and it's been a learning curve to focus on the body as much as the brain. In some ways natural due to training in Hakomi, which is somatically oriented. I don't do certain things anymore, like let people talk too much about the trauma, and I don't regulate the breath. My way of joining with people is different because it's now easier for me to follow my caring impulses rather than staying too "objective". I keep my boundaries, but I guess I've become less formal. The philosophy of SE, e.g., not flooding people with content, pendulation, really noticing detail, the physiology- all of that underlies my approach. I suppose I was a humanist before and that hasn't changed. I've probably said somewhere that I'm a lot less Rogerian so I've pretty much chucked that approach- not great integration there.

Metaphors for Shifts in her Practice of Therapy

When she spoke about the spiritual dimension of therapy that was introduced into her work as a result of the training, Faith used a striking metaphor to describe her sense of being protected or watched over, and in turn taking that role for clients:

> So also the spirit element, is the part about not being alone and having somebody there to witness, to watch, to watch over the herd while we go down to the stream to have a drink.

Faith used her counselling office, where the interview was held, as the metaphor for how the training has influenced her practice. She highlights in this passage that it is a warm and caring atmosphere, that expresses her personal nature, attends to comfort and invites lightness and humour:

> This room is a metaphor. Before the SE training, I never would have painted it with a colour. And this is such a warm colour. It is also

> decorated in a very personal way to me, and I bring more of that into therapy as well. I also pay a lot of attention to comfort in this room with the lighting and the furniture. It is also full of things that invite humour and bring lightness into the room.

Amber

Amber is a thirty-year-old woman. She has a masters of Education in Counselling Psychology and a Bachelor's of Arts degree from small Canadian universities. She also has a certificate in conflict resolution. At the time of this interview she had been working as a counsellor with the same agency for eight and a half years and in the helping field as a paraprofessional counsellor in a group home for three months prior to her current position. She is one of three counsellors in the small Canadian town she lives in. Consequently, her client population is extremely varied. She sees both male and female clients, ranging in age from four years old to late sixties. According to Amber, she works with the "full gamut" of issues including the following: depression, historical abuse, relationships, foster care support, grief and loss and many others. The only issue she specifically does not work with is substance abuse. She also sees some clients privately who are being trained in the Somatic Experiencing® model. From my field notes, this was my impression of Amber:

> *Amber struck me immediately as a vibrant, lively and intuitive woman. The influence of this model seemed most naturally and easily expressed through vivid images and experiential examples that spontaneously pop up as she considers its impact. I loved watching her watch the pictures as they rolled through her mind, and the excitement she had as she searched for the right words to convey it - the bunny rabbit, digging through the clutter, being at the top of the sky scraper. Amber is so enthusiastic about the SE way of understanding growth and therapy. Given the large cross section of clients and client issues she works with on a daily basis in her small town, it has been critical for her to get creative about how to use this knowledge in a way that can meet the needs and comfort levels of her clients. While she would love to always work in a "pure SE way", there is no greater priority to her than meeting the clients where they are and respecting their preferences. She enjoys the challenge of finding creative ways to integrate SE knowledge whether directly or indirectly. Filled with*

> *conviction, amazement and vitality, she talked about finding ways to help people be more alive. Her own eyes sparkled as she told me about the man she worked with to help uncover all of the forgotten gems of his past. She describes feeling the shifts in people and seeing it in the sparkle in their eyes. She enjoys the way this model has helped her to be even more relaxed and herself in therapy, and to be more grounded, centered and aware of her own boundaries. To me she embodied the grounded, relaxed and vital way of being that she passionately described.*

Shifts in Views of the Goals of Therapy

In this passage, Amber discusses the shifts that have occurred in the goals of therapy. She describes being clearer about goals, and having the umbrella goal with every client of helping people become more alive again:

> I mean what's different about the goals of therapy is that I'm clearer on goals now. My goals now are sometimes different than the goal of a client, but we'll discuss it. My goal overall is to help people become alive again. Because, again, it's all based on the theory, but trauma is something that freezes you or immobilises you, so my goal is very broad and it's to help people become more alive, and that's what I look for in people when I look for progress. Not necessarily that they can state in a really intellectual way what progress they've made. But I look for those signs of aliveness. Some people will come in and say "I've been in this car accident and I can't drive anymore. I'm really jumpy. I have flashbacks. I have nightmares." So my goal with them, obviously, would be to say, "OK lets try to get you to the point where you can drive again comfortably." But it's still that overall umbrella goal of helping that person become fully alive again so they don't have to be hindered in certain ways.

Shifts in Views of Roles of Therapist and Client

Amber explains in this passage that the SE training was congruent with the understanding she already had of her role. Rather than seeing herself as an expert, she sees herself as having a framework that helps guide people find what they have within themselves to heal:

> Since taking the SE training I don't think I see my role as a whole lot different then what I did before. Because I've always seen my role as almost a tour guide through people's lives, maybe a detective, but helping people find whatever it is within themselves that's going to heal them. I guess that does fit with my view on the SE model. And I still see that as

> my role. It's not that I'm expert and they're coming to me to be fixed or healed. It's just that I have a framework with which to help guide people. I've always seen that as my role.

Amber describes that she has an increased tendency to take on the role of an educator. She regularly draws the SE model diagrams of the river and the vortex, and educates people about what is happening in their bodies:

> The educational piece. That would be one way that I've seen my role changing with my clients since taking the training because I do a lot more education then I used to. And I'm constantly drawing the vortexes or the diagram of the river, and I'm trying to really educate people about possible things that are happening in their body. Whereas before I didn't use to spend a whole lot of time on education. So just giving them different ways of perceiving or visuals of what might be happening in their body.

Shifts in Understanding of Human Suffering

In this passage, Amber describes a shift that has occurred in this area. As a result of the training, she now understands that what is keeping someone stuck might have been initially useful and allowed them to survive. These behaviours can cause problems when they perpetuate after their usefulness has run out:

> One thing that has changed is that I see, sometimes when people are really stuck, what's keeping them stuck might have actually helped them initially, but then it becomes not useful anymore. But somehow, trying to point that out to people, to say, "you know at the moment of trauma, or during that time frame your survival depended on this and it was useful to you and it was necessary and it kept you alive and pretty much sane." And trying to find ways to help them see that it's no longer useful anymore, so making sense of it in that way... It's sort of like shifting people's perspective that the suffering wasn't always all bad but its usefulness has run out. Like for example, dissociation. If someone is in the moment of sexual abuse, it is incredibly useful to dissociate. It possibly is going to keep them alive or from going crazy. But then as the years go on that extent of dissociation isn't helpful anymore. You know it could end up costing you your job or your relationship because you're not able to stay in the moment. So its usefulness has run out. So when you look at it from a human suffering perspective, just shifting the focus, or normalising, or adding the positive aspect that at one point that was useful and getting people to see it that way so they don't blame themselves. And trying to

> bring forward the survival instincts that were necessary. It's helped me make sense in that aspect.

In the focus group, Amber highlighted some of the aspects of other people's responses that she agreed with. Like other participants, she now views trauma as a normal part of living rather than how the media constructs it. In her mind this view speaks to the balance between trauma and life and how the dark and the light are interconnected:

> And then you also said, under perceptions of human suffering, that trauma is a part of living and mundane occurrences rather than what the media constructs. Anyway, I thought that was really true. Because you know, trauma is a part of living and I don't agree with some of that [media]... You know the yin-yang. You gotta bring in the dark with the light. The balance of the two.

Shifts in Understanding of How Change Happens

In this passage, Amber describes that since the training, she looks at human change from the energetic perspective of helping people move from immobility to flow. Once the danger is no longer present, her clients can learn to shake off the body memory and transform the frozen energy:

> The whole basis of the SE work is seeing immobility as being that stuckness and having that framework. So the way change happens is to help that person unfreeze and free up the energy that's trapping that and get it flowing again. And that's something I never had a concept of from the other therapeutic models so this is a whole new way of looking at it. So yeah definitely the way I see change happening has changed. Because now I'm looking at it from that energetic perspective and trying to bring people from immobility to flow. It's just a picture I have in my head of frozen bunny rabbit just frozen. And how's he going to shake it off? And then get hopping along again. So how do I help it do that once the danger's gone? Once that danger is no longer present. And for most of the clients I see the danger is no longer present, it's just the body memory of the danger that's keeping them stuck. So finding ways to help people shake off that body memory or work through it and transform it so they can hop along their way.

Other Shifts in Therapist Way of Understanding and Making Sense in Therapy

Amber describes how the training has changed the way she makes sense of human behaviour. She describes learning to recognise and support her clients' spontaneous ways of resourcing themselves rather than assuming they are distracted and being unproductive. She provides a beautiful example of this shift with her work with a small child:

> The other thing it's helped me make sense of is human behaviour... Last week I was working with a young girl –four years old- and we were doing some sand tray work. In the moment...I didn't think we were doing anything productive together. Because in the session she'd be in the sand tray and doing some stuff - it was a young girl who was in foster care and had had a couple of siblings die – anyway, she would run to the window. We have a daycare attached to our building and her ex-foster parent works in the day care downstairs, and she could hear all the kids outside. She would keep running to the window every ten minutes and want to yell out to her foster parent and have a connection. And if you would have asked me four years ago, I would have said, "well we didn't get a whole lot accomplished because she wasn't very focused." But then looking at it from the SE model, she was resourcing herself because she had a strong connection with this person. And what she was doing in the sand tray was working through the trauma but then she would go resource herself and then come back to it... What I would have said before is, "you know you can only go to the window once and then we're going to sit here and focus." So I might have tried to control what she was going to do. But now it's appreciating that she knows exactly what she needs to do and letting her do it...If I would have really tried to keep that girl task focused, then I would have been hindering her process and almost keeping her in that trauma vortex rather than letting her titrate... And when I start getting wiser I can ask her, 'so when you go to the window, how do you feel?" I can even elaborate on those types of things.

Amber provides a second example of her new ways of making sense of human behaviour as it pertains to adults who digress from their difficult stories:

> Just like if I was working with an adult client. And what I maybe would have thought of before as them going off on tangents, you know they might be talking and telling their story and then go off and talk about this beautiful rose they saw on the way to the office this morning... You know I might have tried to curve it back without really realising that that person needs to take that step back and resource themselves before they can even come back to what they are working on.

This passage capture's another aspect of Amber's response to reading the perspectives of other research participants. She expresses that an important influence of the training for her has been an increase of physiological knowledge. She uses the example of understanding the significance of hearing someone's belly gurgle, because it tells her that their digestive system is active which in turn tells her about the clients nervous system functioning:

> "More physiological knowledge" - that was something I read in other people's things that I didn't include in mine, but something that when I read it I thought, "how could I have forgotten that?" And it's not that I necessarily need to know about biology or physiology, but having a framework, and having even he vaguest idea that we have these different parts of the nervous system that operate in certain ways, and might be on often. It's incredibly helpful. Especially working with people who recognise it...And when you hear people's bellies start gurgling and you know that the digestive system is kicking in and those are interesting things to know.

Shifts in Behaviours/Actions Taken as a Therapist

Amber names a few of the therapeutic techniques learned in SE training that she applies regularly in her work:

> But there's always elements of it that I'm using whether it be focusing on resourcing people or myself just having a framework of where I'm going and titrating and getting a pendulation going. So I would say it's influenced my work hugely.

In this passage, Amber speaks to shifts in the way she works with emotions in therapy. She now works with the intention of connecting the elements of SIBAM – asking about the associated sensations or images. She contrasts this to how she worked with emotions previously:

> I would say what has changed in the way I work with emotions is trying to connect elements of SIBAM. So emotions being the affect part of it and trying to connect that somehow with the other elements. So if I see an emotion coming up in somebody, I'm a lot more likely now a days to say to the person, "I see some emotion coming up. Can you tell me about it

> and what does it feel like? Is there anything you can feel happening in your body as that emotion is coming up?" And trying to get them to that level of sensation, or images, or something else just to make those connections. Whereas before I would have thought to myself "oh that person's crying" and not necessarily address it directly and see the value in it. I would have thought, "Oh great they're crying that's probably helping them feel better" but I wouldn't have taken it further.

Again, in the context of the focus group discussion, Amber speaks about how the training has helped her be able to offer clients different perspectives:

> Marge: Do you think SE has helped you be able to challenge clients more?
> Amber: Oh big time, but I don't know if challenge would be the word.
> Marge: No but uh.
> Amber: But to uh...what would be the word? To offer different perspectives...So you're coming from a place of concern, not a 'I'm telling you what to do'

Shifts in the Therapist's Felt Experience During Therapy and Being a Therapist

While Amber explains that she has always had a good therapeutic relationship with clients, since the training she feels more grounded, centred and alive within herself. She suggests that this might in turn influence her therapeutic relationship. She describes in detail some of the ways she has achieved this shift:

> I've always felt like I've been able to have a good therapeutic relationship. Maybe the only thing that might have shifted is that I'm much more aware of my own space and somehow that comes across. The more grounded and centred I am with my own self obviously that is portrayed to the people I work with. And because I feel I've become more grounded and centred and alive myself, that is put out there. So that may have changed my therapeutic relationship... Where I work too, we're generally very busy. And I'm running from program to program and client to client, because I probably see 25 clients a week but in the other hours that I'm there we run programs in the schools or out in the community. So we're always running back and forth and it can get really hurried at times. Especially if you're running in form a program and you have a client in 15 minutes. So taking that time to look out the window and resource myself and just get a sense of where I'm at is helpful.

In this passage, Amber explains that since the training she has become more aware of her own body. She is also more likely to consider the possibility that some of

her physical sensations relate to what her client is experiencing physically. She describes taking more chances with asking clients about such possibilities:

> I'm more aware of my own body, and that's different. And I'm also taking more risks. Like for example if I'm working with somebody and I notice that my left shoulder is starting to ache. I sometimes take that as a cue that maybe I'm joined with that person and picking up something in them. So I might ask them, "what's going on in your left shoulder right now?" Just picking up on those kind of intuitive things. Whereas before I had any knowledge of somatic work I would just go "oh my shoulder's hurting." And just let it be rather than, perhaps I'm sensing something in the way that I'm working with them. And sometimes they'll say, "oh nothing's wrong with my shoulder. I can't feel anything," but sometimes they'll say, "How did you know that?" So for some people I'm obviously picking up something. But for some people I'm not.

In this passage, Amber talks about being more relaxed with clients. She feels more comfortable and more herself in therapy sessions. She describes that the concern about maintaining a certain stereotypical image of a 'professional' has diminished, and she has been able to introduce more humour and playfulness into her sessions:

> I'm a lot more relaxed with clients. I'm not sure if it's a result of the training or just my own personal growth, but I'm sure it's a combination. But I'm a lot more comfortable. I take my shoes off half the time when I'm working with people and I'll sit cross-legged in my chair. You know not so worried and thinking that I need to look all professional, although I'm still professional, but not necessarily needing to maintain a certain image. Because the work speaks for itself as opposed to thinking the you need to "look" like a therapist... And trying to throw in humour and lightheartedness, and playfulness. Being more of who I truly am and I think that's comforting to people, because it's OK for them to do it too. I think the training has facilitated that. Partially in the modeling that I've got from the instructor, because she's very much who she is.

Amber clarified in the focus group the meaning of what she said in the previous passage. The image that she no longer feels she has to portray is that of the expert. She describes feeling less power imbalance in the relationship:

> I know in my interview I said something about not maintaining a professional image. But I think what I meant by that was about power and the expert position thing. I didn't need to be the expert professional anymore. I could just be there... Because I very often refer to myself as a

> tour guide and clients really like it- 'You have the information. I hold the map.'

In this passage, Amber explains since the training she has found that she is more likely to sense and address the emotions that come up for her as she works:

> For my own self if I'm sensing emotion in my own self then I'll address that too. Whether I say it inside my own head or if I say it out loud, but I'll just notice if I'm getting angry or irritated or sad or if I'm really happy. I'll just say to myself, "what's that all about?" whereas before I may not have done that.

Amber talks about how the training has given her an excited level of curiosity when she is working with clients that is new for her:

> I'm really curious about what is happening for the other person. For example, when I see the emotion coming up, I really want to know, "what does it feel like to you?" because I don't know what it feels like to you. I know what it feels like to me, so I really want you to try to explain to me, "like where does it come from and what does it feel like in there?" I would say that curiosity is a new thing. I was always curious before, but not to the excited level of curiosity.

In this passage, Amber explains the ways the training has influenced her self care as a therapist. She describes that increased body awareness has given her a clearer sense of boundaries and an ability to recognise more readily when she is getting run down. She has also learned to recognise the importance of having fun, and has adopted the philosophy of 'fun first and work later'. She now views this as a prerequisite for being effective in her work. She remarks that she is also very energised from the work, especially when she is working in a "pure" SE way:

> Self-care has been an ongoing process for me even before I started the work, and it's probably what drew me to the work, because I recognised a need for greater self-care... I would say that I definitely have a stronger sense of boundaries since doing this work. Able to set limits better and recognise when I can and can't do things by judging what's happening in my body... Historically I've been a real automatic compliant person...like I didn't have any limits, but having resentment bubble inside me the whole time because I know I'm crossing my own boundaries, but didn't even

> know that I had boundaries. Since doing this training it's just been really clear to me to recognise that bubbling inside me as a sign that this doesn't feel right, and I probably shouldn't be doing it... Or awareness when I start to feel worn down physically - that's a need for me to spend more time with my own self-care. And also not minimising the importance of fun. I think its an old school thought, "work first fun later." Not anymore. It's "fun first work later." Because I can't do the work if I'm not having fun, and I'm resourced that way. But then also the work is fun the majority of the time. Especially I find with the people I do the 'pure' SE with. I just get so energised from it. And I come out of sessions feeling really, really good. And that's good too. That's self-care to me.

Amber talks about having an increased sense of aliveness and comfort with herself, which transfers into her work. The training has deepened her belief that everything has a purpose and that there are gifts to trauma. In her experience, these beliefs emanate to her clients and change the mood:

> My own aliveness that's come out, and my own comfort with myself that then transfers into how I work with people. And then just the belief system that's evolved through the training. It's not that it wasn't there before. It's more enhanced- that everything has a purpose. That there are gifts to trauma and just really looking for those gifts. And holding that belief and I think that most of the things that I say or do to people sort of emanates part of that and it just changes the way I work with people or changes the mood.

In the following focus group discussion between Marge and Amber, Amber elaborates on her experience of the spiritual aspect of the SE training. After Marge summarises what has been sacred about this work for her, Amber confirms that her own experience is similar. She also clarifies, however, that she is careful not to imply that this approach is in any way a spiritual one for clients. As far as her own experience is concerned, the SE approach has had a spiritual dimension, which has become an important part of her self-care:

> Marge: It's such a whole being experience to me. That's what's sacred about it and takes it to the spiritual realm. When I'm really connected, when I'm really joined with somebody else so that my body... I'm working with my body and their body at the same time, and it's just a flow between us. And that's what I see as

> really spiritual, because it's beyond... it's beyond what I could deliberately set out to do. It's like a transcendent sort of experience.
>
> Amber: What Marge is describing does fit for me...But I'm always really careful about the spirituality aspect and languaging it. Mainly because I think there's so much controversy over spirituality that I'm always really hesitant to... Like if I was explaining it to a client, for example, I would never say there is a spiritual component. Or I would be hesitant to, unless I really had a good feel for the person. Because...
>
> Marge: Because what one person means by spiritual is sometimes different then what you're saying.
>
> Amber: Exactly. But for me it is very much there. And for me, I mean that's a whole part of my self-care.

In this passage from the focus group discussion, Amber conveys that Marge's experience of developing "informed intuition" from the SE training also fits for her:

> Marge: I talked about in my interview about informed intuition. And for me that's what it is. Instinctively I felt good about what I was doing, but now my instincts- my intuition- have a lot more substance.
>
> Me: I think that also came up in Faith's interview. Does that fit for both of you too Dawn and Amber?
>
> Amber: Totally.
>
> Dawn: That's lovely languaging.
>
> Amber: Yeah- informed intuition.

Amber speaks here about the value of having had to do personal SE sessions as a client. It has given her concrete experiences to relate to her clients with either to normalise their experience or better explain the model:

> Well as a result of having to do our own personal sessions in the training I have a lot of "as ifs" to relate to people. So if someone's not understanding an educational piece that I'm giving them, then I can say, "I'll tell you a story about something I've experienced" and I'm able to relate to them maybe a piece that I worked through and the kinds of things that happened to me to sort of normalise it, or give an example.

Therapist's Impressions of Clients' Experiences During Therapy

In this passage, Amber explains that clients have given her feedback that they find the psychoeducational diagrams from the model very helpful:

> When I show somebody something or give them a diagram they verbally tell me that it very helpful. And they say, "that's really good for me to keep in mind." Their feedback is saying, "its really helpful". If they aren't understanding what is happening, then having those kind of visuals helps them understand or normalises.

Amber describes her impression of how her clients respond to her ability to relax and be herself more. She explains that they seem comforted by her way of being, and that it invites them to also be themselves:

> Usually when people get to know me, they can relax around me if I'm relaxed. If I can be myself they can be themselves. And trying to throw in humour and lightheartedness, and playfulness. Being more of who I truly am and I think that's comforting to people, because it's OK for them to do it too.

Amber notices that with her "pure SE clients" change seems to happen more quickly. They often go through classic 'textbook' releases. When she uses the SE methods less directly, she notices that while change still happens, it does not happen as quickly:

> For the people who are the pure SE clients...have very classic text book releases where they'll shake and they'll twitch and they'll release a lot of energy and they'll come to some sort of resolution and then they're gone. Right, they've worked through a whole piece. So for those people I think it does happen really quickly because they're a lot more open to the pure methods whereas with other people I'm sort of infiltrating little pieces so the change maybe doesn't happen as quickly.

Amber explains that one of the observations that tells her that people are more alive is a glimmer in their eye:

> I guess that's the major thing I'm noticing when people are more alive. There's something in the eyes that tell me. And I can't... I guess it's a glimmer.

In this brief passage, Amber responds to another participant's observation in the focus group. She has also noticed that clients come up with images that are very useful:

> And imaging coming up. People come up with images and they're just key. They're exactly what's necessary for the moment.

How SE Integrates With Other Approaches to Therapy

Amber discusses that with her 'pure SE clients', she works almost entirely in the style of SE – having clients track sensations with their eyes closed. With other clients, she works more cognitively. With all clients she incorporates some aspects of the SE model by focusing on resources, titrating, pendulating, and using it as a generic framework:

> There's some people I work with who I consider to be my pure SE clients and they come in and do the traditional sit down, close your eyes and lets go to work here. And they want to do that and they're willing, and they can go there really easily. And then there's some people who like the more traditional cognitive sort of work who aren't necessarily very comfortable doing what I would call the more pure SE work. But there's always elements of it that I'm using whether it be focusing on resourcing people or myself just having a framework of where I'm going, and titrating and getting a pendulation going. So would say it's influenced my work hugely. I don't think there's anybody who I work with that I haven't brought in some aspect of it.

In this passage, Amber describes that she still uses all of the approaches she used to use, only less often as she has made more room for the SE approach. In her experience, this training has enhanced her other ways of working. She explains that using SE does not feel like a technique because it feels very natural and would simply be experienced by most clients as genuine curiosity about their experience:

> I think I still use everything that I used to use but I use them less often. I use SE more frequently. But then I also combine, like I said. I'll be siting with someone and if its not someone who's walked in expecting pure SE, then I still might use some narrative techniques or some brief solution combined with the SE like I'll throw them all in together. But I'm obviously spending less time with the other techniques because I'm making more room for the somatic work... It's just enhanced everything else that I've done. And if someone's not comfortable sensing sensation or different types of things, then I can't just use somatics with them. So I still use the other tool in order to get us to a point where maybe they are comfortable enough to use it. Or just using the little pieces, just to get

> them going a bit. Unless someone is from the somatic training then they wouldn't think, "oh she using this". Because that's another thing about the somatic work is that it's very natural. And it doesn't seem like a technique sometimes. It's just genuine curiosity about what's happening for the person.

Amber describes her efforts to integrate this approach into her practice. For her it has been both easy and difficult. She believes the naturalness of the approach facilitates the integration. She has found it specifically easy to integrate into her own framework for understanding. Focusing on resources and observation have also been easy aspects of the model to integrate into practice. It has been more challenging, however, to ask clients to track sensations in their body if they have very little sense of a connection to their bodies. She describes the attention she pays to each client's comfort zone. She has found creative ways of integrating some subtle amount of somatic awareness with clients who are less comfortable with tracking sensations. She explains that the educational pieces have been especially important with these clients:

> It's been an easy integration because it's so natural. I guess I find it more difficult with clients who are not, have never almost had that physical connection with their body. So integrating it in those sessions its more challenging because I'm so excited about it. Because I know it works and I want everyone else to know it works but I have to really hold myself back and go at other people's paces and to honour that they have their own process, and not to try to jump in there with it all. And looking for the signs that taking someone into a sensation level when they're not ready is doing them more harm. So I need to know where those limits are. In one sense it's been a real easy integration especially with the resourcing aspect and my own model I have in my head and being able to witness and see things happening. But on the other hand really being conscious not to jump in before someone's ready or just kind of watching the waters to see their reasons to certain things and finding creative ways to be able to get it in there. You know how sometimes people just want hard concrete and really tangible ideas, and sometimes SE is but that's when I find I give the education pieces because that's really concrete and tangible and people can really get their heads around it. As opposed to just starting to ask people to notice certain things. So it's been an easy integration on the one hand and challenging on the other hand. I'm always trying to find creative ways to integrate it in a way that's natural and helpful...Or maybe instead of asking somebody what they are feeling inside them you can ask them,

> you know, "what do you think of the texture of this fabric?" So they have to go to a sensation place in order to feel the fabric but its not so scary as asking them about something that's in their own body if they're not ready to go there yet. They still are sensing sensation. So those kind of creative ways. It's a good kind of challenging because it keeps me on my toes.

Metaphors for Shifts in her Practice of Therapy

In this passage, Amber uses a metaphor to describe the influence that the SE training has had on her practice of therapy. To her, the SE approach broadens the perspective and opens up new possibilities. Where before clients may have had only one window to look through, with this approach a whole new range of possibilities is made available:

> Someone once gave me the image that if you're standing at the top of a tall tower looking out the south window it's kind of like you unveil the curtains to the other three windows. You're still in the same tower but you can look at it from three different angles or look out from three different angles. Whereas before you might have had one. You can look at the situation and say, "this is the only thing I can possibly do and this is why it happened" and be very firm in that, but the other three windows are like "well what if it happened because of this? And maybe this is a gift that it's offered you?" Different perspective on the same situation. So you're seeing things in a broader sense and its opening up possibilities. The metaphor of standing at that one window and only seeing one thing and one option is the stuckness because obviously it hasn't worked. You're still standing there. And all of the sudden, if you can find the other perspectives then it opens up a whole new range of possibilities.

In this passage, Amber describes a metaphor she often uses with her clients to help explain the therapeutic process. She describes that often after a traumatic situation people experience a loss of certain qualities, abilities, and positive dimensions of their life. She sees the therapeutic process as an opportunity to dig through the clutter and uncover gems that have been buried:

> The other thing I say to people quite commonly. A man I was working with today with a huge history of sexual abuse- a really horrendous story. He's probably in his mid forties right now and ever since he was sixteen this has probably been his new story. And I asked him today what life was like prior to the abuse- so when he was thirteen, fourteen years old- what

> qualities he had and what his life was like- what he liked to do with his free time- all of those kinds of things. And I just saw this spark in him. Like all of the sudden he saw this other little window open. I tried to say to him "all of those qualities are still in you. I don't believe you ever lose abilities or lose things, it's just they've really gotten covered. And its like you throw all this crap on top of them like trash and its like now you're picking through the trash or the clutter – if you want to use that, and its like you're house cleaning right? And all those little gems are still there. You haven't lost them. They've just become really hard to find. But they're still there." And I think he had that awareness today. Like finding things that you really used to like to do but had totally forgotten about because the trauma was so intense. Like if you forgot that you liked to paint. But when someone helps you clear through the clutter or gives you that trigger that painting used to be a really exciting thing for you. You find it again and you can get real excited about it again. Cleaning through the clutter, or digging through the clutter and finding all the gems again. Or organising the clutter.

In the focus group, Amber had a metaphor arise that likens the process of allowing clients to stay in a receptive traumatic story to a broken record. If the therapist does not facilitate a shift out of the broken record, clients will get sucked into the record's trauma vortex:

> I had this image just come up and I have to tell you guys it before I lose it. But you know the old saying "you're a broken record"? Well if you think of an old record, you know an old LP, like vinyl record. They're all grooves right? And they go around and around and around and around, until there's a vortex. So doesn't that totally fit with a broken record- that they get sucked into the vortex? … So we're trying to get them out of the record, right?

Dawn

Dawn is a thirty-two year old woman who holds a masters of Education in Counselling Psychology and a Bachelor of Arts Degree in Psychology from a small Canadian University. She had been working in the helping field for fourteen years at the time of this study. Of those fourteen years, she had been working as a professional counsellor, with an M.Ed., for two and a half years, and in para-professional counselling work for four years. She is presently working on a contract in the field of drug and

alcohol with youth and adults. She is also working as a counsellor with the First Nations tribal council in a small community, addressing a full spectrum of presenting issues with children, youth, adults and families. In private practice, she identifies trauma work as her primary specialty, and sees some adult clients who are being trained in the Somatic Experiencing® model.

Historically, she was employed as a counsellor with a non profit organisation providing education, employment skills training and counselling for women with histories of abuse. She also worked for a long time as a support worker with children and youth at risk. From my field notes, this is my impression of Dawn:

> *Dawn is a kind, easy going and warm human being. She speaks slowly and precisely and was very present to her own words and me. I felt welcomed into her world with her authenticity and transparency. The whole interview was sprinkled with her laughter and excitement. Dawn seems continually amazed by the process and how it unfolds. She is delighted about how simple and natural it is, as she relies less and less on planed strategies. She seems to be to deeply enjoy the watching and catching the subtle signs of aliveness. To her therapy is meeting the moment of death with aliveness – and in her own life that aliveness is really felt when she is surfing. The thrill and laughter in her voice inspired me as she described her passion for this sport. Not only has she come to see trauma as an ordinary part of being alive, but she has come to live the wisdom that to meet trauma she must invest in her own vitality and liveliness. So she takes surfing to be a serious (and not so serious) part of her job as a counsellor. She lives the model for healthy self-care and sparkles as a result. The simple wisdom that came across in her ability to support the little boy, and her own surprise and delight in recognising that her knowledge was indeed helpful. There is a vibrantly relaxed rhythm about Dawn, like the waves of the ocean itself. Such health, such grace, such delight for me in hearing about her experience. There was a lovely honesty in Dawn's experience of times, prior to this training, when she really felt stuck with clients. We all have these moments, and to me it takes humble wisdom to explore those moments honestly and share them with each other.*

Shifts in Views of the Goals of Therapy

In this passage, Dawn describes how the SE training has influenced her understanding of the goals of therapy. To her, the overall goal of therapy is to help

people experience what it is like to be more alive, and to heal trauma with that aliveness. She explains that rather than helping people to not have conflict or to function better in the world, she has learned to measure a quality of aliveness and have a sense of that:

> Working with trauma is about living and I think that is fundamental to me. You know and there is that moment of death, but it's really about living. And that that's how we work with the moment of death... I kind of see part of my job is to work with people so they experience what it's like to be alive and ...being alive is the antidote to trauma. So how can we introduce moments of being alive and how can that get bigger and bigger. And then when we need to face that moment of death, we've got a lot of life to face that with. We're not going to do very well if we're feeling half-dead, or three-quarters dead. You know, we need all that life to come up to that moment and create a transformation... I think it's quite a fascinating shift. You know, instead of 'function better in the world' or 'not having conflict'. We're actually trying to measure some quality of aliveness. And we have some sense of that... Also for me, there's not knowing you're alive, and then there's trying to show the world you're alive, and then there's being alive. You know, because there's a part of me that can remember that 'trying to be alive', and wanting to be alive, but it's a different quality now.

In this passage, Dawn explains that since the training she has much clearer goals around how to work with hopelessness and despair. She is clearer about why it is not useful to spend a lot of time with people in those states, and she is clearer about how to name that to clients and work with them to shift away from being sucked into an immovable place:

> I knew that laughing was really vital, but then I can think about some moments of that really kind of heavy sitting with someone in their distress. You know, working with people who were suicidal, and that moment of, well really hopeless. And that moment of not having a clear, a clear understanding of what I was going to do with that. And just, you know having some ideas, but not really clearly knowing what to do with that. And I think that now I have a much clearer goal when I work with that kind of hopelessness and that kind of despair. That I can name and I can name to the client, and that we can work with together... Now I know that 'OK this isn't useful to go here'. You know part of me knew that. There was a point that I just kind of, you know, where we just kind of got sucked right into that and it was immovable.

Shifts in Views of Roles of Therapist and Client

Dawn talks here about how she is less Rogerian than before. Her way of understanding a client's expertise is different. She now sees a client's body as having expertise, and her role as following that expertise and helping them to listen to their body's knowledge as well. She thinks that it makes more sense to people to realise that they embody what they know:

> Certainly I'm less Rogerian than I would have used to be... There was a part of me that always held that the clients knew themselves, you know was the experts on themselves. But I think that, I think that's my way of seeing where their expertise is different. You know, to talk with clients about their body's knowledge, and how my job is really just to follow that, and to help them listen to that. So there's a real ownership I think of their own expertise. I could say that before but I think that I'm, I don't know, I think that it just makes more sense to people now that they can own that. They can kind of embody that they know. And that's a much more powerful place than feeling that I'm the one who's able to do something that makes them feel better. That they're really able to do that, and that's there kind of throughout, from day one.

In this passage, Dawn articulates that the training confirmed many of the principles she already believed in and gave her a coherent framework for them:

> Yeah and my belief that I didn't know, I was never going to know exactly what someone should do- that they had that within them. And that my job was to support them in that. That was a fundamental piece that I would be a teacher and learner and that too much pain isn't useful. You know those pieces, there was some part of me that knew them but didn't know how to make them into a coherent a framework.

Dawn explains here that little has shifted in terms of her view of education as part of her role. She still gives people skills so they can manage their lives differently. The more dramatic shift has been in her ability to clearly understand what is going on, and that many of the other philosophical beliefs were compatible with how she already viewed things:

> Well education is part of my role. It's part of my role. I mean ultimately what I'm hoping to do is give people...give people skills so that they can

> manage their life in a different way. And I think that that's, I don't know that that's so different from how I saw if before. I think probably the key thing in all of this is my ability, my framework, so my ability to be clear about what's going on. I think that some of the fundamental philosophical beliefs I've held, and that's why SE works so well for me. Because it sort of fits with the way that I saw counselling in the world. But now I'm clearer about how it works.

Shifts in Understanding of Human Suffering

Dawn speaks in the next passage about shifts in her understanding of human suffering. She now understands trauma as more mundane, as a natural part of living. The degree of traumatisation does not necessarily equate with the popular portrayal of what is more or less traumatic. She explains experiences popularly portrayed as more horrific, can be worked with in the same way, because it is also held in the body. She has realised that the degree of trauma can vary according to how we make meaning out of it:

> I mean for a long time there's been a part of me that's... that's understood that we have to... that out of difficult times comes many rewards and many important shifts. But I think kind of really getting down to the physiology of it and the animal part of it, I really get now. That you know, you can't live in the forest without having predators, and having trees fall, threatening to fall on you or storms coming up. So I think that's different. This understanding that trauma's kind of a mundane thing. It's not necessarily the glamorised picture that we get in the media...Yeah. It's just pretty normal. And the instructor talks about... there's a lot of discussion about sexual abuse and how that's just a terrible trauma, and it is a terrible trauma. And it's another trauma. And we can work with it like we work with any other trauma, and it's in the body. Whereas it's kind of got this image. But to me there's something very powerful, particularly when I'm siting down and working with someone about something that I've created into a really dreadful trauma, that it's a trauma like any other trauma. And you know, depending how we make meaning out of it, it's more or less that for some people. Falling off their bike at a certain age in a certain situation may have been much more traumatic then something we might consider a real serious sexual abuse. You know, so there's something about that too, that trauma's trauma, and it's part of living.

Dawn adds to this discussion that as a result of these realisations, she has learned to step back from her judgements and expectations about how serious a trauma should be:

> And for me to step back from my judgements or expectations about how that... you know, having had discussions with people about things that we would expect to be terribly traumatic and they weren't. And if, but if someone else comes in and makes meaning, they can become terribly traumatic.

Shifts in Understanding of How Change Happens

In this passage, Dawn describes having gained a much clearer sense of how change happens and how she can facilitate it. Her understanding of human change is based in physiology now and the connection between mind, body, soul, and spirit- rather than only mind and psyche. She highlights an example of a client shifting from the sympathetic to the parasympathetic nervous system over the course of the session and her ability to observe that:

> I think I have a much clearer sense of how I hope change to happen for people and how I might facilitate that. For sure. And that that's based in physiology now, which is quite fascinating. I'm intrigued by the way that - because my counselling practice before was based in the mind or the psyche. And now there's this connection between the mind and the psyche, the body and the soul I think. One of the instructors has done a lot of Shaman work, so he brings in this piece about the soul that I really appreciate learning. So that's very different. And it's neat, because I can begin to see you know, with the little boy who I worked with. I could see the difference from when I went in and his sympathetic nervous system was going ten million miles per hour, and when I left and his parasympathetic nervous system kicked in. And I could see the evidence of that in many different places and know where that shifted, or you know, how that shifted. So that's really interesting for me. So instead of just coming in and saying OK we're going to heal the psyche and help you feel support and whatever. Know there's that, but there's also this shift that happens on a physiological level in his brain and in his body. So that's. I'm quite fascinated by that too...Yeah, so the connection between mind, body and soul or spirit.

Other Shifts in Therapist Way of Understanding and Making Sense in Therapy

In this passage, Dawn explains that the training has given her a theory and a framework that allows her to make sense of human behaviour. It is a framework that also

fits with the experiences she has had of working with children, youth and women with histories of abuse:

> It's given me a real, I have a real clear sense or theory or way of seeing the world and seeing people's behaviour- and experiencing the world, that I didn't necessarily have before- and one that makes sense- Makes sense with the experience I have working with children and youth and women with histories of abuse. There was a lot of behaviour, and just kind of ways of being in the world, that were very challenging for me and intriguing to me. But that I didn't really have a framework to make sense out of it. And I think that that's a big piece of what's come out of this work is that I now have a way of making sense of some of that behaviour and way of being.

Dawn articulates that she no longer sees emotions as the "be all and end all" and the path to healing. Her work now reflects the principle that behind every emotion there is a sensation:

> Now there's maybe a technique-related question that, you know the focus around emotion and that being the path to healing. And now knowing that that doesn't have to be the 'be all and end all'. That underneath every emotion is some sensation. So that's an interesting piece to work with.

Dawn explains that in some cases, even if no trauma history is known, it can be clear a person has been affected by a traumatic history based on current behaviour. With this training, she explains that she does not need the story, but can just work with what is happening in the present:

> You know, like there was some serious, serious developmental issues that went on and I could see the results of it. I don't know the story. I don't necessarily need to know the story, but something happened and now she's living her life out of the results of that. So that's also really important to me. It's not about grading how bad the trauma is. It's just kind of. It's just what it is, and then work with it from there.

Shifts in Behaviours/Actions Taken as a Therapist

In this passage, Dawn highlights an example of her work with a child who had experienced an inescapable attack. She describes aspects of the session in detail and how she knew what to look for. While she had prepped with a number of other tools to use

with him, in the end what was most effective was to watch and wait for signs of the right thing opening up and then use those organic moments to make a shift:

> I did some work not long ago with someone who, a young person, who had been... who had an inescapable attack; who had experienced an inescapable attack. And it was a few days after that that I met the child and the family at the hospital. And it was quite an interesting process for me, because I was very nervous. There was lots of other professionals around, and they were really hoping for a shift. Because the child wasn't able, or was very afraid, and was not able to let people- nurses doctors, friends and family members make contact with him. He was just terribly, terribly frightened. And it was very interesting for me to walk in there...And I had a framework for what I was going to do. You know, I kind of prepped and did all these plans and had all these things, and then I sat down with him and it all just happened. It all just happened the way that you might expect it all to happen. And you know I didn't have to pull out any magic tricks. I didn't have to do anything but just kind of sit and wait for it to happen. Because I knew what I was looking for. I could take those moments when the right thing opened up and we could just play with it. It was a really fun session. We all had a lot of fun. And it was a really effective session...And some really positive results happened after that... I could sit down in that space with someone who was in terror and understand what was going on, and do a few little things... I just did a few little things, and it just, his body just kind of took over and did what it needed to do, and made some really big shifts...While there are some kind of skills that we learn, for me its this framework that allows me to see a little clearer what's actually happening... I had prepared...all these fun things we can do...You know I didn't really need anything there really. He had it all, and as long as I was watching, it appeared...I learn how to watch really carefully, and then I learn what I'm supposed to be looking for. Which is really useful. Because I could watch before, but I didn't know what I was looking for.

Dawn articulates that this training has given her more concrete ways of bringing light into the therapy session:

> I think I spent a lot of time being a very caring empathic listener. I think I tried to bring some light in, but didn't really know how to do that. I did it in some ways. I really worked at holding some kind of hope and some kind of something, but I think I'm a lot more, I have more ways of doing that now, more concrete ways.

In this passage, Dawn explains that since the training she has shifted from attending to clients' distress to attending to people's pleasure and joy:

> I think that I had a real seriousness about me that I needed to take people's feeling really seriously. And not that I don't think I need to. But that my attention used to be on people's distress and taking that really seriously. And now, I probably spend a whole lot more time, you know, working with joy and pleasure and comfort and laughter and take that really seriously. Well not seriously, but that's a serious part of what I've got from this kind of work, is how important that is.

In this passage, Dawn talks about how she worked with women who had serious abuse histories. It was not her job to be their trauma therapist, and they spent most of their time focusing on resources. They had fun together:

> I worked with women who had very, very serious and very complex trauma histories that would not be resolved in a short amount of time. My job wasn't to do long term therapy with them. And I wasn't to be their trauma therapist. So we spent a lot of time working with resourcing and it was a lot of fun.

Dawn explains some of the education she does with clients about the trauma vortex and the importance of not getting sucked into the trauma vortex. She and her clients, in turn, join together to not do that:

> We talk about the trauma vortex and how magnetic and how powerful it is and how... Yeah, so there is a point in us joining together in not doing that and stepping back and...and you know I have something to offer, "OK this is what would be more useful and here's the reason why."

Shifts in the Therapist's Felt Experience During Therapy and Being a Therapist

Dawn highlights that in her work with the child in the hospital, she was able to feel very confident in the end that she did understand what was happening for the client, and that she had the framework that could support him to heal:

> But for me it was very powerful for me to be able to go into the hospital and you know feel confidant. You know, and I probably didn't feel as confident at first, but once we got going, really confident that, that I knew

> what was going on and I had a framework for how to support him in healing from this really traumatic event.

Here, Dawn explains that the training has given her permission to have fun when she works. In turn she enjoys working much more:

> I think that it's given me permission to have a lot of fun when I work. And in my last probably year at Bridges, work got a lot more fun. I think it got a lot more fun for me and it got a lot more fun for the women that I work with. We had a lot of fun together... It was certainly useful for me because I had, I enjoyed going to work, laughed a lot, smiled a lot, made really good connections with people.

In this passage, Dawn describes that this training has given her a clear mandate for keeping herself more alive. In this way, surfing, which is a pastime she loved, has become an integral aspect of her counselling practice. In her view, facing trauma is about facing death, and in order to do that, she has to be feeling really alive. She also describes using her own surfing experiences to help draw out what makes her clients feel alive:

> Then I have to be alive. So there's a real kind of clear mandate for me on how I have to live my life and then how I interact with people too. And I think that's pretty healthy. You know, sometime I can get pretty serious. I can have a pretty solid work ethic. So I love it, because then surfing, which I love to do, is a really integral part of my counselling practice! It's very important that I do it. You know I say that jokingly because it's kind of, you know it's a funny statement. But I think it's really true. That it's a vital piece, and I talk about it in counselling, in moments, in a way that draws out other people's - whatever it is that brings them feeling alive and possibilities.... Yeah, it has influenced my personal life, which in turn influenced my counselling. And it's influenced my counselling life, and then in turn influenced my personal life. It's both. It's done both... there's a real respect there for me that I have to be very alive to sit with someone as they approach death...to me that's kind of a short way of talking about that moment where they thought they were not sure if they were going to survive, and not even be sure if they did. So I have to be very alive, because if I'm not alive then I'm going to go right there with them. There is kind of a responsibility that I take seriously, and I also, you know, don't take too seriously. You know, because you can't take it too seriously. Right? You gotta be alive.

Dawn describes her experience of this approach as very healthy. When she feels more alive, she is more interested, curious, and able to pick up more about her clients.

Feeling more alive also allows her to not get overwhelmed by dark moments, and in turn be less vulnerable to vicarious traumatisation:

> So it feels like a really healthy way, a way to be, yeah, and it's good... Yeah, and then when I'm alive then I'm interested, then I'm curious then I'm able to see what's there. Then I'm able to pick up the moments of aliveness you know, even in the, you know, real difficulty, in those dark, dark, dark moments. Then I'm able to see those and not get overwhelmed by the darkness. And I think that's the risk of working with trauma. And certainly it's been written about over and over, you know, what they call vicarious traumatisation is you know, so to me there's a lot of hope for me of being able to do this kind of work ongoing. Vicarious traumatisation - it's a definite risk. In that I need to make sure that I'm really alive. That that's how I can work with that. That I do things and connect with people and things and you know whatever it is that helps me feel alive.

Dawn articulates that since the training she is more aware of her own body and self during therapy. She also describes gaining more tools to address was comes up for her so that it interferes less with her work. She is able to remain more present with clients. She also mentions that sometimes she has noticed a parallel between what she experiences in body and what her clients are experiencing – where there is a resonance between them:

> Oh yeah, definitely. I'm definitely more aware of my own body and self in sessions. Well, I think it helps me see more clearly what's going on, um. And see a little more honestly what's going on for me, and then I think that reflects on what's going on for other people, um. It's just more information, and sometimes information that "oh I'm really activated, oh my heads really fuzzy and isn't that interesting." And had I gone along with a session where that's happening, I'm getting less and less information because something is interfering. Whereas if I can pick up, 'wow that's starting to happen, what can I do,' and work with it so it's like "ok my head's clearing now" and now I can be more present with who I'm sitting with. So there's less interference and then also there's this kind of interactive piece. I knew it, I had experienced it before, where there's a kind of a resonance -where I may be experiencing something that the other person may be experiencing. So just the more I'm able to perceive what's going on for me and then check it out, is it happening in them? You know, is that me or is it them, or some kind of resonance or what is it? It's just more, more information. A lot more richness to work with.

In this passage, Dawn explains that this training has fed the part of her that is really curious. The SE theory allows her to see patterns and make meaning out of what is going on. She gives the example of being able to recognise when someone's body reflects that they are going into a defensive orienting response. She does not necessarily explore such responses with clients right away but just names it and allows them to recognise their body's experience. If it is not the right time to go into it more deeply, she trusts that it will arise again:

> So there's a richness I really appreciate when I'm in session and I can begin to perceive more and more. It feeds that part of me that is really kind of curious. And I think it's a respectful curiosity... And then make sense. Make patterns, see relationships, see patterns, make some meaning out of what's going on, which I like. The knowledge that I have now allows me to make what I think is some sense out of the fact that, you know, there's a funny little muscle in a person's arm here that they have no idea is ticking. And it is. And you know they look down at it and they're just shocked that it's there. But I can make some sense of what that is. And then when I see that and I see this jaw thing going on that they didn't even know was going on, oh OK, and that makes even more sense, and I know what I might do next...Well, you know, so what we've been taught is that there is a defensive orienting response. So when someone is attacked there is a part of them that wants to defend, so here is this muscle as well as some of what's happening in the hand, is the beginning of that defensive orienting response. And the jaw is also connected with that defensive orienting response with the real kind of fierce energy so that's part of what's rising and I can see that. And I know that I don't have to go into it today. I know it will come back. We can just name it and let it do its thing and well come back to it later. But before I wouldn't have even noticed those things happening and if I had noticed them I wouldn't have known what they were.

Dawn explains that she has an increased ability to experience intense emotions without getting overwhelmed. She has gained an ability to let intense experiences move through her. She trusts that it will be OK. This is helped by the fact that she never has to hear only the painful story. In protecting her clients from getting overwhelmed, she is in turn protecting herself from that also. She is hopeful that she will be able to work with trauma for a long time:

> As I've been working with SE I think my ability to experience intense emotion without going into overwhelm has increased. So I'm more able to hold my own, for my kind of personal emotions around my own life, and also emotions and response to other people's stories. So I don't have to clench so much if there's something intense. I can let that kind of move through me in a different way. So I'm not so afraid now of being overwhelmed... It just goes down into the earth. That there's a wave that goes through and I trust that it will, that it will be OK. And you know, I haven't heard... I think there's this balance. There's this...You know I haven't...You know there will be clients who I'm sure I will hear stories that will break my heart and overwhelm me, but the other gift is that I don't have to sit and hear just that story. So that the way that I work with clients to make sure that they don't get overwhelmed is also protecting me from getting overwhelmed. So there's kind of a reciprocal piece. And if I'm getting overwhelmed, it's quite likely that the client's feeling overwhelmed, so maybe I shouldn't be doing that. So in the best of worlds, when I'm at my best, if I'm titrating the work then I should be doing that too. I guess that's where I get pretty hopeful. And I don't know. There's a part of me that goes, 'well you know, you're still pretty fresh out here, you're still pretty green.' And you know, we'll see how this pans out over time, but there is a real hopefulness to this kind of work that we can do it over longer periods of time and stay healthy.

Dawn explains here that resolving her own trauma issues through the training has allowed her to know the therapy process from the inside out. She is able to draw on the resourcing that she does in the training, and draw on what she has learned from watching others. Through the training, she explains that she has gained more resources both personally and professionally:

> Well and just resolving some of my own trauma issues and my own pieces around trauma. That's the gift of doing this work, is that we get to. And that's I think so important in doing this work is that we begin to understand from the inside out, what this work is about. That's the biggest learning for me was really, really understanding... I can have a felt sense of what that's like. And also I can use my experience in any of the training sessions. You know, we do a lot of resourcing, so I can call on those resources when I need them. I can call on, 'oh this is how so and so does that.' 'I watched so and so do this work. And they did that really neat thing there and, oh OK.' So I can do that. So I have more resources personally and professionally.

In this passage, Dawn discusses with the other members of the focus group some of the shifts in her experience of the spiritual dimensions of therapy. Prior to the training she would have been more likely to avoid the topic of spirituality with clients. She discusses two recent examples where clients brought in very spiritual issues and she noticed that she was very curious and able to invite that kind of discussion. She articulates that this is a reflection of her own increased sense of spirituality within herself. She feels that she has to be spiritual to be able to hold that space for clients. She notices that she now has that respect and that sense of "wait, watch, and wonder":

> It's interesting, I think that I probably have at times been really hands off around spirituality. And for exactly the reasons you talk about, you know, kind of religious connotations. So this has been really interesting for me to sit with. To kind of have to explore where I'm at. Just as you guys talk, I think about two clients who I sat with for the first time this week and both of them came in with issues, big issues, and deeply, deeply spiritual events that brought them in- visits in the night from spirits. And that's something I wouldn't have wanted to get near with like a twelve foot pole. I wouldn't have known how to hold that. So that's really impressive... So I kind of even notice that in myself, a kind of curiosity. Because you know the instructor was talking about the mystery earlier today and that's it. That stuff is a mystery. I don't know how what happens or why, but... I mean I sit in this space and the first time I meet someone they tell me about this crucial dream, right, this hugely significant dream, and without, you know, that's, more than a dream, it was a visitation. They were basically given messages that they need to carry out in the world. I just kind of hang out and go, "wow!" Yeah, so that is...I think that's hugely spiritual. And I need to be spiritual to be able to hold that for them. She was like, "I'm not sure I should tell you... I'm going to give you a little bit of time and see how you react. I'm ready for you to laugh at me or dismiss this in some way." So it was very interesting for me to wait for it to come and invite it out. And to have that respect. You know that "wait watch and wonder".

In another focus group discussion, Dawn expresses her view that the attuned energy and coherence that is experienced between the therapist and client with SE work is another spiritual piece of this work. She describes experiencing a sense of faith with that connection:

Marge: To me, part of that spirituality too is that it's hard to describe. We talked about that a lot in California. What was the word?
Amber: Coherence.
Marge: Coherence. Yes thank you. Like there's this really attuned energy and then just go with it and it leads you.
Dawn: And then it's very hard to describe to someone what it is. But that's the spiritual piece. There's a faith there...I'm like, "yeah but it works." So, I think for me, there's a faith there.

Therapist's Impressions of Client's Experience During Therapy

In this passage, Dawn was discussing with focus group members how she would measure the quality of aliveness that she considers an important goal of therapy. She describes her observation that something in the face shifts. Peter Levine confirmed this to her in training, and she has also experienced it personally as a result of her own SE work:

> There's something in the face too. And the way...do you remember Peter talking about...about ... Peter talked about how when people are more alive then their face structure shifts and they're more congruent, and there's not so many levels and incongruencies in their face. I think we see that in people. And my face has shifted over time, people tell me that. And I can feel the shifts too. So as the pieces get released... it's in the body too, but to me the face is such a place to notice that.

Dawn describes her impression of how her clients experienced this way of working. She says that while they sometimes found it difficult to shift away from the pattern they had learned of telling the story, they also had a lot of fun with this approach to therapy:

> I worked with women who had very, very serious and very complex trauma histories that would not be resolved in a short amount of time. My job wasn't to do long term therapy with them. And I wasn't to be their trauma therapist. So we spent a lot of time working with resourcing, and it was a lot of fun. And they loved it. And you know, sometime it was hard, because people had been taught, much like I had been taught, to tell the story and get it out. I had to kind of struggle with some of the education around that. And my own desire to really to really respect people when they were, you know, trying to cathart and not being very successful. But I really got to practice that and work in a different way. And I think it was it was very useful for people.

In this passage, Dawn describes how her clients respond to the education she does about the magnetic property of the trauma vortex. In her experience, clients know what it is like to get stuck there and they do not like it. They are often relieved to learn that it is not useful and can even be harmful. She explains that most people have been taught that they need to tell the whole story and get it all out for healing to happen, so she works with a lot of re-education around that:

> We talk about the trauma vortex and how magnetic and how powerful it is and how... And people really know about getting stuck in there. And they have a body sense, and most people have a bodily sense of what that's like. And they don't like it, so they're really... And once I can say that it's really not helpful, that it's in fact retraumatising them, they go, "Oh great." So there is a point in us joining together in not doing that and stepping back. And I have something to offer, "OK this is what would be more useful and here's the reason why." I think that most people have been taught that you have to talk about every moment of the trauma and get it all out and then you are going to be healed. So it's a re-education piece around that... for me and now for the people who I work with. And we're all very relieved...That's my experience.

In this passage, Dawn remarks that she has noticed that her clients are more able to be convinced of their expertise as they learn about their body's expertise. She has noticed that transference does not occur as often with this approach to therapy:

> But there's something different as they come to really experience, as I point out, where their body is really doing what it needs to do to heal. And maybe that's just more convincing for them. I think that people get it. I think that it's more convincing for them... I used to tell people that, you know, we used to talk about their expertise. But I can think of that "oh yeah right, she's full of shit, you know she's just saying that and it's really her technique." It wasn't always as convincing as I think. Most people who I work with now really get that it's their expertise. There's not that whole transference piece. It doesn't happen as, it still happens, but it's not as powerful. Which I like.

In this passage, Dawn responds to the focus group discussion about whether SE training gives therapists more of an ability to challenge clients. She highlights an example of her work with one client who had a habit of continually retelling the story of

how terrible her life was. After a particular SE training session, she knew that she had to challenge her to stop that pattern. She was able to intervene from an informed place rather than out of boredom or irritation. The woman was initially angry but then some shifts began to occur.

> Yeah, it reminds me of this woman who I was working with who would talk about 80 miles an hour and she went really, really fast and she told the same story over and over and over and over about how terrible her life was and oh my god it was so terrible, terrible, terrible. I just loved her. And I know that this wasn't doing any good. And I kind of sat being a good humanistic counsellor for quite a while and then I came back from SE training and said, 'OK this has go to stop.' I did some education, and she was pissed. She was angry with me. It took about 2 weeks before she came back. But after that, things really shifted. She had a significantly different experience and her life, her work, where we were at improved and in her whole life things were very different. So she was kind of taken aback but…I said, "you know this isn't helpful and this is what I'm worried is going to happened and I'm very concerned." And now I feel like I know the neurology and I know the physiology and I know what's going to happen so I can put a stop to that from a very different place then… 'you know I'm tired of hearing this story or I'm uncomfortable or I get bored.' It's like, "this is dangerous for you and I can't ethically sit and do this with you."

How SE Integrates with Other Approaches to Therapy

Dawn explains here that SE has become a ground or philosophical framework that she pulls other ways of working into. She describes a specific example of how it has affected her work – especially when working with clients who have a known history of trauma. Even her teaching approaches were influenced because she would not introduce activities that are catharsis driven:

> You know I have other modalities that I work in too, but I think for me often it's a philosophical framework that I can pull lots of different ways of working into. There's that ground level philosophical framework that affects how.. I mean it profoundly affected how I taught. So I thought that was very interesting…How I taught students with serious trauma histories was very, very different. Then how I facilitated groups with those women. I mean how I worked in the computer lab was different. You know, I was teaching computers there for a while, and that piece that was different. What I might bring into class was different. You know, some things I

> wouldn't do... I love using art and writing. You know, when I was teaching we did a lot of work with journalling and art, movement. I was kind of co-facilitating a women's wellness group and that was really interesting because that woman who came in to teach it had been trained under a certain model and brought in exercises, sort of a curriculum. And that was a curriculum that was developed for people in general, and she brought it into our program where we're working with women with very complex trauma histories. And that was why they were there because they were suffering the physical effects, the physical and psychological effects, I believe, of complex trauma histories. So that was a real challenge for me because I wasn't really planning the lessons, but I could see where I would have changed that curriculum knowing what I know about working with trauma. Because you know, the way that I didn't see that it would be useful for people... Things that would be really activating. And the idea of working with titrations and small amounts...because some of those things were more catharsis driven pieces, and I think for people with really good resources they're great exercises. But for people without those resources. I would structure them a little differently...Really building the resource piece and really work with that and spending a lot of time. I think it's that whole medusa thing. Coming face to face with the trauma and the symptoms and with the women who we were working with I'm not sure it was useful and it might be harmful.

Metaphors for Shifts in her Practice of Therapy

In this passage, Dawn describes a metaphor that summarises how this training has impacted her practice. She paints the image of walking in the forest with the sun shining through so that she is able to see all of the gradations of colour that were not available before bringing in that light:

> Well I think it's a lot lighter. I mean there's a lot more light. And not... Maybe that's the metaphor. You know if it's too dark you can't see gradations of colour...Uh, you know as it gets to twilight we can still see basic shapes but we can't see the subtle differences. And I love walking around in the forest around in with all the moss in the sunshine because when the sun shines the moss is so many different colours. You know and the different greens. And you know, there's a lot of green but there's so many different colours. An d I think that maybe that's a piece, is that my practice has a lot more light in it. And as a result of that, I'm able to see. I'm beginning to see much more, the gradations and the small... and I'm refining my ability to see. And I can see the darkness and I can see the light and I can see what's in between

Themes Emerging From the Data

This next section explicates the themes that came out of the data analysis process. Starting with the themes that I deemed relevant during the analysis of the transcripts, the participants collaborated in the focus group to organise the themes and determine which were mutually relevant. In that process they were told to organise the themes in any way that worked for them, discard and add themes as they saw fit, change the wording of the themes, and group them any way that seemed relevant. What emerged out of that process was a group decision about the order of importance of the themes, which themes overlapped and could be grouped together, and which themes fit for all participants. The original theme groupings created in the focus group are seen in Illustration 2. After the focus group I used the content of the discussions of the focus group to rename clusters of themes into one theme heading and finalise the themes for presentation in this report (see Illustration 3).

Participants created three phylum, the first phylum containing the most significant themes, the second phylum containing the second most significant themes, and the third phylum containing the rest of the themes that were all deemed to have similar importance.

The first phylum contained two themes:

(1) Aliveness as the goal of therapy
(2) Increased sense of spirituality in therapy for the therapist.

The second phylum contained one theme:

(3) Central role of resources for therapist & client: increased lightness/humour/fun

The third phylum contained 17 themes that were grouped into four categories according to area of the therapy process that it influences.

(4) Influences on the therapist as a person:

(4.a.) Increased self-care for the therapist
(4.b.) Affirmation of competence and confidence
(4.c.) SE as a framework used all of the time in personal life
(4.d.) Sense of community within the perspective

(5) Influences on the process and practical aspects of therapy itself:

(5.a.) More aware of own body and client's body within therapy
(5.b.) More physiological knowledge of traumatic response and how to work with it
(5.c.) SE as a framework used all of the time in therapy even if not overt
(5.d.) More being and less doing - allow client's natural healing & let go of therapeutic control
(5.e.) Quality of therapeutic bond shifted – concrete ways to get there
(5.f.) Slowing down therapeutic process with less focus on the story/content
(5.g.) More Willing to Intervene with Clients to Slow Them Down Based on Knowledge/Ethics
(5.h.) Clients are frustrated and relieved to not stay in the trauma story
(5.i.) Increased psychoeducational aspect of therapy
(5.j.) Emotions less central – focus on the sensation behind them

(6) Themes related to human suffering and the goal of being more alive:

(6.a.) Willingness to face suffering and be with that
(6.b.) Always aware of the other side of trauma, and its potential to be used toward aliveness
(6.c.) Trauma as part of living – potentially developing from common or shocking incidents

(7) Themes relate to imagery and metaphors arising in SE:

(7.a.) SE lends itself to beautiful metaphors
(7.b.) Beautiful and appropriate images spontaneously arise for clients in SE.

Aliveness as the Goal of Therapy

One of the common influences of this training was that the participants now see helping clients have more "aliveness" as a primary goal in therapy. Marge distinguished this from goals of living well or living functionally, defining it as the inner experience of being attuned with oneself, where "the inside matches the outside". Faith sees aliveness as being "about movement and joy and coming out of fixity". She not only works to foster this quality in clients but helps them to "integrate it and make it accessible for

people on a daily basis". Amber thinks of aliveness as an overall umbrella goal she always has while working with clients, using signs of aliveness, such as a sparkle in the eye, as an important indicator of therapeutic progress. For her, as people become more alive they are less hindered. Likewise, Dawn believes that one of her jobs with clients is to work with them so that "they experience what it's like to be alive". In her view, "being alive is the antidote to trauma." Dawn asks herself, "how can we introduce moments of being alive and how can that get bigger and bigger?" Like Marge, she distinguishes this from goals of 'function better in the world' or 'not having conflict' and is fascinated by the shift toward measuring the quality of aliveness and having a sense of that. One of the qualities she observes as this shift occurs is that peoples' faces and expressions of emotion become more congruent.

While all of the therapists spoke about this quality of aliveness and the central role it now holds in therapeutic goals in their work with clients, the specific way of understanding this concept seemed to be unique for each of them. Across participants, the definition of aliveness varied from the inner experience of congruence, movement and joy, less hindered to a conscious experience of aliveness.

What was not captured in these words, was the non-verbal expression of this concept, which was much more consistent than their language for it. They were all very excited to talk about aliveness within themselves and their clients. Their eyes widened, smiles came over their faces, and their bodily expression had more movement and vitality.

One of the attributes of the "aliveness" concept described in this study is that therapists help clients experience consciously this sense of positive flow and vitality in their bodies in the here and now. They describe watching for these kinds of experiences

in client non-verbal expression so they slow them down to explore the various facets of that experience. Like many areas of this theory, there is a focus on the conscious, full body experience of particular states as the means of strengthening them.

Increased Sense of Spirituality in Therapy for the Therapist

Another theme that came up for participants was that they now experience their work as therapists as more sacred or spiritual for themselves. Marge had experienced her work as spiritual before the training, and she feels this was strengthened as a result of the training. She emphasises that this work is not necessarily experienced as spiritual for clients. She described that it makes her feel spiritual to have an increased awareness "of the beauties and complexities of people and where their difficulties lie, and how you can help reach them in these exquisite ways". The depth of her ability to join with clients and create coherence and attunement feels beyond what she could deliberately set out to do, and as a result makes her feel spiritual. Marge further clarified that she can now sit with anyone's mystery. For Marge, much of the spiritual component is encapsulated in the phrase "wait, watch, and wonder" and the fact that she does not have to "know" or "figure it all out".

Faith also described the spiritual component of the SE influence as central. Unlike Marge, she historically had not identified with spirituality or religion. This training has provided Faith with a framework for understanding about "faith in our own healing, faith in the universe's healing", connection to God and a sense of being sheltered. Like Marge, part of the spiritual component comes from the kind of connection and joining the training has strengthened between her and her clients. Also like Marge, she describes the significance of learning to let go of understanding and tolerate the mystery and ambiguity in life to her increased sense of faith and spirituality.

Amber has also described an increased experience of therapy as being spiritual for herself, identifying with Marge's description of the flow and coherent energy between therapist and client as feeling spiritual. The spiritual component that has evolved for her through this training has also been a big part of her self-care. It was very important to Amber to emphasise, however, that for clients this model does not necessarily contain a "spiritual component" since the meaning of spirituality is so unique for each person. She also spoke about emanating "a belief system now that everything has a purpose, that there are gifts to trauma."

Dawn also recognised ways that the training has created a spiritual shift for her in her work as therapist. She describes an increased ability to hold clients' varied spiritual experiences with curiosity and respect. For her, this shift reflects her own increased sense of spirituality. Like Marge and Faith, she described an increased ability to hold the unknown and the mystery with clients and relates to the phrase, "wait, watch and wonder" as a description of the way the training has influenced her way of being as a therapist. She also agrees with Marge that the coherent and attuned energy between therapist and client in this work is another spiritual piece, and that "there is a faith there".

As with the previous theme, there were similarities and differences among participant descriptions of this area of influence depending on their values and previous experiences. Nevertheless, all participants agreed that the SE training gave them an increased sense of spirituality in therapy.

Central Role of Resources for Therapist & Client: Increased Lightness/Humour/Fun

A consistent theme throughout the interviews was that participants' use of resources has become more central with clients and with themselves. One of the results has been that therapy sessions are more filled with lightness, humour and fun. Therapists

regularly referred to the skill they have gained at continually shifting between the trauma vortex and the resources, so not to get stuck in the trauma vortex. They described in different ways how their attention has shifted from their clients' distress to joy, pleasure, comfort and laughter. They described the positive outcome of making more room for playfulness, humour, laughter and joy in that it has been reassuring for them and their clients and has allowed them to be more resilient in their work. Many of them spoke about feeling more relaxed and at ease in themselves in their work.

Increased Self-Care for the Therapist

The strong emphasis that this model places on resources has also resulted in increased self-care for each of the therapists I interviewed. For Marge, the increased freedom to laugh is an excellent means of taking care of herself in therapy. Faith has learned to really pay attention to her own comfort in therapy while she is ensuring her clients are comfortable. She also is nourished by the increased ability to bring her playful side into therapy. Amber speaks of increased self-care as a very central element of the influence of this training. She has learned to recognise how to take care of her own needs and maintain her own boundaries by paying attention to her own body and has adopted the philosophy, "play first and work later". Likewise, the training has reinforced Dawn in the choice to take her own self-care as a crucial component of being effective in her work. She feels very alive when she is surfing and has learned to make lots of room for that.

Affirmation of Competence and Confidence

Most of the therapists I interviewed spoke either directly or indirectly about feeling more competent and confident in their work as therapists. Marge spoke of an increased sense of her own expertise, confidence and competence as a result of the

training. Faith expressed feeling more confident in her knowledge of trauma. Dawn described feeling more clear about how to facilitate change and having a growing sense of confidence in her own ability to use the SE skills. Amber talked about feeling more relaxed and having less need to maintain a particular image "because the work speaks for itself".

SE as a Framework Used all of the Time in Personal Life

Most of the participants described feeling as though they were never without SE. Their experience of the pervasive application of this theory was true both in their work as therapists (to be discussed below) and in their personal life. In many ways this has already been addressed in so far as the way the theory has helped these therapists increase their self-care, maintain personal boundaries and feel generally more alive in life. It is described by Dawn as a general way of seeing the world and making sense of people's behaviours. Dawn explained that there is a reciprocal relationship between the ways the theory has impacted her personally and professionally. Faith explained that she applies the principle of promoting resources and avoiding overwhelm with herself, her friends and her family.

Sense of Community within the Perspective

Some of the participants spoke of an appreciation for the community they have within this perspective and their sense of connection to that community. They all live within 300 kilometers of a city where the training is offered, and spend a lot of time interacting with other therapists who have been trained in SE. Faith and Marge mentioned this directly, and Dawn and Amber felt it to be a significant enough theme in their own experiences to keep in the focus group map of themes.

More Aware of Own Body and Client's Body within Therapy

Each of the participants described an increase of awareness of their own body and their clients' bodies in therapy. They described being more observant and discerning of tiny movements their clients make. Even in the case of Faith, who had extensive training in another body-centred approach to therapy, the training honed her ability to track what is happening in the body and encourage clients to witness that also. Dawn described that the training taught her to watch the body carefully, know what to look for and how to "use it for healing". The training taught her how to make sense out of what she observes in people's bodies.

In different ways they all talked about being more aware of their own bodies and the various applications of that skill. They spoke about having a heightened ability to know what is happening inside themselves during therapy and respond with exercises to keep themselves more centred, grounded and comfortable. They also each mentioned that on occasion, their own bodily experiences seem to be a reflection, or a mirror of their clients' experiences. This was described by some as an energetic resonance. While each of them stated that this was only sometimes true, they found it helpful to recognise it as a possibility within the therapeutic field.

More Physiological Knowledge of Traumatic Response and How to Work with it

Each of the therapists interviewed described having gained knowledge about the physiological aspects of trauma and how to work with it. For example, they spoke about gaining knowledge from this training about the sympathetic and parasympathetic nervous systems, how they respond and function in the body, and how to track when a client shifts from one state to another. They described gaining knowledge of fight-flight-freeze responses, how they can remain incomplete and frozen in the body, and how to support

clients in allowing the responses to complete and "unfreeze". Faith further expanded on this area by focusing specifically on the importance to her of gaining an understanding how the nervous system pendulates between sensation, image, behaviour, affect, and meaning making (the elements of SIBAM). They each described this physiological knowledge as extremely applicable in their work with clients. Dawn appreciated having a clear theory for understanding many human behaviours previously difficult to understand for her. Several participants described the value of being able to recognise signals that clients are having a defensive orienting response and the value of understanding the physiological means by which historical experiences translate into certain symptoms and patterns.

SE as a Framework Used All of the Time in Therapy Even if not Overt

Each of the therapists I interviewed described many aspects of the SE framework they use all of the time, even if not overtly. Some cited examples of aspects of the training deemed widely applicable were the following: strengthened skills in resourcing clients, slowing clients down, avoiding overwhelm in therapy, incorporating some awareness of sensations or images into therapy, skills in joining without merging with clients, skills in their own body awareness and self-care, staying grounded and avoiding overwhelm themselves. Participants describe incorporating most of these principles at least subtly into all of their work. Some of the participants also explained that these principles are very compatible with other therapeutic modalities and in turn make the training easy to integrate with other ways of working.

More Being, Less Doing – Allow Client's Natural Healing & Let Go of Therapeutic Control

Using different language, each therapist described ways that they have shifted away from maintaining therapeutic control to allowing and trusting in their clients'

natural healing. Marge described that she spends less time wondering what she will do in response to the verbal content. She is now more focused on really being present, "alert, watchful, waiting, wondering", knowing that the body will tell her what is needed and that clients have what they need to heal inside themselves. She experiences less need to know, and less power dynamics in this way of relating with clients. She describes a sense of freedom from this shift.

Faith describes having a much stronger felt sense of "being in connection" with her clients, that she no longer has to "try so hard to make things fit or make things happen". This training has invited her to let go of having to understand and she is learning to tolerate "not knowing". Faith has also noticed that by relying primarily on her clients' felt experiences, there are fewer problems related to power imbalance, boundary confusion and transference. She also expressed that these shifts has been a great relief to her.

Dawn explains that she allows the body to do "its thing", just naming it and allowing it. She follows and listens to each client's body's knowledge, without a need to necessarily explore it more deeply. She knows that it will return later. She has noticed that clients develop a real sense of their body's expertise and that transference does not happen as powerfully with this approach.

Amber describes interfering less with clients' natural instincts to resource themselves. She spends less time keeping people focused, recognising their distractions as a healing impulse. She explains, "I don't need to be the expert with more power than the client, I can just be there." This has allowed her to feel more relaxed as well.

In doing and planning less, Marge explained that she relies more on her intuition, and that now "that instinct is coming from a lot of knowledge, a lot of training, some

experience". She refers to this process as "informed intuition". The two other therapists in the focus group related strongly to this sense of having "informed intuition".

Quality of Therapeutic Bond Shifted – Concrete Ways to Get There

Three of the four therapists described that since the SE training the quality of the bond between themselves and clients has shifted. Marge expressed feeling more attuned to her clients and has noticed that the therapeutic field feels more open. Faith explains that she has always had a strong connection with clients and believed that to be central. Since the training, she has a stronger felt experience of that connection. She feels more able to see "the essence" of her clients and find elements she can love, relate to, and join with. She describes that she has more concrete ways of manifesting that connection. Dawn expressed that in learning to spend more time working with "joy and pleasure and comfort and laughter" her work got a lot more fun for herself and her clients and this allowed her to make really good connections with people. She also noticed that as the training has strengthened her own sense of aliveness, she is more able to see what's there and "pick up moments of aliveness" even in very dark periods with clients. She expressed that she now has more concrete tools for not getting stuck in darkness. She also resonated with Marge's description of there being a more attuned energy between herself and her client, saying that while it is difficult to describe, it has been part of the spiritual experience of working in this way. Amber had not noticed a shift in the connection between herself and her clients, but did describe that her strengthened belief that everything has a purpose seems to emanate and change the mood in sessions.

Slowing Down Therapeutic Process with Less Focus on the Story/Content

Each of the therapists interviewed referred in different ways to strategies of slowing clients down and focusing less on the client's story or the content of their story.

Marge explained that she has become more focused on slowing clients down, feeling sensations, and shifting the emphasis away from making sure clients tell their whole story. Faith described that a very important part of the training for her has been to "understand why it is that it's important to slow people down, and to not let them get overwhelmed by the story". She has a tendency to spend more time with initial client screening, but is much slower about asking for details. Dawn describes that the training encouraged her to slow down clients who were stuck in the same, unhelpful story and that she has moved away from the belief that the most important thing is to tell the story and get out. Amber described using various props to help educate people about the body's energy and why it is important to go slow. She also describes helping people understand that there is no hurry to get the story out because it will present itself again and again until it is ready to be dealt with.

More Willing to Intervene with Clients to Slow them Down Based on Knowledge/Ethics

All of the participants explained that in order to apply the SE principles with clients they have had to become more comfortable with intervening with clients in certain ways. Marge explains that she is less afraid of saying what is necessary to help clients do something different. Faith explains that the training has provided a background for her to be more assertive and proactive when it comes to slowing clients down and avoiding overwhelm, while at the same time it has strengthened for her the idea that clients are the experts on their own experience. Dawn expressed that with particular clients the training encouraged her to confront clients to slow down when they had been stuck in the same unhelpful story. She explained that she now has an ethical basis for that intervention in understanding that not intervening in this way can be harmful. Amber also agreed that the training has encouraged her to offer clients different perspectives and alternatives,

clarifying that she is able to come from a place of concern rather than telling clients what to do.

Clients are Frustrated and Relieved to not Stay in the Trauma Story

Some of the participants I interviewed commented that clients have a mixed reaction to the challenge of not staying in the trauma story. Dawn described a specific case example where this kind of challenge was initially very angering for one client. She explained that while the confrontation to slow down created a strange situation initially, it ultimately made a significant difference in their therapeutic progress. This change allowed her client to make very important positive shifts. Dawn also expressed that many of her clients have had the experience of getting stuck in the trauma vortex and are relieved to realise that it is not helpful. Marge explained that it can be frustrating for clients to slow down if they are used to other kinds of therapy. Amber expressed that she has found psycho-educational tools of the training very important to alleviate some of the difficulty clients have with going slow.

Increased Psychoeducational Aspect of Therapy

Three of the therapists mentioned specifically that since the training they employ more psychoeducation with their clients. Amber expressed that she does a lot more education than she did previously, and specifically that she educated clients about what is happening in their bodies, and about the SE model in general to explain the value of slowing down. Dawn said that the training confirmed her view of her role to teach clients skills so they can better manage their lives. She sees education as part of her role. Marge expressed that she does more informing of what she is doing and why. She is routinely drawing the infinity symbol in the air for clients; reminding them of the importance of moving back and forth between the trauma and the resource.

Emotions Less Central – Focus on the Sensation Behind Them

Three of the participants interviewed have noticed that since the training they focus less on client emotions and more on the sensation behind the emotion. Faith explained that she is not as absorbed by sadness, anger and emotions in general as she used to be. She is more inclined to focus on associated bodily sensations rather than the emotional label that she or a client might assign to that sensation. She is cautious to not become distracted by emoting or catharting, focusing now on connecting the elements of SIBAM. Dawn also recognised that emotions are less central in her work than they used to be because she now recognises that behind every emotion is a sensation. Amber described that she addresses emotions more directly now by encouraging clients to make connections to images, sensations or other elements of SIBAM.

Willingness to Face Suffering and Be With That

In response to my inquiry about whether the training has shifted their view of human suffering, three of the participants expressed that they have an increased willingness to face human suffering and be with it. Marge explained that she feels a greater oneness with humans and their collective suffering and an increased ability to connect with and find compassion with all experiences without being shocked or affronted. Faith explained that the training has inspired her to meet the goal of facing and witnessing "terrible knowledge" in clients. She is able to stay engaged with them, while staying within herself simultaneously. Dawn expressed the significant shift in being able to work with all kinds of trauma without pre-judgements about certain kinds of trauma being more or less difficult.

Always Aware of the Other Side of Trauma & its Potential to Be Used Toward Aliveness

Another shift that participants described is that the training has allowed them to remain aware of the other side of trauma and its potential to facilitate the transformation toward aliveness. Marge explained that one of the goals in working in this model is to transform the energy from frozen states so that it can be used for living. She further explains that "overcoming boulders helps to develop resilience, resistance and resources." She likens this to other widely used therapeutic principles of re-framing. Faith explained that "that's the other side of the trauma. You know there's always the other side, that potential for great pain and also great joy, the potential for great joy." For Dawn, the training strengthened the understanding she already had that "out of difficult times comes many rewards and many important shifts." She describes that, "working with trauma is about living and I think that is fundamental to me. You know and there is that moment of death, but it's really about living." Amber also described this in other ways. She says that since the training she "emanates a belief system now that everything has a purpose: there are gifts to trauma" and she explains to clients that "what hinders now may have been useful for survival in the past."

Trauma as Part of Living – Potentially Developing from Common or Shocking Incidents

Three of the participants spoke directly about a shift in their understanding about trauma. The training seemed to broaden their understanding of trauma and its causes. Marge described that trauma can result from something "loud" like September 11th, or something ordinary like a surgery. Dawn really focused on this particular point. She explained that she now realises that traumatic occurrences are mundane and part of being alive. Unlike the glamorised picture portrayed by the media of certain kinds of experiences being necessarily more traumatising than others, she realises that trauma can

result from a broad range of experiences and the degree of trauma can vary widely depending in part on the meaning imposed by others. Amber identified strongly with Dawn's description, saying, "because you know, trauma is a part of living... you know the yin-yang. You gotta bring in the dark with the light. The balance of the two." Similarly, Faith mentions, "human suffering is part of life, one side of the vortex."

SE Lends Itself to Beautiful Metaphors

The pictures that each of the therapists described to summarise the influence of SE in their lives were very descriptive and telling. Marge's gossamer net with its flexibility, unification, and elegance gave me a tremendous sense of her experience of how adaptable and useful the training has been for her. Faith's description of her own therapy room as the metaphor for how the training has influenced her really highlighted the significance of how the experiences of comfort, warmth and humour have really increased in her work with clients. Dawn's image of sun shining in the forest to allow her to see the finer gradations of colour, highlighted how the theory has brought her clarity in understanding people and how to help them as well as an experience of the natural healing cycles of living and dying. Amber's descriptions of opening the windows at the top of the tower and digging through the clutter to find the gems demonstrated to me how the theory has widened her scope of understanding of people and ways for helping. It seems also to have given her a joyful appreciation for the positive within each client that is waiting to be uncovered.

Images Spontaneously Arise for Clients in SE

Several of the therapists noticed that working in this way, it is common for images to spontaneously come up for clients that seem very appropriate and useful. Marge and Amber described that they work more with images with clients who are not

comfortable sensing sensations in their bodies. Faith appreciated that images and metaphors "organically arise to help us make sense". Amber described noticing that images seem to come up for clients that "are exactly what's needed in the moment."

Summary of Chapter 4

In this chapter the categories used to organise participant responses were outlined. Each participant was introduced and the results obtained from their interviews were presented. The summaries of the themes that emerged from the data analysis were then described. In Chapter five, a discussion of the themes and their significance and place in the field of Counselling Psychology will be presented.

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS

Introduction

> An eddy is a change in the river current, usually along the bank, where the water moves backward or in reverse to the flow of the river, creating a spiral in the water...When we [kayackers] get stuck in an eddy it can be very frustrating. Everyone else is floating by and we are going around and around and not making any progress along the river...Knowing when and how to get ourselves back into the mainstream comes from experience: knowing ourselves and knowing the river. Some of the knowing comes from our capacity for perception, the ability to see, feel, or hear the right time, the exact place... Conscious embodiment is the manifestation of our capacity to stay in the present, to hold the space of the moment, and to be with our body sensations, which enhances our ability to see and navigate skillfully. (Palmer, 1994, pp.19-20).

In this chapter the significance of the implications of the study are discussed in the context of Counselling Psychology research, theory and practice. A necessary preliminary to this is to clarify the limitations of this study. The four counsellors who participated in this study were women, of varied middle socio-economic background. Three of the individuals were white and Caucasian, and the other was part Caucasian and part Japanese. The age range varied from 30 to over 50. Two of the participants resided in close vicinity of a small, west coast Canadian city and the other two resided in small west coast Canadian towns. All four participants attended the same small Canadian University for their graduate studies in counselling. All of the individuals received their SE training from the same instructor. Three of the individuals were in the same SE training group over two and a half years and the other individual shared some of the same SE training sessions with the others also. All individuals in this study self selected themselves not only to gain specialised training in this therapeutic approach, but to continue with SE training for at least six levels including the following: Beginner levels 1,2,3 and Intermediate levels 1,2,3.

Since the experiences, beliefs, attitudes and insights represented in this study are a reflection of these particular four individuals, readers should not assume that all individuals think, feel or experience similarly. Nor should it be assumed that the experiences of these four individuals would necessarily generalise to other counsellors or non-counsellors who engage SE training with this or a different instructor. Nonetheless, it is possible to extract a phenomenological essence of the experience of how SE training can influence the practice of psychotherapy.

The purpose of this study was to further the understanding of the SE approach to therapy, and its place in the field of Counselling Psychology. In asking the question "Tell me about your experience of how training in Somatic Experiencing® has influenced your practice of psychotherapy," I expected participants would tell me about the various dimensions of their practice that have been influenced by the training. I expected the influences to pertain to their use of therapeutic approaches, their conceptual understandings of the process of change, and their inner experiences during therapy. I expected that these changes would, for the most part, relate directly to the theory and its central tenets as I outlined in chapter 2. Since participants had been trained in the technique together and had some common instructors in counselling before that, I further expected that their responses would be relatively similar and be somewhat representative of how the theory itself orients to the various aspects of therapy.

I did indeed receive descriptions of this type, but I also received many kinds of descriptions that I did not expect. What began to unfold was a description of each individual's personal relationship with this learning. For every participant, there were some aspects of the influence that were novel and some aspects that were simply compatible with knowledge, methods and experiences they had integrated prior to the

training. The areas of novelty and areas of compatibility were unique to each individual. In several cases, participants suggested that the compatibility of this theory with previously held beliefs or practices was what drew them to this training in the first place. For each participant, the impact of the training was significant and overwhelmingly experienced as positive.

As I had expected, some of the themes of influence were readily predictable from the literature on the theory. Examples of such themes included the following: a focus on resourcing, pairing trauma with resource, avoidance of catharsis, an understanding of the nervous system's fight/flight/freeze response and the SE theory of how unfinished processes are held in the body, slowing down, focusing on the body, the goal of being more alive, less focus on emotions, more focus on sensations behind the emotion, pendulation between elements of SIBAM, learning to trust and allow the "natural" healing within each client, seeing trauma as a normal part of living.

To my surprise, many of the influences deemed important by some or all of the participants were not a direct part of theory itself, at least in so far as I understood it prior to the interviews. Examples of these influences included the following: SE framework used in some way all of the time, counselling as more sacred or spiritual to the therapist, increased sense of resiliency and commitment to self care for the therapist, the arising of beautiful imagery for therapists and clients, less focus on the story and figuring things out in therapy, an increase in the quality of bond between therapist and client, less power imbalance between therapist and client, increased sense of confidence and competence in therapy, therapists feeling personally more alive and connected to self, clients and community. From a social-constructionist perspective, it could be said that the details of how this approach influenced therapists were continually being co-constructed. Their

perceptions of how they were influenced by the training were evolving throughout the training process and intimately interwoven with each individual's life experiences. Reading SE literature, having some beginning level SE training, and having only limited counselling experience in general provided me with only some of the background from which to make predictions. Participants' perceptions of how this training influenced them were not in a stagnant relationship to the original theory, but were alive and ever evolving co-constructions.

Although the Somatic Experiencing® theory is presented in the literature as an approach for healing trauma, it becomes clear in these therapist descriptions that the influences of the training reach far beyond strategies for addressing issues classically defined as "trauma". In my field notes, I used the analogy of the human organism and its emergent properties to celebrate these very significant emergent properties that are greater than the sum of the parts:

> *Being very familiar with Levine's writings, I set out on this quest with a subtle belief that I already knew what I would hear. I realised this as I recognised the surprise I had about some of the answers because they were different from my expectations...*
>
> *A metaphor arises for me as I witness all of these influences I did not predict. The human body has millions of amazing parts, but the whole has emergent properties that are so much greater than the sum of those parts. Consciousness itself - a property of the whole that manifests in relationship to the functioning of the parts – but seems above and beyond what flows logically or predictably from the sum of those parts. Similarly, the SE training had influences on these therapists above and beyond what flows automatically out of the theory. For some of the participants, the most remarkable influence was not obviously central to the theory itself, but rather an emergent property of this way of practicing therapy.*

I will continue in the next sections with discussions of each theme, considering the significance and implications of each and how it relates to the broader field of Counselling Psychology. In accordance with the idea of making

my subjectivity as researcher explicit, my personal reflections and experiences relating to each theme will be included here. Following the discussions of each theme will be more general discussions about the significance and implications of the research findings for counsellors and the field of Counselling Psychology.

Aliveness as the Goal of Therapy

One of the common influences of this training was that the participants now see helping clients have more "aliveness" as a primary goal in therapy. Each participant had a unique way of understanding this concept. Across participants, the definition of aliveness varied from the inner experience of congruence, movement and joy, less hindrance to a conscious experience of aliveness and its felt sense in the body. These concepts have strong similarities to the many therapies that highlight goals such as building strengths, successes, moments of relaxation, happiness, self-esteem and a congruent sense of Self. Practically speaking, more information is needed to determine if and how this goal might be distinct or similar to those found in humanistic approaches, experiential, existential, solution focused, and cognitive therapies. What can be said, however, for the participants of this training, having the goal of "aliveness" is experienced as new in some way. One of the attributes of the "aliveness" concept described in this study is that therapists help clients experience consciously the sense of positive flow and vitality in their bodies in the here and now. While I have not personally trained extensively in other experiential or body-oriented therapies, the goal of expanding aliveness might be most closely aligned with solution or strength focused versions of those approaches.

As a researcher, I am left to consider the implications of this aspect of the training's influence on participants. There are a number of potential assumptions

embedded within having this overarching goal in therapy. To begin with, this goal might be especially central to healing traumatic symptoms related to an individual's brush with death, where clients are in some way unsure about whether they survived. If the goal of "aliveness" is extended to all therapeutic situations, however, there might be other underlying assumptions. One possible assumption is that the expansion of the experience of aliveness is a more important or deeper goal than other goals of functioning better or avoiding conflict. Another potential rationale is that the increased sense of aliveness is a core goal that will necessarily facilitate the achievement of other goals.

I personally hold the belief that there is a partially blocked, core vitality or life force within each person that can be unblocked or awakened. From that vitality, I believe there is a wordless sense of peace and love that permeates both pleasant and unpleasant experiences. I have noticed that many goals that seem important from a logic or thought-based identity fall away or change drastically when I personally live from that source of vitality. I physically experience the awakening of this life force from my chest and gut rather than my mind. With this belief, it makes sense for me to place the highest emphasis on awakening or strengthening my core sense of aliveness and allow the rest of life's goals to follow out of that.

Like the participants, I have been adopting the goal of aliveness in my work with clients more and more as a result of this training. Through the course of this exploration, however, I am wondering whether I can know that that is the most important goal for others. There might be important limitations to the usefulness or appropriateness of having that goal.

In therapy, there are always some values that are imposed or assumed. The mental health field adopts value-laden biases toward happiness, peace, health, and

helping people to stay alive. Being influenced to place a priority on the goal of aliveness might be similar to those other basic values. There are, however, instances where it might not necessarily be an appropriate goal depending on how the therapist translates this goal into practice. This is a consideration, like many other ethical ones, that should be carefully attended to. I do know, for instance, some very spiritually oriented people who describe feeling a very consistent sense of aliveness and joyful flow, but are struggling with functioning in the practical world. For those individuals, having goals of functioning better in the world might be the highest priority in counselling.

Throughout each interview, the participants stated time and again that they attune or join with each client and adapt concepts to each individual's unique needs. That attunement is taught as the foundational principle of SE. With strong attunement there should be little risk of therapists overriding important client goals for the purpose of prioritising aliveness. Rather than trusting ones own intuitive capacity to adapt where necessary, however, it might be important for therapists to develop ways to verify that their goals are supportive of, and compatible with, the goals that clients chose for themselves.

Increased Sense of Spirituality in Therapy for the Therapist

Another theme that came up for participants was that they now experience their work as therapists as more sacred or spiritual for themselves. There are many important implications of this finding. If therapists are experiencing their work as more spiritual for themselves then there is an implication that they are also experiencing their work as generally more meaningful and enriching. Given that many individuals spend a large percentage of their life working, this can have tremendously positive effects on the

overall wellness, health, happiness and vitality of these individuals. In a field that is notorious for job burnout, this is a very significant finding.

Like the participants of my study, it has been my experience that working in the SE model gives me an increased experience of therapy as sacred. I credit my previous training in meditation with initiating my capacity to experience every moment as sacred, including therapy. However, before SE training I had more difficulty integrating that meditative mind into my work. Having experiential training in a model where my capacity to slow down, be present in the here and now, and be consciously embodied are conditions for effective therapy, has allowed me to further integrate my meditation practice into my work as a therapist. In my experience, these three qualities seem to strengthen my effectiveness at applying all therapeutic approaches more effectively. I continue to use many other therapeutic skills such as problem solving, cognitive restructuring, behavioural interventions, deep muscle relaxation, short term solution focused approaches, systems thinking, family therapy methods and narrative approaches. Each of these approaches seems strengthened by my increased capacity to slow myself down, remain present and consciously embodied. All forms of therapy feel more spiritual with these qualities strengthened.

Here is an excerpt from my field notes related to this theme:

> *I have seen my life as a spiritual path for some time now- long before I recognised my career path in counselling. Like Marge, I have always thought of counselling as a spiritual experience. The quest for wellness and the art of navigating all of life's tricky turns is facilitated by the therapists of today. And yet it has been the realm of the preachers, shamans, guru's and medicine elders long before Freud came along. So I have always thought of my role as a spiritual one. Not that I have the answers, but rather that the questions and processes that are explored in therapy are to me, sacred reflections- A conscious intention toward wellness of body, mind and spirit – however perceived by each of us.*

> *I once had the goal that my counsellor-self would be a clear vessel that could facilitate the creative and healing potential of the universe. In practice, I have been too involved with my mind to get out of the way and trust in anything greater than myself. It's a nice thought, but lets face it, I had an ethical obligation to try to first do no harm and second to be helpful, and that was a tall order for my mind to figure out... The simplicity of the SE approach and the natural flow of the theory is a beautiful frame upon which to rest my trying mind. I didn't stop using my mind, but seemed to start operating from my heart- with full use of body, mind and spirit. I feel just a little closer to being that clear vessel.*
>
> *In this approach, my main job is to be really alert and present in applying the SE principles. It is in that field of Now, as Echart Tolle says, that the universal creative force can move unobstructed. I have noticed that all experiences in life become sacred when I enter deeply into the field of Now. And so this way of working calls me to a depth of presence that is inherently spiritual. What a blessing.*

This theme raises the consideration of whether there are any potentially negative implications of therapists experiencing therapy as more sacred for themselves. The participants expressed thoughtful awareness of the unique ways each person relates to concepts of spirituality. As experienced, professional counsellors, they recognise the need to support clients in their own values rather than impose theirs, as counsellors, on clients. This is in accordance with a central element of most codes of ethics for counsellors and psychologists. An increased sense of their own spirituality, however, does not render therapists immune to imposing their values on their clients. On the one hand, an increased sense of spirituality might create more tolerance and appreciation for diversity. Therapists might feel more humble, have less need to control the outcome, and be more able to honour and trust a client's own experience and interpretation of it. On the other hand, spirituality can sometimes create a zealous enthusiasm that leaves one unable to perceive one's own biases. People, including therapists, can become enthralled by their own positive experience and develop such a strong desire for others to experience the same, that they lose the objectivity required for ethical practice.

Throughout the interviews, each of these participants demonstrated their careful consideration of the need to respect each client's own values, beliefs and comfort zones. As a less experienced counsellor, however, I may be more vulnerable to ethical violations of this nature. As therapy is experienced as increasingly spiritual for me, I must not lose sight of the need for supervision and honest reflection to ensure that I am not becoming blind to my biases. Like Faith, I want to remain aware that there is always an imbalance of power and that it is my job to ensure that it is not abused. In addition to seeking ongoing supervision to discuss potential areas of short sightedness, I believe it is important that therapists continue to evaluate whether clients' own goals for therapy are being met.

Central Role of Resources for Therapist & Client: Increased Lightness/Humour/Fun

A consistent theme throughout the interviews was that participants' use of resources has become more central with clients and with themselves. Therapy for these therapists has become more filled with lightness, humour and fun. As with the previous theme, there are a number of positive implications of this finding. If there is a way to be equally or more effective with clients, while experiencing the work as therapist as more pleasant, then the quality of life and overall well being of these therapists would be greatly improved. Moreover, the incidence of burnout and stress related illness would be further reduced.

Focusing on strengths and resources is once again not a new concept in psychotherapy. There are well-researched methods such as Short Term Solution Focused Therapy that are entirely based on focusing on strengths, resources, exceptions to the problem, and what is already working. Behavioural interventions stress the need for positive reinforcement, another means of focusing on strengths and resources. Narrative

therapists and other cognitive therapists emphasise the positive untold stories and the positive self-talk. I would be surprised if most fields of therapy have not been strongly influenced by a strength-based approach. Nevertheless, the way it is emphasised in this model seems to have increased that practice for each of the participants.

Since the SE theory proposes that a condition for renegotiating trauma is the rhythmic and regular movement between experiences of difficulty and experiences of being resourced, a central element of the training is teaching therapists to very regularly titrate back to resources with clients. Clients are guided to fully experience the resources in the present moment through sensation, image, behaviour, affect and meaning making. In many ways, the rhythmic movement between stress and resource is analogous to the well-established cognitive-behavioural intervention of systematic desensitisation (SD). In SD clients are brought into a state of physical relaxation that might accompany visual imagery, self-talk and a comfortable body position. They are introduced to stimulus that is mildly anxiety producing until they feel noticeably anxious and then are brought back to relaxation. In SE this rhythmic movement is integrated into the clients' telling of difficult memories and thoughts. This is very analogous to the cognitive therapies where regular reframes are offered to clients as they tell their story, to highlight the strengths and solutions. In this way, this aspect of SE might be analogous to an experiential form of the solution-focused and cognitive therapies, embedding principles of systematic desensitisation throughout a client's telling of memories, ideas and stories.

Since most theories emphasise resources to some degree, it becomes important to consider whether there are some aspects of the theory or training that account for these therapists becoming even more resource focused than they had previously been. First of all, participants regularly mentioned an awareness of the risks of retraumatisation. Since

that is a central tenant of Levine's (1997) theory, therapists have perhaps taken the need to keep clients well resourced more seriously. Other participants described having more tools to ensure that the client does not get stuck in the trauma vortex. The training teaches therapists to watch carefully for indicators of whether the client is in a resourced state or a fight/flight/freeze state, and to make regular interventions to keep clients regularly resourced in a moment to moment fashion. Finally, therapists are taught that it is not centrally important to tell the whole story for therapeutic change. Shifts in meaning-making are believed to flow out of shifts in the physiology, so there is no pressure for clients to have lots of time to focus on and resolve the problem through telling the whole story. This leaves lots of time to come back to the resources and fully experience them. These might be important aspects to consider in future research.

This theme also raises the consideration of whether something might be lost in therapy if the whole story is never told. When I first began to introduce SE approaches into counselling with clients, many clients seemed to experience my regular interventions that brought them back to resources as awkward and disconnecting. It was difficult for me to remain connected and attuned to clients and keep bringing them out of their stories and back to the resources. With time and practice and more training, I am learning to recognise the most relevant and natural resources embedded in the stories of difficulty and am becoming better at explaining the rationale for interventions so that shifting to the resource is less disconnecting. In prioritising my connection with clients and their feeling of empowerment, I have been getting more and more graceful and subtle in facilitating the movement between difficulty and resource. A related consideration is whether SE can promote in therapists an overly cautious approach that becomes avoidant of intensely difficult emotions and experiences in a way that does not serve the client. Levine (1999),

however, makes it very clear that it is not the goal of this method to avoid difficult or painful experiences but to experience them in a way that is less overwhelming by pairing them regularly with experiences of being resourced.

Increased Self-Care for the Therapist

The strong emphasis that this model places on resources has also resulted in increased self-care for each of the therapists I interviewed. Likewise, it has been my experience that maintaining the focus on resources in practice with clients allows me to feel much more resilient and strengthened from my work. I believe, like some of the participants I interviewed, that the specialised training of continually tracking and incorporating resources and strengths in the therapy process is an important antidote to therapeutic burnout. It is when I do not follow these principles and lose sight of balancing the experience of stress or trauma with the experience of nourishment either in my own life or in my work with clients that I feel a growing sense of fatigue, stress and disconnection within myself. While my ability to live these principles is far from integrated either personally or professionally, having some experiences of a healthier way to stay balanced provides inspiration to continually deepen this practice.

I was very inspired by the participant descriptions of their increased self-care. I wrote the following poem in my field notes on this subject shortly after my interview with Dawn:

Alive, alive.
Being lively alive.
Passion bursting out, bursting in
When do I?
How do I live alive in the day to day?
I feel alive when I take time to rise slowly in the morning
Hearing the birds, massaging my purring Sadie-cat.
When I boogie with the girls to jazzy funk tunes.
Sing songs to the forest, feel the moss against my cheek.
Giggle with my Alda on the phone, listen to Rumi, and feel my own breath.

These moments burst open from the inside of I am.
These lovely, lively, light, loud, lingering tingling times
That burst this smile across my face right now.
There is no masters degree available in these.
There is no certification available in these.

I can't hang them on the wall to show I am qualified.

She shared about surfing as integral to her work as therapist.
Like the ocean whispering in my ear,
"Slow down and make time Sandra-Dee,
Time to overflow with these joys."
For no paper, or training, or writing or anything
Will serve my clients more than a sandy living a lively loving life.

Affirmation of Competence and Confidence

Most of the therapists I interviewed spoke either directly or indirectly about feeling competent and confident in their work as therapists. Like these participants I have also experienced some increased sense of competence as a result of this training. My sense of competence has come from understanding more specifically the relationship between psychological and physiological experience, and the neurological processes that underlie trauma. These two areas will be explored in greater detail below. Having concrete tools and a clear rationale for not facilitating clients into a state of overwhelm has also allowed me to feel more competent that I will "do no harm". This model provides a clear basis for making therapeutic progress without going into overwhelm. Previous to this training, I felt uncomfortable when clients went into a high state of emotional overwhelm. I held the ideas that it might be necessary or beneficial for them, but I did not feel entirely competent in my ability to ensure a positive outcome. With this approach, there is room to explore all levels of experience, but it is done in a slow manner that allows time for integration and staying well resourced. My sense of

competence is much more accessible at this pace and one of my competencies has become to maintain a slower, less overwhelmed pace in therapy.

In feeling more competent and confident I am also aware of the associated risks, once again, of losing objectivity. While increased competence in the capacity to avoid harm is difficult to have in excess, it is important that I remain open to continually re-evaluating the truth of that experience. Being very enthusiastic about this model potentially increases the risk that I will impose certain methods or approaches on clients without giving sufficient opportunity for considering alternative approaches and theories and gaining informed consent. The therapists interviewed have maintained the highest level of respect for clients' choices and comfort zones, describing many situations, for instance, where it has not been possible to work directly with sensation. Nevertheless, I think it is important to create a means to evaluate any tendencies toward therapeutic aggression. Levine (1997) draws extensively on existing research in a number of different fields to formulate this theory and has compiled many case studies from his own work. Nevertheless, the theories and approaches of SE have yet to be substantiated by research. As such, therapists using the methods and knowledge might consider exercising some caution in appreciation that many aspects of the theory and approach are still being developed and substantiated.

SE as a Framework Used all of the Time in Personal Life

Most of the participants described feeling as though they were never without SE. Like these participants, understanding how trauma and stress are either held or processed in the body and the potential psychological, physiological and spiritual implications has impacted many areas of my personal life. It has changed the way I understand my familial patterns and how they are reenacted in my adult relationships. I tend to notice

my impulses to move toward resource, to spiral into the trauma, and to dissociate. I continually remind myself to keep some of my awareness inside my bodily sensations and deliberately seek out sensations of resource when my body is feeling stress, pressure and overwhelm. This model helps me to recognise the necessity of self-care and motivates me to seek ways all day long to connect with and indulge in the appreciation of things that are nourishing. It changes how I connect with and soothe my three-month-old niece when she is upset; working to keep myself grounded and oriented. The applications of this model have been pervasive. Here is a related excerpt from my field notes:

> *I notice as I pursue this training and this study that there are so many useful ways to apply the knowledge in my life. When I am caring for my baby niece who struggles with gas pains that leave her screaming at the top of her lungs – I can feel myself getting overwhelmed and panicked – not necessarily an indication of trauma, but I find the skills are helpful anyway. I try to bring my awareness to my grounding feet and keep orienting around the room to make sure that I can remain an effective resource for her. I am much more aware when I move even subtly into a sympathetic fight or flight response after difficult interpersonal dynamics throughout the day. Cognitive thought stopping strategies are difficult to implement when my body is so charged. I now keep trying to feel my feet on the ground and stay oriented until the initial activation subsides. Once the activation has settled, my mind is much more capable of effectively finding solutions...A great extension of the Vipassana practices I gained of neutral observation of sensation.*

The fact that the participants and myself are using this theory so regularly in everyday life begs the question of whether there is an implied belief that all daily stress is an indication of trauma. In his education of parents, Levine (2001) makes a clear caution against this kind of assumption by repeatedly emphasising that the presence of particular symptoms does not necessarily mean that a child has been traumatised. There are many potential dangers to taking on a belief system that looks for and sees trauma everywhere. This kind of thinking by therapists could pathologise people, and lead them to think that

everyday emotional or psychological difficulties are signs and symptoms of trauma. As students of this theory, I believe it is important that we take special care to avoid the promotion and construction of such a belief system. The widespread utility of this approach is not necessarily an indication that trauma is present in all people whenever they experience overwhelm. It might simply show that the principles that help us to understand and heal trauma (namely embodiment, tritrating between overwhelm and resource, slowing down...) have a wide application to non-traumatising patterns of stress and overwhelm that are much more common in everyday life.

Sense of Community within the Perspective

Some of the participants spoke of an appreciation for the community they have within this perspective and their sense of connection to that community. This is another way that the SE training has been a strong resource for the participants. As professional helpers bound by rules of confidentiality, counsellors can often feel very isolated in their work. A strong community of professional support has the potential of decreasing stress and in turn burnout. It can furthermore be an excellent avenue for therapists to consult on cases and increase the ethical integrity of their practice with clients.

Like these participants, I have enjoyed the strong sense of community within this perspective. Throughout the course of this research I relocated from that same region to a small town over 1000 km away. This move highlighted for me a problematic aspect of being so closely connected with a community of therapists with a similar therapeutic orientation. While the participants I interviewed did not address this concern, it has become a significant aspect of my process throughout this research. The training has been such a rich and transforming experience for me, and I felt and still feel a very profound connection to all of the members of my training group. After practicing this

method with each other over three four-day weekends, a rich, open, and tender connection seemed to evolve between us. With this kind of closeness, we become potentially vulnerable to natural phenomenon of "group think" where we no longer think critically or challenge one another in healthy ways. We might become immersed in and deeply appreciative of this therapeutic perspective and start to lose sight of its potential limitations or its relationship to other ways of working.

Now that I live in an area where few people have heard of this approach, I have recognised the importance of tempering some of my enthusiasm so that I remain open to other perspectives and do not alienate people with a zealous attitude. This does not detract from the strong connection I feel to members of my training group or the strong appreciation I have for this method. It does remind me to maintain openness and respect for the variety of effective therapeutic modalities that are practiced in the field. Furthermore, it reminds me to continue to think critically about my own experiences and practices in therapy. The ability to remain open and self-critical of our work as therapists is a principal foundation for ethical practice. While case consultation and community support is very healthy for therapists, it might be advisable to ensure that we gain some input from counsellors trained in different perspectives.

More Aware of Own Body and Client's Body within Therapy

Each of the participants described an increased awareness of their own body and their clients' bodies during therapy. Like these therapists I interviewed I have noticed that throughout my own SE training and this research I have developed a heightened skill of noticing and tracking my own body sensations as well as subtle shifts in my clients' bodies while I work with them. At this stage of my learning I am still having a hard time integrating that heightened sensitivity into a natural relationship with clients, who might

not be comfortable noticing movements in their bodies. I have found that it is very easy to alarm clients and make them self-conscious by drawing their attention to their own body. Amber referred to her growing appreciation for the need to be sensitive to and respect each client's comfort level with bodily exploration. At this point in my own learning I am trying to be observant of clients' bodily shifts without necessarily drawing their attention to it. This way I can at least stay aware of cues that they are getting overwhelmed and respond accordingly, even if they are not comfortable with direct bodily exploration. Finding ways to make sure I use only aspects of the training that are comfortable and appropriate for each client is an ongoing discovery. Here is an excerpt from my field notes where I reflect on this process:

> *It is becoming increasingly automatic for me to pay attention to my client's body and my body in therapy. What used to be part of the background, now shares the foreground with my attention on words. So I am noticing more, and have the intention of facilitating my clients to notice more. The later part of the equation feels like an art I have not mastered yet. It seems that for most people being asked to feel sensations while they explore their situation intellectually is quite uncomfortable. It's out of the flow for sure. I need to work on developing a style of delivery and an appropriate education around the rationale for this intervention, so that clients both understand its value and are prepared for this kind of invitation. Yes, invitation. I intend it as a gentle invitation, but it is clearly not received in that way. I need to work on my invitational language.*

Whether or not this increased awareness of the body is directly verbalised, there are several possible beneficial implications of this skill. It can allow therapists to better perceive and attune to their clients' experiences. As humans, the perception of subtle bodily cues either within us or observed in others gives us information we use for interpretation (Siegel, 1999). This occurs with or without conscious awareness. For example, a person might 'have a feeling' that someone else is feeling angry even if they are acting normal. Without being aware of it, that person may have picked up on very

subtle shifts in the facial muscles of the other person. With more practice, we can make this process more conscious. This may increase the accuracy of therapists' perceptions, and at least will provide therapists with more information about where their hunches are coming from. Similarly, being aware of their own bodily cues might increase therapists' self-awareness. Since therapists use their own person as a tool for facilitating change, having an increased awareness of ones parallel process in therapy is a very important skill.

Many of the therapists have noticed parallel experiences in their own bodies that seem to resonate or reflect what their client is experiencing physically. This is a very interesting phenomenon in that it might imply a kind of energetic transfer of sensation between therapist and client. I often feel vestiges of parallel sensations in my own body as clients describe their sensations. I experience this as a seemingly 'normal' experience of my body mimicking what I am hearing described in a way that is similar to the experience of my mouth watering as I hear about a person sucking on a juicy lemon. I have not had the experience described by some of the participants of noticing sensations in my body that parallel parts of clients' sensations that they have not yet verbalised.

One of the possible negative implications of having a heightened sensitivity to clients' bodies relates once again to whether therapists are tempted to impose their interpretations on what they observe. However, since this concern relates more closely to the physiological knowledge that is brought to the observation, it will be discussed in the following section.

More Physiological Knowledge of Traumatic Response and How to Work With it

Each of the therapists interviewed described having gained knowledge about the physiological aspects of trauma and how to work with it. This knowledge included both

general information about the psychophysiology of memory, trauma and psychological experience as well as information specific to Peter Levine's theory about incomplete physiological responses, the need for and signs of energetic discharge.

In my own work with clients, I have also found this knowledge very interesting and applicable. Where the psyche, memory and general knowledge about the effects of historical experience used to be part of a black box understanding of the mind, body and human development, I now have clear and specific knowledge of physiological systems in the body that mediate these experiences. This information has been very useful in helping me integrate all aspects of psychological understanding I have gained to date. This general knowledge also provided me with an appropriate foundation for understanding and applying Levine's theory.

One of the difficulties I have had in these early stages of my training has been balancing the knowledge gained with continually maintaining a position of "not knowing". It would be my ideal to have this knowledge and information to inform my actions as a therapist without using it to interpret clients' experiences for them. I believe that it is important to hold a position of "not knowing" to support clients in their discovery of their own meaning. Here is a related excerpt from my field notes:

> *I am noticing that after periods of time where I have been either immersed in training, or immersed in this research that I have a tendency to be over zealous about this way of working. Even though my excitement is legitimate, I believe very firmly in one of the foundational principles that I built all of my counselling training on: the position of not knowing. If I really want to meet clients from a position of "not knowing" and allow my knowledge to be there as tools that I pick up and explore with clients to consider if they feel useful to them, then have to be willing to let go of this entire theory for periods of time. While aspects are important to maintain in order to keep with the other foundational principle of "do no harm" (i.e. not facilitating or following clients into a state of catharsis and growing overwhelm), much of the theory, as exciting as it might feel to me, needs to rest on the back burner so that the client is empowered to decided whether or not it feels valid to them.*

With every therapeutic approach there are ways of understanding human behaviour. That knowledge can be very helpful for clients in making sense of their experiences. Having such a specific model for making sense of what is observed, however, therapists might run the risk of projecting the theory's explanation for experience prematurely onto clients instead of encouraging them to construct their own meaning. If that occurs, there might be significant disadvantages to consider.

Participants I interviewed demonstrated an appreciation for the need of this balance. They each spoke about it in different ways. Amber spoke about maintaining the priority of meeting clients where they are at and respecting each client's comfort zone with experiencing the body. Faith and Dawn both mentioned that it is not always possible or appropriate for clients to work in a SE fashion, and that they continue to use the wealth of tools they entered this training with. Faith and Marge identified the importance of not pathologising people or looking for the trauma. Dawn spoke of the sensitivity with which she has learned to work with other practitioners trained in different, sometimes incompatible, methods. She also mentioned an awareness that parts of this theory might prove ineffective and that psychotherapeutic knowledge will likely expand beyond this theory.

A very useful aspect of the training in helping practitioners to avoid this tendency to pathologise and search out trauma is the priority that is placed by the SE trainer on "joining" or the therapeutic relationship. In fact, for Faith the most significant influence of the training was its ability to strengthen her capacity to join and have a strong therapeutic relationship. The tendency to pathologise clients and force them into this model is completely incompatible with being "well joined" to clients. Two other aspects of the training that discourage this kind of effect are the careful respect that is placed on

clients' own way of languaging their experience and the continual use of invitational language. Therapists in training are discouraged from paraphrasing clients' words into different language and are continually given chances to practice and get feedback specific to using invitational language for making suggestions to clients.

SE as a Framework Used all of the Time in Therapy Even if not Overt

Each of the participants I interviewed described many aspects of the SE framework they use all of the time, even if not overtly. Therapists interviewed appear to be finding many of the skills gained through the training as universally applicable with clients. Some cited examples of aspects of the training deemed widely applicable were the following: strengthened skills in resourcing clients, slowing clients down, avoiding overwhelm in therapy, incorporating some awareness of sensations or images into therapy, skills in joining without merging with clients, skills in their own body awareness and self-care, staying grounded and avoiding overwhelm themselves. It would seem from these therapists' accounts then, that the potential benefits of the training do not relate only to working with specific client issues, such as recovery from trauma. Therapists trained in SE might also strengthen many general therapeutic skills.

Like these participants, I am finding the above dimensions of the training and theory as universally applicable to my work with clients. Just the extra training of always looking for the resource has been invaluable. Like Amber, it is less common for me to do "pure SE" in terms of having clients track sensations associated with specific traumatic events, but I am also never without these other aspects of the model.

Many of the skills deemed transferable by the participants of this study, such as keeping clients well resourced, align very closely with many models of therapy. Other aspects, such as facilitating clients to be aware of bodily sensations or to slow down, are

somewhat less common in other approaches. As discussed previously, the effectiveness of the many aspects of this approach has yet to be substantiated by research. Given the absence of empirical research in the field of counselling, it is not peculiar to this model of therapy to find therapists incorporating techniques or skills that have not been significantly substantiated by research. Some special caution is provided in the training about the risks of working somatically with highly dissociative clients, as evidenced by Marge and Amber's high sensitivity of the need to proceed very cautiously in such cases. Further research is needed to discover if other aspects of this method are contraindicated for any other client populations.

More Being, Less Doing – Allow Client's Natural Healing & Let Go of Therapeutic Control

Using different language, each therapist described ways that they have shifted away from maintaining therapeutic control to allowing and trusting in their clients' natural healing. The idea of trusting in a client's innate capacity to heal has been a founding principle of Humanistic psychology. Rogers (1951) proposed that people have an innate tendency toward self-actualisation and this principle has been a distinguishing characteristic of humanistic approaches to therapy. Moreover, therapists trained in humanistic, existential and experiential approaches have been encouraged to remain highly present in the here and now. In order to remain highly present, the knowledge used by therapists to make interventions has needed to be well enough integrated that it can be used implicitly without being a mental preoccupation in therapy. The SE training seems to follow these long standing Humanistic traditions by influencing therapists in this way.

I also have experienced a movement away from doing and planning in therapy toward focusing on remaining extremely present, watchful and curious. When I began to

learn this approach I needed to process very cognitively in sessions. This worked well for some of the psycho-educational aspects of this approach. It took away, however, from my capacity to be as fully present and I found I was not able to track with my clients and stay joined enough with them to facilitate the main experiential aspects of the model. As my training in SE continues, there is a large proportion of time spent practicing every micro skill necessary to apply the theory, and as a result it is becoming more and more integrated and less necessary to "figure things out" in the sessions.

Like the participants interviewed, I have also noticed a decrease in power imbalances between myself and my clients as I move away from "figuring out" to tracking the wisdom arising naturally from the body. Like Faith, however, I try to maintain a recognition that power imbalances always exist in therapy. Tracking client's own spontaneously arising experiences does take some emphasis away from my expertise. The entire approach remains, however, quite directive, which does maintain some power imbalances. Making sure that I introduce this method of working as something that might or might not fit for clients has been an important process for minimising imbalances created in the directiveness of the approach.

This theme raises the consideration of how therapists determine if their therapeutic knowledge is well enough integrated to fall into the background and still be used accurately. There are clear concerns about relying primarily on intuition as therapists, since as human beings we are prone to our own biases and projections. However, relying on intuition that is very informed is significantly different. It might be important for therapists to develop strategies for evaluating the difference between uninformed, personal intuition, and the intuitive use of therapeutic knowledge. It could, for instance, be an important area of exploration for therapist journal writing and

supervision that would apply to any form of therapy that emphasises the need for therapists to remain highly present rather than intellectually involved in a theory or sense-making process.

Quality of Therapeutic Bond Shifted – Concrete Ways to Get There

Three of the four therapists described that since the SE training the quality of the bond between themselves and clients has shifted. Once again, this model seems to align itself in this way with other humanistic and experiential approaches that place primary importance on the relationship. Studies have clearly indicated that the quality of the therapeutic relationship correlates more strongly with therapeutic outcome than the modality used by the therapist. Aspects of therapist training that positively impact the therapeutic relationship should not, therefore, be under-emphasised. This effect of SE training might be closely connected to the SE theory itself and it might also be an emergent property of the training that could be taught independently of the entire theory. Each of the participants who described this theme had a unique understanding of how the relationship was different and what aspect of the training facilitated the change.

Slowing Down Therapeutic Process with Less Focus on the Story/Content

Each of the therapists interviewed referred in different ways to strategies of slowing clients down and focusing less on the client's story or the content of their story. Long before I had heard about SE, I recognised with help of close supervision that I was always trying to move too quickly with clients. The advice given to me by my supervisor and mentor at the time was "less is more." I understood that principle intellectually, and recognised its value in watching video tapes of artful practitioners like Michenbaum, where the pace was much slower than mine, and the depth and movement much more profound. It has been through the SE training, where the objective of slowing down the

cognitive, physical and emotional experiences during therapy are so strongly emphasised, that I am starting to integrate this important principle into practice. One key aspect of this process has been in simply seeing the value of slowing myself down.

After learning to slow myself down, I have gradually strengthened the skills of facilitating my clients to also slow down. Like the participants in this study, my attention has shifted slightly away from being entirely absorbed in the story or content of what clients are saying, so that I can also remain present to what their bodies are telling me. I invite them to re-experience their own spontaneous gestures more slowly. I also often slow down aspects of their story that seem to highlight resources for clients, helping them to take the time to experience those aspects more fully. While I do listen to the content, I am now much more consciously tracking the general movement between what this theory names as the "trauma" and the "resource", ensuring that on either side we move slowly enough that the body has time to integrate, embody and settle.

As I discussed previously, the assertion that it is not necessary to tell the whole story has yet to be substantiated by research. Levine (1997) draws on anecdotal evidence and neuro-physiological research as the basis for his assertion that the telling and retelling of negative stories can be retraumatising. This does not, however, speak to narrative and cognitive-behavioural interventions of re-storying our experiences through conversation. There is a strong assertion in this model that changes in physiology lead to changes in cognition and emotion more readily than the reverse. This is part of the reason why less emphasis is placed on the telling of the story. Nevertheless, the therapists in this study described the great care they use to work in a way that is comfortable for clients. Several of them also explained that the degree of "story" or

cognitive processing that occurs in therapy varies from session to session according to the comfort levels of each client.

More Willing to Intervene with Clients to Slow them Down Based on Knowledge/Ethics

All of the participants explained that in order to apply the SE principles with clients they have had to become more comfortable with intervening with clients in certain ways. In my early conception of myself as a therapist, I did not envision being a therapist who challenges or confronts clients very often. While I did see some potential shortcomings of only following clients and letting them direct the therapeutic process completely, I was uncertain as to when it was appropriate to challenge. Like many of the therapists I interviewed describe, as a result of SE training I have adopted the understanding of when following a client at a very quick or overwhelming pace has the potential to cause harm. While I do believe that for some people in some instances cathartic work and the telling of highly intense stories can be beneficial, I also now have a theoretical foundation for understanding that for many it can be unhelpful and even harmful. This has given me an ethical mandate for encouraging clients to not spiral deeper and deeper into overwhelm as they tell their stories. It is also a background for slowing clients down and ensuring that they remain resourced throughout the therapeutic process. This often requires interrupting the pace or mode that a client would choose for him or herself in therapy. With the understanding of the potentially harmful consequences of not challenging clients in this way, I have, like the participants I interviewed, become much more comfortable in that particular kind of intervention. Much of the SE training I have received and have been trying to integrate has been in how to do this artfully, without overpowering clients or disrupting the connection we have.

Within each theoretical orientation, theorists and practitioners have taken different stances on whether or not to challenge clients, how much to challenge clients and the associated ethical, relational and therapeutic implications for the various alternatives. This issue is far from resolved in the field. During the encounter movement of the 70s, cathartic style therapy was very popular in the field. Over thirty years later, there has been a strong recognition across therapeutic orientations of the dangers of that kind of work. As previously described Levine (1997) takes a strong position on the risks of retraumatisation when clients are encouraged or permitted to stay highly overwhelmed or cathart. This seems to have become a strong motivator for these participants to challenge clients or make certain interventions. Similarly, other orientations have encouraged therapists to intervene in particular ways in accordance with different beliefs about positive and negative influences on change. Behaviourists might discourage lengthy story telling so they have a chance to determine the antecedents, consequences, and pragmatic behavioural alternatives. Since the clearest research available on therapeutic outcome highlights the therapeutic relationship as the most important facet of therapy, one might consider, particularly from a Rogerian perspective, if challenging clients can at times hinder that relationship. As described above, these participants have experienced a strengthened therapeutic relationship with their clients alongside their increased comfort with certain kinds of challenges. This theme, if further substantiated, might contradict the notion that making numerous interventions has negative implications on the therapeutic relationship.

Clients are Frustrated and Relieved to Not Stay in the Trauma Story

Some of the participants I interviewed commented that clients have mixed reactions to the challenge of not staying in the trauma story. Like these therapists, I have

also found that many of my clients can relate to the magnetic pull of the trauma vortex. For many, including myself, the belief that change can not happen without reliving and experiencing the complete depth of painful feelings is deeply engrained. Some might enter therapy convinced that they must completely experience the depth of their feelings to resolve them. Alternatively, others might avoid therapy because they fear that this is what will be asked of them. One of the alternatives to this that is proposed in SE is to completely experience difficult emotions but to do so one piece at a time, from a position of being well resourced. Other perspectives of cognitive and behaviour therapies have been to focus on solutions, use more rational thinking, or make concrete behavioural changes that will in turn change the emotional experience. In this way, SE incorporates aspects of experiential and humanistic therapies through in-depth exploration of experience, while being similar to cognitive-behavioural theories that challenge the validity of intense emotional exploration as a necessary precursor to change.

Increased Psychoeducational Aspect of Therapy

Three of the therapists mentioned that since the training they use more psychoeducation with their clients. The majority of the theoretical literature for SE has been written for both clients and therapists. The language and diagrams used to explain the theory are very accessible to the general public. Furthermore, a lot of SE's interventions use concrete skills that clients can learn and apply in every day life. Like the participants interviewed, I have been spending more time educating clients. This has been at least in part so they understand the rationale for certain interventions, such as going slow. The choice to educate and empower clients with skills they can use throughout life is very appealing to me.

This theme raises the consideration of whether there are any ethical concerns to consider in psycho-education with clients. Since many aspects of the SE theory have yet to be substantiated by research, there may be ethical considerations about how therapists present the information to clients. The SE approach incorporates facets of a variety of other methods that have been tested. For example, some of the principles are quite analogous to systematic desensitisation, which has been thoroughly researched. SE is also founded on physiological knowledge that has been well researched such as the physiological processes involved in the fight/flight/freeze response during stress. Other aspects of SE knowledge, however, remain more theoretical. It might be important for therapists trained in SE to consider educating clients in a way that differentiates between the more or less well-researched aspects of the theory.

Emotions Less Central – Focus on the Sensation Behind Them

Three of the participants interviewed have noticed that since the training they focus less on client emotions and more on the sensation behind the emotion. I personally grew up with the belief that the key to solving difficult life challenges was to express all of the difficult emotions that come up so they can be released. I grew up in a family where highly emotional expression, both positive and negative, was always encouraged. While it was all I knew, it often seemed to escalate problems and kept me feeling very overwhelmed until I became exhausted, distracted or disconnected. It was the early practices of Buddhism that first gave me a useful alternative to either suppressing or expressing all of my feelings. Thich Nhat Hanh's teaching, in Peace is Every Step, was to experience the sensations of the emotions fully, without focusing mentally on the object of the emotions. He taught that this allowed emotions to move through and then shift. This was a life-changing tool for me. As a result of that experience, I have never

believed that completely expressing emotions, analyzing their cause or suppressing them were the complete answer for finding a resolution. That said, prior to this training, I did not have a strong psychological foundation for an alternative process to work with that I felt competently trained in. Sometimes I focused intensely on emotions and unwittingly facilitated clients to move into overwhelm or catharsis. This felt uncomfortable. Other times I would refocus the conversation back to the cognitive realm rather than intensifying emotions, but this felt somewhat incomplete. Slowing clients down to experience associated sensations and images, and tracking opportunities to move back and forth between painful experiences and resourcing experiences are tools that have expanded my repertoire of skills. Here is an excerpt from my field notes where I wrote a poetic spoken word on this theme:

What do I mean, I feel sad?
What tells me sad is sad?
Is my sad always the same?
Is your sad the same as mine?
Only our bodies know.
There is the sad of goodbyes that are forever,
Where lies a hard rock in my chest and nausea in my gut.
An image passes of my grandma's lifeless body at her wake.
There is the sentimental sad when I see parent and child connect.
My head arches foreword, a tear flows, a shiver in my shoulders and warmth in my heart.
There is the image of being comforted as a child and also of there being No one there when I went looking.
The images are superimposed.

What do I mean, I feel happy?
What tells me happy is happy?
Is my happy always the same?
Is your happy the same as mine?
Only our bodies know.
There is the giddy happy,
Where by body bounces up, I hear laughter in my mind,
There is energy moving to my hands and a strong warm shield across my chest.
An image passes of being silly with my sisters.
There is the peaceful happy.

A warm soothing blankety feeling envelops my skin.
The belly and lower trunk are warm. I feel them settling down to the bottom.
My dad's big hands grip mine and swing me into the sky.

Willingness to Face Suffering and be With That

In response to my inquiry about whether the training has shifted their view of human suffering, three of the participants expressed that they have an increased willingness to face human suffering and be with it. I can relate to their descriptions. Before this training, I felt a shock reaction in my body just imagining working closely with clients who were traumatised. I could not imagine ever being strong enough or skilled enough to be helpful with that kind of process. I did not trust that I would not do more harm than good with that population. I also assumed that to work in that way would be very draining and traumatising for me. Through this training, I feel very clear about how and why traumatic reactions occur and how to facilitate healing those wounds through a process that is both comfortable and resourcing for clients and myself. This knowledge has without a doubt increased my ability to face and hold all kinds of human suffering.

I am curious about whether part of this change is related to having gained intensive training in the area of trauma. It is plausible that therapists receiving almost two hundred hours of training about trauma from other treatment perspectives would also feel more able face this kind of suffering. It is possible that some parts of participant descriptions pertain directly to this theory and how it prepares participants, and other relate to gaining more general knowledge about trauma that is less specific to this theory.

Always Aware of the Other Side of Trauma & its Potential to Be Used Toward Aliveness

Another shift that participants described is that the training has allowed them to remain aware of the other side of trauma and its potential to facilitate the transformation

toward aliveness. Like these practitioners, I have become quite positive in my thinking about trauma. Even the possibility that there might be ways to connect people to an innate capacity to recover from traumatic experiences is exciting. People manage to live quite incredible lives without ever completely healing or transforming the effects of difficult experiences. The more I experience and believe that this might be possible, the more excited I get. The remarkable lives of survivors, for instance, would be so richly rewarded if they were freed of the physical and psychological blocks of historical stress and trauma. One caution that this raises, however, is that it is important to stay humbly aware of the complexity of the human body-mind and its responses to stress and trauma over a lifetime. Without any outcome studies, it is impossible to know for certain which groups of clients might be well served by this method, and how successful it would be in helping people with various co-occurring difficulties or psychiatric diagnoses. Therapists are wise to be tentative about the potential benefits of any treatment method to avoid setting clients up for failure.

Trauma as Part of Living – Potentially Developing from Common or Shocking Incidents

Three of the participants spoke directly about a shift in their understanding about trauma. The training seemed to broaden their understanding of trauma and its causes. After my interview with Dawn, I was really struck by the impact of no longer thinking of trauma as extra-ordinary. While this shift in perspective had been implicitly forming, I had not heard it articulated before. This supported the shift I described above of feeling more willing to face human suffering. I began to notice all of the incidents of shock, fight and flight that people and animals experience all of the time. It has been quite profound to realise that the degree of trauma does not lie in the incident itself, but rather in how it is processed in the body-mind system. This is not to negate that some

experiences are far more likely to induce traumatic reactions than others are. Rather what is useful about this realisation is that traumatic reactions are simply on a normal continuum of experiences. Most people successfully navigate through potentially shocking incidents quite readily every day. With other experiences there is a block. Rather than assuming that it will be more difficult to recover from a sexual assault than a car accident or scary fall, I can take my cues from the person's own experience. I understand the body processes that govern the degree of shock response, and that knowledge supports the idea that there is no formula for how traumatising something should be. It completely depends on the individual and the context surrounding the incident.

I personally hesitate, however, to use the word "trauma" as liberally as might be used in the SE literature. Just by using that language to name an experience we run the risk of constructing it into something that is incurable or difficult to recover from. While this may not be true of trauma, I tend to refer to most historically based issues as stressors, just to avoid this misunderstanding.

SE Lends Itself to Beautiful Metaphors

The pictures that each of the therapists described to summarise the influence of SE in their lives were very meaningful to me. In my own reflection the following image came up for how the training in SE and this research have impacted my work as a therapist:

> *I had been tick-tocking along in my linear strategies of problem solving thinking, and more thinking. With my clients, I was like a train on a track with a clear goal that I was strategically moving toward. The rails represented the linear logic and the safety in that. When I first moved into SE as a physiological embodied experience, I suddenly recognised that there are many ways of arriving at the destination. There are other ways which are less strategic on the mental train, but deeply wise nevertheless. Those ways do connect to logic, but the deeper logic of my cells. It seems*

as though I have been given new wings to fly, as well as the capacity to leap through space and time almost magically. In my body I feel like these new means of transport have been alive and available all along. I still love to travel by train, but am waking up to and playing with some of the other ways of getting around.

Images Spontaneously Arise for Clients in SE

Several of the therapists noticed that working in this way, it is common for images to spontaneously come up for clients that seem very appropriate and useful. Working with imagery and metaphor has been a part of psychotherapy since its conception. In recent years, creative visualisation has become a commonly used cognitive-behavioural intervention to initiate relaxation. Working with imagery has also been used to help clients in goal setting. Career counselling strategies, for instance, might involve visualising a dream job or lifestyle. Even if a facilitator guides the images, there is a creative component where the client translates the words into a picture. The main distinction that is made in SE is that the client is supported to witness images as they spontaneously arise while they may track associated sensations or thoughts.

Results Related to Assumptions and Expectations

Certain assumptions and expectations were stated in Chapter three. The first five general assumptions were present throughout the research. First, the assumption that there are multiple truths in all phenomena was met throughout this investigation since the influence of SE training was experienced uniquely by each participant and myself. The assumption of a close relationship between the participants and myself was apparent throughout the research. My efforts to decrease that distance manifested both in the collaborative methodology I used and in the extensive personal exploration contained within my field notes and theme presentations. Thirdly, I had assumed that personal values have a role in inquiry. Throughout the research process I made a strong effort to

openly document my values and biases. I also demonstrated an effort to consider some potential shortcomings of the themes that arose in the study. The assumption of maintaining a personal narrative was met in my use of the first person throughout the research. The assumption of an inductive methodology was also apparent throughout, as meanings and categories not only emerged from participants' statements but also were organised by the participants themselves.

I also made three general assumptions about the research. The first of these assumptions was that allowing participants to describe their experience in their own terms would be of most benefit to the field of counselling by providing a deeper understanding of participants' subjective realities of the phenomenon. While this approach clearly did provide a rich understanding of each individual subjective reality, the relative benefit of this method compared to another cannot be determined by the present research. The second assumption that this research would be a useful contribution to the literature on SE was met, as several outcomes of this study were not previously documented in the literature. The assumption that SE practitioners were a useful source of information to understand the potential influence of body-centred psychotherapy and the SE method was partially met. This research gave me no reason to believe that the findings would necessarily be transferable to other body-centred approaches to therapy, but this group of participants proved to be an effective source of knowledge to understand how SE training might influence some practitioners.

The assumption that SE training can uniquely contribute to counsellors was met in this research. The participants each described the contributions of this training. The variety of different contributions, however, leaves open the question of whether any or

some of these influences can be uniquely attributed to this training, or whether they would also be met by other trainings or combinations thereof.

The assumption that the somatic, spiritual and imaginative dimensions are under-emphasised by mainstream western psychotherapy was not addressed directly by the participants of this study. They each spoke to the appreciation they have gained for the somatic, spiritual and imaginative dimensions, but not necessarily stating an opinion that they were under-emphasised in previous learning.

The final assumption that SE training would allow counsellors to become attuned to the wisdom in their own bodies was also partially met by this research. Each of the participants described an increased awareness of their own body and its sensations, and some particularly spoke of the realisation of the wisdom within their own body.

Relationship of Findings to the Literature

As described in the literature review, there is little research on the topic of Somatic Experiencing® training for counsellors. Some writing is found on the theory of Somatic Experiencing® itself and one study was conducted on the effectiveness of Somatic Experiencing® methods for working with a specific client population. There were no contradictions between this literature and the results of this study, and in general, the results aligned themselves with this body of work.

Many of the findings of the current study paralleled aspects of the SE theory previously documented in the literature. Participants decided that one of the most important influences of the training to them was the emergence of aliveness as the goal of therapy. While this is not a clearly focused statement throughout the SE literature, it is an implied goal that is woven throughout the discussion of the theory. For example, in the audiocassette series, Levine explains:

> Ok now we have to learn about our biologies and using this information to help ourselves move through the immobility response to complete it -just the way we completed the arousal cycle- and to come back into life and into embodiment. And this we do through the body sense... So to learn how to come out of this immobility response we don't need a lot of psychology. What we need is information and support to complete these cycles to come back into life. (Levine, 1999, tape 2).

He further explains in another excerpt, "It is through the body's capacity for aliveness and bonding that the generational circle of destruction, violence and trauma begins to unwind towards the circle of cooperation and grace for which we all so deeply yearn" (Levine, 1996f). So the goal of aliveness is implied throughout the SE literature. The results of this study indicate that this aspect of the SE understanding had a very significant impact on the therapists interviewed.

The other theme given primary importance by research participants was the increased sense of spirituality for the therapist. While there is no mention in the literature of this directly, the relationship of spirituality to this approach to change in general is described by Peter Levine. Levine (2002s) writes:

> The transformation process can allow people to deepen their sense of self and others. The healing journey can be an "awakening" to untapped resources and feelings of empowerment. With the help of these new allies, people can open portals to rebirth and achieve an increased sense of flow. The experience can be a genuine spiritual awakening, one that allows people to re-connect with the world. (p.1)

This implies that the client might experience something that feels spiritual from this way of working. The therapists, however, were specifically speaking about their own experiences during therapy, which is a new addition to the literature's references to the potential spiritual dimensions of the approach.

The second order of themes to emerge was the central role of resources for the therapist and the client, with a remarkable increase in lightness, humour and fun in therapy. The central role of resources in this approach is documented in much of the SE

literature. The importance of establishing a base of resources that can allow clients to titrate gently between the trauma and resource is a prerequisite for the renegotiation of trauma. It is a central component of Levine's theory (Heller & Heller, 2002; Levine, 1997; Stanley, 2002). In Heller and Heller's (2002) case study, they describe:

> We began by helping her discover her own resources, real or imagined, that would initiate a parasympathetic discharge or relaxation response internally... It is essential to bring the clients' awareness to the sensation experienced in their bodies and not just imagine the resources as a creative visualisation.

The associated observation made by the participants of this study that there is more lightness, humour and fun throughout therapy sessions has not been previously described in the literature.

The central role of resources for the therapist and the related theme of increased therapist self-care are also less present in SE literature. Levine (1996e, 1997) alludes to the importance of therapists remaining grounded and calm in his description of how parents can help their children after an accident with emotional first aid (Levine, 1996e, 1997). He writes:

> Attend to your own responses first, inwardly acknowledging your concern and fear for your child. Take a full breath, and exhale slowly while deeply sensing the feelings in your body. If you still feel upset, do it again. The time it takes to establish a sense of calm will be minuscule compared with the increase in your capacity to attend fully to your child.
> (Levine, 1997, p.)

It can be inferred from this that therapists need also to keep themselves well resourced. However, there is no direct discussion in the literature on the implications of SE training or SE theory for therapist self-care. There is also little mention in the literature on related implications for therapist burnout or what has been called "vicarious traumatisation".

Similarly the theme that emerged that participants describe being more aware of clients' bodies and their own bodies throughout therapeutic sessions is only partially present in the literature. In Heller and Heller's (2002) description of their work with a car accident survivor, they explain that through careful observation they are aware when a client's body has returned to a state of parasympathetic relaxation in the nervous system. Previous literature, however, has not described the increase of bodily awareness that occurs as a result of the training, nor the increased awareness of the therapist's own body.

Another theme that emerged for the participants of this study was more physiological knowledge of traumatic response and how to work with it. The physiological knowledge they are referring to, namely the fight/flight/freeze response and how it can remain incomplete in the system is described in detail throughout SE literature (Levine, 1997; 1996a, 1996b, 1996c).

The participants also spoke about an increased capacity to allow and trust the natural healing within clients. This concept permeates the theoretical literature on SE (Levine, 1997, 1996a, 1996f, 1996g). Levine (2002a) explains that "with appropriate guidance into the body's instinctive "felt sense," individuals are able to access their own built-in immunity to trauma, allowing the highly aroused survival energies to be safely and gradually discharged"(p.1). The present study indicates that according to participants interviewed, this aspect of the theory is translating into practice.

Another theme that was previously documented in some of the literature was slowing down the therapeutic process and focusing less on the story/content. In Heller and Heller's (2002) case study, they refer regularly to the need to work slowly, interrupting the story to allow for the somatic renegotiation to take place. Levine also

refers often to the need to work slowly (1996e, 1997) and the importance of interrupting the story to avoid overwhelm (1996b, 1997).

Participants in this study also described that as a result of the SE training, their focus on emotions has become less central. They focus more on the sensations behind the emotions. Once again, this follows directly from Levine's theoretical literature. Levine writes (1996e), "creating opportunities for healing is similar to learning the customs of a new country. It is not difficult - just different. It requires you and your child to shift from the realm of thought or emotion to the much more basic realm of physical sensation, where the primary task is to pay attention to how things feel and how the body is responding (p.3)." Once again, the present study indicates that for the participants interviewed, this aspect of the theory is translating into practice.

Two of the emergent themes related to understanding of human suffering were also previously referenced in theoretical literature. Participants described that they now recognise trauma as part of living and potentially arising from either common or shocking incidents. Levine (1996c) articulates that understanding throughout the literature. Levine (1996e) writes, "most people (both lay and professional) associate trauma with events like war, extremes of physical, emotional or sexual abuse, crippling accidents, or natural disasters. However, many "ordinary" or seemingly benign events can be equally traumatic" (p.1). Participants also expressed the hopeful view that since the training they are always aware of the other side of trauma, and its potential to be used toward aliveness. Once again, this outlook is offered throughout the literature on the theory. Levine (2002b) writes, "Trauma can be hell on earth; transformed, it is a divine gift" (p.1). The participants of this study seemed to have adopted this outlook as a result of the training.

The participants described that as a result of the training they are more willing to interrupt clients to slow them down according to their knowledge of the risks of re-traumatisation. This has begun to appear more directly in the literature. In Heller and Heller's (2002) case study they describe the importance of interrupting the client's description of the traumatic event to resource them for the following reasons: to strengthen the awareness that they are no longer in danger, so they can perceive their body's ability to return to relaxation after it is overwhelmed, to allow for parasympathetic discharge in the body. In accordance with this theme, Levine (1997) discusses in depth the risk of retraumatisation in allowing clients to continually retell the traumatic story.

For three of the participants interviewed, this training resulted in them doing more psycho-education in therapy. While this influence would depend on the theoretical orientation of each therapist prior to the training, the psychoeducational aspect of this theory is documented in the literature. Levine explains that people can learn the principles and then use them to help themselves renegotiate their own trauma throughout their day to day lives (Levine, 1996, 1997). Furthermore, in Heller and Heller's (2002) case study there are several references to examples of psychoeducation that occur throughout the sessions.

It should be noted that while each of the above described themes had some relationship to concepts previously described in SE theory, the following themes were not readily predictable from the literature and are:

- More being & less doing -Allowing client's natural healing & letting go of therapeutic control
- Affirmation of competence and confidence for the therapist
- SE as a framework used all of the time in personal life
- SE as a framework used all of the time in therapy even if not overt
- Sense of community within the perspective

- Quality of therapeutic bond shifted – concrete ways to get there
- Clients are frustrated and relieved to not stay in the trauma story
- SE lends itself to beautiful metaphors
- Beautiful and appropriate images spontaneously arise for clients in SE.

Since there has never been literature documenting how SE training impacts therapists and their practice of psychotherapy, all of the findings of this study are novel for the field. Of the many themes that arose, however, certain ones seem to be more readily predictable from the theoretical literature on this method while other themes did not follow as closely from the literature.

Significance and Implications of the Findings for Counsellors

The findings of this study should provide us as counsellors with a deeper understanding of the Somatic Experiencing® approach and some of its potential implications for research, theory and practice in the field. Through detailed descriptions of the inner experiences of the practitioners trained in this method, counsellors can begin to conceptualise how this theory is positioned in relationship to other approaches to psychotherapy that are more commonly taught in counsellor training such as cognitive-behavioural, experiential and humanistic methods. Some aspects of the influence of SE training will likely be similar to influences of other kinds of training available for counsellors. Other aspects of the influence described here might be found to be more unique to this theory.

The results of this study indicate that the possible influences of this training are far reaching for therapists at both the personal and professional level. These findings also show, however, that the degree of significance of aspects of the training are very unique to each therapist according to their values, interests and previous training. For instance,

there are a number of approaches, such as Focusing, Hakomi, Bodynamics and movement therapies that place central emphasis on incorporating the body into the psychotherapy process. Some of the aspects of influence of SE training might occur simply from this significant shift of focus. Other experiential therapeutic approaches such as Gestalt, share with SE the strong emphasis on the therapist and client staying in the here and now. Some of the results here might be similar to aspects of influence of those theories in this way. Still other methods, such as Short-Term Solution Focused therapy, place a central emphasis, like SE, on client resources. And once again, the influences of SE training might parallel some of the influences of these kinds of methods.

Through the detailed descriptions provided here, counsellors can gain a sense of how the SE training weaves each of these qualities together with the particular theory of how trauma can be renegotiated in the body. Furthermore, therapists can begin to conceptualise how the SE theory translates into practice, and the potentially wide-ranging influences of training in this method.

Implications for Theory

This study contributes in a number of ways to the Somatic Experiencing® theory. As outlined above, a number of the themes that arose in this research were previously mentioned in SE literature in more or less detail. In the case of some of these themes, this study provides a more in-depth description of how these ideas might translate into practice. In the case of other themes, that were only minimally present in the literature, this study provides a description of the potential applications and significance of these aspects of the theory.

To my knowledge, this is the first study on Somatic Experiencing® that documents the experiences of practitioners who have participated extensively in the

training. In fact, little of the SE theoretical literature specifically targets therapists directly and the skills required to facilitate this approach effectively. While there are examples of SE sessions given by Peter Levine, the summary of what SE therapists do is not specifically articulated in the literature. Heller and Heller's (2002) recent case study outlines some of the key aspects of the therapeutic interventions for SE practitioners as it applies to traffic accident trauma. The present study expands that dialogue by presenting therapist discussions about their experiences of applying the training they have received.

One major addition to the SE theory that this study provides is some understanding of how the theory might be applicable to a wide range of client populations, including those not diagnosed with extreme trauma-related symptoms. Moreover, what begins to emerge through the participant descriptions is a picture of how this theory can and is integrated with many other approaches to psychotherapy. The therapists interviewed provide simple examples of ways they weave the SE theory together with other approaches, expanding the theoretical understanding of some of the potential applications of these practices.

Another area of theoretical significance addressed by this study relates to the therapists' parallel process throughout therapy, and how they might stay healthy as professional counsellors without burning out. This study suggests new ways that therapists might track their own parallel process in therapy and keep themselves resourced– namely through awareness of body sensations. Therapist descriptions of the benefits of focusing on resources and present moment tracking of sensations might expand the theoretical understanding in the counselling field of how therapists can remain resilient and minimise the risks of burnout and 'vicarious' traumatisation.

Implications for Practice

Most therapists have been trained to focus their work with clients on thoughts, feelings and behaviours. Gaining a deeper understanding of the SE approach from therapist perspectives allows counsellors to start to recognise opportunities where they may consider incorporating simple somatic exploration in therapy. Through therapist accounts, they should gain a deeper appreciation of the potential benefits of this kind of approach.

As stated repeatedly throughout this chapter, this study provides an opportunity for practitioners to understand how the SE theory translates into practice in a variety of ways. Therapists provide many narrative case examples of the therapeutic process and internal conceptualisations they use while working from this model. The discussions provided by participants further illustrate possible applications for different client populations, such as highly dissociative clients, and children. There are thorough discussions throughout the study of the many aspects of the theory that can be easily integrated into practice with other approaches to therapy: central focus on resources, goal of aliveness, slowing down, titration, and pendulation between aspects of SIBAM. Through participant descriptions, practitioners can understand the diversity of ways that this theory can influence practice. Aspects of participant insights might even be incorporated into practice without extensive training in SE.

Practitioners are also provided with an example of a model that maintains a strong emphasis on following the client's instincts and internal healing capacity while at the same time making very precise interventions that avoid unhelpful overwhelm. Many experiential approaches used to guide therapists to follow a client's moment to moment process right into catharsis. Other, less experiential models, such as cognitive-

behavioural and short-term solution focused approaches have steered away from in depth emotional exploration. This study illustrates a potential means of working experientially while maintaining a clear mandate of keeping clients well resourced and grounded rather than encouraging or supporting emotional overwhelm. The key to this balance is working with small titrations and making regular and concrete interventions that ensure clients stay well resourced while they process difficult experiences.

As discussed in the previous section, another significant implication of this study for counselling practice is that it draws practitioners to the awareness that there may be a relationship between therapeutic approach and the degree of therapist stress, self-care and burnout. With the rising pressures in the mental health field, both in terms of community need and reduced financial resources, therapist burnout is a rising concern. Certainly the benefits of the client are the highest priority in this work. That said, counsellors that know how to work in a way that minimises the risk of burnout, vicarious traumatisation or job stress will ultimately be of much better service to clients. Approaches that allow for more resilient and healthy therapists will in the long run be the most beneficial for the community. This study suggests that SE training might encourage this important benefit. Future studies would be necessary to determine which aspects of the training correspond with this and how those characteristics compare with other models in the field.

Another significant contribution to practice is the consistent discussion that is presented on the risks and benefits of the potential influences of SE training. The therapists interviewed demonstrated a high standard of cross-disciplinary awareness and ethical consideration. A critical analysis of the potential influences of this training should offer therapists insight into how to minimise potentially negative aspects of pursuing this or similar training.

Implications for Research

With little research on Somatic Experiencing®, the implications of this study on future research are significant. In this section I will first consider the potential limitations of the methodology that was used and the ways this might be improved in future research. Next I will discuss some of the new areas of research that might be explored in light of these results.

A confounding factor throughout this study has been the time that participants had available to contribute. The effectiveness of the initial focus group was partly reduced because therapists did not have enough time to thoroughly read other participant theme summaries prior to the meeting. Future repetitions of the current study might consider allowing more time for therapists to read the co-participant responses prior to the focus group. This would facilitate a more in depth comparative discussion to take place.

I had expected that participants would spontaneously present some specific disagreements about how the training influenced them. With that expectation, I did not present the subtle differences between participants to inspire that style of conversation. While I did point out the topics that were discussed by one and not the other, I did not have sufficient time in the focus group to help participants subtly differentiate among their own experiences. Another way that distinctions among participant descriptions may have been more clearly highlighted, would have been to allow for a second focus group. In this meeting I could have addressed points of clarification after integrating the results of the first focus group.

The absence of the fourth focus group member was also problematic. The fact that two participants lived at a distance from the research site made re-scheduling the

focus group almost impossible. In the future, this difficulty might be anticipated so that a back-up date could have been pre-booked in case of illness.

Another potentially problematic area of the current design was the close relationship among participants. While there were substantial benefits to allowing the group discussions and collaborative theme analysis, this method also introduced some limitations. While the identities of individual theme summaries were kept confidential, it was not difficult for participants to determine who responded in what way. It is possible that participants withheld significant criticisms of the model because they would eventually be sharing these ideas with their peers from the SE community. Future studies might ask individuals to organise their own themes into the order of significance prior to the focus group or receiving the alternate responses. Alternately, they could have been asked to comment on various themes that were mentioned by others in a confidential manner so they had the freedom to answer in a completely honest fashion. While there were no indications that participants were in any way withholding information, different experimental designs that allowed for more confidential responses would have allowed that to be confirmed.

A related concern of this study was that since I had already started training in the approach before conducting individual interviews, I was also a peer in the community of those I was researching. While it was important for me to participate in SE training to have enough background in the field to effectively research it, being an insider also created limitations. I had to watch closely for the tendency to project my own perspective onto participants. At times I found it difficult to view the data from the broader counselling perspective that I was writing for. I was also aware of being acutely sensitive to the risk of offending members of the community with aspects of this study –

not wanting to jeopardise my sense of friendship and belonging in the group. In future designs, the researcher might consider seeking SE training in a different geographical area than he or she is researching.

One of the main areas of research that might be inspired by this study is quantitative and outcome based. Pre and post-treatment client assessment data could be gathered to determine the effectiveness of this approach for working with a particular population or presenting concern. One experimental design would be to have triplet-wise matching of similar clients. They could be sorted into three groups, including no treatment, Somatic Experiencing® and another kind of approach that has demonstrated benefits for the population or symptom being studied. This would allow the effectiveness of this model to be compared to other approaches. Furthermore, it would study the general effectiveness of using SE with clients who do not have an acute trauma diagnosis like PTSD.

Another means of assessing the empirical support for this model would be to compile the findings of other research studies that have examined some of the component therapeutic principles that are incorporated into the SE training or theory. This might be particularly important for the skills deemed by the participants of this study as widely applicable in therapy. Have there, for example, been specific studies on therapist skills of remaining highly resource focused, slowing clients down, avoiding overwhelm, incorporating body awareness, or being aware of one's own body as a therapist? A review that summarises and sources all of the bio-psycho-social research that is incorporated into this theory and practice of therapy would help counsellors assess the applicability of the various skills they might gain from SE training.

The theme that emerged of the central role of resources raises the consideration of whether something is lost in therapy if the whole story is never told. Once again, outcome studies would be required to answer that question fully. If concentrating so extensively on resources in lieu of focusing extensively on the problem or story is an equally or more effective means of meeting client goals for therapy, then it should be measurable by outcome studies.

Another important area of research would be to do a comparative analysis of therapists trained in this and other methods of therapy. Areas where there is overlap in the ways that training has influenced therapists might provide some insight into the aspects of the training most related to particular outcomes.

The effect described by participants that training in SE has increase their own sense of spirituality in therapy raises the consideration about whether other kinds of training can also have this effect on therapists. Exploring this question might provide insight into what aspects of the SE training inspire this result. If moving away from a tendency to intellectually plan or figure things out in therapy and moving toward being present in the here and now experience is a major factor, then similar results might be found for therapists training in other humanistic approaches where those practices are strongly emphasised. If the increased capacity to connect and attune to clients influences this experience, then similar experiences might be described by therapists gaining experiential training in this area with or without other aspects of SE training. The process of tracking one's own physical sensations in the present moment is also a form Buddhist meditation. I also wonder, therefore, if the training in Somatic Experiencing® inspires therapists to "meditate" in this way more regularly throughout their personal and professional life. It is regularly taught (see Kornfield, 1993, Tolle, 1997 for examples)

that meditation can be practiced throughout daily experience by being in the here and now and aware of inner experiences and sensations. Perhaps the increased sense of spirituality for therapists would parallel results of intensive meditation training where therapists learned to regularly bring their attention back to the present moment and their own physical sensations.

With respect to the shift in the quality of the therapeutic bond described by participants, it might be useful to study a larger sample of therapists and clients to determine if there are some common shifts that occur in the therapeutic relationship as a result of this training. These findings could then be compared to qualities of therapeutic relationships that correlate positively with therapeutic outcome in the literature. Furthermore, a comparative study between therapists trained in this and those trained in other models might provide insight into what areas of SE training are most related to the changes observed in the therapeutic relationship. If having a central focus on resources is pertinent to strengthening the relationship, then future studies might show that therapists training in other modalities that are highly resource focused describe similar changes.

In order to strengthen the present findings, it would be important to follow up with a quantitative investigation in the form of a questionnaire that surveys larger numbers of therapists who have pursued this training. This would allow for the exploration of the relationships among other factors. For instance one might explore whether there is a relationship between how therapists are influenced by SE training and their previous training experience or theoretical background. Moreover, this kind of study would demonstrate whether the overwhelmingly positive response of the participants of this study reflected a larger trend of those choosing to pursue SE training, or whether it is in part a reflection of sample bias. This experimental design would also

minimise any error introduced by group pressures in a community that is closely connected.

To further substantiate the findings, it might also be useful to interview or survey participants who decided not to continue with the training after the beginning level. This might also allow for a discussion to take place around the potential shortcomings of the training or the approach.

Conclusion

The purpose of this study was to further the understanding of the Somatic Experiencing® (SE) approach to therapy, and its place in the field of Counselling Psychology. The following question was investigated: What are experienced, masters level counsellors' perceptions of how senior level training in SE counselling approach has impacted their practice of psychotherapy? A modified, qualitative, phenomenological methodology was used that incorporated individual interviews, a focus group and a collaborative data analysis process. The lived experiences of four counsellors trained in SE were investigated. There were a total of 22 emergent themes. The three deemed most central by participants were the following: aliveness as the goal of therapy, increased sense of spirituality in therapy for the therapist, and the central role of resources for therapist and client with increased lightness, humour and fun. The participants had different ways of characterising the movement toward 'aliveness' as the goal of therapy. An important similarity across descriptions was that therapists track verbal and non verbal indicators so they can help clients consciously experience a sense of positive flow and vitality in their bodies in the here and now. Participants also described an increased sense of their own spirituality in therapy in unique ways. They attributed this experience to a variety of aspects of the training including a stronger sense

of joining with clients, an awareness of the Universe's capacity to heal, and less need for the therapist to know and figure everything out in therapy. The central role of resources for the therapists and their clients was also strengthened even though they had all been trained in other strength and solution focused models for therapy. The following effects of the SE training seemed to relate to the increased roe of resources for the participants: encouraging body awareness while attending to resources, very regularly titrating back to a sense of resources on a moment to moment basis, understanding of the potential harm of remaining in the 'trauma' story, and skills in subtle tracking of how either resourced or overwhelmed clients are.

Of the remaining themes, four related to influences on the person of the therapist, ten related to influences on the process and practical aspects of therapy, three related to therapists' understanding of human suffering and two related to imagery and metaphor.

This study reveals that there are many potentially positive effects for therapists receiving training in this model. More evidence is needed to substantiate the findings. Some interesting considerations are that this study suggests a possible link between this style of working and decreased therapist job stress and burnout. The findings here also suggest that SE might blend aspects of Experiential, Humanistic and Cognitive-Behavioural approaches with similarities to aspects of Systematic Desensitisation, Gestalt, Focusing and Here and Now Experiencing. A number of areas of future research have been discussed, including important improvements on the current study and different designs for quantitative outcome analysis.

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APPENDIX A

INTERVIEW GUIDE

Ensure that consent form is signed and understood before beginning the interview. Convey this information to the interviewee: "The purpose of this interview is for me to gain a description of your experience of how intermediate level training in Peter Levine's Somatic Experiencing® therapeutic technique has affected your practice of psychotherapy. This includes how you feel, what you think, what you do, and how you make meaning out of your work with clients in psychotherapy. It may also include your impressions of how clients respond to your work with them. It is not an evaluation of you, or how much you know. Do you have any questions?"

Demographics
What is your age?
What is your education level and training?
How long have you been working: a.) In the helping field? b.) In counselling?
What populations do you primarily working with?

Tell me about your experience of how training in Somatic Experiencing® has influenced your practice of psychotherapy?
The interviewer may ask additional questions throughout the interview to gain a deeper understanding of the interviewee's experiences on the cognitive, emotional, behavioural, somatic, and meaning levels of experience. These may include, for example:
How do you feel about this?
What do you think?
What do you do?
How does your body feel?
How do you make sense of it all?
Can you think of an example that illustrates that point?

Provisional Questions

1. Have you noticed any changes in the following aspects of your practice?:
    - The goals of therapy?
    - The roles of therapist and client?
    - Therapeutic relationship?
    - Awareness of your own body and self within therapy sessions with clients?
    - Your way of being with clients?
    - Your experience of emotions during therapy?
    - Specific techniques or styles used in therapy?
    - How you understand the human change process?
    - How you make sense of human suffering?
    - Your own self care or resiliency as a therapist?
2. What has been your experience with integrating your SE learning with other approaches to psychotherapy?

3. Have there been specific personal influences of the training which have in turn impacted your work as therapists?
4. Is there a metaphor that describes how your practice of therapy is different as a result of the training?

APPENDIX B

FOCUS GROUP GUIDE

Part 1

First, ensure that consent forms are signed and understood before beginning the focus group. Ensure, specifically, that participants know that they are expected to treat the information they provide and hear confidentially, and that they are free to decline participation at any time, either by leaving the discussion or by declining to respond to any question posed to them by anyone else. Secondly, convey the following information to focus group members: "The purpose of this focus group is to provide an opportunity for you to share with one another your current understanding or analysis of how intermediate level training in Peter Levine's Somatic Experiencing® therapeutic technique has affected you and your practice of psychotherapy. This includes how you feel, what you think, what you do, and how you make meaning out of your work with clients in psychotherapy. It may also include your impressions of how clients respond to your work with them. It is not an evaluation of you, or how much you know. My hope is that through this group discussion, you will each have an opportunity to both elaborate on, and deepen your understanding of the various ways this training has influenced you. Throughout the discussion, I may jot key words down on the black board to help us keep track of the various developments in the conversation. Do you have any questions?"

After reading the interview summaries from other participants have there been any changes to your understanding of your own experience of how senior level training in Somatic Experiencing® has influenced you and your practices of psychotherapy?

The interviewer will facilitate the discussion between members by inviting members to speak to a particular point if there appears to be an imbalance in the participation, by summarising aspects of the discussion to help maintain clarity and focus, and by highlighting subtle differences or similarities in the experiences of various members. The interviewer may very occasionally ask additional questions to gain a deeper understanding of the interviewees' experiences on the cognitive, emotional, behavioural, somatic, and meaning levels of experience. These may include, for example:
How do you feel about this?
What do you think?
What do you do?
How does this feel in your body?
How do you make sense of it all?
Can you think of an example that illustrates that point?

Part 2

"On the floor I have placed cue cards containing my summary of several of the themes that arose from individual interviews and this group discussion. I am wondering if you each can take some time to read these theme, make sure that they fit for you and are worded the way you see most fit."

The interviewer will further facilitate a collaborative decision making process to change any themes that are written on the cards.

"Now I am wondering, if as a group, you have any ideas about how these themes might be organised or grouped. I am also wondering if there are some themes here that you collaboratively deem as more significant or central than others."

APPENDIX C

Consent Form A

You are being asked to participate in a project entitled: "Somatic Experiencing® Training: The Impact on Therapists and Therapy" that is being conducted by a graduate student, Sandy Maclean, as a part of the requirements for the masters of Arts in Counselling Psychology degree at the University of Victoria. If you have any questions or concerns about the project, you may either contact the student at (250) 361-9559 (sandy_maclean@yahoo.ca) or her graduate supervisor, Dr. Norah Trace at 721-7840 (trace@uvic.ca). You may also contact the Associate Vice President of research at the University of Victoria at 472-4362 if you have any concerns about the study that the student and supervisor cannot help you with. The names of potential participants have been provided to the principal investigator by Dr. Norah Trace.

The purpose of this project is to provide a description of how intermediate level training in Peter Levine's Somatic Experiencing® therapeutic technique affects counsellors' practice psychotherapy. The resources for conducting this study are being secured by the primary researcher, Sandy Maclean. These resources are an audio minidisc recorder, microphone, blank minidisks, and a blank video (provided by Sandy Maclean) as well as the possible interview room and video recording equipment (made available to all graduate students in counselling by the University of Victoria, Educational Psychology and Leadership Studies department). The benefits of participating in this study include gaining a deeper understanding of this topic, your experience, and the experience of other project participants. It may also enhance your ability to dialogue with others about this topic. You will receive a summary of the analysis, and there are no costs or anticipated risks of participating in this study other than transportation costs to and from the University of Victoria where interviews will be conducted.

To qualify for this study, participants must have competed at minimum the intermediate level I training in Peter Levine's Somatic Experiencing® psychotherapy technique (as offered by the Trauma Healing Institute). Furthermore, participants must be practicing counsellors with either a minimum of two years of full time experience working with clients, or the equivalent amount of time accumulated on a part time basis over a longer period of time. For example, someone who has been working as a counsellor for 20 hours/week for four years would qualify. Participants need to have, at minimum, completed all of the course work for a masters Degree in either Counselling or Social Work. A participant who is in the process of completing the thesis/project portion of the masters degree and who meets all other criteria, does qualify for the study. If more than 5 qualifying people are interested in participating, the principle investigator will first ensure that there is at least one male and one female participant, and then randomly select among remaining participants.

If you agree to participate, you will be asked to do the following: 1. participate in a one hour audiotaped individual interview, 2. take one hour to individually verify the transcripts and summary of the research and determine which portions of the summary, if any, you are willing to share with other participants, 3. take one half hour to read the summary of up to 4 other interviews, 4. Participate in a three hour videotaped focus group discussing and elaborating on the analysis, and collaboratively summarising the themes that emerge, 5. Maintain a journal throughout the process until two weeks after

the focus group to record any spontaneously arising thoughts or ideas you have on the subject. The total time required will be 5.5 hours plus journalling time as necessary. While the timeline for the project will be in part determined by participant availability, the anticipated timeline is to conduct interviews prior to the group trip to the US for additional training, and to complete the focus group prior to May 10th, 2002, after participants return. The principal researcher will conduct the interviews and facilitate focus group. The three other participants of the focus group will be the other individuals who have participated in individual interviews.

Your participation in this project is entirely voluntary and you are free to refuse to participate, to withdraw from it, or to refuse to answer certain questions, without any negative consequences. In the event that you withdraw from the study, your data will be destroyed immediately, or used as is, depending on your preference. Whether you participate or choose not to participate will have no bearing on any professional certification or any other professional standing.

All data collected in this study will remain confidential; audio and videotapes will be erased immediately after transcription, and your name or identifying information will not be recorded on the data. You will be assigned a code name, which is not obviously linked to you, and is identifiable only by the researcher. This code name will replace all references to your name in the transcripts. Code names and consent forms will be kept in a locked file cabinet in the office of the researcher's supervisor at the University of Victoria, while the transcripts will be kept in a locked file cabinet at the researcher's home office, in the sole possession of the researcher. Only the researcher will have access to the data.

You should be aware that given the nature of group interviews, it is not possible for you to protect your anonymity within the group and others may know or recognise you. However, as a member of the group, you and your fellow participants will be expected to treat the information you provide and hear confidentially. The results of this study will be prepared for presentation at a special meeting with the researcher's supervisor and committee members. In addition, an abstract will be given to all participants, and the results may be published in a scholarly journal. The thesis will be put in the University of Victoria library. At the conclusion of the study, all of the raw data will be destroyed after two years, during which it will remain locked and secured separately from the code names as described above.

Having understood the above information and been given the opportunity to have my questions answered, I agree to participate in this study:

Signature of participant:_____ Date: _____

A COPY OF THIS CONSENT WILL BE LEFT WITH YOU, AND A COPY WILL BE TAKE BY THE RESEARCHER

APPENDIX D

CONSENT FORM B

After reading the summary themes of my interview conducted by Sandy Maclean on my experience of how senior level training in Somatic Experiencing® has influenced my practice of psychotherapy and making any desired omissions or corrections I agree to allow the principal researcher, Sandy Maclean, to share the summary with other participants in the research study.

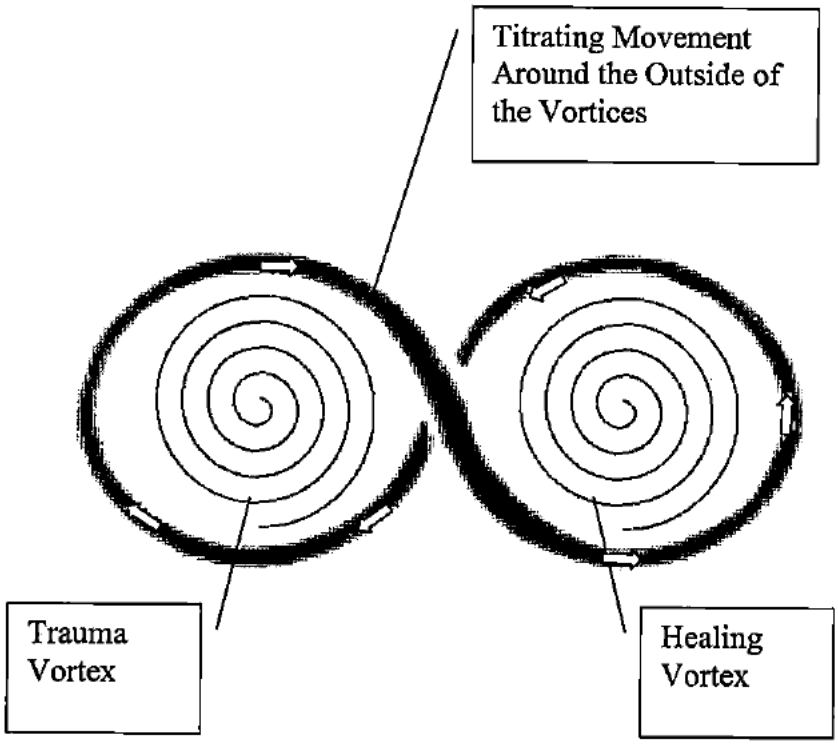
Having understood the above information and been given the opportunity to have my questions answered, I agree to participate in this aspect of the study:

Signature of participant:_____ Date: _____

A COPY OF THIS CONSENT WILL BE LEFT WITH YOU, AND A COPY WILL BE

TAKE BY THE RESEARCHER

Illustration 1 – Titrating Movement Between the Trauma and Healing Vortices



*Adapted from Heller and Levine (1997)

Illustration 2 – Focus Group Results Map

May 2, 2002

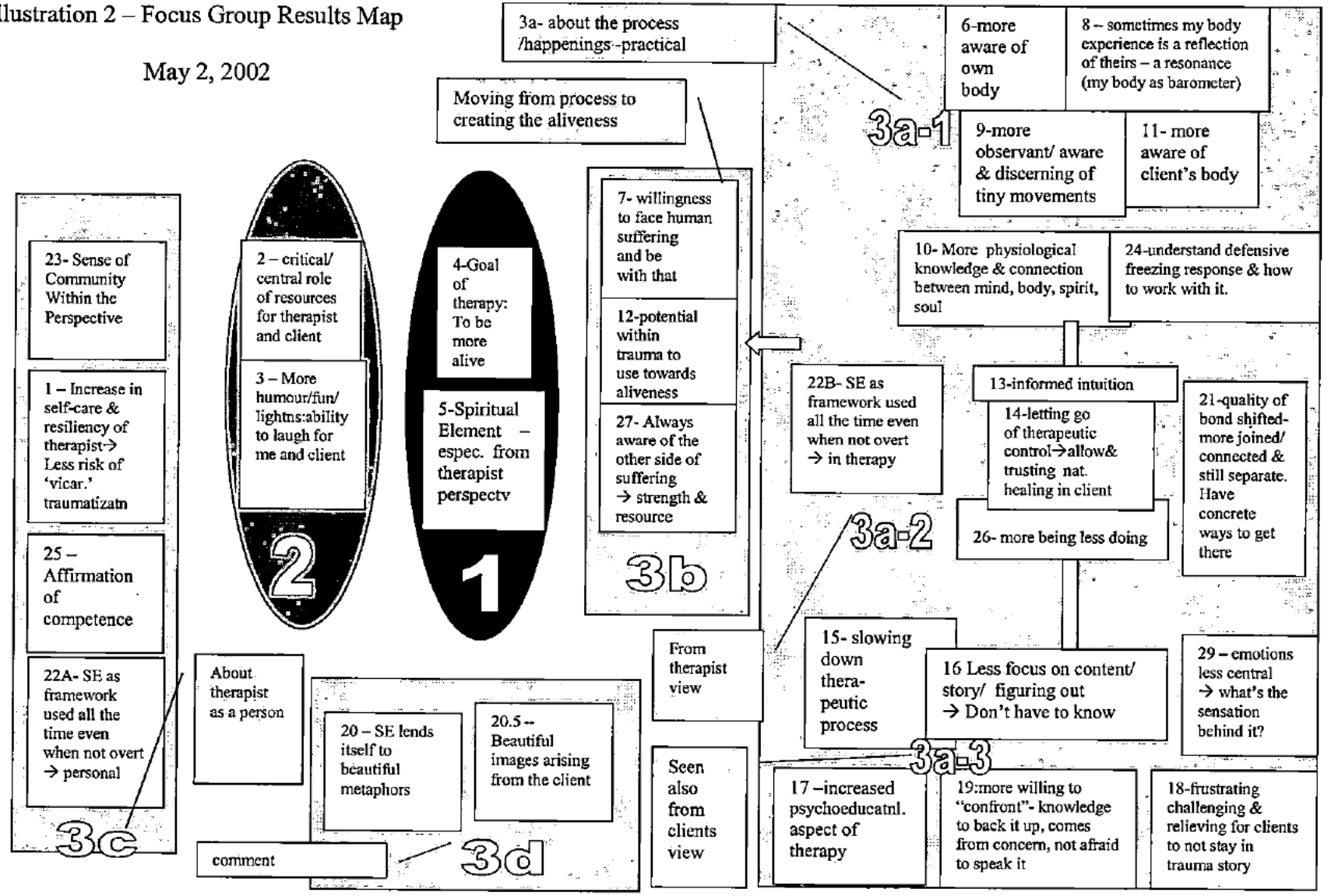
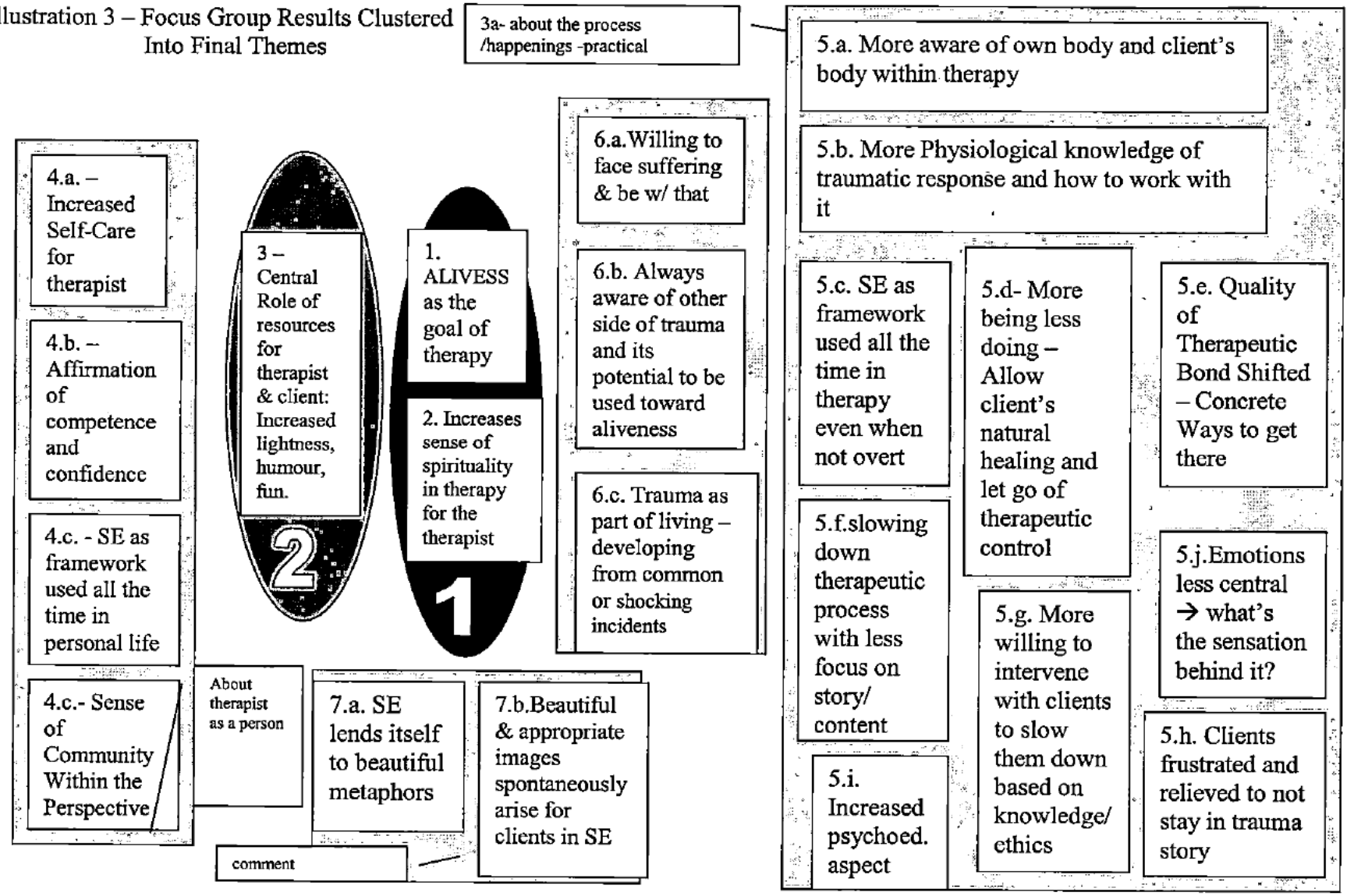


Illustration 3 – Focus Group Results Clustered Into Final Themes



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Degrees Awarded:

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J Fred Muir Memorial Scholarship in Science	1995
University of BC Scholarship	1995
Canada Scholarship	1994 to 1995
Outstanding Student Initiative Scholarship	1994

Publications:

Maclean, S. (2001). A Quest for Harmless Prevention of Eating Disorders in Schools: A Review of the Literature. *BC Counsellor, v.23(2)*. pg 39-47.

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Title of Thesis:

Somatic Experiencing: The Impact On Therapists and Therapy

Author 

Sandra L. Maclean

April 22, 2003